APPLICATION FORM FOR TOKEN FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT OF THE AGED

(to be submitted through the District Social Welfare Officer concerned)

(Incomplete Application or Application received after the stipulated date will not be entertained)

Last date for submission of the application is _____

1. Name of the Applicant (in block letters)

2. Certificate of age (attested copy to be attached if this certificate is not available, approximate age as on the 1st January of applying year duly certified by the Medical Officer may be furnished.

3. Name of father/husband/wife _____

4. Is the father/husband/alive ? _____

5. Present address _____ _____

6. Permanent address _____ _____

7. Whether in receipt of any other assistance from Government., If so indicate the amount.
   _____

8. Whether belonging to SC/ST/OBC or not ? If reply is in the affirmative, (please attach certificate).

9. Name & Addresses of two responsible persons wellknown to the applicant who could certify the correctness of his/her statement.
   1. _____
   2. _____

10. Whether permanently or partially disabled. Name/Nature of disability.

11. Annual Income from all source.

12. Are you more than 25 years domiciled in Meghalaya ?

Date :

Signature/Thumb
Impression of Applicant

Place :

DECLARATION OF INCOME

Certified that to the best of my knowledge the annual income from all sources of Shri/Smti. .....son/daughter of Shri/Smti..... is Rupees..... per annum.

Place :

Date :

Signature of the Issuing Authority

Full name .....

Designation .....

Seal .....

Address in full .....

This is certificate may be signed by the Local MLA/MDC/Local Headman.

CERTIFICATE TO BE SIGNED BY THE MEDICAL OFFICER

I Director of Medical & Health Officer/Medical Officer ..... have examined Shri/Smti....., aged about ..... and certify that she/he suffering from ..... and advice for medical treatment/purchase of medicine amounting to Rs..... (Rupees .... approximately.

Place :

Date :

Signature of the Director of Medical & Health Officer/

Full Name _____

Designation _____

Seal _____