

Sl. No. क्र. सं.	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED लिये गई सहायता राशि
	111	

DECLARATION BY APPLICANT: 2000 200 1000 10

1. I hereby confirm that all details in this Form are True to the best of my knowledge. Any false statement will render my Application & ongoing assistance. I am liable for rejection/cancellation.
2. I solemnly confirm that assistance, if received from Kashi Foundation, will be used only for the "purpose" as stated in this Form, for which such assistance was requested by me.
3. I hereby confirm that I have not & will not in future, seek of reimbursement, in part or in full, from any other source/employer/insurance company, of the amount for which this assistance is requested.
4. मैं यहाँ पर घोषणा करता हूँ कि इस घोषणा में दिए गए सभी विवरण सही जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण गलत या झूठ साबित पाया जाता है तो मेरी सहायता निरस्त की जा सकती है।
5. मैं यहाँ पर घोषणा करता हूँ कि "कृष्णा फाउंडेशन" से जो भी राशि मिले, उसका उपयोग मैं केवल उसी उद्देश्य के लिए ही करूँगा, जिस उद्देश्य के लिए मैंने इस सहायता की मांग की है।
6. मैं यहाँ पर घोषणा करता हूँ कि मैं इस सहायता के लिए किसी अन्य स्रोत/रोजगार/बीमा कंपनी से न तो पूरा नुकसान के लिए दावा कर रहा हूँ और न ही भविष्य में ऐसा करूँगा।

FORFEITMENT by APPLICANT (NOTE ON WIN)

- 2) I (Applicant) further agree that any such use of my name, address, photo & details of the "purpose", for which such assistance is requested/granted, will not automatically entitle me for receiving or continuing the said assistance. The decision for granting and/or continuing the assistance will rest solely with the Trustees of Koshika Foundation, and their decision in this regard will be final and acceptable to me.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION _____

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मोठे मोठे जमीनदार

AGREEMENT by HOSPITAL, (SEE ITEM 20) MED.

By affixing hereunder, signature of our Authorized Signatory for recommending this case/patient for financial assistance from Koshika Foundation, _____
(Hospital) hereby affirm & accept following:

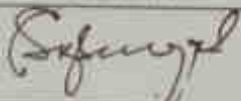
- 1) that we neither are presently nor will in future avail of financial assistance from another NGO or any other source, for the same patient/case, as we are requesting to get from Koszika Foundation, to the extent that such assistance is granted by Koszika Foundation. If the requested assistance is not granted by Koszika Foundation, in part or in full, then the Hospital reserves it's right to make up the shortfall from another NGO or any other source. This confirmation essentially states that the Hospital will not avail any duplicate assistance for the same patient/case from any other NGO or any other source.
- 2) The assistance from Koszika Foundation is only financial in nature. The choice of the treatment/procedure advised/conducted by the Hospital on the patient, is based on the arrangement between the patient & the Hospital, and is in no way influenced by Koszika Foundation. Hence, the Hospital will assume sole & complete responsibility of the treatment & it's outcome & safety of the patient, and Koszika Foundation will have no role or responsibility in the matter.

११. यह कि न तो संवेधान्त और न ही अधिनियम में किसी सम्मानपूर्ण शक्ति का उल्लंघन हुआ है।

- [illegible]

RECOMMENDED FOR ACCEPTANCE

सर्वीकृतो न सं विष संसृजति

Date of Surgery 22/5/25	Dr. CHHAY GUPTA (Name of Dr. & Sign with Stamp) Director, Dr. Shroff's Charity Eye Hospital Regd. No. 100745	Dr. SIMA DING (Name, Designation & Stamp of Authorized Signatory) Oculoplasty & Orbital & P.D. Unit Director, Dr. Shroff's Charity Eye Hospital Regd. No. 66657
FOR INTERNAL USE OF KOSHIKA FOUNDATION		
SIGNATURE of TRUSTEE 1 नामी हस्ताक्षर 1 	SIGNATURE of TRUSTEE 2 नामी हस्ताक्षर 2 	



Dr. Shroff's Charity Eye Hospital

Caring for the community since 1914...



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

31st May, 2025

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast: Gulaam Mukajakkir- **E/0525/0057**

Estimate cost of treatment Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u>					
Name		Mast: Gulaam Mukajakkir	Address/ Phone:	Bank ward no-10, Bank Begusarai, Lakhmira, Bihar-851211	
MR N		DEL-G-22-12-6855	Age/Sex	2 years	Male
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Aprox. Cost
1	22/05/2025	Examination under anesthesia	2000	1	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

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