



[A Public Charitable Trust]

APPLICATION FORM FOR SEEKING FINANCIAL HELP

Serial No.

One passport size photo to be fixed here. Another three copies full size photo should be sent along with the form.

1. Full Name of the Help-seeker :
2. Father's Name :
3. Mother's Name :
4. Husband / Wife Name:.....
5. Full Address: Village:Post Office:.....
Police Station:District :PIN :.....
6. Sex :7. Weight : 8. Nationality :..... 9. Age.....
10. Name of the Applicant.....
11. Relationship with Help-seeker [Applicant] :.....
12. (a) Phone /Mobile No. [Applicant]: (b). Age [Applicant]:
13. (a) Sex [Applicant]:(b). Nationality [Applicant]:.....
14. Permanent Residence Address : Village:Post Office:.....
Police Station:District :PIN :.....
15. Educational Qualification of the Help-seeker :
16. Other Qualifications and skill of the Help-seeker (if any) :.....
.....
17. If the help seeker has some income of his own, its source and annual amount. [Even if the person is Unable to earn now due to illness, still give the past earning details] (i) Rs.....
(ii) Source of Income :.....
18. If married, the number of persons (Father, Mother, wife, children etc.) dependent on him/her : ...
.....

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19. Total Family Members of the Help-seeker : **(i)** Adult [Major]:.....
(ii) Minor :.....**(iii)** Total [Send Xerox Copy of Family Identity Card]:.....
20. If he/she is unable to maintain his/her family with his/her own income, the person/persons who partially help him and the amount so received by him/her annually. [Rs].....
21. Give the details of Annual Income [Rs.] & Sources of the Father/Mother/Husband/Wife etc. [as applicable] [If the person is an employee of Govt. or Private sector, give the last pay slip or a Salary certificate from the Employer]
22. If the help seeker is physically and/or mentally handicapped, the nature and degree of disability [To send certificate of Disability and a full size photograph where the disabilities are evident].....
23. If the help seeker is physically and/or mentally disabled, then what amount is needed by him/her for his/her proper upkeep and care. (Per Month) (Enclose the expenses voucher & details) Rs./-
24. **(a)**. If the helpseeker is suffering from any complicated disease, then the nature and degree of the disease and whether he/she, mean while, got himself examined by nearest Civil Hospital/Medical College. If so, what is the advice for further treatment and the estimated expenditure for the same as advised by the Civil Hospital/Medical College concerned [Enclose the Doctor's Advice Slip, Diagnosis Report, Expenses Voucher, If Possible Estimated expenditure certificate for further treatment from concerning Civil/Hospital]
24. **(b)**. Does the Help-seeker get Medical re-imburement from any Source ? [For Govt. or Private sector Employee Give a certificate from the Employer stating whether his/her medical expenses are reimbursed or not]
25. If the help-seeker is a cancer patient, inform whether he/she approached B.Baruah Cancer Institute at Guwahati for treatment or not. If so, what is the advice for further treatment and the estimated

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expenditure for the same as certified by B. Baruah Cancer Institute [Enclose the Diagnosis Report, Expenses Voucher of treatment, which was already done].....

26. If the helpseeker has not approached B. Baruah Cancer Institute, then why it is so ?

.....

If it is due to want of money, what is the minimum amount needed for journey, food, lodging etc. (including those for one escort) to obtain treatment at B. Baruah Cancer Institute.

Rs.

27. Has the helpseeker received any financial help from any other sources and if so, the amount for the treatment of his/her [As mentioned against 24(a) above or for cancer mentioned against 25 above].....

.....

28. What is the minimum amount the helpseeker wants for above from Karunadhara [Documented estimate from concerned Civil Hospital or any Govt. Hospital] Rs.....

29. If the helpseeker has any bank account, please state the name of the helpseeker in English in **Capital Letters as per spelling recorded in the Bank Account** Please Fill up the following -

a. Name of the A/c. Holder :.....

b. Bank Name.....Branch Name:.....

c. A/c. No. Nature of Account :.....

30. If the Help-seeker does not have a bank account, please state whether an account can be opened in his name and whether he will be able to operate the same now :.....

31. (a). If the helpseeker does not have a bank account and cannot operate any such account due to poor physical and/or mental condition, then in order to be able to send the aid, if granted, then

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mention the name of the person (on whom the help-seeker is generally dependent), in English in

Capital Letters as per spelling recorded in the Bank Account, Please Fill up the following -

- a. Name of the A/c. Holder :.....
- b. Bank Name.....Branch Name:.....
- c. A/c. No. Nature of Account:.....

31. (b). If the Name of the person mentioned in clause no. 30 (a) is not his/her Father, Mother, Husband, Wife, Son, Unmarried Daughter, then give a certificate mentioning the relationship with the help-seeker where it should also be mentioned that **Karunadhara is able to send the granted amount to the help-seeker through this person** duly signed by **Gazetted Officer or NOTARY(Court) :**.....

32. If the help-seeker has not filled up this form himself and has not signed below as the applicant, then why

(If possible, the help-seeker himself and if not, then the person through whom the financial help has to be sent as referred to in question no.29 (a) above, should sign this form as applicant)

I, as help-seeker and/or applicant with good health and sound mind, have personally filled up this form correctly and have attached all required certificates.

Signature of the Help-seeker/Applicant

Name :

Date:

N.B. – The questions which are not applicable should be left unanswered.

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List of documents to be attached along with Application

<u>S.L.No.</u>	<u>Documents to be Attached</u>
1.	<u>Certificate of Age</u> (Attested copy of birth registration certificate or Certificate from Principal of School/College or from any Gazetted Officer.)
2.	<u>Certificate of Nationality and Permanent resident status</u> (Attested copy of Permanent resident certificate from DC's Office concerned or any other reliable document)
3.	<u>Income Certificate</u> (In case of service, latest copy of salary statement or certificate from Employer, Otherwise a certificate from a gazetted officer or a certificate from Gaon Bura attested by Gazetted Officer).
4.	<u>Income Certificate</u> : (Similar certificate of such persons)
5.	<u>Medical Certificate</u> (From a Qualified Doctor quoting his registration number)
6.	<u>Medical Certificate</u> (From Competed authority of B. Baruah Cancer Institute)
7.	<u>Medical Certificate</u> (From Competed authority of B.Baruah Cancer Institute)
8.	<u>A certificate from the Doctor</u> from whom he/she is receiving treatment, to the effect that he/she is not in proper physical/mental condition to operate any bank account.

N.B. : The Helpseeker/Applicant may furnish any other certificate and information considered to be relevant for taking the correct decision on the application.

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