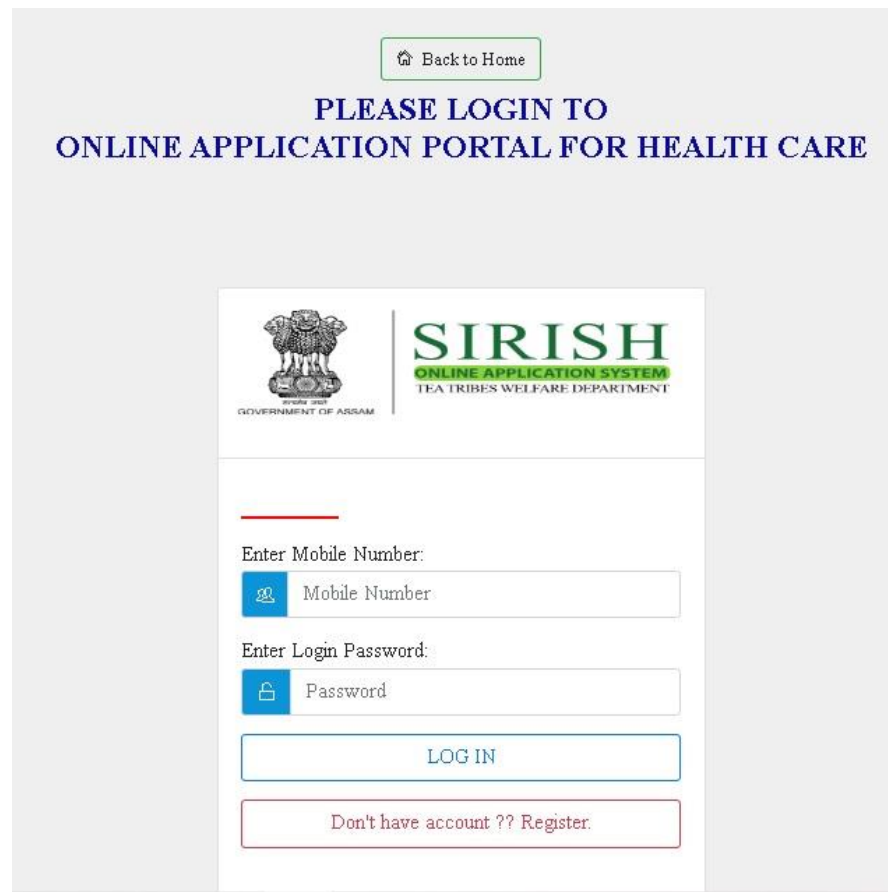



**STEP-BY-STEP PROCEDURE FOR APPLICANT TO APPLY IN ONLINE APPLICATION PORTAL FOR “GRANTS TO PATIENTS SUFFERING FROM T.B./CANCER AND OTHER MAJOR DISEASES” UNDER TEA TRIBES AND ADIVASI WELFARE, DEPARTMENT**

Step 1: For new registration, use the URL : <https://sirishassam.in> .Click on “Login” Tab and select “Healthcare Login” you will be redirected to new login page Then, Click on the “Register” button on the portal.



[Back to Home](#)

**PLEASE LOGIN TO  
ONLINE APPLICATION PORTAL FOR HEALTH CARE**

 **SIRISH**  
ONLINE APPLICATION SYSTEM  
TEA TRIBES WELFARE DEPARTMENT



Enter Mobile Number:

Enter Login Password:

[LOG IN](#)

[Don't have account ?? Register.](#)

Step 2: Fill up the details as requested in the respective fields, click on “Get OTP” button. You will receive an OTP on the registered mobile number in the registration page. After insert OTP the box provided, click on “Register Now” button.

  
**SIRISH**  
SMART INTEGRATED REGISTRATION INITIATIVE  
Patient Registration Form

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**Personnel Info**

Full Name \*:

Email ID (Optional):

Mobile Number \*:

