

| APPLICATION FORM FOR ASSISTANCE<br>(सहायता हेतु आवेदन प्रारूप)                                                                        |                                                                                                                               |                                                                                                                                |                     | (Healthcare)<br>(स्वास्थ्य देखभाल)                                                                           |               | <br>Koshika Foundation<br>Building blocks of life. |                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION No. :<br>आवेदन संख्या :                                                                                                   |                                                                                                                               | 3/0925/1859                                                                                                                    |                     | APPLICATION DATE :<br>आवेदन तिथि                                                                             |               |                                                                                                                                       |                                                                                                                                                                                                       |
| NAME of APPLICANT :<br>आवेदक का नाम                                                                                                   |                                                                                                                               |                                                                                                                                | AGE-YEARS :<br>वर्ष |                                                                                                              | SEX :<br>लिंग |                                                                                                                                       | <br><div style="text-align: right; font-family: cursive;">           pu.p-port of<br/>1859-seethama         </div> |
| FATHER'S/SPOUSE'S NAME :<br>पिता/पत्नी का नाम                                                                                         |                                                                                                                               |                                                                                                                                | 50                  |                                                                                                              | f             |                                                                                                                                       |                                                                                                                                                                                                       |
| PRESENT RESIDENCE ADDRESS : वर्तमान निवास स्थान                                                                                       |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| <div style="font-family: cursive;">             - Haral - Asthikrugam - Kuthygar<br/>             - ramalwade           </div>        |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| PERMANENT RESIDENCE ADDRESS : स्थायी निवास स्थान                                                                                      |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| <div style="font-family: cursive;">             - Home maker           </div>                                                         |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| OCCUPATION :<br>व्यवसाय                                                                                                               |                                                                                                                               |                                                                                                                                |                     | MARRIED (विवाहित) / UNMARRIED (अविवाहित)                                                                     |               |                                                                                                                                       |                                                                                                                                                                                                       |
| TOTAL ANNUAL INCOME :<br>कुल वार्षिक आय                                                                                               |                                                                                                                               |                                                                                                                                |                     | (Attach Proof of Income)<br>(साक्ष्य का प्रमाण संलग्न करें)                                                  |               |                                                                                                                                       |                                                                                                                                                                                                       |
| PAN No. :<br>आयकर पहचान संख्या                                                                                                        |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):<br>क्या आप आय करदाता हैं (जो स्थिति सही हो उसे चिह्नित करें)           |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| Yes / हाँ / जी हाँ<br>No / नहीं / नहीं                                                                                                |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| FAMILY DETAILS : परिवार विवरण                                                                                                         |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| Sr. No.<br>क्रम संख्या                                                                                                                | Name of Family Member<br>परिवार के सदस्य का नाम                                                                               | Age (Years)<br>उम्र (वर्ष)                                                                                                     | Gender<br>लिंग      | Relation with Applicant<br>आवेदक से संबंध                                                                    |               |                                                                                                                                       |                                                                                                                                                                                                       |
|                                                                                                                                       |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
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|                                                                                                                                       |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)<br>सहायता के लिए विधि आधार                                             |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> BPL Card<br>(Attach Card Copy)<br>गरीबी रेषा के नीचे आय पर<br>(आय पर की जांच प्रति संलग्न करें)   |                                                                                                                               | <input type="checkbox"/> BPL Certificate<br>(Attach Certificate Copy)<br>आय पर की जांच पर<br>(आय पर की जांच प्रति संलग्न करें) |                     | <input type="checkbox"/> Ration Card<br>(Attach Copy)<br>आवश्यकता कार्ड<br>(आय पर की जांच प्रति संलग्न करें) |               | <input type="checkbox"/> Any Other<br>Basis/Proof<br>अन्य कोई साक्ष्य                                                                 |                                                                                                                                                                                                       |
| "PURPOSE" for REQUESTING ASSISTANCE:<br>सहायता हेतु किसे मांगे बिमारी का उद्देश्य:                                                    |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| Sr. No.<br>क्रम संख्या                                                                                                                | Medical Reports/Prescriptions Attached<br>(अनुसंधान-पत्रिका से जारी की गई प्रतिक्रिया सूची संलग्न)                            |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| 1                                                                                                                                     | <div style="font-family: cursive;">             Dr. Jagannath - RE - cataract<br/>             LE - cataract           </div> |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| 2                                                                                                                                     | <div style="font-family: cursive;">             Dr. Jagannath - RE - cataract + p. 100           </div>                       |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES<br>इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से मिल चुका है? |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| Sr. No.<br>क्रम संख्या                                                                                                                | NAME of OTHER SOURCE<br>आय स्रोत का नाम                                                                                       | AMOUNT of ASSISTANCE BEING AVAILED<br>कोई भी सहायता नहीं                                                                       |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |
| 1                                                                                                                                     |                                                                                                                               |                                                                                                                                |                     |                                                                                                              |               |                                                                                                                                       |                                                                                                                                                                                                       |

