

APPLICATION FORM FOR ASSISTANCE  
सहायता हेतु आवेदन प्रारूप

(Healthcare)  
(स्वास्थ्य देखभाल)



APPLICATION No. : K/0120/3243 APPLICATION DATE : 11/1/2020

NAME of APPLICANT : JAYDEB DAS AGE-YEARS : 50 SEX : M

FATHER'S/SPOUSE'S NAME : KESHAB DAS

PRESENT RESIDENCE ADDRESS : ATURIA, ATUNA, NORTH 24 PARGANAS, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE



OCCUPATION : CONTRACT LABOURER

MARRIED / UNMARRIED

TOTAL ANNUAL INCOME : RS. 1600 x 12 = 19,200/-

(Attach Proof of Income)

PAN No. ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):

FAMILY DETAILS

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	JAYDEB DAS	50	M	SELF
2.	AMU DAS	21	M	SON
3.	ANIMA DAS	43	F	WIFE

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
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"PURPOSE" for REQUESTING ASSISTANCE:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - CATARACT - LE
2.	SURGERY - LE (STESTIOL)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

