

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No.: K/0119/2432 APPLICATION DATE: 10.01.2019

NAME of APPLICANT: GOUTAM BHATTACHARYA AGE-YEARS: 41 SEX: M

FATHER'S/SPOUSE'S NAME: BASUDEB BHATTACHARYA

PRESENT RESIDENCE ADDRESS: S NO 45 HOKE DPGAR, KALYANJHAR MUNICIPALITY NORTH 26 PARCIBHAYS WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE

OCCUPATION: LABOURER

MARRIED / UNMARRIED

TOTAL ANNUAL INCOME: RS-2500 x 12 = 24,000/-

(Attach Proof of Income)

PAN No.

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.	GOUTAM BHATTACHARYA	41	M	SELF
2.	JAYA BHATTACHARYA	30	F	WIFE
3.	SUMAYI BHATTACHARYA	7	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE

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.	DIAGNOSES - CATARACT-LE
2.	SURGERY-LE (SICS+IOL)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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



