

APPLICATION FORM FOR ASSISTANCE  
सहायता हेतु आवेदन प्रारूप

(Healthcare)  
(स्वास्थ्य देखभाल)



APPLICATION No. : K/1219/2017 APPLICATION DATE : 13/12/19

NAME of APPLICANT : ALI KUDDUS AGE-YEARS : 44 SEX : M

FATHER'S/SPOUSE'S NAME : HAZI TUFUJUL

PRESENT RESIDENCE ADDRESS : NOWSERA, HANUMANTA NAGAR, MURSHIDABAD, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : - AS ABOVE -



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

TOTAL ANNUAL INCOME : RS 2200 X 12 = 26400/ (Attach Proof of Income)

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

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	ALI KUDDUS	44	M	SELF
2.	SABITRA KIBI	40	F	WIFE
3.	JANNATUN FERDOUS	19	F	DAUGHTER
4.	RITIKA KHATUN	17	F	DAUGHTER
5.	HOSSEINA KHATUN	14	F	DAUGHTER
6.	HAFTZULLAH	10	M	SON

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 किसे मने विषय का उद्देश्य:

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

ASSISTANCE BEING AWAILED for SAME "PURPOSE" from OTHER SOURCES

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

