

APPLICATION FORM FOR ASSISTANCE

(Healthcare)

सहायता हेतु आवेदन प्रारूप (स्वास्थ्य देखभाल)

Koshika
foundation
Building Block of life.

APPLICATION No.: १०/०९१९/१५१८		APPLICATION DATE: 6/9/19		
आवेदक संख्या :		आवेदन तिथि		
NAME OF APPLICANT: GOTAL SARKAR		AGE-YEARS आयु-वर्ष : 43	SEX लिंग : M	
FATHER'S/SPOUSE'S NAME: GOKUL SARKAR				
PARENTS/KINSHIP का नाम				
PRESENT RESIDENCE ADDRESS वर्तमान आवास पत्ता				
KALABAGAN DARA NYATAT ENO SANDESHKHALLI NORTH 49 PARAGANA 743443 WEST BENGAL				
PERMANENT RESIDENCE ADDRESS स्थायी आवास पत्ता				
— AS ABOVE —				
OCCUPATION: LABOURER		MARRIED (विवाहित) / UNMARRIED (अविवाहित)		
TOTAL ANNUAL INCOME: RS 1900 X 12 = 22800/-		(Attach Proof of Income) (आपका आय संपन्न)		
PAN No. रवाई खाता संख्या				
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):		Yes / No हाँ / नहीं		
क्या आप आय कर दाखल हैं? (जो मान्य हो उस पर चिह्न लगाएं)				
Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक से संबंध
1.	GOTAI SARKAR	43	M	SELF
2.	SADITA SARKAR	39	F	WIFE
3.	AJEM SARKAR	16	M	SON
4.	NARANITA SARKAR	14	F	DAUGHTER
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) सहायता के लिए विधि 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) उपायोक्ता कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें।)
"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेतु किये गये निमित्तों का उद्देश्य:				
Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached रोगग्रस्त/डॉक्टर से जारी की गई प्रातिवेदन सूची संलग्न			
1.	DIAGNOSIS - CATARACT RE			
2.	SURGERY - AEC 5205 + 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 ही गई सहायता राशि		

DECLARATION by APPLICANT: **ਅਰੰਘਿਤ ਹੁਕਮ ਸੰਬੰਧਿਤ ਹੈ:**

- DECLARATION BY APPLICANT: **अर्थदाता का विज्ञापन**
- 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 कतार दूँ कि इस प्रत्युप में दिए गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण पूर्ण रूप से असत्य पाया जाता है तो मेरी सहायता निरस्त की जा सकती है।
- 2) मैं यहाँ पर कतार दूँ कि सहायता यदि "कौशिका फाउंडेशन", से ली जा रही है, उसका उपयोग वही उद्देश्य को पूर्ति के लिये किया जाएगा, जो इस प्रत्युप में पद दिया है।
- 3) मैं यहाँ पर कतार दूँ कि भविष्य में सहायता हेतु यह प्रत्युप नहीं लेऊँगा, जिससे या अन्य किसी भी स्रोत/रोजगार/बीमा कंपनी से न ले लिया है और न ही भविष्य में लूँगा।

AGREEMENT by APPLICANT (subject to WFO)

- 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/post-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 fulfilment 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 प्रश्न पर अपने हस्ताक्षर या अंगूठे की छाप लगाकर, मैं (अर्हदक) अपनी सहमति को पुष्टि करता हूँ एवं "कोशिका फाउंडेशन और उसके न्यासी" को अधिकृत करता हूँ कि मेरा नाम, पता, फोटो और वे विवरण इस प्रश्न में घोषित हैं, इसे "कोशिका" एनएच आरसी, दान, धारणा या दूसरे उद्देश्य से चुने गतिविधियों और उपलब्धियों को लिये किसी भी प्रकार माध्यम से प्रकाशित करने के लिए अधिकृत है। मेरे प्रश्न का विवरण यही इच्छा को जल्दी या बाद से करने के लिए "कोशिका फाउंडेशन" व न्यासी अधिकृत है।
- 2) मैं (अर्हदक) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और विवरण को कि सहायता को उद्देश्यों से प्रेषित है चुने स्वतः सहायता का इच्छा नहीं करता। इस सम्बंध में "कोशिका" एनएच आरसी न्यासी का निर्णय अंतिम और धारणाकारी होगा।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

अपेक्षक के प्रकारों का संग्रह का निम्न

AGREEMENT by HOSPITAL (हस्पताल द्वारा करार)

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 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.

