	Offi	се	of the	Mamlatdar of - Goa.		Taluka
		D	ated :-	= G0a.		
For	warded to the Talathi of			for i	nquiry & re	port.
REPORT OF TALATHI						
1.	a) Name of the Applicant	:				
	b) Name of the patient	:				
	c) Address of the Applicant/Patie	nt:				
	d) House No.	:				
2.	Date & Place of Birth	•				
3.	Nature of business/place where the applicant/patient is employed					
4.	Details of Sr. No., Part No., Constituency No. of the year & Ration Card No. of patient Sr. No, Part No Const. No Electoral of the year					
5.	Total Members of the family	:				
6.	Separate monthly income of earning members in the family	:				
	Name Relatio		_	Employed	Place of Employme	Income nt
a)						
b)						
c)						
d)						
е)						
7.	Total income of all family Members of patient	:				
8.	Since when the applicant/ Patient resides at the given Address	:				
9.	Produce where	:				

Talathi of