

**APPLICATION FORM FOR ASSISTANCE**  
 सहायता हेतु आवेदन प्रारूप

(Healthcare)  
 (स्वास्थ्य देखभाल)



APPLICATION No. : **K/1219/2927** APPLICATION DATE : **15/12/19**

NAME of APPLICANT : **NAMITA DUTTA** AGE-YEARS **64** SEX **F**

FATHER'S/SPOUSE'S NAME : **SUBODHBARAN DUTTA**

PRESENT RESIDENCE ADDRESS : **PANCHABATI PARA, KATWA, BURDWAN, WEST BENGAL**

PERMANENT RESIDENCE ADDRESS : **AS ABOVE**



OCCUPATION : **HOME MAKER** MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME : **RS 2100 x 12 = 25200/-** (Attach Proof of Income)

FAN No. : **Blank**

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): **Yes / No**

**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.	NAMITA DUTTA	64	F	SELF
2.	MADHAN DUTTA	40	M	SON
3.	SUPRA DUTTA	38	F	DAUGHTER
4.	SI MA ANNA RAY	35	F	DAUGHTER
5.	RASMOHAN DUTTA	31	M	SON

**BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)**

<input type="checkbox"/> EPL Card (Attach Card Copy)	<input type="checkbox"/> EWS Certificate (Attach Certificate Copy)	<input type="checkbox"/> Ration Card (Attach Copy)	<input type="checkbox"/> Any Other Basis/Proof
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**"PURPOSE" for REQUESTING ASSISTANCE:**  
 सहायता हेतु किये गये निम्नी का उद्देश्य:

**Medical Reports/Prescriptions Attached**

Sr. No. क्रम संख्या	विवरण
1.	DIAGNOSES - CATARACT - LE
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 एी गई सहायता राशि

**DECLARATION by APPLICANT: अर्शेक प्रर अररर रर:**

- 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 यररर करर हूँ कऱ इर प्ररर रर ररने रने ररने कऱरर रने अरररर के अररर रर रर रर है। रर ररने कऱरर रर ररर अररर ररर ररर है रर रने अरररर कऱरर रर रर रररर है।  
 2) मैं प्ररर रने अरररर ररर "कऱररर कऱररररर", रर रर रर रर है, अररर ररररर ररर रररर रर ररर रने कऱरर कऱरर कऱरर, रने इर प्रररर रने ररर ररर है।  
 3) मैं यररर करर हूँ कऱ कऱरर अरररर ररर रर अरररर रर रर है, अरर ररर कऱ अरररर रर अररर कऱरर ररर ररर ररररररर/रररर कऱररर रने र रने कऱरर है अरर र रर रररर रने रररर।

**AGREEMENT by APPLICANT (अरररर प्रर करर)**

- 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/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 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) इर प्ररर रर अररर इररररर रर अरररर रने कऱरर रररर, मैं (अररररर) अरररर कऱररर रने कऱरर कऱरर हूँ रर "कऱररर कऱररररर अररर रररररर" कऱ अररररर करर हूँ कऱ ररर, ररर, ररररर अरर कऱररर इर प्ररर रने कऱररर है, अररर "कऱरररर" रररर, ररर, रररररर ररर अरररर रने कऱरर कऱरररr

**APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :**

अरररर रने इरररर रर अरररर कऱ कऱरर

*(Handwritten Signature)*

**AGREEMENT by HOSPITAL (इरररर प्रर करर)**

- 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.
- इरररर अररररर, इरररr

**RECOMMENDED FOR ACCEPTANCE**

<p>Date of Surgery अररररर कऱ कऱरर</p> <p>15/12/19</p>	<p>DR. KUSHIK SARKAR Reg No - 67274 (WBMC) WBMS MS Fellowship in Cataract &amp; Refractive Surgery</p> <p>(Name of Dr. &amp; Regn. No. with Stamp) इरररर कऱ ररर इररररर रर ररर र</p>	<p>Shib Sankar Bhargh Sutrul Eye Foundation &amp; Research Centre</p> <p>(Name, Designation &amp; Stamp of Authorised Signatory on behalf of Hospital) ररर रर रर इरररररर अरररररर अरररररर</p>
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**FOR INTERNAL USE of KOSHIKA FOUNDATION अरररररर ररररररररररररर**

<p>SIGNATURE of TRUSTEE 1 ररररर इररररर 1</p> <p><i>(Handwritten Signature)</i></p>	<p>SIGNATURE of TRUSTEE 2 ररररर इररररर 2</p> <p><i>(Handwritten Signature)</i></p>
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