

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य सहायता)



APPLICATION No: K/0229/1935

APPLICATION DATE: 14/2/25

NAME of APPLICANT: SABERA BEGUM

AGE YEARS: 48 SEX: F

FATHER'S/SPOUSE'S NAME: SOVAN KHAN

PRESENT RESIDENCE ADDRESS: 23 MASAPUR SENTHEN JAGADISHPUR
DURGANTA HOWRAH DISTRICT
WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE



OCCUPATION: MAJID

MARRIED UNMARRIED

TOTAL ANNUAL INCOME: 4000 x 12 = 48000

Attach Proof of Income

PAN No. (यदि प्राप्त हो तो)

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable)

YES NO

FAMILY DETAILS

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	SABERA BEGUM	48	F	SELF
2.	SULTANA KHAN	25	F	DAUGHTER
3.	SAHIDA KHAN	25	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

<input type="checkbox"/> BPL Card (Attach Card Copy)	<input type="checkbox"/> EWS Certificate (Attach Certificate Copy)	<input type="checkbox"/> Widow Card (Attach Copy)	<input type="checkbox"/> Any Other Basis/Proof
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PURPOSE for REQUESTING ASSISTANCE

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS — CATARACT — RE
2.	SURGERY — RE (SICSA + IOL)

ASSISTANCE BEING AWAITED for SAME PURPOSE from OTHER SOURCES

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

