

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. / आवेदन संख्या: K10120/3789 APPLICATION DATE: 29/11/2020

NAME of APPLICANT / आवेदक का नाम: PAULMOTI SINGH AGE-YEARS / आयु-वर्ष: 80 SEX / लिंग: F

FATHER'S/SPOUSE'S NAME: GHUSHAN PATRA

PRESENT RESIDENCE ADDRESS: SOUTH DUMDUM, SREE BHUMI, NORTH 24 PARAGANAS 700048, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE



OCCUPATION: HOME MAKER

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: RS 1500 X 12 = 18000

(Attach Proof of Income) (आय का सबूत संलग्न)

PAN No. / आयकर संख्या: [Blank] 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	PAULMOTI SINGH	80	F	SELF
2	MEDEHA GHOSH	55	F	DAUGHTER
3	MANNA MONDAL	52	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: [Blank]

Sr. No.	Medical Reports/Prescriptions Attached
1	DIAGNOSIS - CATARACT - LE
2	SURGERY - LE (STCST 702)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

