

BRE-C-26-03-0711

| APPLICATION FORM FOR ASSISTANCE<br>(Healthcare)<br>(स्वास्थ्य देखभाल)                                                                                                      |                                                                                                                     | Koshika<br>Foundation<br>Building block of life.                                          |                                              |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| APPLICATION No. : S/0326/1010<br>आवेदन संख्या :                                                                                                                            |                                                                                                                     | APPLICATION DATE : 13/3/26<br>आवेदन तिथि                                                  |                                              |                                               |
| NAME of APPLICANT : Mr. Aabheram<br>आवेदक का नाम                                                                                                                           |                                                                                                                     | AGE-YEARS आयु-वर्ष : 96                                                                   | SEX लिंग : M                                 |                                               |
| FATHER'S/SPOUSE'S NAME : Late Mrs. Pya<br>पिता/सहोदर का नाम                                                                                                                |                                                                                                                     |        |                                              |                                               |
| PRESENT RESIDENCE ADDRESS : वर्तमान आवासीय पता<br>Village: bhambhada khemchandpur,<br>Nahauta, Dist: Saharanpur,<br>PO: Nahauta, State: Uttar Pradesh,<br>PIN Code: 247452 |                                                                                                                     |                                                                                           |                                              |                                               |
| PERMANENT RESIDENCE ADDRESS : स्थायी आवासीय पता<br>Same as above.                                                                                                          |                                                                                                                     | PASTE PHOTO HERE<br>Pre op Post<br>op- Aabheram<br>(1010)                                 |                                              |                                               |
| OCCUPATION : Labour<br>व्यवसाय                                                                                                                                             |                                                                                                                     | MARRIED (विवाहित) / UNMARRIED (अविवाहित)                                                  |                                              |                                               |
| TOTAL ANNUAL INCOME : 53,000<br>कुल वार्षिक आय                                                                                                                             |                                                                                                                     | (Attach Proof of Income)<br>(आय का साक्ष्य संलग्न) NA                                     |                                              |                                               |
| PAN No. : NA<br>आई टैक्स संख्या                                                                                                                                            |                                                                                                                     |                                                                                           |                                              |                                               |
| ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):<br>क्या आप आय कर एसेस है (जो मान्य हो उस पर सही का निशान लगाएं)                                             |                                                                                                                     | Yes / No<br>हां / नहीं                                                                    |                                              |                                               |
| FAMILY DETAILS परिवार विवरण                                                                                                                                                |                                                                                                                     |                                                                                           |                                              |                                               |
| Sr. No.<br>क्रम संख्या                                                                                                                                                     | Name of Family Member<br>परिवार के सदस्यों का नाम                                                                   | Age (Years)<br>उम्र (वर्ष)                                                                | Gender<br>लिंग                               | Relation with Applicant<br>आवेदक के साथ संबंध |
| (1)                                                                                                                                                                        | Navnit                                                                                                              | 50                                                                                        | M                                            | Son                                           |
| (2)                                                                                                                                                                        | Rajendra                                                                                                            | 46                                                                                        | M                                            | Daughter in law                               |
| (3)                                                                                                                                                                        | Lakhita                                                                                                             | 48                                                                                        | F                                            | Daughter in law                               |
| (4)                                                                                                                                                                        | Suman                                                                                                               | 28                                                                                        | F                                            | Grand Son                                     |
| (5)                                                                                                                                                                        | Prakash                                                                                                             | 23                                                                                        | M                                            | Grand Son                                     |
| (6)                                                                                                                                                                        | Ashu                                                                                                                |                                                                                           |                                              |                                               |
| BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)<br>सहायता के लिये विनति आधार                                                                                |                                                                                                                     |                                                                                           |                                              |                                               |
| BPL Card<br>(Attach Card Copy)<br>गरीबी रखा के नीचे प्रमाण पत्र<br>(प्रमाण पत्र की छाया प्रति संलग्न करें)                                                                 | EWS Certificate<br>(Attach Certificate Copy)<br>अल्प आय वर्ग प्रमाण पत्र<br>(प्रमाण पत्र की छाया प्रति संलग्न करें) | Ration Card<br>(Attach Copy)<br>उपभोक्ता कार्ड<br>(प्रमाण पत्र की छाया प्रति संलग्न करें) | Any Other<br>Basis/Proof<br>अन्य कोई साक्ष्य |                                               |
| "PURPOSE" for REQUESTING ASSISTANCE :<br>सहायता हेतु किसे गये निम्नी का उद्देश्य:                                                                                          |                                                                                                                     |                                                                                           |                                              |                                               |
| Sr. No.<br>क्रम संख्या                                                                                                                                                     | Medical Reports/Prescriptions Attached<br>अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न                        |                                                                                           |                                              |                                               |
|                                                                                                                                                                            | Diagnosis- RE- Senile Cataract<br>LE- Senile Cataract<br>Surgery- LE- SRCS with PMMA                                |                                                                                           |                                              |                                               |
| ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES:<br>इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया है?                                     |                                                                                                                     |                                                                                           |                                              |                                               |
| Sr. No.<br>क्रम संख्या                                                                                                                                                     | NAME of OTHER SOURCE<br>अन्य स्रोत का नाम                                                                           | AMOUNT of ASSISTANCE BEING AVAILED<br>ली गई सहायता राशी                                   |                                              |                                               |
|                                                                                                                                                                            |                                                                                                                     |                                                                                           |                                              |                                               |
|                                                                                                                                                                            |                                                                                                                     |                                                                                           |                                              |                                               |
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DECLARATION by APPLICANT: अवेदनक द्वारे घोषणा पत्र

