

C12/09/0406

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)

Koshika
foundation

Building block of life.

APPLICATION No.: A/0919/0520

आवेदन संख्या:

APPLICATION DATE: 10/09/19

आवेदन तिथि

NAME of APPLICANT:

आवेदक का नाम

Subhash

AGE-YEARS उम्र-वर्ष

66

SEX लिंग

M

FATHER'S/SPOUSE'S NAME:

पिता/पत्नी का नाम

Gurjeet Labasi

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

Village -> Raygarh, Teh. -> Raygarh

Dist. -> Alwar, Rewari

PERMANENT RESIDENCE ADDRESS: स्थायी आवासीय पता

as above

OCCUPATION:

व्यवसाय

Farmer

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME:

कुल वार्षिक आय

50,000/-

(Attach Proof of Income)

(आय का प्रमाण संलग्न) NA

PAN No. स्थायी खाता संख्या

NA

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

हाँ / नहीं

FAMILY DETAILS परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्य का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के साथ सम्बन्ध
①	Jitendra	36	m	Son
②	Deepak	27	m	Son

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिए विनंति आधार

BPL Card (Attach Card Copy) गरीबी रेशा का कार्ड 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) उपभोग्य कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	Any Other Basis/Proof अन्य कोई प्रमाण
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"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किये गये विनंती का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अनुसंधान/दवाखाने से जारी की गई प्रसिद्धि सूची संलग्न
①	Diagnosis -> RE - IMSC LE - IMSC
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 ली जा चुकी है?

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



Preop. 0520

Postop Subhash

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.

- [illegible]

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 in 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]

आपका ये इरादा या अंग्रेजी का शिक्षण

AGREEMENT BY HOSPITAL: (HOSPITAL USE ONLY)

By affixing hereunder, signature of our Authorized Signatory for recommending this case/patient for financial assistance from Keshika 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.

इसके अतिरिक्त, हमारा ही जो भी है, हमें इसे "ऑनलाइन मास्टर्स" से सीखना चाहिए कि "विश्वविद्यालय" की भाँति है, जिसे हम (हमारे) भी जानें है। हमें यह भी जानना चाहिए कि

- [illegible]

RECOMMENDED FOR ACCEPTANCE

स्वीडिशों ने फिर विजय

Date of Surgery:

अधिकारों की रक्षा

11/9/19

product of Dr. J. H. H. H. H. H.

आपका यह भाग्य ही है।

FOR INTERNAL USE of KOSHIKA FOUNDATION

Blaine, Davidson & Standish Authorized Signatory

(continued)

Dr. S. N. Singh is a Senior Lecturer in the Department of Education, University of Delhi, India.

Quesada

SIGNATURE of TRUSTEE 1

जारी रखेंगे ।

SIGNATURE of TRUSTEE 2

— 200 —