

C18/06/04225

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APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)

Koshika
foundation

Building block of life.

APPLICATION No.:

आवेदन संख्या:

A/0718/0199

APPLICATION DATE:

आवेदन दिनांक

02/07/19

NAME of APPLICANT:

आवेदक का नाम

Suraj Yadav

AGE-YEARS आयु-वर्ष

SEX लिंग

57

M

FATHER'S/SPOUSE'S NAME:

पिता/कटुम्ब का नाम

ReechPal

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

Village - Khohari, Teh - Bansur,

Dist - Alwar, Rajasthan

PERMANENT RESIDENCE ADDRESS: स्थाई आवासीय पता

as above

OCCUPATION:

व्यवसाय

Farmer

TOTAL ANNUAL INCOME:

कुल वार्षिक आय

68,000

(Attach Proof of Income)

(आय का साक्ष्य संलग्न)

NA

PAN No. स्थाई खाता संख्या

NA

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

क्या आप आय का दाता हैं (जो लागू हो उस पर सही का निशान लगाएं)

Yes / हाँ

No / 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 संबंध
(i)	वरपाई	50	f	पत्नी
(ii)	रामनिवास	30	M	पुत्र
(iii)				

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिए विनति आधार

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

सहायता हेतु किये गये निम्नी का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रविष्टि/प्रेस्क्रिप्शन
1	Diagnosis — RE-IMSC LE-IMSC
2	Surgery — RE-SICS+IOL

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED लिया गया सहायता राशि
1	SCEM	



Suraj Yadav
0199

DECLARATION by APPLICANT: आवेदन प्रारंभिक प्रमाणित 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 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 यहाँ पर कह रहा हूँ कि इस प्रारूप में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण एवं कथन असत्य पाया जाता है तो मेरी सहायता निरस्त की जा सकती है।
- 2) मैं इस से सहायता प्राप्त "कोशिका फाउन्डेशन", से लेता हूँ, उसका उपयोग उन्ही उद्देश्यों के पूर्ति के लिये किया जाएगा, जो इस प्रारूप में था।
- 3) मैं यहाँ पर कह रहा हूँ कि मैं किसी सहायता हेतु यह प्रत्यक्ष और अप्रत्यक्ष रूप से किसी अन्य स्रोत/एम्प्लॉयर/इंश्योरेंस कंपनी से नहीं लिये हूँ और न ही भविष्य में लूँगा।

AGREEMENT by APPLICANT (अर्हक द्वारा कल)

- 1) 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 solidifying 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 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 -

गोपबन्धन में दृष्टांत या जीवों का निवास

अंडाशय
सूर्य आसन

AGREEMENT by HOSPITAL: (FEDERAL DRUG BANK)

By affixing hereunder, signature of our Authorised 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/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

स्वीकृती पत्रे लिख संस्तुति

Date of Surgery
अभिज्ञान की तारीख

02/07/18

Dr. Dharm Singh
MS (OPHTHAL)

Reg. No. 028084
(Name of the Registrant - with Stamp)
डॉक्टर का नाम व हस्ताक्षर व सील न.

(Name, Designation & Stamp of Authorised Signatory
on behalf of Hospital)
नम व पद हस्पाताल अधिकृत अधिकारी

Dr. Shyam Lal Singh, B.A. (Hons.)
 न्याय व पद इत्यन्तर्गत अधिकृत अधिकारी

FOR INTERNAL USE of KOSHIKA FOUNDATION

अन्तरिक उपयोग हेतु

SIGNATURE of TRUSTEE *

न्यासी हास्यकार ।

Exempel

SIGNATURE of TRUSTEE 2

संस्कृत-संस्कृतम् २

Leif