

SRE - C - 26 - 02 - 1575

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(आरोग्य देखभाल)

Koshika  
Foundation

Building Block of life

APPLICATION No. / आवेदन क्रमांक :

S/0226/0946

APPLICATION DATE / आवेदन दिनांक :

20/02/20

NAME of APPLICANT / आवेदन करणारा नाव :

Mr. Ompal

AGE-YEARS / वय-वर्ष :

53

SEX / लिंग :

M

FATHER'S/SPOUSE'S NAME / पिता/पत्नीचे नाव :

Mr. Ramarath

PRESENT RESIDENCE ADDRESS / वर्तमान निवास पत्ता :

Kasali, Kasali, Muzaffarnagar, Chakera, Uttar Pradesh, 251375

PERMANENT RESIDENCE ADDRESS / स्थायी निवास पत्ता :

Same as above



PASTE PHOTO HERE

Pos of post of  
Mr. Ompal  
(0946)

OCCUPATION / व्यवसाय :

Labour

MARRIED (विधवा) /  UNMARRIED (अविधवा)

TOTAL ANNUAL INCOME / वार्षिक उत्पन्न :

47,000

(Attach Proof of Income)

(आपचा पुरावा जोडा) NA

PAN No. / आयकर क्रमांक :

NA

ARE YOU AN INCOME TAX RESIDENT? (Tick whichever is applicable)

Yes / No

हो / नाही

FAMILY DETAILS / कुटुंबाचे विवरण

Sr. No. / क्र. क्रमांक	Name of Family Member / सदस्याचे नाव	Age (years) / वय (वर्ष)	Gender / लिंग	Relation with Applicant / आवेदनाचे नाते
1)	Mang	37	M	Son
2)	Janyazeta	36	F	Daughter in law
3)	Rakesh	36	M	Grand son

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता केल्याची कारणे

RPL Card (Attach Card Copy) / पीएमडी कार्डचे प्रमाण (आपचा प्रमाण जोडा)	EWS Certificate (Attach Certificate Copy) / EWS प्रमाण (आपचा प्रमाण जोडा)	Ration Card (Attach Copy) / पुरवठा कार्डचे प्रमाण (आपचा प्रमाण जोडा)	Any Other Basis/Proof / अन्य कोणतेही प्रमाण
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"PURPOSE" for REQUESTING ASSISTANCE

सहायता हेतु विवेचन करणारे कारणे

Sr. No. / क्र. क्रमांक	Medical Reports/Prescriptions Attached / आजार/दवाचे प्रमाण
	Diagnosis - RE - Pseudophacic LE - senile cataract
	Surgery - LE - SICs with PMMA

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

सहायता हेतु कोणतेही अन्य सहायता किती प्राप्त झाली आहे तिचा पुरावा

Sr. No. / क्र. क्रमांक	NAME of OTHER SOURCE / अन्य सहायता करणारा नाव	AMOUNT of ASSISTANCE BEING AVAILED / कोणते प्रमाण प्राप्त झाले

