

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No.: K/1119/2054 APPLICATION DATE: 18/11/2019

NAME of APPLICANT: ARATI KARMAKAR AGE-YEARS: 70 SEX: F

FATHER'S/SPOUSE'S NAME: JI TENDRA GHOSH

PRESENT RESIDENCE ADDRESS: HANSA, NORTH 24 PARAGANAS 743263, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE



OCCUPATION: UNEMPLOYED MAJURED (विधवा) / UNMAJURED (अविधवा)

TOTAL ANNUAL INCOME: B1700 x 12 = 20,400 (Attach Proof of Income)

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

FAMILY DETAILS परिवार विवरण

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	ARATI KARMAKAR	70	F	SELF
2.	SATYAJIT KARMAKAR	48	M	SON

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

EPL 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: CATARACT SURGERY

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - 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

