G118/02/5386 Old

APPLICATION FORM FOR ASSISTANCE (Healthcare)
सहायता हेतु आवेदन प्रारूप (स्वास्थ्य देखभाल)

Koshika foundation
Building block of life

APPLICATION No. : आवेदन संख्या : ~~D/0318/0028~~ (old) D/0718/0011

APPLICATION DATE : आवेदन तिथी 23/6/2018

NAME of APPLICANT : आवेदक का नाम VANSH

AGE-YEARS आयु-वर्ष 3years

SEX लिंग Male

ERE

FATHER'S/SPOUSE'S NAME : पिता/कटुम्ब का नाम S/o VIPIN KUMAR

PRESENT RESIDENCE ADDRESS : वर्तमान आवासीय पता
H. No. 527/07, Megha Path, LaK, Shamli, Link, Uttar Pradesh - 247776

PERMANENT RESIDENCE ADDRESS : स्थाई आवासीय पता
Same as Above

OCCUPATION : व्यवसाय CHILD

MARRIED (विवाहित) / UNMARRIED (अविवाहित) ✓

TOTAL ANNUAL INCOME : कुल वार्षिक आय 40,000 - 60,000

(Attach Proof of Income) (आय का साक्ष्य संलग्न) N/A

PAN No. स्थाई खाता संख्या NA

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): क्या आप आय कर दाता है (जो मान्य हो उस पर सही का निशान लगायें।

Yes / No हां / नहीं No

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 सम्बंध
1.	Vipin Malik	32	Male	Father
2.	Sangeeta Devi	25	Female	Mother
3.	Sarlaj	55	Female	Grand mother
4.	Rajpal	60	Male	Grand father

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
सहायता के लिये विनति आधार

BPL Card (Attach Card Copy) गरीबी रेखा के नीचे 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) उपभोक्ता कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें।	✓ Any Other Basis/Proof अन्य कोई साक्ष्य

"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु किये गये विनती का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
1.	Diagnosis - Rehnoblastoma (Right eye)
2.	Type of Treatment - Chemotherapy (Cycle 4)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES
इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्त्रोत से लिया गया हो?

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्त्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED ली गई सहायता राशी
1.	SCEH	

Dr. Shroff's Charity Eye Hospital
Caring for the community since 1914...

Dr. Shroff's Charity Eye Hospital
Delhi Is Now NABH Accredited

23rd July 2018

Greetings from Dr. Shroff's Charity Eye Hospital!

Dear Mr. Tandon

Please find below attached expenditure of Vansh:-

Estimated Cost
Dr. Shroff's Charity Eye Hospital
Retinoblastoma Surgeries
Supported by Koshika Foundation

Name	VANSH		Address/Phone:	VILLAGE TEH SHAMLI,UTTAR PRADESH	
MR NO.	G18/02/5386		Age/Sex	3 YEARS/MALE	
S. No.	**Treatment Date**	**Items**	**Cost**	**Aprox. Time (Cycle)**	**Aprox. Cost**
			One Time		
1	30/04/2018,1/05/2018,21/05/2018,22/05/2018,24/06/2018,25/06/2018	Chemotherapy	3000	3	9000
2	30/04/2018,21/05/2018, 25/06/2018	Examination Under Anesthesia (EUA)	1000	3	3000
3	28/04/2018,19/05/2018, 23/06/2018	Blood Investigations	132	3	396
4	28/04/2018 to 1/05/2018,19/05/2018 to 22/05/2018,23/06/2018 to 25/06/2018	Fooding (2 Days Cost For Attendant)	340	11	3740
5	28/04/2018 to 1/05/2018,19/05/2018 to 22/05/2018,23/06/2018 to 25/06/2018	Fooding (1 Day Cost For A Child)	85	11	935
		Total			**17071**

Best Regards

Dr. Sima Das
Consultant
Oculoplasty and Ocular Oncology Services

DR. SHROFF'S CHARITY EYE HOSPITAL
5027, Kedar Nath Road, Darya Ganj, New Delhi-110 002. India
Tel.: 011-43524444, 43528888 Fax: 011-43528816
E-mail: sceh@sceh.net Website : www.sceh.net

OTHER CENTRES
GURGAON • ALWAR • SAHARANPUR • MEERUT • LAKHIMPUR KHERI • VRINDAVAN