

APPLICATION FORM FOR ASSISTANCE
(Healthcare)

(सहायता हेतु आवेदन प्रारूप)



APPLICATION No.: K/0419/0903
आवेदन संख्या:

APPLICATION DATE: 16/11/19
आवेदन तिथि

NAME of APPLICANT: MOKTAR ALI MIR
आवेदक का नाम

AGE-YEARS आयु-वर्ष: 67
SEX लिंग: M

FATHER'S/SPOUSE'S NAME: PIYARALI MIR
पिता/कटुम्ब का नाम

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

SAMLA KHASHBALANDA, HAROA, KOPPA 24
PARAGANAS 742425, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: स्थाई आवासीय पता

— AS ABOVE —



OCCUPATION: UNEMPLOYED
व्यवसाय

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: RS 2100 x 12 = 25200/-
कुल वार्षिक आय

(Attach Proof of Income)
(आय का साक्ष्य संलग्न करें)

PAN No. स्थाई खाता संख्या

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):
क्या आप आय कर दाता हैं (जो मान्य हो उस पर सही का निशान 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 के साथ सम्बन्ध
1	MOKTAR ALI MIR	67	M	SELF
2	JAHANARA BEGAM	62	F	WIFE
3	JASMIN BIBI	40	F	DAUGHTER
4	MIR HAFIZUL	38	M	SON
5	SABITAH BIBI	35	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
सहायता के लिये विनित आधार

BPL Card (Attach Card Copy) गरीबी रेषा के नीचे प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प 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 साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु किये गये विनित का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached आस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
1	DIAGNOSES - CATARACT-LE
2	SURERY - RE (SICS + IOL)

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

DECLARATION by APPLICANT: **अवेक हत प्रमाण नः**

- 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 यहाँ पर बताना हूँ कि इस प्रकरण में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण एवं कथन असत्य पाया जाता है तो मेरी सहायता निरास की जा सकती है।
- 2) मैं इससे जो सहायता दूँगी "कोशिका फाउन्डेशन", से तो वह यही है, जिसका उपयोग इसी उद्देश्य की पूर्ति के लिये किया जावेगा, जो इस प्रकरण में माग गया है।
- 3) मैं यहाँ पर बताना हूँ कि इस सहायता से मैं भविष्य की गई है, उस राशि का व्ययिता या समस्त किसी किसी अन्य सोर्स/एम्प्लॉयर/इन्सुरेन्स कंपनी से न तो लिया है और न ही भविष्य में लूँगा।

AGREEMENT by APPLICANT (အသိပေးသူက ခုခံ)

- 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/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:

आवेदन के समक्ष या अंग्रेजी का निगम



AGREEMENT by HOSPITAL (हस्ताक्षर होना जरूरी)

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 ACCEPTANCE

यसीकाली के लिए संसुति

Date of Surgery अतिरिक्त की तारीख 16/3/19	Dr. Anilish Mondal MS39, MS  (Name of Dr. & Regn. No. with Stamp) डाक्टर का नाम व इन्हें प्राप्त व छाप	Shri. S. K. Singh Director Sushil Eye Hospital & Research Centre (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) नाम व पद इन्हें प्राप्त अधिकृत अधिकारी
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FOR INTERNAL USE of KOSHIKA FOUNDATION आन्तरिक उपयोग हेतु

अन्तरिक उपयोग हेतु

FOR INTERNAL USE OF REGISTRAR ONLY	
SIGNATURE of TRUSTEE 1 न्यायी इस्तर 1	SIGNATURE of TRUSTEE 2 न्यायी इस्तर 2
	