

APPLICATION FORM FOR ASSISTANCE  
सहायता हेतु आवेदन प्रारूप

(Healthcare)  
(स्वास्थ्य देखभाल)



APPLICATION No.: K/1219/2425 APPLICATION DATE: 10/12/2019  
आवेदन संख्या: आवेदन तिथि

NAME of APPLICANT: DEB KUMAR NANDI AGE-YEARS: 61 SEX: M  
आवेदक का नाम

FATHER'S/SPOUSE'S NAME: BISHNUPADA NANDI  
पिता/कन्या का नाम



PRESENT RESIDENCE ADDRESS: KANKUR GACHI, KOLKATA 700059, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE

OCCUPATION: UNEMPLOYED MARRIED (विवहित) / UNMARRIED (अविवहित)

TOTAL ANNUAL INCOME: RS 1800 X 12 = 21600/- (Attach Proof of Income)

PAN No. PANI 8888 8888 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.	DEB KUMAR NANDI	61	M	SELF
2.	DURGA NANDI	26	F	DAUGHTER
3.	SANGRIKA NANDI	50	F	WIFE

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: CATARACT SURGERY

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

ASSISTANCE BEING AWAIRED for SAME "PURPOSE" from OTHER SOURCES

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

