

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : K/11119/2117 APPLICATION DATE : 13/11/2019

NAME of APPLICANT : MAHANANDA MONDAL AGE-YEARS : 55 SEX : M

FATHER'S/SPOUSE'S NAME : GANGARAM MONDAL

PRESENT RESIDENCE ADDRESS : CHATAGANAN, BHATTACHARYA DARA, MADHARDIHI, BURDWAN, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE



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

TOTAL ANNUAL INCOME : RS 1600 X 12 = 19200/- (Attach Proof of Income)

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

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1	MAHANANDA MONDAL	55	M	SELF
2	JAYATI MONDAL	52	F	WIFE
3	SANTONA MAJHI	51	F	DAUGHTER

BPL Card	EWS Certificate	Ration Card	Any Other Basis/Proof
(Attach Card Copy)	(Attach Certificate Copy)	(Attach Copy)	

"PURPOSE" for REQUESTING ASSISTANCE: CHHAYATA हेतु दिने गने विपत्ती का उद्देश्य:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - CATARACT - LE
2.	SURGERY - LE (STIC + IOL)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

