

ALMANAC SOCIAL WELFARE

(Regd. Under Govt. of NCT of Delhi Registration Act 1882)

UASWID No.

Hospital Name :

Department Name :

Address :

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Photograph
self-attested

Name of the Patient's :

Father's/Husband's Name : Mother's Name

Permanent Address :

.....

Gender Age SC/ST/OBC/RBA/ALC..... Religion.....

Aadhaar No. / Voter ID No. :

E-mail ID : Mobile No. :

Monthly Family Income :

Parents/Guardians Details :

Name :

Occupation :

E-mail ID : Mobile No. :

Address :

.....

Documents (✓)

Aadhaar Card ☐

Voter ID Card ☐

Income Certificate ☐

Domicile Certificate ☐

Patient's Signature/Thumb Impression

Declaration

I have declared that.....S/o/D/o/W/o

R/o

hereby affirm that the above particulars furnished by me are true and correct to the best of my knowledge.

Place

Date

**Signature
Parents/Guardians**