

C1810510044

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)

Koshika

APPLICATION No.:

आवेदन संख्या:

A/0518/0067

APPLICATION DATE:

आवेदन तिथि

04/05/18

NAME of APPLICANT:

आवेदक का नाम

Bhagola Ram

AGE-YEARS आयु-वर्ष

65

SEX लिंग

M

FATHER'S/SPOUSE'S NAME:

पिता/कन्या का नाम

Nalthu Ram

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

Village - Harbhogers, Teh. - Bansur,

Dist. - Alwar, Rajasthan

PERMANENT RESIDENCE ADDRESS: स्थाई आवासीय पता

as above



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 P.O. Post. 0067
 Bhagola Ram

OCCUPATION:

व्यवसाय

Labourer

TOTAL ANNUAL INCOME:

कुल वार्षिक आय

62,000

(Attach Proof of Income) NA

(आय का साक्ष्य संलग्न)

PAN No. स्थाई खाता संख्या

NA

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

क्या आप आय कर दाखल हैं (जो मान्य हो उस पर सही का चिह्न लगाएं)

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
①	भगोला	65	M	भरीज
②	सीदमल	40	M	पुत्र
③	अनिता	35	F	पुत्रपत्नी
④	जगन	35	M	पुत्र

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिए चिह्नित आधार

BPL Card (Attach Card Copy) गरीबी रेशा के नीचे प्रमाण पर (प्रमाण पर की छाया छवि संलग्न करें)	EWS Certificate (Attach Certificate Copy) आय आय वर्ग प्रमाण पर (प्रमाण पर की छाया छवि संलग्न करें)	Ration Card (Attach Copy) उपभोगता कार्ड (प्रमाण पर की छाया छवि संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किये गये चिह्नित का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रमाणित सूची संलग्न
1.	Diagnosis — RE-MSC LE-IMSC
2.	Surgery — RE-STCS+IOL

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के हेतु कोई अन्य सहायता कितनी अन्य स्रोत से प्राप्त गयी है?

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

DECLARATION by APPLICANT: **अवेरक ह्यो मोयन 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 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 expenses for which this assistance is requested.
- 1) मैं यहाँ पर कतार हूँ कि इस प्रश्न में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य नहीं माना जाय तो उसे मेरी सहमति बिना जोर से नहीं भरना है।
- 2) मैं यहाँ पर कतार हूँ कि "कौशल विकास प्रोजेक्ट", के लिये जो राशि है, उसका उपयोग उसी उद्देश्य को पूर्ण करने के लिये किया जायेगा, जो इस प्रश्न में उल्लेख है।
- 3) मैं यहाँ पर कतार हूँ कि इस सहायता हेतु जो प्रत्येक को माँगा है, उस राशि का कौशल विकास किसी अन्य संगठन/नियोक्ता/बीमा कम्पनी से न तो लिया है और न ही भविष्य में लिया जायेगा।

AGREEMENT by APPLICANT (signature and title)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its 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 to Koshika Foundation and/or disseminating information about my activities/achievements. Such use of my photo & details can be made by Koshika Foundation before or after my treatment or fulfilment 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.

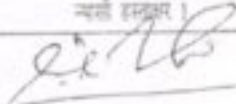
APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :

आवेष्टक को हमलावा या अंगूठे का निशान

AGREEMENT by HOSPITAL (FPMR 20.801)

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 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/recommended 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 (Tick Acceptance or Rejection as applicable) संस्तुति (स्वीकृत/निरस्त का निशान लगाइये)		ACCEPTANCE स्वीकृति		REJECTION निरस्त	
Date of Surgery ऑपरेशन का तारीख 05/05/18	Dr. Dharm Singh (Name of the Surgeon, No. with Hospital) डॉक्टर का नाम व हॉस्पिटल नं. के साथ		MASSEY (Name, Designation, Signature of the Hospital) नाम व डिजाइन, हॉस्पिटल के अधिकारी के हस्ताक्षर Dr. Shroff Eye Hospital, Alwar		Dr. Shroff Eye Hospital, Alwar
FOR INTERNAL USE of KOSHIKA FOUNDATION					
SANCTIONED संस्तुति	REJECTED निरस्त	SIGNATURE of TRUSTEE 1 आजीवक ट्रस्टी 1 		SIGNATURE of TRUSTEE 2 आजीवक ट्रस्टी 2 	