

APPLICATION FORM FOR ASSISTANCE  
सहायता हेतु आवेदन प्रारूप

(Healthcare)  
(स्वास्थ्य देखभाल)



APPLICATION No. / आवेदन संख्या: W/0720/0004 APPLICATION DATE: 20/07/2020

NAME of APPLICANT: Sanjay Das AGE-YEARS: 59 SEX: Male

FATHER'S/SPOUSE'S NAME: late Ramesh ch Das

PRESENT RESIDENCE ADDRESS: NABADWIP, ROAD, FULBARI, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE



OCCUPATION: Van Driver MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: 6000 per month (Attach Proof of Income)

FAN No. जारी खाता संख्या

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

FAMILY DETAILS परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के साथ संबंध
1	Sanjay Das	59	M	Self
2	Jyoti Das	18	F	Daughter
3	Shyamal Das	48	F	Wife

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: सहायता हेतु किसे करने विनोदी का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached जनरल/डॉक्टर से कार्टे की नई प्रिविरेन सूची संलग्न
1	Diagnosis - <u>Cataract - V.H (R.B)</u>
2	Treatment - <u>Phaco + IOL + PRV + GL + SOY</u>

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED एी नई सहायता राशी

