

Photo of Beneficiary (Attested by Doctor)

Application form for Assam Arogya Nidhi

1.	Name of the Patient (in Block Letter	s)
2.	Age	
3.	(A) Permanent address	
	(B) Address for correspondence	
4.	Contact number	
5.	Father/Husband/Guardian's name	
6.	Gender	
7.	Category (Gen/ST/SC/OBC)	
8.	Name of the applicant if not made by the patient.	
9.	Applicant's relationship to the	
	patient.	
10	. Disease for which treatment is required	
11.	. Name of the Hospital where the treatment is being received.	
12	In case of private Hospital whether the Hospital is registered Under Clinical Establishment Act. 2010. If yes, the Registration No.	

13.	Amount of financial assistant require (Please submit the original bills/ receipts in support)	ed
14.	Annual Income of patient (Certificate from revenue circle officer to be furnished)	
15.	Whether patient or guardian of patient a Govt. servant/ govt. Pensic (If yes, please give details)	oner
16.	Whether applicant has Atal Amrit Ab (AAA)Card and Prime Minister Jana Arogya Yojana Card (PMJAY) (Please tick mark () whichever is appliable)	AAA Card (Yes / No) PMJAY Cad (Yes / No)
17.	If applicant or guardian has above mentioned card please mention the	card No. AAA Card No
		PMJAY Card No
18.	(a) Whether any financial assistance Under Assam Arogya Nidhi/AAAS or any such scheme of Govt. of Assam has been received earlier.	
	(b) If yes. Please furnish details	
19.	Details of the patient Bank Account	Branch:
		Account No.
		IFSC Code:
20.	Other relevant information if any	

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 and hence this request for financial assistant.

Date:

Documents Required along with the application:

- Photograph of the patient (Attested by Doctor)
- ➤ Income Certificate by Revenue Circle Officer(Attested)
 original to be produced at the time of submission of Application Form
- Present Residential Certificate (Attested), if applicable.
- Bills /voucher/receipts (Original).
- Copy of the medical documents of treatment to be certified by treating Doctor/Hospital.
- Discharge Summary/Prescription (Attested)
- Photocopy of the fill page (1st page) Bank Passbook(Attested)
- ➤ Photocopy of PMJAY/AAA Card, if applicable.

NB: (A) No document submitted with application will be returned if the application is considered for financial assistance. So except for original bill/voucher/receipts, only attested copy of other documents to be furnished.

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