



Dr. Shroff's Charity Eye Hospital

Caring for the community since 1914...



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

13th July 2019

Greetings from Dr. Shroff's Charity Eye Hospital!

Dear Mr. Tandon

Please find below attached expenditure of Soniya:-

Estimated Cost Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u> Supported by Koshika Foundation					
Name		Soniya	Address/Phone:	Ganv Jhanjhar, The Nagar, Jhanjhar, Bharatpur, Rajasthan- 321024	
MR NO.		C18/09/0606	Age/Sex	3 Years/Female	
Koshika Application No.		D/0619/0021			
S. No.	Treatment date	Items	Cost per unit	No. of units	Aprox. Cost
1	11/6/2019	Blood Investigations	132	1	132
2	12/6/2019	Examination Under Anesthesia (EUA)	1000	1	1000
		Total			1132

Best Regards

Dr. Sima Das

Consultant Oculoplasty and Ocular Oncology Services

DR. SHROFF'S CHARITY EYE HOSPITAL

5027, Kedar Nath Road Daryaganj, New Delhi-110002 India

Ph:- 011-4352 4444, 4352 8888, Fax : 011-43528816

E-mail : sceh@sceh.net, Website : www.sceh.net

OTHER CENTRES

GURGAON • ALWAR • SAHARANPUR • MEERUT • LAKHIMPUR KHERI • VRINDAVAN • KAROL BAGH (DELHI)

C.18/09/0606

APPLICATION FORM FOR ASSISTANCE

(Healthcare)

सहायता हेतु आवेदन प्रारूप

(स्वास्थ्य देखभाल)

APPLICATION No.: D/0619/0021
आवेदन संख्या:APPLICATION DATE: 11/6/2019
आवेदन तिथिNAME of APPLICANT:
आवेदक का नाम

Soniya

AGE-YEARS आयु-वर्ष

3 years

SEX लिंग

female

FATHER'S/SPOUSE'S NAME:
पिता/कटुम्भ का नाम

D/o late Murali Lal

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

Guru Jhankar, Tehsil nagar,
Jhankar, Bharatpur, Rajasthan-321029

PERMANENT RESIDENCE ADDRESS: स्थाई आवासीय पता

Same as above

OCCUPATION:
व्यवसाय

Child

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME:
कुल वार्षिक आय

84000/-

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

N/A

PAN No. स्थाई खाता संख्या

N/A

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):
क्या आप आय कर दाता है (जो मान्य हो उस पर सही का निशान लगाये)Yes / No
हां / नहीं

No

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.	Kavita	32	female	Mother
2.	Simran	7	female	Sister
3.	May	6 months	Male	Brother
4.	Kundan Lal	65	Male	Grandfather
5.	Monu	22	Male	Uncle

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

BPL Card (Attach Card Copy) गरीबी रेखा 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)	<input checked="" type="checkbox"/> Any Other Basis/Proof अन्य कोई साक्ष्य
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"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 - Examination Under Anesthesia

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES
इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया हो?

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED ली गई सहायता राशी
1.	Scn	