

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No.: K/0120/3252 APPLICATION DATE: 11/1/2020

NAME of APPLICANT: NIRANJAN DEBNATH AGE-YEARS: 58 SEX: M

FATHER/SPOUSE'S NAME: ASWINI DEBNATH

PRESENT RESIDENCE ADDRESS: LANE 19, TENTULATA, PURBACHAL, NEWARKHAT, COPALPUR, NORTH 24 PARGANAS 700136, WEST BENGAL.

PERMANENT RESIDENCE ADDRESS: AS ABOVE



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

TOTAL ANNUAL INCOME: Rs. 2000 x 12 = 24,000/- (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.	NIRANJAN DEBNATH	58	M	SELF
2.	SUMANTA DEBNATH	30	M	SON
3.	SANJANA DEBNATH	26	F	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
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"PURPOSE" for REQUESTING ASSISTANCE:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - CATARACT - LE
2.	SURGERY - LE (SIFS F102)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

