

APPLICATION FORM FOR ASSISTANCE  
सहायता हेतु आवेदन प्रारूप

(Healthcare)  
(स्वास्थ्य देखभाल)



APPLICATION No. : K/0120/3239 APPLICATION DATE : 11/1/2020

NAME of APPLICANT : SUKLA MUKHERJEE AGE-YEARS : 55 SEX : F

FATHER/SPOUSE'S NAME : KESHAB CHANDRA SAHA

PRESENT RESIDENCE ADDRESS : 26G, JHIL ROAD, DHAKURIA, KOLKATA 700091, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : - AS ABOVE -



OCCUPATION : HOUSE WIFE MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME : Rs. 1500x12 = 18000/- (Attach Proof of Income)

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

FAMILY DETAILS परिवार विवरण

Sl. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	SUKLA MUKHERJEE	55	F	SELF
2.	AREETA MUKHERJEE	42	F	DAUGHTER
3.	MUKUL MUKHERJEE	60	M	HUSBAND

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:

Sl. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS — CATARACT — RE
2.	SURGERY — RE (SICS + IOL)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

