

CHIEF MINISTER'S RELIEF FUND

**FORM OF APPLICATION FOR ASSISTANCE FROM
CHIEF MINISTER'S RELIEF FUND OF ORISSA**

PART A

1) a) Name of the applicant :

b) Father's/Husband/Guardian's Name:

2) Address:-

Village: -

P.O.:-

P.S.:-

Ward No.:- **BMC, Bhubaneswar, District:- KHODHA**

3) Occupation:

4) Annual Income:

Govt. Service	Source of Business	Source of Lands	Any other Sources	Total Income

5) Purpose:-

6) Required Amount:-

7) Has he/she received any assistance from this fund earlier? Yes / No

8) If yes, amount & purpose :-

Signature of the Applicant

Dt.....

PART B

9) Recommendation of the Tahasildar /Sub-Collector (Concerned officer should know correctly the fact mentioned at Column No.4)

a) Details of income of the Applicant :

i) From Agriculture :

ii) From Salary:

iii) From other sources:

iv) Total :

a) Financial condition of near relatives:

b) Is prayer of the Applicant acceptable :

c) Remarks :

Signature of
Tahasildar/Sub-Collector
(With Seal)

10) Recommendation of Medical Officer.

a) Disease :

b) What type of treatment required :

c) Cost of the Medicine :

d) Appratus :

e) Any other expenditure :

f) Place of treatment :

i) The reason for recommending treatment outside the State :

ii) Is such treatment available in Orissa?:

Signature of Medical Officer.

(With seal)

Counter Signature of
Head of the Institute
(With seal)

PART C

(11) Recommendation of M.L.A./M.P./Minister:-

Signature of
M.L.A./M.P./MINISTER
(With Seal)