

DEL-4-25-04-2648

APPLICATION FORM FOR ASSISTANCE

(Healthcare)

सहायता हेतु आवेदन प्रारूप

(आवेदन विवरण)

Koshika
Foundation

Building Block of life

APPLICATION No.: E/0425/0031

APPLICATION DATE: 3/4/25

NAME of APPLICANT: MAST SONNY

AGE-YEARS मासु वर्ष

SEX-लिंग

1 MONTH

MALE

FATHER'S/SPOUSE'S NAME: BUNESH (FATHER)

PRESENT RESIDENCE ADDRESS: सधन आवासीय पता

VILLAGE BRAINSID KALAN, SHAJAHANPUR,
UP
PIN CODE - 202001

PERMANENT RESIDENCE ADDRESS: स्थायी आवासीय पता



OCCUPATION: LABOURER (FATHER)

MARRIED (विवाहित) / UNMARRIED (अविवाहित) NA

TOTAL ANNUAL INCOME: 1,20,000 (FATHER)

(Attach Proof of Income)
(आय का साक्ष्य संलग्न करें)

PAN No. संसाधन खाता संख्या

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):
क्या आप आय कर राजा हैं (जो मान्य हो उस पर चिह्न की निशान लगाएं)

Yes / No
हां / नहीं

FAMILY DETAILS: परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार की सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदनकर्ता से संबंध
1	BUNESH	34	MALE	FATHER
2	POOJA	35	FEMALE	MOTHER
3	RAGHAV	3	MALE	BROTHER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
सहायता के लिए विनोद आधार

BPL Card (Attach Card Copy) यसवीं रेटा के तहत प्रमाण पत्र (प्रमाण पत्र की कला प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (प्रमाण पत्र की कला प्रति संलग्न करें)	Ration Card (Attach Copy) उपभोग कार्ड (प्रमाण पत्र की कला प्रति संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु किसे सब विनोद का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached उपचार/दवाइयों से जारी की गई प्रीस्क्रिप्शन संलग्न
1	DIAGNOSIS RETINOBLASTOMA
2	TREATMENT - LIA, MRI

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES
इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया है?

No

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED लिया गया सहायता राशि
	NA	



Dr. Shroff's Charity Eye Hospital

Caring for the community since 1922...



Dr. Shroff's Charity Eye Hospital
Delhi is Now NABH Accredited

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Sunny- E/0425/0031

Estimate cost of treatment Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u>					
Name		Mast. Sunny	Address/ Phone:	Village Bhamsta kalan, Shahjahanpur, Uttar Pradesh - 242001	
MR N		DEL-G-25-04-2548	Age/Sex	1 month	Male
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Aprox. Cost
1	09/04/2025	EUA(Examination under Anesthesia)	2000	1	2000
2	10/04/2025	MRI	6500	1	6500
		Total			8500

Best Regards

Dr. Sima Das

Director

Oculoplasty and Ocular Oncology Services

DR. SHROFF'S CHARITY EYE HOSPITAL

5027, Kedar Nath Road Daryaganj, New Delhi-110002 India

Ph:- 011-4352 4444, 4352 8888, Fax: 011-43528816

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OTHER CENTRES

ALWAR • SAHARANPUR • MEERUT • LAKHIMPUR KHERI • VRINDAVAN • KAROL BAGH (DELHI)