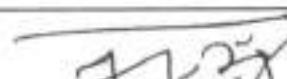
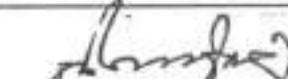


APPLICATION FORM FOR ASSISTANCE सहायता हेतु आवेदन प्रारूप		(Healthcare) (स्वास्थ्य देखभाल)	 Building block of life	
APPLICATION No.: आवेदन नंबर : <i>10123/0005</i>	APPLICATION DATE : आवेदन तिथि : <i>03-01-2023</i>			
NAME of APPLICANT: आवेदक का नाम <i>MHS shakwari</i>	AGE-YEARS आयु-वर्ष <i>68</i>	SEX लिंग <i>F</i>		
FATHER'S/SPOUSE'S NAME: पिता/काकुला का नाम <i>Late Mr. Shakir</i>		PRESENT RESIDENCE ADDRESS वर्तमान अवासीय स्थल <i>Mohalla Phool Colony Behat, Behat Saharanpur, Behat, Uttar Pradesh 247121</i>		
PERMANENT RESIDENCE ADDRESS : स्थाई अवासीय स्थल <i>Same as above</i>				
OCCUPATION : अवसास <i>House wife</i>	MARRIED (विवाहित) / UNMARRIED (जविवाहित) (Attach Proof of Income) (आय का साक्ष मालन) <i>NA</i>			
TOTAL ANNUAL INCOME : कुल वार्षिक आय <i>53,000 (Family Income)</i>				
PAN No. स्वार्थ संख्या <i>NA</i>				
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): क्षम आय आदेत का युक्त है (जो मामूल हो उस पर भट्टी का निशान लगायें)				
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)	Zareen	38	M	Son
(2)	Tasmin	35	F	Daughter In law
(3)	Sabnam	25	F	Grand daughter
(4)	Kalksha	20	F	Grand daughter
(5)	Mohiyam	18	F	Grand daughter
(6)	Shabaria	96	F	Grand daughter
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) सहायता के लिये विचारी आधार				
BPL Card (Attach Card Copy) गरीबी रेखा के नीचे प्रमाण पत्र (प्रमाण पत्र को छाप प्राप्त संतान करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग इकाई पत्र (प्रमाण पत्र को छाप प्राप्त संतान करें)	Ration Card (Attach Copy) उपपोषक कार्ड (प्रमाण पत्र को छाप प्राप्त संतान करें)	Any Other Basis/Proof अन्य कोई साक्ष	
"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेतु किये गये विनाशों का उद्देश्य:				
Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/हॉस्पिटर में जाते को गई प्रतिवेदन गूचों संतान			
<i>Diagnosis - RF- Cataract LE - Pseudophakic</i>				
<i>Surgery - RF- SECS with PMMA</i>				
ASSISTANCE BEING AVALIED for SAME "PURPOSE" from OTHER SOURCES इस उद्देश्य के हेतु कोई अन्य साहाय्या किसी अन्य स्रोत से लिया गया हो?				
Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVALIED लो गई सहायता राशी		

RECOMMENDED FOR ACCEPTANCE		Date of Surgery at the
Dr. PRAVEEN SEN SHAH (Name, Designation & Stamp of Authorized Signatory)		03-01-2023
<p>FOR INTERNAL USE OF KOSHKA FOUNDATION</p> <p>Signature stamp is attached</p> <p>Dr. SHAILA CHAUHAN on behalf of Hospital</p> <p>2023-01-03 is the date of stamp.</p>		
SIGNATURE OF TRUSTEE 1		SIGNATURE OF TRUSTEE 2
		

By utilizing hereunder, signature of our authorized Signatory for recommending this case/palatelet for financial assistance from Koschka Foundation, we request you are present at future avail of financial assistance from another NGO or any other source, for the same purpose.

1) that we neither are present at future avail of financial assistance from another NGO or any other source, for the same purpose.

2) that we neither are present at future avail of financial assistance from another NGO or any other source, for the same purpose.

3) that we neither are present at future avail of financial assistance from another NGO or any other source, for the same purpose.

4) that we neither are present at future avail of financial assistance from another NGO or any other source, for the same purpose.

5) that we neither are present at future avail of financial assistance from another NGO or any other source, for the same purpose.

AGREEMENT BY HOSPITAL (Continued on next page)

pass ()

王國維集評注與研究

1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koschka Foundation and its Trustees to use/photocopy/publish-upon 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 Koschka Foundation and/or disseminating information about its activities and achievements. Such use of my photo & details can be made by Koschka Foundation before or after my payment of 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 Koschka Foundation, and their decision is final and不可更改的 (irreversible).

3) If you do not accept this as valid and legal document, it (applete) will remain at your disposal & you are free to give us the same to the concerned body.

4) A (applete) is an electronic form of the application, and the form is to be submitted to the concerned body & if you have any query in respect of this application, you can contact us at the concerned body.

AGREEMENT BY APPLICANT (See page 5)

DECLARATION BY APPLICANT: I declare the above to be true to the best of my knowledge. Any false statement will render my Application & ongoing assistance, if any, liable for refection/engagement. I hereby confirm that assistance, if received from Koshiba Foundation, will be used only for the "purpose", as stated in this Form, for which such assistance was requested by me.

2) I hereby confirm that assistance, if received from Koshiba 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 retribution, in part or in full, from any other source/agency/insurance company, of the amount for which this assistance is requested.

