

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : K10120/3257 APPLICATION DATE : 13/11/2020

NAME of APPLICANT : SUKUMAR DAS AGE-YEARS : 72 SEX : M

FATHER'S/SPOUSE'S NAME : PATITPABAN DAS



PRESENT RESIDENCE ADDRESS : COOKNA, NORTH 24 BARGANAS 743273, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE

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

TOTAL ANNUAL INCOME : RS 1700 X 12 = 20400 (Attach Proof of Income)

PAN No. : [Blank]

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

FAMILY DETAILS परिवार विवरण

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	SUKUMAR DAS	72	M	SELF
2.	SANJIB DAS	44	M	SON
3.	ALOKA ROY	46	F	DAUGHTER
4.	DEBSONU ROY	38	F	DAUGHTER

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:

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

