

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : K/1119/2248 APPLICATION DATE : 18/11/2019

NAME of APPLICANT : JATIBALA NASKAR AGE-YEARS : 64 SEX : F

FATHER'S/SPOUSE'S NAME : BISWANATH NASKAR

PRESENT RESIDENCE ADDRESS : DRUG HATAMARI, CANNING SOUTH 24-PARGANAS 74 8529 WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE



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

TOTAL ANNUAL INCOME : RS 15000/12 = 125000/- (Attach Proof of Income)

PAN No. : [Blank]

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.	JATIBALA NASKAR	64	F	SELF
2.	JARUN NASKAR	68	M	HUSBAND
3.	JARAN NASKAR	25	M	SON

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

BPL 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 - 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

