

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No.: K/1119/2104 APPLICATION DATE: 12/11/2019

NAME of APPLICANT: BISWANATH PATRA AGE-YEARS: 72 SEX: M

FATHER'S/SPOUSE'S NAME: SAMATUL PATRA

PRESENT RESIDENCE ADDRESS: DEWEPUR, HAORA 211411, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE



OCCUPATION: UNEMPLOYED MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: RS 1500 x 12 = 48000/- (Attach Proof of Income)

PAN No. सत्या खाल संचित

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

FAMILY DETAILS परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant अवेदक के साथ सम्बन्ध
1.	BISWANATH PATRA	72	M	SELF
2.	NAREN PATRA	40	M	SON
3.	GITA DEY	36	F	DAUGHTER

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:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई दवाविवरण सूची संलग्न
1.	DIAGNOSIS - CATARACT - LE
2.	SURGERY - LE (SICS + IOL)

ASSISTANCE BEING AWAIRED for SAME "PURPOSE" from OTHER SOURCES

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AWAIRED सी गई सहायता राशि

