

APPLICATION FORM FOR ASSISTANCE (Healthcare) (आवश्यकता हेतु आवेदन प्रारूप)



APPLICATION No.: 01219/0295 APPLICATION DATE: 13.12.2019

NAME of APPLICANT: Zubaidakhaton AGE-YEARS: 59 SEX: F

FATHER/SPOUSE'S NAME: Vakil Idnsovi PRESENT RESIDENCE ADDRESS: Village - Sabour, Post - Sabour, Taluka - Sahaywadi, Dist - Solapur, Maharashtra

PERMANENT RESIDENCE ADDRESS: CAS Above

OCCUPATION: House Maker MARRIED (Yes/No) / UNMARRIED (संबन्धित/असंबन्धित)

TOTAL ANNUAL INCOME: 671000 (Attach Proof of Income) (आय का प्रमाण प्रस्तुत करें)

PAN No. (आय कर पहचान संख्या): NA

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): (आय कर दाता हैं/नहीं हैं)

Table with columns: Sr. No., Name of Family Member, Age (Years), Gender, Religion with Applicant. Rows include Vakil Idnsovi (Husband), Mohal Saif (Son), Abdul Gajen (Son), and Abdullahi (Son).

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable): (आवश्यकता के लिए चिह्नित करें)

Table with columns: BPL Card (Attach Card Copy), EWS Certificate (Attach Certificate Copy), Ration Card (Attach Copy), Any Other Basic/Proof. Includes handwritten 'Total Cardract' and 'Total Cardract'.

Medical Reports/Prescriptions Attached: (आवश्यकता के लिए चिह्नित करें) - 16 Total Cardract

ASSISTANCE BEING AVAILED for SAME 'PURPOSE' from OTHER SOURCES: (आवश्यकता के लिए चिह्नित करें) - SC&F



Preop Postop 0295 Tubaida Khaton

