

G17/12/3695

old

## APPLICATION FORM FOR ASSISTANCE

(Healthcare)

सहायता हेतु आवेदन प्रारूप

(स्वास्थ्य देखभाल)



Koshika  
foundation  
Building block of life.

APPLICATION No.:

आवेदन संख्या:

D10718/0006 (old)

APPLICATION DATE:

आवेदन तिथि

1/6/2018

NAME of APPLICANT:

आवेदक का नाम

SIDHI KUSHWAH

AGE-YEARS आयु-वर्ष

3 years

SEX लिंग

female

FATHER'S/SPOUSE'S NAME:

पिता/कटुम्ब का नाम

D/o AKASH DEEP

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

SIKANARA KAO SAJO KAO  
TASIL GWALIOR, DIST GWALIOR, M.P.

PERMANENT RESIDENCE ADDRESS: स्थाई आवासीय पता

SAME AS ABOVE



RE

OCCUPATION:

व्यवसाय

CHILD

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME:

कुल वार्षिक आय

78000/-

(Attach Proof of Income)

(आप 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 हैं (जो मध्यम हो उस पर सही का निशान लगाएं)

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.	Akashdeep	31 years	Male	Father
2.	Meena	27 years	Female	Mother
3.	Pim Raj	10 years	Male	Brother
4.	Sheela Devi	54 years	Female	GRANDMOTHER
5.	Sita Ram	51 years	Male	GRANDFATHER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिये विनती आधार

BPL Card (Attach Card Copy) गरीबी रेशा के नीचे प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) आय आय वर्ग प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	Ration Card (Attach Copy) उपभोक्ता कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	<input checked="" type="checkbox"/> Any Other Basis/Proof अन्य कोई साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किये गये विनती का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी प्रतिवेदन सूची संलग्न
1.	Diagnosis - Retinoblastoma (left eye)
2.	type of treatment - Chemotherapy (cycle VI)

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया हो?

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



**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 Sidhi Kushwah :-

Estimated Cost Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u> Supported by Koshika Foundation					
Name	SIDHI KUSHWAH	Address/Phone:	NEW SAINIK COLONY, MADHYA PRADESH		
MIR NO.	G17/17/3695	Age/Sex	4 YEARS/ FEMALE		
S. No.	Treatment cost	Items	Cost	Aprox. Time (Cycle)	Aprox. Cost
			One Time		
1	10/04/2018, 11/04/2018, 8/05/2018, 9/05/2018, 1/06/2018, 2/06/2018	Chemotherapy	3000	3	9000
2	10/04/2018, 8/05/2018, 1/06/2018	Examination Under Anesthesia (EUA)	1000	3	3000
3	9/04/2018, 08/05/2018, 31/05/2018	Blood Investigations	132	3	396
4	9/04/2018 to 11/04/2018, 7/05/2018 to 9/05/2018, 31/05/2018 to 2/06/2018	Fooding (2 Days Cost For Attendant)	340	9	3060
5	9/04/2018 to 11/04/2018, 7/05/2018 to 9/05/2018, 31/05/2018 to 2/06/2018	Fooding (1 Day Cost For A Child )	85	9	765
		<b>Total</b>			<b>16221</b>

Best Regards

Dr. Sima Das

Consultant

Oculoplasty and Ocular Oncology Services

**DR. SHROFF'S CHARITY EYE HOSPITAL**  
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**OTHER CENTRES**

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