

DEL-P-23-03-1902

Koshika
Foundation
Building Hope of the



APPLICATION FORM FOR ASSISTANCE (Healthcare)		(Healthcare)	
APPLICATION NO. E 0325/0374		APPLICATION DATE 10-03-25	
NAME OF APPLICANT ABU VAKAR		AGE YEARS 03 YEARS	SEX MALE
FATHER/SPOUSE'S NAME MONISH (FATHER)			
PRESENT RESIDENCE ADDRESS VILLAGE, SHAHPUR DISTRICT, MURADABAD U.P. - 244003			
PERMANENT RESIDENCE ADDRESS			
OCCUPATION GLASS PAINTER (FATHER)		MARRIED () / UNMARRIED ()	
TOTAL ANNUAL INCOME 1.44,000 (FATHER)		ATTACH PROOF OF INCOME	
PAN No. / YES / NO			
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): YES / NO			
FAMILY DETAILS			
Sr. No.	Name of Family Member	Age (Years)	Gender
1	MONISH	25	MALE
2	TANZON	02	FEMALE
3	ABUZAR	03	MALE
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable): Basis for Requesting Assistance			
BPL Card (Attach Card Copy)	BWS Certificate (Attach Certificate Copy)	Ration Card (Attach Copy)	Any Other Basis/Proof
"PURPOSE" for REQUESTING ASSISTANCE Purpose for Requesting Assistance			
Sr. No.	Medical Reports/Prescriptions Attached		
1	DIAGNOSIS - RETINOBLASTOMA		
2	TREATMENT - ENU		
ASSISTANCE BEING AWARDED IN SAME "PURPOSE" FROM OTHER SOURCES Yes / No			
Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AWARDED	
	NA		

I hereby declare that all contents in this Form are true to the best of my knowledge.

11. I warrant that the information furnished by me is true and correct, and that I am not a resident of any other country.

१. अन्तर्गत कृषि क्षेत्र में जल संचयन और जल सफाई के लिए आवश्यकता है।

[illegible]

for which assistance is being requested. Please provide a brief description of the "purpose" for which such assistance is requested/needed.

(*) यह बात कि जहाँ प्रस्ताव या जहाँ भी सर्व सक्षम, वे (जारीत) जहाँ सचदे की पूर्ण मात्रा है वह "आपका आदेश और उनके मायने" को अधिकतर मत है कि जो मत

2) में 3 अक्षरों का एक भाग है जो कि एक मात्र, एक, अक्षर और जिसका अर्थ कि साधारण में अक्षरों में अक्षरों के रूप में है। साधारण का अर्थ है कि साधारण रूप में अक्षरों में "अक्षर" एक मात्र अक्षरों का अर्थ है कि साधारण रूप में अक्षरों में अक्षरों के रूप में है।

Journal of Management Education 35(10)

MONISH (FATHER)

AGREEMENT by HOSPITAL: (YES/NO) ☐ YES ☐ NO

(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 Kusaka Foundation, in the extent that such assistance is granted by Kusaka Foundation. If the requested assistance is not granted by Kusaka Foundation, we shall be left with the Hospital resources. It's right to make up the shortfall from another NGO or any other source. This

2) The assistance from Kishika 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 Kishika Foundation. Hence, the Hospital will assume sole & complete responsibility of the treatment & it's outcome & safety of the patient, and Kishika Foundation will have no role or responsibility in the matter.

1) the use of *si* in clauses like (1) at surface of better represent itself the correct answer to find out what it was intended if it is not (2), did he grab "offense recorder" or threateningly was it some of "offense recorder" got very big he is not "offense recorder" got across fairly offense, was it very well flow was it is common fault was he correct view to find out answer it was not (3) we offense system that it is able to work was not it is common type was the interest of find the correct view to find out answer it not absolutely

[illegible]

RECOMMENDED FOR ACCEPTANCE

સાધનાઓ અને વિદ્યા મંડળ

11-03-26

(Name of Dr. & Regt. No. with branch)
DATE OF THE EXAMINATION

(Name, Description & Office of Authorized Signatory on behalf of hospital)
 vs. a 30 second video about

FOR INTERNAL USE - HACHIMA FOUNDATION

— *continued from page 10*

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मार्गदर्शक

Erklärung

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2018



Dr. Shroff's Charity Eye Hospital

Caring for the community since 1922.



Dr. Shroff's Charity Eye Hospital
Caring for the community since 1922

21st March 2025

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Abu Vakar-E/0325/0379

Estimate cost of treatment Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u>					
Name		Mast. Abu Vakar	Address/ Phone:	Village Shahpur, District- Moradabad, Uttar Pradesh-244402	
MR N		DEL-P-23-03-1902	Age/Sex	3 years	Male
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Approx. Cost
1	2025-03-11	EUA	2000	1	2000
		Total			2000

Best Regards

Dr. Sina Das

Director

Oculoplasty and Ocular Oncology Services

for Dr. Sina Das

DR. SHROFF'S CHARITY EYE HOSPITAL

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

Ph:- 011-4352 4444, 4352 8888, Fax: 011-43528818

E-mail: scch@scch.net, Website: www.scch.net

OTHER CENTRES

ALWAR • SAHARANPUR • MEERUT • LAKHIMPUR KHURI • MINDAVAN • KAROL BAGH (DELHI)