APPLICATION FORM FOR ASSISTANCE सहायता हेत् आवेदन प्रारूप

(Healthcare) (स्वास्थय देखभाल)

Koshika	1	,	8	b	1			ı		
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APPLICATION No.: शामेदन गांत्रमा :		APPLICATION	DATE		Building block of life.
NAME of APPLICANT :			ARS JULY-VI	SEX frin	
FATHER'S/SOPUSE'S NAME :					
Alle angles and sea	PRESENT RESIDENCE ADDRES	ss वर्तमान अक	स्योग पता		PASTE PHOTO HERE
	PERMANENT RESIDENCE ADDRES	SS : स्थाई अवास	सीय पता		
OCCUPATION :					
न्यवसाय FOTAL ANNUAL INCOME : कुल चार्षिक आय			(4	Attach Proof of Inc आय का साक्ष्य संह	ome)
PAN No. स्पाई खावा संख्या ARE YOU AN INCOME TAX ASSESSE स्था आप आग कर दाता है (बी माना हो	E (Tick whichever is applicable):		Yes / No र्षा / नहीं		
त्या भार भाग कर पूर्वा हे (या गान्य ह		AMILY DETAILS	41 1 101	1	
Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Yea	rs)	Gender feft	Relation with Applicant आपेट्ड के साथ सम्बंध
			_		
	BASIS for REQUESTING A	SSISTANCE (TIE ति आभार	k whichever is	applicable)	
BPL Card (Attach Card Copy) गरीयी रेखा के नीये (प्रभाण एक की कापा प्रति संस्थान करें।	EWS Certificate (Attached Certificate Copy आप जाय वर्ष प्रवाग पत्र (प्रयण पत्र की सम्बागित संसम्ब		Ration C (Attach C उपभोक्ता व म पत्र की सम्ब	opy) हार्ड	Any Other Basis/Proof अन्य कोई साक्य
		r REQUESTING			
Sr. No.		Medical Report	s/Prescription	s Attached	
क्रम संख्या	अस	ाताल/डॉक्टर से व	ारी की गई प्रति	वेदन सूची/संलग्न	
	ASSISTANCE BEING AVAILED इस उदेश्य के हेतू कोई अन	for SAME "PUI य सहायता किसी	ePOSE" from C अन्य स्त्रोत से f	THER SOURCES लेगा गया हो?	
Sr. No. क्रम संस्था	NAME of OTHER SOUR अन्य स्थीत का नाम			AMOUNT of	ASSISTANCE BEING AVAILED ते गई सहायता राजी

THE DEALERS OF APP	LICANT: आयेदक द्वारा योषणा पत्र:	
		se statement will render my Application & ongoing assistance, if any,
liable for rejection/car		
was requested by me.		II, from any other source/employer/insurance company, of the amount
for which this assistance	e is requested.	
1) मैं घोषणा करता हूँ कि इ	स प्रारूप में दिये गये सभी विकरण मेरी जानकारी के अनुसार सत्य एवं सही है। यदि र	कोई विवरण एवं ४४१९ असत्य पामा जाता है तो मेरी सहायता निस्त्रणीय खण्डणीय होनी
2) भेरे द्वारा जो सहस्यता राशी	"कोशिका फाउन्देशन", से ली वा रही है, उसका उपयोग तसी उदेश्य की पूर्ति के 1	तिये किया जायेना, जिस हेतु इस प्रारूप में भग गया है।
3) मैं पुष्टि करता हूँ कि जो	संबायता हेतू यह प्रार्थना विनिति की गई है, उस ग्रंशि का आँशिक या सकल किसी व	
	AGREEMENT by APPLICA	ANT (आवेदक द्वारा करार)
use/publish/put-up/repr medium, including but i activities/achievements for which assistance is 2) I (Applicant) further : will not automatically e	ture or thumb impression on this Form, I (Applicant) hereby agreed to duce my name, address, photo & details of the "purpose", for white not limited to verbal, print, electronic, for soliciting donations for Kostuch use of my photo & details can be made by Koshika Foundation being requested. agree that any such use of my name, address, photo & details of the notion of the form of the first and their decision is this regard will be final and	ich such assistance is requested/granted, through any ishika Fondation and/or disseminating information about it's dion before or after my treatment or fulfilment of the "purpose" he "purpose", for which such assistance is requested/granted, ion for granting and/or continuing the assistance will rest solely
	क्षर या अंगडे को छाप लगाकर, मैं (आवेदक) अपनी सहमती की पुष्ठी करता हूँ जं	
	त्वर या जगाठ या काम समावार, न (जायरक) जम्मा सहमया का उठा करता हू ज ति है, उसका विकरण, "कोशिका फाउद्देंसन" एवन् न्याली दान याचना/या हुसरी ठर्दे	
	विषक्त है। मेरे प्रपन्न का विवरण मेरे इलाज के पहले या बाद में करने के लिए "को	
	से सहमत हैं कि मेरा नाम, पता, फोटो और क्षित्ररण जो कि सहावता के उद्देश्यों से	2, 1, 100 - 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	स सहस्त हूं कि नर्य गान, पान, काट कार क्यरण चा कि सहस्त का कि कर्या स उसके न्यासियों का निर्णय ऑटिंम होगा जो कि मुझे स्वीकाय है।	Address of the state of the sta
78 1 80 91 011 0 11010 11	JRE OR LEFT THUMB IMPRESSION :	
आवेरक के हस्ताक्षर या अंपूर	§ का निशान	
	ACREMENT by HOSPIT	
	MORECIMENT DY TOOP IT	AL (इस्प्राल द्वारा करार)
	signature of our Authorised Signatory for recommending this case/	
(Hospital) hereby affirm 1) that we neither are prequesting to get from by Koshika Foundation confirmation essentially 2) The assistance from patient, is based on the assume sole & complete	signature of our Authorised Signatory for recommending this case/	patient for financial assistance from Koshika Foundation, we r NGO or any other source, for the same patient/case, as we are by Koshika Foundation. If the requested assistance is not granted he shortfall from another NGO or any other source. This the same patient/case from any NGO or any other source. reatment/procedure advised/conducted by the Hospital on the yinfluenced by Koshika Foundation. Hence, the Hospital will
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SIGNATURE of TRUSTEE 1

न्यासी हस्ताक्षर 1

SIGNATURE of TRUSTEE 2 न्यासी हस्ताक्षर 2

SANCTIONED सन्तुति

REJECTED नमन्जूर