

C.19/08/0123

APPLICATION FORM FOR ASSISTANCE (Healthcare) सहायता हेतु आवेदन प्रारूप (स्वास्थ्य देखभाल)



APPLICATION No.: आवेदन संख्या: C10819/039 APPLICATION DATE: आवेदन तिथि 06.08.2019

NAME of APPLICANT: आवेदक का नाम Ompal AGE-YEARS आयु-वर्ष 55 SEX लिंग M

FATHER'S/SPOUSE'S NAME: पिता/सहोदर का नाम Kaliram



Pre op Post op 039 Ompal

PRESENT RESIDENCE ADDRESS: वर्तमान आवासीय पता Vill - Raipur Santa Raipur, Post Tahsil - Shamli Distt. Shamli, Uttar Pradesh 247777

PERMANENT RESIDENCE ADDRESS: स्थायी आवासीय पता as above

OCCUPATION: व्यवसाय laboury MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: कुल वार्षिक आय 50,000 (Attach Proof of Income) (आय का साक्ष्य संलग्न) NA

PAN No. स्थायी खाता संख्या NA ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): क्या आप आय कर दाता हैं (जो मान्य हो उस पर सही का चिह्न लगाएं) Yes / No हाँ / नहीं

FAMILY DETAILS परिवार विवरण

Table with 5 columns: Sr. No., Name of Family Member, Age (Years), Gender, Relation with Applicant. Rows include Vikram (28, M, Son), Parvish (25, M, Son), Parvish (22, M, Son), Mahil (30, F, Son), Reshmi (18, F, Daughter), Mahil (15, M, Son).

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) सहायता के लिये विनति आधार

Table with 4 columns: BPL Card (Attach Card Copy), EWS Certificate (Attach Certificate Copy), Ration Card (Attach Copy), Any Other Basis/Proof. Ration Card is checked.

"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेतु किये गये विनती का उद्देश्य:

Table with 2 columns: Sr. No., Medical Reports/Prescriptions Attached. Row 1: (1) Diagnosis - RF - MSC - LE - PCTOL. Row 2: (2) Surgery - RF STCS + IOL.

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिये गया हो?

Table with 3 columns: Sr. No., NAME of OTHER SOURCE, AMOUNT of ASSISTANCE BEING AVAILED. Row 1: (1) SCEH

