

C19/09/0412

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप(Healthcare)
(स्वास्थ्य देखभाल)Koshika
foundation
Building block of lifeAPPLICATION No.: A/0919/0525
आवेदन संख्या:APPLICATION DATE: 10/09/19
आवेदन तिथिNAME of APPLICANT: Rameshwari
आवेदक का नामAGE-YEARS 76
SEX MFATHER'S/SPOUSE'S NAME: Har Sahay
पिता/सहोदर का नाम

PRESENT RESIDENCE ADDRESS: कांयन आवासीय पता

Village -> Hodawali, Teh. -> Rajgarh

Dist. -> Alwar, Rajasthan

PERMANENT RESIDENCE ADDRESS: स्थायी आवासीय पता

as above

OCCUPATION: Farmer
व्यवसाय

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: 55,000/-
कुल वार्षिक आय(Attach Proof of Income)
(आय का साक्ष्य संलग्न करें)

PAN No. स्थायी खाता संख्या NA

NA

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):
क्या आप आय कर दाता हैं (जो मान्य हो उस पर चिह्न 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	Siya Ram	45	m	son
②	Chandshyam	40	m	son

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

BPL Card (Attach Card Copy) गरीबी रेशा के नीचे प्रमाण पत्र (इसका पत्र की प्रतिलिपि संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (इसका पत्र की प्रतिलिपि संलग्न करें)	Ration Card (Attach Copy) उपभोग्य कार्ड (इसका पत्र की प्रतिलिपि संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु निम्न में से किसी का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रीस्क्रिप्शन सूची संलग्न
①	Diagnosis -> RE - MSC LE - PCOL
②	Surgery -> RE -> SICS + IOL

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

- 1) मैं जीवन काया है कि इस प्रलय में जिसे एवं सभी विकास से ज्ञानमयी हो अनुभव प्राप्त एवं सभी हो। यदि कोई विषय एवं प्रत्यक्ष प्रत्यक्ष प्राप्त हो तो उसे सहायता प्राप्त की जा सकती है।

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 Krishna Foundation, and their decision in this regard will be final and acceptable to me.

- 1) इस तरह का अपने आचारा में 2002 को कर संशोधन, सौ (अध्याय) अगली संसदीय की मुद्रित कर है एवं "कोटिका पाठ्यक्रम और आचार्य आचार्य" को अधिपति करता है कि वेद सार, यह, जोरों और जो विचार इस तरह में लिख है, उसे "कोटिका" एकर मन्त्रों, सार, सारसंग एकर सत्यता से मुद्रा अधिपति को अधिपति को लिखे लिखे को प्रसार सारसंग से प्रसारित करने को लिख अधिपति है। जो तरह का विचार में इसमें को मुद्रा के सार में करने को लिख "कोटिका पाठ्यक्रम" में "कोटिका अधिपति" है।
- 2) सौ (अध्याय) इस तरह में अध्याय में लिखे सार, यह, जोरों और विचार को कि आचार्य को अधिपति में अधिपति में मुद्रा सार: सारसंग का सारसंग को करता। इस सारसंग में "कोटिका" एकर आचार्य आचार्य को लिखे सार और सारसंग को लिखे।

अर्थ: वे प्रत्यक्ष या अप्रत्यक्ष रूप से

AGREEMENT, by and for the use of the

By affixing hereunder, signatures in our Authorized Signatory for recommending this candidate for Graceland assistance from Koshika Foundation, we (Hesolani) 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.

in the matter.

- [illegible]

- [illegible]

इसी प्रकार, यदि α और β दो अलग-अलग बिंदु हों, तो α और β के बीच की दूरी $d(\alpha, \beta)$ को $d(\beta, \alpha)$ के बराबर माना जाता है।

Date of Surgery
(please add info)

11/9/19

Dr. Dharm Singh
MBBS (OPHTHAL)
405-10-20084

Signature, Designation & Stamp of Authorised Signatory
of (a) EOP Hospital
मुख्य डॉक्टर/होस्पिटल अधिकृत अधिकारी

FOR INTERNAL USE of KOSHIKA FOUNDATION

ਸਮਾਜਿਕ ਤਬਦੀਲੀ

SIGNATURE OF TRUSTEE 1

ज्योती प्रकाशन

SIGNATURE of TRUSTEE 2

2002 KENNEDY 2