

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)

Koshika
foundation

Building block of life

APPLICATION No.:

आवेदन संख्या:

B/1025/2054

APPLICATION DATE:

आवेदन तिथि

9/10/25

NAME of APPLICANT:

आवेदक का नाम

Narasimhamurthy

AGE-YEARS आयु-वर्ष

55

SEX लिंग

M

FATHER'S/SPOUSE'S NAME:

पिता/कन्या का नाम

S/o Lakshmariah

PRESENT RESIDENCE ADDRESS: वर्तमान आवासीय पता

No- 355 T.M. Manjunath Nagar

Halepalya post Tiptur Tumkur Karnataka

PERMANENT RESIDENCE ADDRESS: स्थायी आवासीय पता

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OCCUPATION:

व्यवसाय

coolie

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME:

कुल वार्षिक आय

23,000/-

(Attach Proof of Income)

(आप का साक्ष्य प्रमाण)

AN No. रखाई खाता संख्या

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):

क्या आप आय कर दाता हैं (जो मान्य हो उस पर गूँटी का निशान लगाएँ)

Yes / No

हाँ / नहीं

FAMILY DETAILS परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के साथ सम्बन्ध

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिये विनंति आधार

BPL Card (Attach Card Copy) गरीबी रेशा के साथ प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	Ration Card (Attach Copy) अभ्युक्त कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	Any Other Basic/Proof अन्य कोई साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किसे लक्ष्य किसी का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
①	Diagnosis RE PCIOL LE cataract
②	Surgery LE cataract + PCIOL

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से मिल चुका है?

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED सी गई सहायता राशि

pre OP post OP
2054 narasimhamurthy

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 जोषण करता हूँ कि इस प्रकार से दिए गये धर्मी विचारों से ही वास्तविकी के अनुभव प्राप्त एवं सही है। धर्म को सिद्धांत एवं कथन प्रमाण परमा जाता है तो मेरी उपासना विराम की जा सकती है।

t) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to use/publish/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 या प्रश्नों इत्यादि या जहाँ की बात लगकर मैं (आर्चक) अपने ज्ञान की मुक्ति करता हूँ एवं "कोशिका" काउन्सिल और उसके न्यायोचित "को अतिशुद्ध करता हूँ कि मेरा नाम, पता, जहाँ और को विचारण इस प्रश्न में कोचित है, उसे "कोशिका" एगम् न्यायोचित, एग, नाम/या पुरे उद्देश्य में खुदी गतिविधियों को उचितभित्तों के लिए किसी भी प्रकार नाम्यन में प्रशंसित करने के लिए अतिशुद्ध है। जो प्रश्न का विचारण मेरे ज्ञान को पाने या कर के करने के लिए "कोशिका" काउन्सिल" या न्यायोचित अतिशुद्ध है।
- 2) मैं (आर्चक) इस बात में सहमत हूँ कि मेरा नाम, पता, जहाँ और विचारण को कि सहभाग के उद्देश्य में प्रशंसित है मुझे मला: सहभाग का इकट्ठा नहीं करता। इस सम्बंध में "कोशिका" एगम् उसके न्यायोचित का निर्णय अतिशुद्ध और नाम्यनको होगा।

जालंधर में इलाहाबाद का शांति का निशान



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:

- (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.

इससे अधिक, हमारी ही ओर से धर्म/पंथ की "कठिनाई" का मतलब होगा कि धर्म/पंथ की ओर से, जिसे हम (हमारे) धर्म/पंथ के लोग जानते हैं।

- [illegible]

RECOMMENDED FOR ACCEPTANCE
MAY 02, 2009

संवेगशील के लिए संवेगशील

Date of Surgery
 श्रुतिपत्र की तारीख

9/10/25

Specialist in Adult and Pediatric
Oncology
T: 407/411-5555

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

हार्दय का नाम है हार्दयम् न मरिच न

Mr. Lakshmi pathi N
Manager Outreach

(Name, Designation & Stamp of Authorised Signatory)
(A unit of Shri Chakra Eye Care Trust.)
F/M Thimmaiah Road, 1st Floor, 1st Bed Area

FOR INTERNAL USE of KOSHIKA FOUNDATION

अनुसूचित जाति/अनुसूचित जाति

SIGNATURE of TRUSTEE 1

न्यायसौ हस्तगतः ।

SIGNATURE of TRUSTEE 2

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