



Photo of
Beneficiary
(Attested by Doctor)

**Online Application Form for Assam Arogya Nidhi (To be submitted by
Principal/Supintendent 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: