

C19/09/0348

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप(Healthcare)
(स्वास्थ्य देखभाल)Koshika
foundation
Building block of life.APPLICATION No.: A/0919/0513
आवेदन संख्या:APPLICATION DATE: 09/09/19
आवेदन तिथिNAME of APPLICANT:
आवेदक का नाम

Bame Singh

AGE-YEARS आयु-वर्ष

67

SEX लिंग

M

FATHER'S/SPOUSE'S NAME
पिता/पत्नी का नाम

Ramji Lal

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

Village - Barawali, Teh. - Sheeg

Dist. - Bharatpur, Rajasthan

PERMANENT RESIDENCE ADDRESS: स्थायी आवासीय पता

as above

OCCUPATION:

Farmer

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME:

कुल वार्षिक आय 50000/-

(Attach Proof of Income)

(आय का साक्ष्य संलग्न)

NA

PAN No. स्थायी खाता संख्या

NA

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):

Yes / No

क्या आप आय कर दाता हैं (जो सत्य हो उस पर सही का निशान लगाएं)

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	Dhruv	21	m	son
2	Pavan	18	m	son

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिये विनियम आधार

BPL Card (Attach Card Copy) गरीबी रेश के साथ प्रमाण पत्र (प्रमाण पत्र की प्रतिलिपि संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (प्रमाण पत्र की प्रतिलिपि संलग्न करें)	Ration Card (Attach Copy) उपभोग्य कार्ड (प्रमाण पत्र की प्रतिलिपि संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य
--	--	---	--

"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु दिये गये विनियम का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिक्रिया सूची संलग्न
1	Diagnosis - RE - PCIOL LE - MSC
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 लिये गयी है?

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED सी गई सहायता राशि
1	SCEH	



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 employer/insurance company, of the amount for which this assistance is requested.

1) मैं यहाँ पर बताना हूँ कि इस प्रमाण में दिये गये सभी विवरण सही जानकारी के अनुसार सच एवं सही हैं। यदि कोई किरदार सच जगह आनाचल प्राप्त करे तो मेरी सहायता निरस्त की जा सकती है।

2) मैं यहाँ पर सहायता यदि "कोशिका फाउण्डेशन", से की जा रही है, उसका उपयोग उन्ही उद्देश्य की पूर्ति के लिये किया जायेगा, जो इस प्रमाण में प्राप्त है।

3) मैं यहाँ पर बताना हूँ कि मैंने सहायता हेतु यह प्रमाण नहीं पेश है, बल्कि यह अधिक या समान किसी किसी अन्य फाउण्डेशन/बीमा कम्पनी से न हो सिका है और न ही भविष्य में सँभूत।

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 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.

[illegible]

service de gestion de site en ligne

AGREEMENT by HOSPITAL (CHARGE \$11,450)

By affixing her/his/their signature in our Authorized Signatory for recommending the candidate for Principal Fellowship 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 and responsibility of 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.

in the matter.

[illegible][illegible]

非営利組織の活動と社会の持続可能性

कृषीसाठी ते शिर मंजूर

Date of Surgery
ਅੰਗਰੇਜ਼ੀ ਵਿੱਚ ਲਿਖੋ

10/9/19

Dr. Dharm Singh
MBBS (OPHTHAL)

Dr. S. Massey, Director, Government Hospital, ...

FOR INTERNAL USE of KOSHYKA FOUNDATION

अनुनासिक प्रत्ययेण वेत्ति

SIGNATURE of TRUSTEE 1
गुणजी कपडार ।

SIGNATURE of TRUSTEE 2

 NAME: TRUSTEE 2

Exemplar

Sc 2 F