

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : K/1219/2885 APPLICATION DATE : 06/12/19

NAME of APPLICANT : SWAMI SANTA NANDA GIRI AGE-YEARS 70 SEX M

FATHER'S/SPOUSE'S NAME : BROMANANDA GIRI



PRESENT RESIDENCE ADDRESS : NABAGRAM, HUSAPUR, RAJESHA, HERAHUM 731127, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE

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

TOTAL ANNUAL INCOME : NIL (Attach Proof of Income) (आप का आय प्रमाण)

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.	SWAMI SATYA NANDA GIRI	70	M	SELF

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

<input type="checkbox"/> EPL Card (Attach Card Copy)	<input type="checkbox"/> EWS Certificate (Attach Certificate Copy)	<input checked="" type="checkbox"/> Ration Card (Attach Copy)	<input type="checkbox"/> Any Other Basic Proof
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"PURPOSE" for REQUESTING ASSISTANCE:

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

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

