



GOVERNMENT OF ASSAM, DIRECTORATE OF WELFARE OF PLAINS TRIBES & BACKWARD CLASSES, ASSAM, RUKMINI NAGAR, GHY-6

Application form for "Grants to OBC patients suffering from Cancer and other malignant diseases" for the year 2019-20

Paste recent photograph

S1. No.	All fields are to be provided Correctly in Block Letters only	
1	Name of Applicant (Patient)	
2	Name of Father/Mother/Wife/Guardian	
3	(a) Gender (Male/Female):-	(b) Mobile No:-
4	(a) Age :-	(b) Caste :- (Enclose copy of Caste Certificate)
5	(a) Occupation :-	(b) Income per annum :- (income should not exceed 2.00 Lakhs p.a) (Enclose income certificate)
6	Home Address (Enclose address proof document)	Village/ City:- PO:- PIN:- District:- State:-
7	Type of Ailment:- (Cancer/ Kidney Failure/ For Others : Please indicate clearly)	Enclose Medical Certificate duly attested by Gazetted Officer. All other relevant documents Bills of medical expenses
8	Name of Doctor	
9	Name of Hospital with address	
10	Bank Details (Enclose copy of Bank Pass Book)	Name of Bank :-
		Account No :-
		IFSC :-
11	ID proof (Enclose copy of PAN card /Voter ID/ Driving License etc)	
12	Declaration: I declare that the above information's are true and correct to the best of my knowledge and belief, and I have not received any such grants under the scheme in previous years.	
	Dated:- (Signature of applicant / Left hand Thump impression)	

** Note Below:

- 1. All original concerned certificates are to be produce at the time of submission of application form. No application will be received by post.
- 2. Grant of financial assistance under this scheme to any OBC patient is not a matter of right. Assistance would be extended depending on the applicant satisfying the eligibility and also keeping in view the financial allocation available for the purpose. The Selection Committee reserves the right to reject any application without assigning any reason thereof if the application is not found satisfactory. Moreover this Directorate will not be held responsible for any type of false information/error provided by the applicant.