



**Photo of
Beneficiary**
(Attested by
Doctor)

Application form for Assam Arogya Nidhi

1. Name of the Patient (in Block Letters)
2. Age
3. (A) Permanent address
-
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- (B) Address for correspondence
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4. Contact number
5. Father's/Guardian's name
6. Gender
7. Category (Gen/ST/SC/OBC)
8. Name of the applicant if the application is not made by the patient.
9. Application's relationship to the patient
10. Disease for which treatment is required
-
11. Name of Hospital where the treatment is being received.
12. Amount of one-time financial assistance required.



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13. Income of the Patient/Parent,

(Copy to be attested and enclosed)

DECLARATION

I declare that the information given above is correct and complete in all respects and that I am in no position at all to arrange for /provide funds for the purpose stated above.

Date:

Signature of the Applicant/Patient

Documents Required along with the application:

- Photograph of the Patient (**Attested by Doctor**)
- Income certificate **by Circle Officer(Attested)**
Original to be produced at the time of submission of Application Form
- Residential Certificate (**Attested**)
- Bills (**Original**)
- Discharge Summary / Prescription (**Attested**)

The Filled in application form is to be submitted, by hand or by post, to the Office of the Mission Director, National Rural Health Mission, Assam, Saikia Commercial Complex, Srinagar path, Christianbasti, G.S. Road, Guwahati-05