

APPLICATION FORM FOR ASSISTANCE (सहायता हेतु आवेदन प्रारूप)		(Healthcare) (स्वास्थ्य देखभाल)		
APPLICATION No. / आवेदन संख्या : B/0925/1905		APPLICATION DATE / आवेदन तिथि : 20/9/25		
NAME of APPLICANT / आवेदक का नाम : Ramakrishnaappa.		AGE-YEARS / वय-वर्ष : 72	SEX / लिंग : m	
FATHER/SPOUSE'S NAME / पिता/पत्नी का नाम : Late Natarajharah				
PRESENT RESIDENCE ADDRESS / वर्तमान निवास पता : Doddanagere, Kolar District, Karnataka				
PERMANENT RESIDENCE ADDRESS / स्थायी निवास पता : [Blank]				
OCCUPATION / व्यवसाय : Unemployed		☒ MARRIED (विवाहित) / ☐ UNMARRIED (अविवाहित)		
TOTAL ANNUAL INCOME / कुल वार्षिक आय : [Blank]		(Attach Proof of Income) / (आय का साक्ष्य प्रस्तुत करें)		
PAN No. / PAN संख्या : [Blank]				
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable) / क्या आप एक आय कर करदाता हैं? (जो विकल्प लागू हो उसे चिह्नित करें) : Yes / हाँ / No / नहीं				
FAMILY DETAILS / परिवार विवरण				
Sr. No. क्रम संख्या	Name of Family Member परिवारा के सदस्यों का नाम	Age (Years) वय (वर्ष)	Gender लिंग	Relation with Applicant आवेदक से संबंध
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) सहायता को सिद्ध करने वाले आधार				
☒ APL Card (Attach Card Copy) एपीसी कार्ड की प्रतीति जोड़ें (प्रमाण पत्र की प्रतीति जोड़ें)	☐ EWS Certificate (Attach Certificate Copy) एसएस सीटी प्रमाण पत्र (प्रमाण पत्र की प्रतीति जोड़ें)	☒ Ration Card (Attach Copy) रेशन कार्ड की प्रतीति जोड़ें (प्रमाण पत्र की प्रतीति जोड़ें)	☐ Any Other Basis/Proof कोई अन्य आधार/प्रमाण	
"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेतु दिने गए निम्नलिखित उद्देश्य:				
Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached चिकित्सा रिपोर्ट/निर्धारण सूची संलग्न			
15	Diagnosis:- RT p.c.d. LT cataract			
22	Surgeon's report:- LT cataract + p.c.d.			
ASSISTANCE BEING AWARDED for SAME "PURPOSE" from OTHER SOURCES इस उद्देश्य के लिए समान प्रकार की सहायता मिली अन्य स्रोतों से (यदि कोई हो)				
Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AWARDED उसी उद्देश्य के लिए		

DECLARATION by APPLICANT: **आवेदनकर्ता द्वारा घोषणा की है:-**

- 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/educational company, of the amount for which this assistance is requested.
- 4) मैं यहाँबताना चाहूँ कि इस प्रकार के निवेदन में सभी विवरण सही जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य नहीं माना जाता यात्र सत्य नहीं है तो मेरी आपत्तय निवेदन को खारज करती है।
- 5) मैं इस बात को स्थापना करती "कीटिका" फाउण्डेशन, से कोई भी राशि नहीं है, इसका उपयोग इसी उद्देश्य को पूर्ण करने के लिए किया जायेगा, जो इस प्रकार में माग रहा है।
- 6) मैं यहाँबताना चाहूँ कि मैं इस आपत्तय से लाभ नहीं करती हूँ। मैं इस बात का अधिकार नहीं रखती कि इस राशि को किसी अन्य सोर्स/एम्प्लॉयर/एजुकेशनल कंपनी के पास से भी लिया है और मैं इसी राशि में और

AGREEMENT by APPLICANT (above) (see 601)

- 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-upreproduce 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 जहाँ भी कहा सम्भव है, मैं (अर्शक) अपनी जानकारी की पुष्टि करता हूँ एवं "कोशिका फाउंडेशन और इसके न्यायीयों" को अधिकृत करता हूँ कि वे मेरा नाम, पता, फोटो और मेरे विवरण इस प्रश्न में प्रयोग करें, उसे "कोशिका" नामक पत्रों, पत्र, पत्रिकाओं द्वारा अथवा मेरी व्यक्तिगत और पत्रिकाओं में लिखे किसी भी अन्य माध्यम से प्रकाशित करने में लिप्त अधिकृत हैं। वे इस का विवरण को प्रकाश में आने या काम में आने से पूर्व "कोशिका फाउंडेशन" से पत्रों अधिकृत हैं।
- 2) मैं (अर्शक) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और विवरण को कि प्रकाश में आयेगा वे अधिकृत हैं पूर्णतः प्रकाश का सम्बन्ध नहीं करता। इस सम्बन्ध में "कोशिका" नामक उसके न्यायीयों का निर्णय अंतिम और स्वीकार्य होगा।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

Abstract



AGREEMENT by HOSPITAL: (SPONSOR USE ONLY)

By affixing hereunder, signature of our Authorized Signatory for recommending this case/patient for financial assistance from Kishika 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/cases, 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/cases 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

अधीनस्थों के लिए भोजन

Mr LAKSHMIPATHI N

Senior Manager

OUTREACH BANGALORE

DIABETES & EYE HOSPITAL

DIABETES & EYE HOSPITAL
(Name, Designation & Stamp of Authorized Signatory)

(A unit of Shradha Eye Care Trust)

Yasanthanagar, Bangalore-52

Date of Surgery
status: 00

Figure 1

20/9/15

1997, 1998, 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, 26

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

1997年12月15日

FOR INTERNAL USE of KOISHIKAWA FOUNDATION

आन्तरिक रूपान्तरण की

SIGNATURE of TRUSTEE 1

संक्षेपः

Safary

SIGNATURE of TRUSTEE 2

सर्वोदय संस्था

2020