

**APPLICATION FORM FOR ASSISTANCE**  
**सहायता हेतु आवेदन प्रारूप**

(Healthcare)  
 (स्वास्थ्य देखभाल)



APPLICATION No. : **K/1210/2009** APPLICATION DATE : **12/12/19**

NAME of APPLICANT : **MARJIA BEWA** AGE-YEARS **74** SEX **F**

FATHER'S/SPOUSE'S NAME : **ABDUL HASUE**

PRESENT RESIDENCE ADDRESS : **DAYANAGAR, UTTAPARA, SUJADIJK, MURSHIDABAD 742134, WEST BENGAL**

PERMANENT RESIDENCE ADDRESS : **- AS ABOVE -**



OCCUPATION : **HOME MAKER** MARRIED (विवाहित) / UNMARRIED (अविवाहित)

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

PAN No. **एवं प्राप्त हो तो**

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): **Yes / No**

FAMILY DETAILS परिवार विवरण				
Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के साथ संबंध
1.	MARJIA BEWA	74	F	SELF
2.	HAFIDAR ALI	45	M	SON
3.	MARJIA BIBI	48	F	DAUGHTER

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 type="checkbox"/> Ration Card (Attach Copy)	<input type="checkbox"/> Any Other Basis/Proof
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"PURPOSE" for REQUESTING ASSISTANCE:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached
1.	DIAGNOSES - CATARACT - RE
2.	SURGERY - RE (SICS + IOL)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