1) यह कि न तो परिचय और न ही भविष्य में विविध साक्ष्य किसी भी सरकारी संस्थान या किसी अन्य संस्थान से उभर सके। दोनों मामलों में लेने या तो ले रहे हैं, जैसे कि हमने "कोशिका फायनेंस" से डिजिटल/विशेष उदाहरण के संस्था में "कोशिका फायनेंस" द्वारा मदद हेतु कि है। यदि "कोशिका फायनेंस" द्वारा साक्ष्य विधि अनिवार्य/सामान्य हेतु मजबूत नहीं किया जाता है तो अस्पताल किसी अन्य भी सरकारी संस्था या किसी अन्य संस्थाओं से साक्ष्य लेने का अधिकार सुरक्षित रहता है। इस धृष्टि में स्पष्ट कहा जाता है कि अस्पताल द्वितीय मदद उभर सके/मिलने हेतु किसी भी सरकारी संस्था या किसी अन्य संस्था से नहीं संपर्क/लेते।

RECOMMENDED FOR ACCEPTENCE

Dr. Hari Shankar N.

भयभीतता के लिए संसूचि

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Director

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

यन् य एह इत्यन्तं अभिहितं अभिधातौ

Date of Surgery
ऑपरेशन की तारीख

6/9/19

MBBS, D.O. (SPECIALIST)
Reg. No. - 96056
Susrut Eye Foundation & Research Centre
(Name of Dr. & Regn. No. with Stamp)
Jyoti Eye Hospital, 10/1, 10/2, 10/3, 10/4, 10/5, 10/6, 10/7, 10/8, 10/9, 10/10, 10/11, 10/12, 10/13, 10/14, 10/15, 10/16, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/27, 10/28, 10/29, 10/30, 10/31, 10/32, 10/33, 10/34, 10/35, 10/36, 10/37, 10/38, 10/39, 10/40, 10/41, 10/42, 10/43, 10/44, 10/45, 10/46, 10/47, 10/48, 10/49, 10/50, 10/51, 10/52, 10/53, 10/54, 10/55, 10/56, 10/57, 10/58, 10/59, 10/60, 10/61, 10/62, 10/63, 10/64, 10/65, 10/66, 10/67, 10/68, 10/69, 10/70, 10/71, 10/72, 10/73, 10/74, 10/75, 10/76, 10/77, 10/78, 10/79, 10/80, 10/81, 10/82, 10/83, 10/84, 10/85, 10/86, 10/87, 10/88, 10/89, 10/90, 10/91, 10/92, 10/93, 10/94, 10/95, 10/96, 10/97, 10/98, 10/99, 10/100, 10/101, 10/102, 10/103, 10/104, 10/105, 10/106, 10/107, 10/108, 10/109, 10/110, 10/111, 10/112, 10/113, 10/114, 10/115, 10/116, 10/117, 10/118, 10/119, 10/120, 10/121, 10/122, 10/123, 10/124, 10/125, 10/126, 10/127, 10/128, 10/129, 10/130, 10/131, 10/132, 10/133, 10/134, 10/135, 10/136, 10/137, 10/138, 10/139, 10/140, 10/141, 10/142, 10/143, 10/144, 10/145, 10/146, 10/147, 10/148, 10/149, 10/150, 10/151, 10/152, 10/153, 10/154, 10/155, 10/156, 10/157, 10/158, 10/159, 10/160, 10/161, 10/162, 10/163, 10/164, 10/165, 10/166, 10/167, 10/168, 10/169, 10/170, 10/171, 10/172, 10/173, 10/174, 10/175, 10/176, 10/177, 10/178, 10/179, 10/180, 10/181, 10/182, 10/183, 10/184, 10/185, 10/186, 10/187, 10/188, 10/189, 10/190, 10/191, 10/192, 10/193, 10/194, 10/195, 10/196, 10/197, 10/198, 10/199, 10/200, 10/201, 10/202, 10/203, 10/204, 10/205, 10/206, 10/207, 10/208, 10/209, 10/210, 10/211, 10/212, 10/213, 10/214, 