

18/12/076

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)


Koshika
 foundation
 Building Block of life

 APPLICATION No.: A/1218/0649 APPLICATION DATE: 20/12/18
 आवेदन संख्या: आवेदन तिथि

 NAME of APPLICANT: Kishan AGE-YEARS अनु-वर्ष: 65 SEX लिंग: F
 आवेदक का नाम

 FATHER'S/SPOUSE'S NAME: Brahmalad
 पिता/पत्नी का नाम

PRESENT RESIDENCE ADDRESS: वर्तमान निवास पता

Village - Mathina, Tal - Laxmangarh,Dist. - Alwar, Rajasthan

PERMANENT RESIDENCE ADDRESS: स्थायी निवास पता

as above
 Pre or. Post or.
0649 Kishan,

 OCCUPATION: Labourer
 व्यवसाय

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

 TOTAL ANNUAL INCOME: 70000
 वार्षिक आय

 (Attach Proof of Income)
 (आय का प्रमाण संलग्न करें) NA
PAN No. क्या है? NA
 ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):
 क्या आप आय कर दाता हैं? (को मध्य हो उस पर चिह्न का निशान लगाएं)

 Yes/No
 हाँ/नहीं

FAMILY DETAILS परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्य का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के साथ सम्बन्ध
1	<u>Chavara</u>	<u>40</u>	<u>M</u>	<u>Son</u>
2	<u>Jasrat</u>	<u>35</u>	<u>F</u>	<u>Daughter</u>

 BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
 सहायता के लिए किन्हीं आधार

BPL Card (Attach Card Copy) राश्री रेशा के साथ प्रमाण पत्र (प्रमाण पत्र की प्रतिलिपि संलग्न करें)	EWS Certificate (Attach Certificate Copy) आय आय वर्ग प्रमाण पत्र (प्रमाण पत्र की प्रतिलिपि संलग्न करें)	Ration Card (Attach Copy) उपभोग कार्ड (प्रमाण पत्र की प्रतिलिपि संलग्न करें)	Any Other Basis/Proof अन्य कोई प्रमाण
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"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किन्हीं कार्य किन्हीं का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रमाणित सूची संलग्न
1	<u>Diagnosis - RE-IMSC</u> <u>LE-IMSC</u>
2	<u>Surgery - LE-SICS+IOL</u>

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

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

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED तो वह सहायता राशि
1	<u>SCHE</u>	

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 ass. 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 the form, for which 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 for which this assistance is requested.
- 1) मैं घोषणा करता हूँ कि इस सहाय में दिये गये सभी धनिकर मेरी जानकारी के अनुसार सच एवं सही है। यदि कोई विचार एवं कथन असत्य पाया जाय है तो मेरी सहमति निराप्त हो जायेगी।
- 2) मेरे द्वारा जो व्यापक उद्दिष्ट "कोशिका फाउण्डेशन", मेरी ही का रही है, इसका उपयोग सभी उद्देश्यों को पूर्ण के लिये किया जायेगा, जो इस प्रश्न में परा परा है।
- 3) मैं पुनः बताना हूँ कि मैं इस सहायता से प्राप्त धनिकर को मेरे लिए, इस उद्दिष्ट का अधिकार या समस्त धनिकर किसी अन्य सोशियल/वैयक्तिक/व्यापारिक उद्देश्य के लिए नहीं दूँगा।

1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and it's Trustees to use/publish/post-upt/produce 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 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 fulfillment 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 दायर का अपने इरादया का कोई भी सात सामान, वी (इन्स्टेन्स) अपने संपत्ति की पुष्टि करता है एवं "कोलिया फायरिंग और उद्योग मालिकों" को सविधान करता है कि वे सब, उनके और वे विचार इस दायर में शामिल हैं, एवं "कोलिया" दायर मालिक, राय, सफलता एवं इन्स्टेन्स से मुक्त सविधानिक और सविधानिक से विवेक विवेक से उद्योग मालिक से उद्योग मालिक से विवेक सविधान है। वे दायर का विचार में उद्योग के दायर का सात से दायर से विवेक "कोलिया फायरिंग" व मालिक सविधान है।
- 2) वे (इन्स्टेन्स) इस दायर में सविधान है कि वे सब, उनके और विचार से कि सविधान से उद्योग मालिक से उद्योग मालिक से विवेक सविधान है उद्योग मालिक का उद्योग मालिक सविधान इस सविधान में "कोलिया" दायर उद्योग मालिक का विवेक सविधान और सविधानिक दायर।

अमेरिका के राजधानी का संग्रहीत का निवास

LEFT THUMB IMPRESSION: *RAH*
High

By affixing hereunder, signature of our Authorized 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 its 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 & its outcome & safety of the patient, and Koshika Foundation will have no role or responsibility in the matter.

- [illegible]

Dr. Dharm Singh

MS (OPHTHAL)

Reg. No.-028084

(Name of Or. & Regn. No. with Stamp)
उपस्थित नाम के हस्ताक्षर से पंक्ति न.

MASSEY

Administrator

Dr. Shroffs Eye Hospital, A-1-1

(Name, Designation & Stamp of Authorised Signatory
on behalf of Hospital)

सत्य मे पय इत्यादयः अधिपतेः अधिकारी

FOR INTERNAL USE of KOSHICA FOUNDATION

SIGNATURE of TRUSTEE 1

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Exempel

SIGNATURE of TRUSTEE 2

पृष्ठ संख्या 2

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