

Sneha Sparsha Scheme of Government of Assam

APPLICATION FORM

1. Name of the Patient (in Block Letters)
2. Age
3. (A) Permanent address
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- (B) Address for correspondence
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4. Contact number
5. Parent's/Guardian's name
6. Applicant's relationship with the patient
7. Gender
8. Category (Gen/ST/SC/OBC)
9. Disease for which treatment is required
10. Name of Hospital where currently the treatment is being received
11. Annual income of the family
- (Copy to be attested and enclosed)

Date:

Signature of the Applicant

Documents Required along with the application:

- Photograph of the Patient (**Attested by Doctor**)
- Birth certificate (**Attested**)
- Income certificate (**Attested**)
(Original to be produced at the time of submission of Application Form)
- Residential Certificate (**Attested**)
- OPD Advice Slip/Discharge Summary/Prescription

The Filled in application form is to be submitted, by hand or by post, to Principal/Vice Principal, Gauhati Medical College & Hospital, Bhangagarh, Guwahati, Assam-781032. 'Application for Sneha Sparsha Scheme' should be written on the envelope in Block Letters.