10/215, 10/216, 10/217, 10/218, 10/219, 10/220, 10/221, 10/222, 10/223, 10/224, 10/225, 10/226, 10/227, 10/228, 10/229, 10/230, 10/231, 10/232, 10/233, 10/234, 10/235, 10/236, 10/237, 10/238, 10/239, 10/240, 10/241, 10/242, 10/243, 10/244, 10/245, 10/246, 10/247, 10/248, 10/249, 10/250, 10/251, 10/252, 10/253, 10/254, 10/255, 10/256, 10/257, 10/258, 10/259, 10/260, 10/261, 10/262, 10/263, 10/264, 10/265, 10/266, 10/267, 10/268, 10/269, 10/270, 10/271, 10/272, 10/273, 10/274, 10/275, 10/276, 10/277, 10/278, 10/279, 10/280, 10/281, 10/282, 10/283, 10/284, 10/285, 10/286, 10/287, 10/288, 10/289, 10/290, 10/291, 10/292, 10/293, 10/294, 10/295, 10/296, 10/297, 10/298, 10/299, 10/300, 10/301, 10/302, 10/303, 10/304, 10/305, 10/306, 10/307, 10/308, 10/309, 10/310, 10/311, 10/312, 10/313, 10/314, 10/315, 10/316, 10/317, 10/318, 10/319, 10/320, 10/321, 10/322, 10/323, 10/324, 10/325, 10/326, 10/327, 10/328, 10/329, 10/330, 10/331, 10/332, 10/333, 10/334, 10/335, 10/336, 10/337, 10/338, 10/339, 10/340, 10/341, 10/342, 10/343, 10/344, 10/345, 10/346, 10/347, 10/348, 10/349, 10/350, 10/351, 10/352, 10/353, 10/354, 10/355, 10/356, 10/357, 10/358, 10/359, 10/360, 10/361, 10/362, 10/363, 10/364, 10/365, 10/366, 10/367, 10/368, 10/369, 10/370, 10/371, 10/372, 10/373, 10/374, 10/375, 10/376, 10/377, 10/378, 10/379, 10/380, 10/381, 10/382, 10/383, 10/384, 10/385, 10/386, 10/387, 10/388, 10/389, 10/390, 10/391, 10/392, 10/393, 10/394, 10/395, 10/396, 10/397, 10/398, 10/399, 10/400, 10/401, 10/402, 10/403, 10/404, 10/405, 10/406, 10/407, 10/408, 10/409, 10/410, 10/411, 10/412, 10/413, 10/414, 10/415, 10/416, 10/417, 10/418, 10/419, 10/420, 10/421, 10/422, 10/423, 10/424, 10/425, 10/426, 10/427, 10/428, 10/429, 10/430, 10/431, 10/432, 10/433, 10/434, 10/435, 10/436, 10/437, 10/438, 10/439, 10/440, 10/441, 10/442, 10/443, 10/444, 10/445, 10/446, 10/447, 10/448, 10/449, 10/450, 10/451, 10/452, 10/453, 10/454, 10/455, 10/456, 10/457, 10/458, 10/459, 10/460, 10/461, 10/462, 10/463, 10/464, 10/465, 10/466, 10/467, 10/468, 10/469, 10/470, 10/471, 10/472, 10/473, 10/474, 10/475, 10/476, 10/477, 10/478, 10/479, 10/480, 10/481, 10/482, 10/483, 10/484, 10/485, 10/486, 10/487, 10/488, 10/489, 10/490, 10/491, 10/492, 10/493, 10/494, 10/495, 10/496, 10/497, 10/498, 10/499, 10/500, 10/501, 10/502, 10/503, 10/504, 10/505, 10/506, 10/507, 10/508, 10/509, 10/510, 10/511, 10/512, 10/513, 10/514, 10/515, 10/516, 10/517, 10/

FOR INTERNAL USE of KOSHIKA FOUNDATION जननीक उपयोग हेतु

SIGNATURE of TRUSTEE 1
 २०११ ईशाद १

Exchanged

SIGNATURE of TRUSTEE 2
न्यासी इस्मायल 2

Rich