

DECLARATION by APPLICANT

- 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.
 - 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.
 - 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 पोस्ट करता हूँ कि यह प्राप्ति में दिए गए सभी विवरण दर्शकीय अवधारणा का अनुरूप नहीं होते हैं। मैं इस प्राप्ति का उपयोग अपनी जल्दी की आवश्यकता के लिए करता हूँ।

(2) मैं इस प्राप्ति को "कार्यालय कार्यालय", या ऐसी की तरीके से जानता हूँ, जो इस प्राप्ति को उपलब्ध कराता है, जो यह प्राप्ति में दिया गया है।

(3) मैं पुराणी जाता हूँ कि यह प्राप्ति को अपनी जीवन की ज़रूरतों के लिए उपयोग करना चाहिए, जो यह प्राप्ति को दिया गया है।

AGREEMENT by APPLICANT (APPLICANT SIGNATURE)

- 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 donation. Koshika Foundation and/or disseminating information about its 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.

1) इस रूप पर माने कराया एवं लगाए की ताक ताजिक, मैं (लापेट) मन्त्री समर्पित की गई काम है कि "कोशिका चालान्स और इमर्जेंसी" को अधिकृत करना (कि मैं काम पर, खेड़ और जी विद्या या प्रयोग के लिए है), उसे "कोशिका" ताज-नामी, ताज, बालकाय तुम्हे उत्तरांश में दिये गये नामों और उत्तरांशों में दिये गयी भी जाता जाना एवं प्रचलित करने के लिए अधिकृत है। मैं इस का विवरण को इतना के बाहर के बाहर से बदलने के लिए "कोशिका चालान्स" का नाम अधिकृत है।

2) मैं (लापेट) इस काम से सहमत हूँ कि मैं प्रयोग, यथा, खेड़ और विद्या जैसे कि सामाजिक एवं इतनांश में अधिकृत है युवे सका, सामाजिक का इकाया यादी करता। हाल सम्बन्ध में "कोशिका" एवं उसकी नामिता का विशेष अधिकृत और समर्पणीय होगा।

AGREEMENT by HOSPITAL (Xerox or type here)

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) 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.

प्रश्न-प्राप्ति गणनीय श. अ. विजयलक्ष्मी ने "विद्युत विभाग" के द्वारा सर्वोदय आवासों की विकास कार्यक्रम के बारे में जानकारी प्राप्त की।

RECOMMENDED For (Tick Acceptance or Rejection as applicable) संस्कृति (स्वीकृतानिरत का निशान लगायें)	ACCEPTANCE मंजूर	REJECTION नकारा
Date of Surgery अंतिम की तारीख 10.08.18	 Dr. A. Kundu MBBS, MS Reg. No -55127 Siont Eye Foundation & Research Centre (Dr. A. Kundu का नाम व हस्ताक्षर व रीट. नं.) 	 Dr. S. Raygada Director Siont Eye Foundation & Research Centre (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) नाम व जब्त हस्ताक्षर अधिकारी

FOR INTERNAL USE of KOSHICA FOUNDATION कोशिका अन्तर्राष्ट्रीय संस्था

SANCTIONED नवारी	REJECTED नकारा	SIGNATURE of TRUSTEE 1 नवारी व्यक्ति 1	SIGNATURE of TRUSTEE 2 नवारी व्यक्ति 2
			