

G18/02/4554

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



Koshika
foundation
Building block of life

APPLICATION No.:

आवेदन संख्या:

D1081810050

D1077810041

APPLICATION DATE:

आवेदन तिथि

04/08/18

NAME of APPLICANT:

आवेदक का नाम

Sakshi Kumari

AGE-YEARS आयु-वर्ष

2 YEARS

SEX लिंग

female

FATHER'S/SPOUSE'S NAME:

पिता/कन्या का नाम

Dr AMARJEET RAJAK

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

H.No. 1932, Gali No. 2, ILPAT-FARINBAH
HARYANA

PERMANENT RESIDENCE ADDRESS स्थायी आवासीय पता

MUSAPUR, SAMASTIPUR,
BHAR - 848114

OCCUPATION:

व्यवसाय

CHILD

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME:

कुल वार्षिक आय

84000/-

(Attach Proof of Income)

(आय का प्रमाण संलग्न)

NO

PAN No. सर्वोच्च खाता संख्या

N/A

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

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

Yes / No

हां / 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 से संबंध |
|------------------------|---|----------------------------|----------------|---|
| 1. | AMARJEET RAJAK | 29 | Male | Father |
| 2. | KANJU KUMARI | 23 | female | Mother |
| 3. | LAXMI DEVI | 50 | female | Grandmother |
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BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिये विनती आधार

| | | | |
|---|---|--|---|
| BPL Card (Attach Card Copy) गरीबी रेखा के नीचे प्रमाण पत्र (प्रमाण पत्र को साथ ही संलग्न करें) | EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (प्रमाण पत्र को साथ ही संलग्न करें) | Ration Card (Attach Copy) उपभोग्यता कार्ड (प्रमाण पत्र को साथ ही संलग्न करें) | <input checked="" type="checkbox"/> Any Other Basis/Proof अन्य कोई प्रमाण |
|---|---|--|---|

"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 - RETINOBLASTOMA (RIGHT EYE) |
| 2. | TYPE OF TREATMENT - Chemotherapy cycle IV |
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ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

| Sr. No. क्रम संख्या | NAME of OTHER SOURCE अन्य स्रोत का नाम | AMOUNT of ASSISTANCE BEING AVAILED सी गई सहायता राशि |
|------------------------|---|---|
| 1. | SCEA | |
| | | |
| | | |
| | | |



Dr. Shroff's Charity Eye Hospital

Caring for the community since 1914...



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

08th November 2018

Greetings from Dr. Shroff's Charity Eye Hospital!

Dear Mr. Tandon

Please find below attached expenditure of Sakshi Kumari:-

| Estimated Cost Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u> Supported by Koshika Foundation | | | | | |
|---|--------------------------|---------------------------------------|----------------|---|-------------|
| Name | | Sakshi Kumari | Address/Phone: | H.NO-1932, Gali No-2, Tilpat Faridabad, Harayana | |
| MR NO. | | G18/02/4554 | Age/Sex | 2 YEARS/FEMALE | |
| Application NO. | | D/08/8/0050 | | | |
| S. No. | Treatment date | Items | Cost per unit | No. of units | Aprox. Cost |
| 1 | 6/08/2018 & 7/08/2018 | Chemotherapy | 3000 | 1 | 3000 |
| 2 | 6/8/2018 | Examination Under Anesthesia (EUA) | 1000 | 1 | 1000 |
| 3 | 6/8/2018 | Blood Investigations | 132 | 1 | 132 |
| | | Total | | | 4132 |

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