

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : K/0120/3254 APPLICATION DATE : 11/1/2020

NAME of APPLICANT : KAMAL NASKAR AGE-YEARS : 63 SEX : M

FATHER'S/SPOUSE'S NAME : PROMILA NASKAR

PRESENT RESIDENCE ADDRESS : COPALGANJ, SOUTH 24 PARGANAS, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE



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

TOTAL ANNUAL INCOME : RS. 2000 x 12 = 24,000/- (Attach Proof of Income)

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

FAMILY DETAILS

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	KAMAL NASKAR	63	M	SELF
2.	TAPAS NASKAR	32	M	SON
3.	GT SWANATH NASKAR	29	M	SON
4.	SUMALA NASKAR	55	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 - RE
2.	SURGERY - RE (SICS+IOL)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

