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DECLARATION BY APPLICANT: ☐ YES ☐ NO

DECLARATION BY APPLICANT: I hereby confirm that all details in this Form are true to the best of my knowledge. Any false statement made by me may result in my application being rejected and my name being removed from the list of candidates. I understand that the information provided here will be used only for the purpose stated in this Form, for which such information is required. I agree to provide any further information requested by the employer/insurance company, if the need arises.

2. I solemnly confirm that assistance, if received from Koshika Foundation, will be used for the purpose for which it was requested by me. I will not seek or accept, in future, any form of reimbursement, in part or in full, from any other source/employer/individual.

3) I hereby confirm that I have not & will not in future, avail of reimbursement for the expenses for which this assistance is requested.

1) मैं सीमा का हूँ कि वह सच में मेरे गले की धारण कर लेगी।

2) नीचे दिए गए भाषण पढ़िए : "व्यक्तिक स्वतंत्रता", से सोचें कि यह है, उसका उपयोग क्या उद्देश्य के लिए किया जा सकता है? इस विधि का वैश्विक या स्थानीय विकास किसके समर्थन में होना चाहिए?

AGREEMENT by APPLICANT (attach 300 words)

1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and its Trustees to use/publish/post/reproduce my name, address, photo & details of the "purpose", for which such assistance is requested/granted, through any medium, including but not limited to verbal, print, electronic, for soliciting donations for Koshika Foundation and/or disseminating information about its activities/achievements. Such use of my photo & details can be made by Koshika Foundation before or after my treatment or fulfillment of the "purpose" for which assistance is being requested.

medium, including but not limited to visual, print, electronic, or other media, for any purpose, including but not limited to promotional or fundraising activities/achievements. Such use of my photo & details can be made by Kashiwa Foundation before or after my death, without my further consent, for which assistance is being requested.

23. (Applicant) further agree that (s)he/they will not automatically enroll me for receiving or continuing the said assistance. The decision for such enrollment will be taken by the Trustees of Kashiwa Foundation, and their decision in this regard will be final and acceptable to me.

1.) इस बात पर अपने हस्ताक्षर या मुद्रा की आवश्यकता है (अवश्य) अपने समक्ष ही मुद्रा काटें एवं "बोर्डर" पर हस्ताक्षर करें।

जब, श्रोता और के विचार इस तरह में पोषित है, उसे "बौद्धिक" रूप में मानते हैं, पर वास्तव में इस प्रकार के विचारों में कोई वास्तविकता नहीं है। वास्तव में विचार अविचार है। जो विचार का विचार में विचार के माते के माते में करने के विचार "बौद्धिक विचार" के माते अविचार है।

2) वे (आपराध) इस बात से सहमत हैं कि वेद-धर्म, शास्त्र, बौद्ध और विद्यालय जो कि समाजों में सुधारों में प्रवृत्ति है उन्हें स्वीकार करने के लिए तैयार हैं।

"अतिशय" एवम् उभयं अतिशय ५३ निर्दिष्ट अतिशय और अतिशय ही होगा।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

आवेक से प्रत्येक से आगे की प्रत्येक

कायदा

AGREEMENT by HOSPITAL (हॉस्पिटल की स्वीकृति)

By affixing hereunder, signature of our Authorized Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we

I affirm that neither I nor my company are presently nor will in future avail of financial assistance from another NGO or any other source, for the same purpose, as we are (incapable) hereby affirm & accept following:

(1) that we neither are presently nor will assist in such assistance being granted by anyone other than Koshika Foundation; or

(2) requesting to get from Koshika Foundation, to the extent that such assistance is granted by someone other than Koshika Foundation, then the Hospital reserves its right to make up the shortfall from another NGO or any other source.

The Hospital further states that if it receives funding for the same patient/case from any other NGO or any other source besides Koshika Foundation, in part or in full, then the Hospital reserves its right to make up the shortfall from another NGO or any other source.

Koshika Foundation has confirmed that the Hospital will not avail any duplicate assistance for the same patient/case from any other NGO or any other source besides Koshika Foundation.

The 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 besides Koshika Foundation.

Hence, the Hospital will not receive any financial aid from any other source besides Koshika Foundation.

2) The assistance from Koshika Foundation is only financial in nature. The choice of the treatment, hospital, and the attending physician is solely that of the patient and his/her family. Hence, the Hospital will not be responsible for the treatment and its outcome. The Hospital will have no role or responsibility in the treatment and its outcome. The Hospital will have no role or responsibility in the treatment and its outcome.

assume sole & complete responsibility of the treatment and the outcome of the treatment in the matter.

[illegible]

१) यह कि न केवल पुरुषों और न ही शोधकर्ता, बल्कि समाज के सभी सदस्यों को यह समझना चाहिए कि "कोशिका फायनेंसिंग" इस मामले में एक अत्यंत महत्वपूर्ण भूमिका निभाता है। इस प्रक्रिया को समझना और नियंत्रित करना हमारे स्वास्थ्य और जीवन के लिए अत्यंत महत्वपूर्ण है।

किसी अन्य वि. साकरी संस्था या किसी अन्य संस्थापक से खाराज लेने का अधिकार प्राप्त नहीं है। (अ. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834,

* "कविता का प्रयोग" के लेखों में संस्थागत संरचना विषय उद्धृत की है। लेखों का इस्तेमाल द्वारा यह स्पष्ट हो कि एच.एस.सी.एल.ए. के अंतर्गत

अ-बोध का विनाश है और "बौद्धिक पायनरीजम" इसा किता उन्हा त् कर्ई एका गयी है। इतिवत हमारा पंथो के अलावा कुछ भी नहीं है।

RECOMMENDED FOR ACCEPTANCE

RECOMMENDED FOR ACCEPTANCE
स्वीकृती के लिए संस्तुति

Date of Surgery
मोडेल की तारीख

18/3/25

(Name of Dr. & Regn. No. with Stamp)

FOR INTERNAL USE OF KOSHIKA FOUNDATION

(Name, Designation, Address & Address of Authorized Signatory)

अनुसूचित समाधि को

SIGNATURE of TRUSTEE 1

Exercice 7

SIGNATURE of TRUSTEE 2

1212



Dr. Shroff's Charity Eye Hospital

Caring for the community since 1922...

31st March 2025

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Sufiyan-E/0325/0373

Estimate cost of treatment Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u>					
Name		Mast. Sufiyan	Address/ Phone:	Village Wajidpur, District Saharanpur, Uttar Pradesh-247001	
MR N		SRE-C-23-04-0321	Age/Sex	5 years	Male
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Aprox. Cost
1	2025-03-18	EUA	2000	1	2000
		Total			2000

Best Regards

Dr. Sima Das

Director

Oculoplasty and Ocular Oncology Services

for Dr. Sima Das

DR. SHROFF'S CHARITY EYE HOSPITAL

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OTHER CENTRES

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