

APPLICATION FORM FOR ASSISTANCE (Healthcare)		(स्वास्थ्य देखभाल)		 Koshika foundation Building Block of Life.	
APPLICATION No.: K/0110/2812		APPLICATION DATE: 25/01/19			
NAME of APPLICANT: BALARAM PANDIT		AGE-YEARS: 64	SEX: M		
FATHER'S/SPOUSE'S NAME: PALAN PANDIT					
PRESENT RESIDENCE ADDRESS: SANKUJAHAN, Gopal Gunt Hat, South 24 PARGANAS, 743338, WEST BENGAL					
PERMANENT RESIDENCE ADDRESS: AS ABOVE					
OCCUPATION: UNEMPLOYED		MARRIED (विवाहित) / UNMARRIED (अविवाहित)			
TOTAL ANNUAL INCOME: NIL		(Attach Proof of Income) (आप का आय प्रमाण)			
PAN No. [Blank]					
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):		Yes / No हाँ / 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 सम्बन्ध	
1.	BALARAM PANDIT	64	M	SELF	
2.	PRAMILA PANDIT	52	F	WIFE	
3.	SWAPAN PANDIT	35	M	SON	
4.	DEBALA PANDIT	30	F	DAUGHTER	
5.	NEELTA MAHATA	24	F	DAUGHTER	
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) सहायता के लिये किसी आधार					
BPL Card (Attach Card Copy) गरीबी रेश के साथ प्रमाण पत्र (प्रमाण पत्र की साथ प्रति संलग्न करें)		EWS Certificate (Attach Certificate Copy) आय आय वर्ग प्रमाण पत्र (प्रमाण पत्र की साथ प्रति संलग्न करें)		Ration Card (Attach Copy) उपभोग्यता कार्ड (प्रमाण पत्र की साथ प्रति संलग्न करें)	
Any Other Basis/Proof अन्य कोई साक्ष्य					
"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेतु किसे कबे किसी का उद्देश्य:					
Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न				
1.	DIAGNOSIS- CATARACT-LE				
2.	SURGERY- LE (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 सी गई सहायता राशी			

DECLARATION by APPLICANT: **ਸਮੇਤ ਸਹੀ ਚੰਗਾ ਹੈ।**

- 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, if any, 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 यहाँबत कर रहा हूँ कि इस प्रकरण में दिये गये सभी विवरण सही जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण एवं प्रकरण असत्य पाया जाता है तो मेरी प्राप्तित्त विवरण भी खारिज हो सकती है।
- 2) मैं यहाँबत कर रहा हूँ कि यदि मुझे कशिका फाउण्डेशन, से कोई सहायता मिलेगी, तो मैं उसे केवल उसी उद्देश्य के लिए ही प्रयोग करूँगा, जिस उद्देश्य के लिए मैंने इस सहायता के लिए प्रकरण पेश किया है।
- 3) मैं यहाँबत कर रहा हूँ कि मैं इस सहायता से प्राप्त की गई राशि, उस उद्देश्य के अतिरिक्त या प्रकृत उद्देश्य विरुद्ध अन्य प्रयोग/व्यय/प्रतिभूति के लिए या किसी अन्य स्रोत/एम्प्लॉयर/इंश्योरेंस कंपनी से प्राप्त की गई राशि के लिए प्रयोग नहीं करूँगा।

AGREEMENT by APPLICANT (attach to WOC)

- 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 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.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :

आनेवाले नई इमारतों का संग्रह का निरूपण

AGREEMENT by HOSPITAL (WFOH 100 000)

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 ACCEPTENCE

सम्प्रीकृत्यते चो विदुः समस्तानि

Date of Surgery ऑपरेशन की तारीख 25/01/19	Dr. Alok Agrawal MBBS, MS, PhD, FRCS(Ed) Reg. No. 154786 (Name of Dr. & Regn. No. with Stamp) डाक्टर का नाम व इलाका व पंजी. नं.	Dr. Sankar Bagchi Director (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) नाम व पद इनप्लॉय अथिज्यूड अधिकारी
FOR INTERNAL USE of KOSHIKA FOUNDATION अन्तरिक उपयोग हेतु		
SIGNATURE of TRUSTEE 1 न्यासी इलाका 1		SIGNATURE of TRUSTEE 2 न्यासी इलाका 2
		