

APPLICATION FORM FOR ASSISTANCE (Healthcare)		(स्वास्थ्य देखभाल)		 Koshika foundation Building block of life.	
APPLICATION No. : <u>K/0619/0513</u>		APPLICATION DATE : <u>18/06/19</u>			
NAME of APPLICANT : <u>DEPA SAHA</u>		AGE-YEARS आयु-वर्ष	SEX लिंग		
		<u>54</u>	<u>F</u>		
FATHER'S/SPOUSE'S NAME : <u>NARAYAN CHANDRA SAHA</u>					
PRESENT RESIDENCE ADDRESS : <u>R B ROAD, DAKSHIN PRATAPNARH, NORTH DUMDUM, NORTH 24 PARAGANAS 700040, WEST BENGAL</u>					
PERMANENT RESIDENCE ADDRESS : <u>AS ABOVE</u>					
OCCUPATION : <u>HOUSE WIFE</u>		MARRIED (विवाहित) / UNMARRIED (अविवाहित)			
TOTAL ANNUAL INCOME : <u>RS. 1800 X 12 = 19200/-</u>		(Attach Proof of Income) (आय का सबूत संलग्न करें)			
PAN No. <u>साई खाला संख्या</u>					
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): क्या आप आय कर दाता हैं (जो मध्य हो उस पर सही का निशान लगाएं) 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 सम्बंध	
1.	DEPA SAHA	54	F	SELF	
2.	NARAYAN CH SAHA	58	M	HUSBAND	
3.	BITU SAHA	30	F	DAUGHTER	
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) सहायता के लिये विधि आधार					
BPL Card (Attach Card Copy) गरीबी रेशा के नीचे प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)		EWS Certificate (Attach Certificate Copy) आय आय वर्ग प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)		Ration Card (Attach Copy) उपभोक्ता कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	
Any Other Basis/Proof अन्य कोई सबूत					
"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 - CATARACT - LE				
2.	SURGERY - LE (STCS + 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 ली गई सहायता राशी		

DECLARATION by APPLICANT: **अभिेदक इत्य पदेनत पत्र:**

- 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 घोषणा करता हूँ कि इस प्रश्नपत्र में दिये गये सभी विवरण सही 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) मेरी दृढ़ जो सहायता यथा "कौशलिका फाउन्डेशन", से ही जा रही है, उसका उपयोग उक्त उद्देश्य की पूर्ति के लिये किया जाएगा, जो इस प्रश्नपत्र में था गया है।
- 3) मैं पुष्टि करता हूँ कि बिना सहायता हेतु यह प्रार्थना की गई है, उस राशि का अधिकतम या समस्त हिस्सा किसी अन्य प्रोटेक्टिव/वैद्यकीय/वैद्यकीय कम्पनी से न ले लिया है और न ही भविष्य में लूँगा।

AGREEMENT by APPLICANT (স্বীকারক দ্বারা স্বাক্ষর)

- 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 :

आवेदक के हस्ताक्षर या अंगूठे का निशान



AGREEMENT by HOSPITAL (स्वास्थ्य सेवा केंद्र)

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 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

स्वीकृति के लिए संसुति

Shub Sankar Banerji

Director

Sutton Foundation & Research Centre

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

नमः यः पदं हस्तगतं अपि कृतं अपि कारी

Date of Surgery
ऑपरेशन की तारीख

ऑपरेशन की तारीख

15/06/19

Dr. K. G. ...

M6B8.CD.DNS.FRCD

Reg. No. - 1221

(Name of Dr. & Regn. No. with Stamp)

हास्या का नम व हस्तक्षर य एवि न

FOR INTERNAL USE of KOSHIKA FOUNDATION

आन्तरिक तपस्योग हेतु

SIGNATURE of TRUSTEE 1

अध्यायी इन्द्राक्षर ।

Erklärung

SIGNATURE of TRUSTEE 2

स्वामी हस्ताक्षर 2

10/11/18