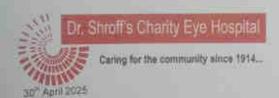
## APPLICATION FORM FOR ASSISTANCE (Healthcare) सहायसा हेत् आवंदन प्रारूप (स्थासमा देशामास) foundation APPLICATION DATE 09 APPLICATION NO. E1042510033 Building black of the PARTY STREET NAME OF APPLICANT AGE-YEARS IN-HIT SEX THE UISHWA AARNIK सर्वेद्धप्र का महर्च 02 YEARS MALL FATHER'S SPOUGE'S NAME : ANIL KUMAR (FATHER) निर्धारकदेश्य का जान PRESENT RESIDENCE ADDRESS WHITH SHUTTER WIT VILLAGE CHARTA, ALCA HABAD PERMANENT RESIDENCE ADDRESS: THE DEPUTE VIII OCCUPATION : PRIVATE JUB (FATHER) MARRIED (North) / UNMARRIED (Minufet) TOTAL ANNUAL INCOME (Attach Proof of Income) 000 ( CATHER) मूस मापिक आप (अप का संस्थ संस्थ PAN No. THIS BIRT THE ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes ENo. मचा ठाए अस्य कर एक है (ओ शन्य हो उस पर सती का निशान लखने। क्षा - जारी FAMILY DETAILS STREET GREEN Sr. No. Name of Family Member Age (Years) Relation with Applicant Gender क्रम सरका परिचार के सदस्यों का गांग 研 (中) feet उरागदक मां साथ सम्बंध MICHA MICHA ANDMOR MAL EMALEUR BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) महायक के लिये पिनति आधार Ration Card (Attach Copy) BPL Card EWS Certificate (Attach Certificate Copy) Any Other (Attach Card Copy) Basis/Proof उपभोक्ता महर्थ अस्य अस्य वर्ग प्रमाण पप गराबी रेखा के मीचे प्रमाण पत्र अन्य कोई साक्ष्य (प्रमाण पत्र को बाजा प्रति संतान करे) (प्रमाण पत्र की छादा प्रति संतरन करें) (प्रमाण पत्र की भाषा प्रीत संसाध करे। "PURPOSE" for REQUESTING ASSISTANCE: सकायता हेत् किये गये किसी का उद्देश्य: Medical Reports/Prescriptions Attached Sr. No. अस्पताल डॉक्टर में बारों को गई प्रतिवदन मुखी संलग्न क्षम संस्था DIAGNOSIS KEATMENT ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES इस उद्देश्य के हेनू कोई अन्य सकापता किसी अन्य स्थान में लिया गया हो? AMOUNT of ASSISTANCE BEING AVAILED NAME of OTHER SOURCE Sr. No. लो गई सहस्पता राजी अस्य स्त्रीत सा नाम क्रम माग्र NA





Dear Mr. Tandon

## Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Vishwa Aarnik- E/0425/0033

		Estimate cost of Dr. Shroff's Charity <u>Retinobiastoma</u>	Eye Hospital		
Name		Mast. Vishwa Aamik	Address/ Phone:	Village Charita, Allahabad Uffi Pradesh-281401	
MRN		DEL-G-23-07-6924	Age/Sex	2 years	Male
S. No.	Treatment date	items	Cost per Unit	No. of unit	Aprox. Cost
1	12/04/2025	EUA(Examination under Anesthesia)	2000	I.	2000
					2000
		Total			2000

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 E-mail: sceh@sceh.net; Website: www.sceh.net

OTHER CENTRES