

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : K/1219/2901 APPLICATION DATE : 11/12/19

NAME of APPLICANT : KHUDU SEKH AGE-YEARS : 89 SEX : M

FATHER'S/SPOUSE'S NAME : AB GOFUR



PRESENT RESIDENCE ADDRESS : NEAR MASJID, SANMATTINAGAR, MURSHIDABAD
742213, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : - AS ABOVE -

OCCUPATION : UNEMPLOYED MARRIED (वियोगित) / UNMARRIED (अवियोगित)

TOTAL ANNUAL INCOME : RS 2100 x 12 = 25200/- (Attach Proof of Income)

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.	KHUDU SEKH	89	M	SELF
2.	FULVI BEBI	81	F	WIFE
3.	SATABIL SEKH	56	M	SON
4.	RAKTEJUG SEKH	52	M	SON
5.	JAHANNARA BEBI	54	F	DAUGHTER
6.	TURTURE BEBI	49	F	DAUGHTER

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

"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेतु दिने गये विषय का उद्देश्य:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - CATARACT - RE
2.	SURGERY - RH (S.C.C + S.O.L)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

