

Boro Kachari Welfare Autonomous Council

बर' कछारि अनसाइ गावहायुंआरि खुंथाय

Sanjari Nwgwr, Simen Chapori::Dhemaji, Assam::Pin-787061

www.bkwac.in

Please affix
photograph of the
patient
(Attested by
Doctor)

Financial Assistance for Medical Treatment

Department of Health & Family Welfare, BKWAC

Financial Year.....

Manual Application Form *

1.	Name of the Patient (in Block Letters)	:	
2.	Age	:	
3.	Gender	:	Male/ Female
4.	Father's/Guardian's Name	:	
5.	Permanent address	:	Village: Post Office: Police Station: District: Pin Code:
6.	Present Address	:	Village: Post Office: Police Station: District: Pin Code:
7.	Mobile Number	:	
8.	Annual Income of the Family	:	Rs.
9.	If the Application is not submitted by the patient	:	Name of Applicant: Relationship with the Applicant: Address: Contact No:

10.	Disease of Treatment (Please tick ✓ in the appropriate box)	:	Cardiovascular disease	Cancer
			Kidney Diseases	Neo Natal Diseases
			Neurological Conditions	Burns
11.	Bank Account Detail	:	Account holder Name: Phone/ Mobile: Bank Name: Branch Name: Account No.: IFSC No.:	

Declaration

I declare that the information and documents given are correct and complete in all respects and that I have not claimed the same amount from any other Scheme.

Date:

Signature of the Applicant/Patient

Documents to be submitted along with the application

		Please tick ✓
1.	Photograph of the Patient (Attested by Doctor)	<input type="checkbox"/>
2.	Annual Income Certificate issued by Circle Officer <i>(Attested copy of the certificate to be enclosed along with the application)</i>	<input type="checkbox"/>
3.	Attested copy of the Voter ID/Aadhar or Voter ID/Aadhar of Parent	<input type="checkbox"/>
4.	Attested copy of the Referral Certificate/ Discharge certificate & Prescription from the hospital	<input type="checkbox"/>

The Filled in application form is to be submitted, by hand to the Office of the Principal Secretary of BKWAC of Sanjari Nwgwr, Simen Chapori, Dhemaji or Guwahati Sub-Office.