



**Photo of
Beneficiary
(Attested by Doctor)**

Online Application Form for Assam Arogya Nidhi (To be submitted by Principal/Superintendent of Medical College & Hospital)

1. Name of the Patient (in Block Letters).....
2. Age/Sex
3. Permanent address

4. Contact number
5. PAN No.
6. Father/Husband/Guardian's name
7. Disease for which treatment is required

8. Name of the Hospital where the treatment is going on

9. Whether patient/ guardian of patient a Govt. servant/ govt. Pensioner

(If yes, please give details)

10. Whether applicant has (PMJAY/MMJAY) (Yes / No)
11. (a) Whether any financial assistance Under Assam Arogya Nidhi/PMJAY/MMJAY or any such scheme of Govt. of Assam has been received earlier.

- (b) If yes. Please furnish details

12. Amount availed from MMJAY/PMJAY
(In case of beneficiary's exhaust card limit

13. Amount of additional financial assistance required

14. Details of the Hospital Bank Account (Bank Name)

Branch:

Account No.

IFSC Code: