

51660

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)

Koshika
foundation
Building block of life.

APPLICATION No. : B/1219/0545 APPLICATION DATE : 4/12/19
आवेदन संख्या : आवेदन तिथि

NAME of APPLICANT : J.S.Sahadevaiah AGE-YEARS आयु-वर्ष 60 SEX लिंग M
आवेदक का नाम

FATHER'S/SPOUSE'S NAME : Gangaiah
पिता/कटुम्प का नाम

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

Marsanarvaxpalli, Chinnagothigal ma
-ndalam

PERMANENT RESIDENCE ADDRESS : स्थाई आवासीय पता

Piler, Chitaur Dist, Andhra Pradesh.



0545 0545
J.S.Sahade- J.S.Sahade
vaiah vaiah
Post of Post of

OCCUPATION : Driver's
व्यवसाय

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME : 40,000/-
कुल वार्षिक आय

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

PAN No. स्थाई छात्र संख्या

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):
क्या आप आय कर दाता हैं (जो मान्य हो उस पर सही का निशान लगाये)

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 संबंध
1.	K. Mastamma	58	Female	Daughter

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

BPL Card (Attach Card Copy) गरीबी रेशा 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) उपभोग्यता कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य

"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 प्रविष्टि/पुष्पी संलग्न
	DOV R.E Right Eye SICS+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 लौ गई सहायता राशी
	BWLEH	

DECLARATION by APPLICANT: (अर्पेक द्वारा घोषणा पत्र)

- 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 घोषणा करता हूँ कि इस प्रकार से दिये गये सभी विवरण सही जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण एवं कथन असत्य पाया जाता है तो मेरी सहायता निरस्त की जा सकती है।
 2) मेरे द्वारा जो सहायता यहाँ "कोशिका फाउन्डेशन", से ली जा रही है, उसका उपयोग उसी उद्देश्य की पूर्ति के लिये किया जाएगा, जो इस प्रकार से प्राप्त किया है।
 3) मैं पुष्टि करता हूँ कि मैंने सहायता हेतु यह उद्देश्य नहीं है, उस रकम का अधिक या सकल हिस्सा किसी अन्य प्रोड/विधेयक/बीमा कंपनी से न ले लिया है और न ही भविष्य में लूंगा।

AGREEMENT by APPLICANT (अर्पेक द्वारा करार)

- 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.
- 1) इस प्रकार पर अपने हस्ताक्षर या अंगुठे की छाप लगाकर, मैं (अर्पेक) अपनी सहायता की पुष्टि करता हूँ एवं "कोशिका फाउन्डेशन और उसके न्यायोर्थ" को अधिकृत करता हूँ कि मेरा नाम, पता, फोटो और जो विवरण इस प्रकार से घोषित है, उसे "कोशिका" एम्ब्लो, नाम, पता/व्यक्तिगत तथ्यों के माध्यम से प्रचारित करने के लिए अधिकृत है। मेरे द्वारा जो सहायता मेरे हस्ताक्षर के पत्रों या पत्रों के लिए "कोशिका फाउन्डेशन" व न्यायोर्थ अधिकृत है।
 2) मैं (अर्पेक) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और विवरण जो कि सहायता के उद्देश्य से घोषित है, उसे सहायता का इस्तेमाल नहीं करना। इस संबंध में "कोशिका" एम्ब्लो उसके न्यायोर्थों का विषय अंतिम और बाध्यकारी होगा।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :

अर्पेक के हस्ताक्षर या अंगुठे का निशान



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 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.

इसमें अधिकृत, हस्ताक्षर की ओर से यहाँ/उपरोक्त को "कोशिका फाउन्डेशन" से वित्तीय सहायता हेतु सिफारिश की जाती है, जिसे हम (हस्पताल) निम्न प्रकार से मान्य व स्वीकार करते हैं:
 1) यह कि न तो वर्तमान और न ही भविष्य में वित्तीय सहायता किसी और सारकारी संगठन या किसी अन्य स्रोत से उक्त रोगी/रोगी के लेने या ले रहे हैं, बल्कि हमने "कोशिका फाउन्डेशन" से सिफारिश/सिफारिश उक्त के संबंध में "कोशिका फाउन्डेशन" द्वारा मदद हेतु किया है। यदि "कोशिका फाउन्डेशन" द्वारा सहायता वित्तीय अतिरिक्त/सहायता हेतु मंजूर नहीं किया जाता है तो अस्पताल किसी अन्य सारकारी संगठन या किसी अन्य संगठन से सहायता लेने का अधिकार सुरक्षित रखता है। इस पुष्टि में स्पष्ट कहा जाता है कि अस्पताल वित्तीय मदद उक्त रोगी/रोगी के हेतु किसी और सारकारी संगठन या किसी अन्य संगठन से नहीं लेगा/लेगी।
 2. "कोशिका फाउन्डेशन" से जो वित्तीय सहायता केवल वित्तीय प्रकृति की है। रोगी पर हस्पताल द्वारा दी गई सलाह या चिकित्सा उपचार/प्रक्रिया पर दुसरे रोगी एवं हस्पताल के बीच का विषय है और "कोशिका फाउन्डेशन" द्वारा किसी प्रकार का कोई दबाव नहीं है। इसलिए हस्पताल में रोगी के इलाज सुरक्षा और आने जाने की सारी जिम्मेदारी रोगी एवं हस्पताल की होगी और "कोशिका" को कोई वित्तीय या जिम्मेदारी इस मामले में नहीं होगी।

RECOMMENDED FOR ACCEPTANCE
स्वीकृती के लिए संस्तुति

Date of Surgery ऑपरेशन की तारीख 4/12/19	 Dr. Rachel Joseph (Name of Dr. & Regn. No. with Stamp) डॉ. रचेल जोसेफ 2019	 Jyoti Deepak (Name, Designation & Stamp of Authorised Signatory) B.W. Lions Super Speciality Hospital No. 20/1, 20/2, 20/3, 20/4, 20/5, 20/6, 20/7, 20/8, 20/9, 20/10, 20/11, 20/12, 20/13, 20/14, 20/15, 20/16, 20/17, 20/18, 20/19, 20/20, 20/21, 20/22, 20/23, 20/24, 20/25, 20/26, 20/27, 20/28, 20/29, 20/30, 20/31, 20/32, 20/33, 20/34, 20/35, 20/36, 20/37, 20/38, 20/39, 20/40, 20/41, 20/42, 20/43, 20/44, 20/45, 20/46, 20/47, 20/48, 20/49, 20/50, 20/51, 20/52, 20/53, 20/54, 20/55, 20/56, 20/57, 20/58, 20/59, 20/60, 20/61, 20/62, 20/63, 20/64, 20/65, 20/66, 20/67, 20/68, 20/69, 20/70, 20/71, 20/72, 20/73, 20/74, 20/75, 20/76, 20/77, 20/78, 20/79, 20/80, 20/81, 20/82, 20/83, 20/84, 20/85, 20/86, 20/87, 20/88, 20/89, 20/90, 20/91, 20/92, 20/93, 20/94, 20/95, 20/96, 20/97, 20/98, 20/99, 20/100, 20/101, 20/102, 20/103, 20/104, 20/105, 20/106, 20/107, 20/108, 20/109, 20/110, 20/111, 20/112, 20/113, 20/114, 20/115, 20/116, 20/117, 20/118, 20/119, 20/120, 20/121, 20/122, 20/123, 20/124, 20/125, 20/126, 20/127, 20/128, 20/129, 20/130, 20/131, 20/132, 20/133, 20/134, 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