

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : K/11119/2184 APPLICATION DATE : 15/11/2019

NAME of APPLICANT : RUKHI DAS AGE-YEARS : 69 SEX : F

FATHER'S/SPOUSE'S NAME : KARIK DAS

PRESENT RESIDENCE ADDRESS : SARKARPARA, GOBARDANGA, NORTH 24 PARGANAS 743252, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE



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

TOTAL ANNUAL INCOME : RS 2400 X 12 = 28800 (Attach Proof of Income)

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.	RUKHI DAS	69	F	SELF
2.	KARIK DAS	36	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:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSTIC - CATARACT - RE
2.	SURGERY - RE (SICS + IOL)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

