

APPLICATION FORM

Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc.

To,
**The Director,
Tea Tribes Welfare, Assam**

**Attach recent
passport size
photo**

(Through the Sub-Divisional Welfare Officer,.....)

1. Name of the applicant :-
2. Age (as on 01-01-20__) :-
3. Gender :- Male Female Others
4. Father's/ Husband's Name :-
5. Permanent Address:
Town/Village/Tea Garden :-
Post Office :-
Sub-Division :-
Gaon Panchayat :-
District :-
6. Telephone / Mobile No. :-
7. Caste (OBC/MOBC - TGL/Ex-TGL) available :- Yes/No
(Caste Certificate to be enclosed)
8. Annual income of the family :-
(Undertaking to be enclosed as per attached format)
9. If the patient belongs to:- widow senior citizen physically disabled
BPL family Aged unmarried person
(Tick the appropriate box)
10. Disease suffering from and since when? :-
(Doctor's certificate from not below the rank of SDMO to be enclosed)
11. Undergoing treatment in which Hospital :-
(Certificate from the doctor under whom undergoing treatment to be enclosed)
12. Did you receive any Govt. Aid previously :- Yes/No
If Yes, (a) Name of the Govt. Organisation :-
(b) Year in which aid received :-
(c) Amount Received :-
13. Bank Details
Bank Name :-
Account No. :-
Bank IFSC No. :-
(First page of applicant's bank passbook to be uploaded.)

I do hereby declare that the details given above are true to the best of my knowledge and if found otherwise, I shall be liable for action under the existing law.

Date:

Signature of Applicant

Undertaking on Annual Income

I,, Son / daughter of Shri / Smt. / Late
....., of Vill./TE P.O. Sub-
Division Dist. do hereby affirm that my
annual family income from all sources is below above Rs. 5.00 (five) lakh only, and
if found otherwise, I shall be liable for action under the existing law.

Date:

Signature of Applicant

Recommendation Letter

Date.....

This is to certify that Shri / Smt. S/o. / D/o. /
W/o. of vill./TE., P.O.
Sub-Divisions, District is a patient suffering from
..... disease. I state that he / she belongs to Tea Tribes community and is the only
applicant from his / her family. I recommend him / her as eligible to avail the financial assistance
under "Grants to Patients suffering from TB, Cancer, and other diseases" from Tea Tribes Welfare
Department for the year

Seal & Signature of Local MLA / MP

List of documents to be uploaded:

1. Photocopy copy of caste certificate;
2. Undertaking on family income as per attached format;
3. Doctor's certificate from not belong the rank of SDMO;
4. Certificate from the doctor under whom undergoing treatment; and
5. Recommendation from local MLA/ MP and Chairman, Selection Committee
6. First page of applicant's bank passbook