Gender \*:  
 Male  Female  Others

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**Login Details**

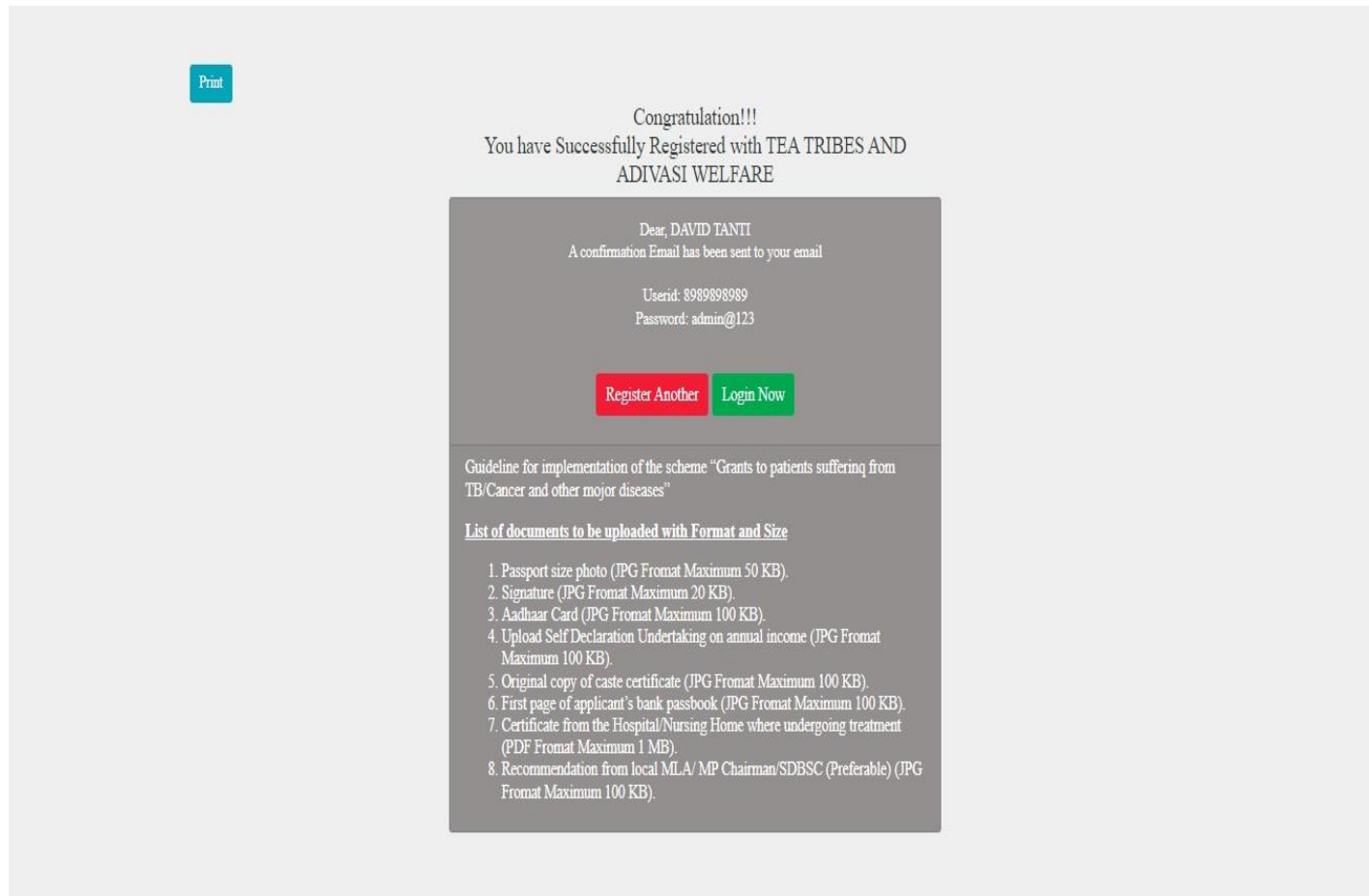
Enter Login Password \*:

Confirm Login Password \*:

Enter OTP sent to Mobile \*:

I agree to the terms and Condition

Step 3: After successful registration, the following page will appear in your screen with username and password.



Print

Congratulation!!!  
You have Successfully Registered with TEA TRIBES AND  
ADIVASI WELFARE

