

SRE - C - 26 - 02 - 1178



APPLICATION FORM FOR ASSISTANCE

(Healthcare)

सहायता हेतु आवेदन प्रारूप

(स्वास्थ्य देखभाल)

APPLICATION No. : 810226/0928

APPLICATION DATE : 16/09/20

NAME of APPLICANT : Mrs. Jahira

AGE-YEARS : 53 SEX : F



FATHER'S/SPOUSE'S NAME : Mr. Suleman

PRESENT RESIDENCE ADDRESS : Pinjaria, Pinjaria Saharanpur, Saharanpur, Uttar Pradesh, 247601

PASTE PHOTO HERE  
Pure op pastop Mrs. Jahira (0928)

PERMANENT RESIDENCE ADDRESS : Same as above

OCCUPATION : Home Maker

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME : 48,000 (Family Income)

(Attach Proof of Income) (आप को साबत करना) NA

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

FAMILY DETAILS (परिवार विवरण)

Sr. No. (क्र. सं.)	Name of Family Member (परिवार के सदस्य का नाम)	Age (Years) (उम्र (वर्ष))	Gender (लिंग)	Relation with Applicant (आपके साथ संबंध)
(1)	Mohad Usman	36	M	Son
(2)	Jamshed	32	M	Son
(3)	Rukshana	30	F	Daughter in law
(4)	Jai M	20	M	Grand son

BASES for REQUESTING ASSISTANCE (Tick whichever is applicable)

SPL Card (Attach Card Copy)	BWS Certificate (Attach Certificate Copy)	Ration Card (Attach Copy)	Any Other (Specify/Prove)
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"PURPOSE" for REQUESTING ASSISTANCE (सहायता हेतु किसे किती का उद्देश्य)

Sr. No. (क्र. सं.)	Medical Reports/Prescriptions Attached (अस्पताल/डॉक्टर से जारी की गई डॉक्टरप सुची संलग्न)
	Diagnosis - RE - senile cataract LE - senile cataract
	Surgery - LE - SICS with PMMA

ASSISTANCE BEING AWARDED for SAME "PURPOSE" from OTHER SOURCES (क्या उद्देश्य के हेतु आप सहायता किसी अन्य स्रोत से लिया गया है?)

Sr. No. (क्र. सं.)	NAME of OTHER SOURCE (अन्य स्रोत का नाम)	AMOUNT of ASSISTANCE BEING AWARDED (की गई सहायता राशि)