DECLARATION by APPLICANT: ☐ TRUE ☐ FALSE ☐ N/A

- 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 Kashiwa 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 कबल ई कि इस प्रमाण में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण एवं कबल प्राप्त प्राप्त होता है तो मेरी आधारित सिद्ध हो कि असत्य है।
- 5) मैं इस पर यथासंभव प्रति "कोशिका आधारित", मैं से कि यह है, यथासंभव जहाँ उपर्युक्त की तुलना में दिये दिये जाते, जो इस प्रमाण में सत्य एवं सही है।
- 6) मैं यहाँ पर कबल ई कि मैं इस आधार पर ही कि प्राप्त हो गई है, कि यह सत्य का अधिकार या प्रमाण किन्हीं अन्य स्रोत/एम्प्लॉयर/इन्सुरेन्स कंपनी से मैं से कि यह है और मैं ही अधिकार में हूँ।

AGREEMENT by APPLICANT (SEE PAGE 100, 101)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and it's Trustees to use/authorize/put-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 in this regard will be final and acceptable to me.
- 1) इस प्रश्न का जवाब इसलिए या नहीं को आप समझें, है (अर्थात) जहाँ आपकी कोई छवि बाएं (एवं "कोशिका फाउंडेशन और उसके व्यक्तियों" को अधिकृत करते हैं कि वे आप का नाम, पते और जो विवरण इस प्रश्न में शामिल है, उसे "कोशिका" द्वारा, यादों, रक्त, कपड़ाएं द्वारा इत्यादि के द्वारा गैरिबिनी और गरीबों के लिए किसी भी प्रकार समर्थन के प्रयत्न करने के लिए अधिकृत है। वे प्रश्न का जवाब को प्रश्न में पते या घर के बारे में लिए, "कोशिका फाउंडेशन" के व्यक्ति अधिकृत है।
- 2) है (अर्थात) आप यह से समझें हैं कि वे नाम, पते, पते और विवरण को कि प्रश्न में प्रश्नों में शामिल है उसे प्रश्न, यादों को समर्थन नहीं करता। इस संबंध में "कोशिका" द्वारा प्रश्नों व्यक्तियों का निर्णय अंतिम और अपेक्षाहीन होगा।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION \_\_\_\_\_

Journal of Management Education 35(10)

AGREEMENT by HOSPITAL (EXHIBIT 211-400)

By affixing hereunder, signature of our Authorized 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 reserve 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 ACCEPTANCE

प्रयोगशाली के लिए संयोजित

Mr. LAKSHMPATHI N

**Senior Manager**

**OUTREACH BANGALORE**

**DIABETES & EYE HOSPITAL**

(A unit of Shredco Eye Care Trust)

### Management of Ocular Disease in Vasculopathy: Overview

Date of Surgery  
minutes w/ notes

100

K 425

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

डाकू का नाम : इमाकू नं. ११३

FOR INTERNAL USE OF KOSHIKA FOUNDATION

SIGNATURE of TRUSTEE 5

2000

SIGNATURE of TRUSTEE 3

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26