

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No.: 4/0124/1188 APPLICATION DATE: 27/01/2024
आवेदन संख्या: आवेदन तिथि

NAME of APPLICANT: CHATUR SARDAR AGE-YEARS: 67 SEX: M
आवेदक का नाम आयु-वर्ष लिंग

FATHER'S/SPOUSE'S NAME: BISU SARDAR
पिता/पत्नी का नाम

PURBA ATAPUR, NORTH TWENTY FOUR PARGANAS,
PRESENT RESIDENCE ADDRESS

743446, WEST BENGAL
PERMANENT RESIDENCE ADDRESS

— AS ABOVE —



OCCUPATION: ELECTRICIAN MARRIED / UNMARRIED

TOTAL ANNUAL INCOME: 6000 x 12 = 72,000 (Attach Proof of Income)

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	CHATUR SARDAR	67	M	SELF
2.	SAKASHWATI SARDAR	59	F	WIFE
3.	PROSENJIT SARDAR	35	M	SON
4.	INDRAJIT SARDAR	30	M	SON
5.	FALGUNI SARDAR	26	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

BPL Card (Attach Card Copy)	EWS Certificate (Attach Certificate Copy)	Ration Card (Attach Copy)	Any Other Basis/Proof
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"PURPOSE" for REQUESTING ASSISTANCE:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS — CATARACT — LE
2.	SURGERY — LG (SICS + IOL)

ASSISTANCE BEING AWAIRED for SAME "PURPOSE" from OTHER SOURCES

Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AWAIRED

