

**APPLICATION FORM**

**(Cataract surgery for Senior Citizens)**

- 1. Name of applicant : .....
- 2. Name of spouse : .....
- 3. Date of Birth : .....
- 4. Address : Village – .....
- Road - .....
- P.O..... P.S. ....
- G.P./Town Committee - .....
- Block -.....
- District - .....



I do hereby declare that the particulars furnished above are true to the best of my knowledge and belief and I shall be liable for punishment under law if these are found to be false.

**Documents to be enclosed:**

- 1. One self-assessed passport size photograph.
- 2. Aadhar card, valid ration card, voter id.
- 3. Doctor's certificate stating that the applicant requires cataract surgery.

**(Full signature of the Applicant)**

**Contact No.....**

Email ID :.....

**Certificate from concerned District Social Welfare Officer**

Certified that Sri/Smti.....who is suffering from Cataract in left eye/ right eye/ both eyes as per medical certificate is a resident of.....District as mentioned in the documents submitted.

**Signature**

**District Social Welfare Officer**

.....,District