- 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, if any, liable for rejection/cancellation.
- 2) I solemnly confirm that assistance, if received from Koshika 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, avail of reimbursement, in part or in full, from any other source/employer/insurance company, of the amount for which this assistance is requested.
- 1) मैं घोषणा करता हूँ कि इस प्रारूप में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण एवं कथन असत्य पाया जाता है तो मेरी सहायता निरस्त की जा सकती है।
- 2) मेरे द्वारा जो सहायता चाहिए "प्रोसिक्वा फाउन्डेशन", से ली जा रही है, उसका उपयोग उसी उद्देश्य को पूर्ति के लिये किया जायेगा, जो इस प्रारूप में क्या गया है।
- 3) मैं पुष्टि करता हूँ कि किस सहायता हेतु यह प्रार्थना की जा रही है, उस राशि का अवशेष या समस्त हिस्सा किसी अन्य स्रोत/नियोक्ता/बीमा कम्पनी से न ले लिया है और न ही भविष्य में ली जायेगी।

AGREEMENT by APPLICANT (अर्जदक द्वारा करा)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and it's Trustees to use/publish/post-up/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 it's 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.
- 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 is this regard will be final and acceptable to me.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

अग्नेदेव के प्रतीक या अंगुष्ठ का निशान



AGREEMENT by HOSPITAL (हस्पताल द्वारा कवर)

By affixing hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (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 Koshika Foundation, to the extent that such assistance is granted by Koshika Foundation. If the requested assistance is not granted by Koshika 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 Koshika 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 Koshika Foundation. Hence, the Hospital will assume sole & complete responsibility of the treatment & it's outcome & safety of the patient, and Koshika Foundation will have no role or responsibility in the matter.

## RECOMMENDED FOR ACCEPTENCE

स्वीकृती के लिए संस्तुति

Date of Surgery  
ऑपरेशन की तारीख

13/3/26

Dr. NEHA  
DMC No.-58989

(Name of Dr. & Regn. No. with Stamp)  
डाक्टर का नाम व इस्तेमाल व रजि. नं.

(Name, Designation & Stamp of Authorised Signatory  
on behalf of Hospital)  
नाम से पर हस्पताल अधिकृत अधिकारी

FOR INTERNAL USE of KOSHIKA FOUNDATION

अन्तरिक उपप्रांग हेतु

SIGNATURE of TRUSTEE 1  
न्यासी हस्ताक्षर ।

SIGNATURE of TRUSTEE 2  
ज्योती बरसाडा २

Safeway

Rich