Dear, DAVID TANTI  
A confirmation Email has been sent to your email

Userid: 8989898989  
Password: admin@123

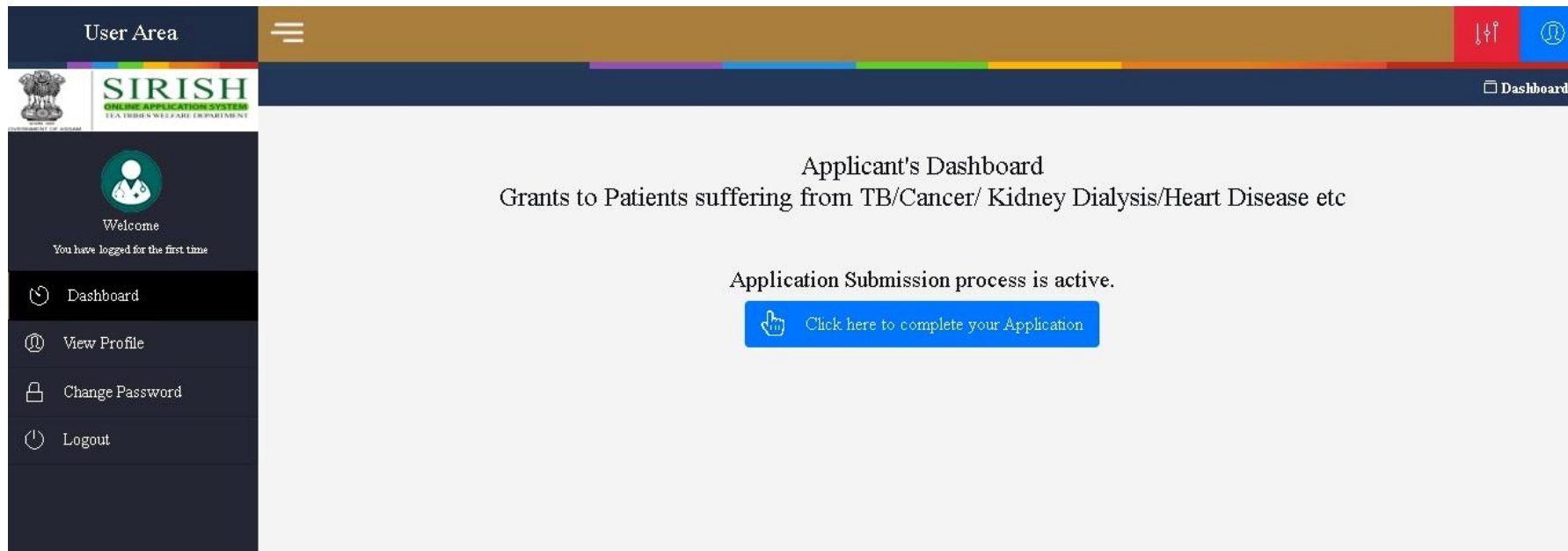
Register Another Login Now

Guideline for implementation of the scheme "Grants to patients suffering from TB/Cancer and other mojar diseases"

List of documents to be uploaded with Format and Size

1. Passport size photo (JPG Fromat Maximum 50 KB).
2. Signature (JPG Fromat Maximum 20 KB).
3. Aadhaar Card (JPG Fromat Maximum 100 KB).
4. Upload Self Declaration Undertaking on annual income (JPG Fromat Maximum 100 KB).
5. Original copy of caste certificate (JPG Fromat Maximum 100 KB).
6. First page of applicant's bank passbook (JPG Fromat Maximum 100 KB).
7. Certificate from the Hospital/Nursing Home where undergoing treatment (PDF Fromat Maximum 1 MB).
8. Recommendation from local MLA/ MP Chairman/SDBSC (Preferable) (JPG Fromat Maximum 100 KB).

Step 4: Now, go to the login page and enter your login credential to open your personalized login page to complete application form. After successful login, you will be directed to the following page.



The screenshot displays the 'Applicant's Dashboard' for the SIRISH Online Application System. The page features a dark blue header with 'User Area' on the left and navigation icons on the right. Below the header is a dark blue banner with the SIRISH logo and the text 'ONLINE APPLICATION SYSTEM' and 'HEALTH & WELFARE DEPARTMENT'. A 'Dashboard' link is visible in the top right corner of the banner. The main content area is light gray and contains the following text: 'Applicant's Dashboard', 'Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc', and 'Application Submission process is active.' A blue button with a hand cursor icon and the text 'Click here to complete your Application' is centered below the active status message. On the left side, there is a dark blue sidebar with a user profile icon, a 'Welcome' message, and a note 'You have logged for the first time'. Below this, there are four menu items: 'Dashboard', 'View Profile', 'Change Password', and 'Logout', each with a corresponding icon.

Step 5: Under General Information section, field with \* is mandatory and must fill up with appropriate information. All data submitted during registration will automatically feed to the page. The remaining fields must be filled up. After complete the fill up click on “Save and Proceed”.

