

SRE - C - 26 - 02 - 1657

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



REGISTRATION NO.

APPLICATION No. : S/0226/0951

APPLICATION DATE : 21/02/26

NAME of APPLICANT : Mrs. Shimala

AGE-YEARS : 65 SEX : F



FATHER/SPOUSE'S NAME : Mr. Mangaram

PRESENT RESIDENCE ADDRESS : Vill. Paharpuri, Paharpuri, Saharanpur, Uttar Pradesh, 247557

PASTE PHOTO HERE  
Base op post op Mrs. Shimala (0951)

PERMANENT RESIDENCE ADDRESS : Same as above

OCCUPATION : Home Maker

WIDOWED (विधवा) /  UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME : 48,000 (Family Income)

(Attach Proof of Income) : NA

PAN No. : NA

ARE YOU AN INCOME TAX ASSESSEE (Yes/No) : No

Yes / No

FAMILY DETAILS

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
(1)	Tangabard	35	M	Son
(2)	Rajesh Bani	30	F	Daughter in law
(3)	Nilu	17	M	Widand Son

BASES for REQUESTING ASSISTANCE

RPL Card (Attach Card Copy)	BWS 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
	Diagnosis - RE - pseudophacic LE - Total senile cataract
	Surgery - LE - STCS with PMMA

ASSISTANCE BEING AVAILABLE for SAME "PURPOSE" from OTHER SOURCES

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