The screenshot displays the SIRISH Online Application System interface. The top navigation bar includes 'User Area' and a 'Dashboard / Apply Now' link. The left sidebar contains a 'Welcome' message and navigation options: Dashboard, View Profile, Change Password, and Logout. The main content area is titled 'APPLICATION FORM' and 'Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc'. The 'General Information' section contains the following fields:

- Applicant Name \***: DAVID TANTI
- Applicant Date of Birth \***: Enter Your Date of Birth
- Applicant Age \***: to be autofilled
- Gender \***:  Male  Female  Others
- Father's/Husband's Name \***: ENTER YOUR FATHER'S/HUSBAND NAME
- Mobile Number**: 8989898989
- Aadhaar Number \***: [Empty field]
- Caste Certificate (TGL/Ex-TGL) available \*\*?**:  Yes  No

A blue 'Save and Proceed' button is located at the bottom of the form.

### APPLICATION FORM

#### Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc

Address Information

Permanent Address \*

Present Address \*  Same as Permanent

District Name \*

LAC Name \*

Sub Division Name \*

Tea Garden Name \*

Gaon Panchayat Name \*

Village/Town \*

Post Office \*

Pin Code \*

Step 7: Under Patient Information section, select the appropriate disease name, hospital name and year from when you are suffering from the disease. If you have any health card please mention. Field with \* is mandatory. After completing the fill up, click on “Save and Proceed”

The screenshot displays the SIRISH Online Application System interface. The top navigation bar includes 'Applicant Area' and 'Apply Now'. The left sidebar contains a 'Welcome' message and navigation options: 'Dashboard', 'Change Password', and 'Logout'. The main content area is titled 'APPLICATION FORM' and 'Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc'. The 'Patient Information' section contains the following fields:

- If the patient belongs to \*:** Radio buttons for WIDOW, SENIOR CITIZEN, PHYSICALLY DISABLED, AGED UNMARRIED WOMAN, and  None of these.
- Disease suffering from \*:** A dropdown menu with 'Select Disease'.
- Suffering from When \*:** A dropdown menu with 'SELECT YEAR'.
- Undergoing treatment in which Hospital (Certificate from the doctor under whom undergoing treatment to be enclosed) \*:** A text input field with 'HOSPITAL NAME'.
- Annual Income of the Family(Undertaking to be enclosed as per attached format) \*:** A text input field with '0'.
- Do you have any Ayushman Bharat/Ayushman Asom/Health Insurance Card?:** Radio buttons for  Yes and  No.
- Card/Policy Name \*:** A dropdown menu with 'Please Choose' and a list of options: 'Please Choose', 'Ayushman Bharat Card', 'Ayushman Asom Card', and 'Other Health Insurance Card'.



Welcome

You have logged for the first time

Dashboard

Change Password

Logout

### APPLICATION FORM

#### Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc

##### Patient Information

If the patient belongs to \*:

WIDOW  SENIOR CITIZEN  PHYSICALLY DISABLED  AGED UNMARRIED WOMAN  None of these

Disease suffering from \*

Select Disease

Suffering from When \*

SELECT YEAR

Undergoing treatment in which Hospital (Certificate from the doctor under whom undergoing treatment to be enclosed) \*

HOSPITAL NAME

Annual Income of the Family(Undertaking to be enclosed as per attached format) \*

0

Do you have any Ayushman Bharat/Ayushman Asom/Health Insurance Card?

Yes  No

Reason for Non Availability \*:

Please Choose  
Please Choose  
Not aware of the schemes  
Unable to apply  
Applied for card but not yet received  
Others



Step 8: Under “Upload Docs” section, you need to upload documents as mentioned in each field in proper format (pdf, jpg etc.) and with proper size. Field with \* is mandatory. After uploading all documents, click on “Save and Proceed” button.

The screenshot shows a web application interface for an application form. At the top, there is a navigation bar with a menu icon on the left and a user profile icon on the right. The main heading is "APPLICATION FORM" followed by the subtitle "Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc".

The "Upload Docs" section contains several upload fields, each with a "Choose File" button and a "NO FILE" indicator:

- Upload Passport size photo \* (JPG Maximum 50 KB)
- Upload Signature \* (JPG Maximum 20 KB)
- Upload Aadhaar Card \* (JPG Maximum 100 KB)
- Upload Caste Certificate \*
- Upload Self Declaration Undertaking
- Upload 1st Page of Bank Passbook \* (JPG Maximum 100 KB)
- local MLA/ MP (ional) (JPG Maximum 100 KB) chosen

Below the upload section is the "Banking Information" section, which includes the following fields:

- Bank Name \* (ENTER BANK NAME)
- Account Number \* (202012123344)
- Account Holder Name \* (ACCOUNT HOLDER NAME)
- IFSC Code \* (IFSC CODE)

At the bottom of the form, there is a prominent blue "Save and Proceed" button with a right-pointing arrow.

Step 9: After successfully upload all data, a preview of the application form will be available for final check before submission. If anyone need to correct anything in the preceding steps, it is available in this page which will allow going to the step directly and making necessary correction if any. After review the application form, please select the check box and then click on “Submit Application” button.

APPLICATION FORM				
Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc				
Preview Application				
<u>General Info</u>				
Applicant Name:	Date of Birth:	Age:	Gender:	Father's/Husband's Name:
HOMEN	27-11-1940	82	MALE	JOGEN
Mobile Number:	Aadhaar Number:	Caste (OBC/MOBC - TOL/Ex-TOL) available? YES		
9678074290	321456327896			
<u>Address Info</u>				
Permanent Address:	Present Address:	District:		
KHJK	KHJK	KAMRUP RURAL		
LAC:	Sub Division:	Tea Garden:		
CHAYGAON	AMINGAON	BORDUAR BAGAN TE		
Village/Town:	Gaon Panchayat:	Post Office:	Pin Code:	
KJ	INJI	JNIN	123456	
<u>Patient Info</u>				
Patient belongs to:	Family Income:	Disease suffering from:	Suffering from When?	
SENIOR CITIZEN	100000	HEART DISEASE	2001	
Undergoing treatment in which Hospital:				
OMCH				
Do you have any Ayushman/Atal Aamit/Health Insurance Card? NO				
<u>Banking Info</u>				
Bank Name:	Account Number:	Account Holder Name:		
SBI	12365547	HOMEN		
IFSC Code:				
SBI0004563				

Preview Page

The screenshot displays a web-based application form for the position of General Manager. At the top, there are three identical header banners for the Government of India, featuring the national emblem and the text 'भारत सरकार / GOVT. OF INDIA' and 'GENERAL MANAGER'. Below these banners is a preview window showing a document with a table of data. The table has multiple columns and rows of text, which is partially obscured by a blue selection box. Below the preview window, there is a declaration checkbox with the text: 'I hereby declare that all the above mentioned data and statements are true to the best of my knowledge and belief. In case of any false statements, I am liable to action the Government may deem fit and proper.' At the bottom, there are six buttons: a blue 'Submit Application' button with a right-pointing arrow, and five red 'Edit Step' buttons labeled 'Edit Step 1' through 'Edit Step 5'.

Preview Page

Step 10: After click on the “Submit Application” button, acknowledgement will be appear which will be in both download and print option. This acknowledgement will use for future correspondence.

 	
<b>Acknowledgment</b> <b>Grants to Patients suffering from TB/Cancer/ Kidney Dialysis/Heart Disease etc</b>	
The Director, Tea Tribes Welfare, Assam (through the Sub-Divisional Welfare Officer, AMINGAON Sub Division )	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">             Recent Passport Photo           </div>	
Applicant Name: <b>HOMEN</b> Application No. : <b>1000017</b> Date: 2023-04-24	
Gender: <b>Male</b>	Father's/Husband's Name: <b>JOGEN</b> Mobile: <b>9678074290</b>
Date of Birth: <b>27-11-1940</b>	Caste (OBC/MOBC - TGL/Ex-TGL) available?: <b>YES</b>
Permanent Address: <b>KHJK</b>	Present Address: <b>KHJK</b>
District: <b>KAMRUP RURAL</b>	Sub Division: <b>AMINGAON</b>
Tea Garden: <b>BORDUAR BAGAN TE</b>	Village/Town: <b>KJ</b>
Gaon Panchayat: <b>INJI</b>	Post Office: <b>JNJNI</b>
Pin Code: <b>123456</b>	
Annual income of the family: <b>100000</b>	Belongs To: <b>SENIOR CITIZEN</b>
Disease suffering from: <b>Heart Disease</b>	Suffering from when: <b>2001</b>
Undergoing treatment in which Hospital: <b>GMCH</b>	
Do you have any Ayushman/Atal Amrit/Health Insurance Card?: <b>NO</b>	
Bank Name: <b>SBI</b>	Account Number: <b>12365547</b> IFSC Code: <b>SBIN0004563</b>
<b>DECLARATION:</b> I do hereby declare that the details given above are true to the best of my knowledge and if found otherwise, I shall be liable for action under the existing law.	
	