

**APPLICATION FORM FOR ASSISTANCE**

(Healthcare)

(सहायता प्रार्थना)

APPLICATION No. **E/0923/0039**

APPLICATION DATE **13/09/2023**

NAME of APPLICANT **MALT SHIVANSHU KATAR**

AGE-YEARS **1 YEAR**

SEX **MALE**

FATHER'S/SPOUSE'S NAME **SUSHIL KATAR (FATHER)**



PRESENT RESIDENCE ADDRESS: **FL NO 2163 MAHARAJGARHIA, JABALPUR MADHYA PRADESH- 483225**

PERMANENT RESIDENCE ADDRESS: **समई (वर्तमान पता)**

OCCUPATION **LABOURER (FATHER)**

MARRIED (विवाहित) / UNMARRIED (अविवाहित) **NA**

TOTAL ANNUAL INCOME **72,000 (FATHER)**

(Attach Proof of Income) **NO**

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): **NO**

Yes / No

**FAMILY DETAILS**

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1	SUSHIL KATAR	32	MALE	FATHER
2	PREETI	28	FEMALE	MOTHER
3	TEJAS	25	MALE	GRAND FATHER
4	ALOKA	50	FEMALE	GRAND MOTHER
5	KIYA	9	FEMALE	SISTER
6	SHATI	7	FEMALE	SISTER
7	NAHARIKA	5	FEMALE	SISTER
8	SHIKHA	3	MALE	RED TIEK

**BASIS for REQUESTING ASSISTANCE**

BPL Card (Attach Card Copy)	EWS Certificate (Attach Certificate Copy)	Ration Card (Attach Copy)	Any Other Basis/Proof
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**"PURPOSE" for REQUESTING ASSISTANCE:**

सहायता हेतु किये गये बिमारी का उद्देश्य:

Sr. No.	Medical Reports/Prescriptions Attached
1	DIAGNOSIS - <b>Rheumatoid Arthritis</b>
2	TREATMENT - <b>ANTI INFLAMMATORY</b>

**ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES**

क्या उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिये गयी है?

**No**

Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILED
1	<b>NA</b>	<b>NO</b>

**DECLARATION by APPLICANT (आवेदक द्वारा घोषणा करना)**

I/We hereby declare that all details in this Form are true and correct to the best of my knowledge. My/Our signature will render my Application & ongoing assistance liable for verification & confirmation.

1) I/We solemnly declare that the assistance requested from Koshika Foundation will be used only for the purpose as stated in this Form, for which such assistance was requested/granted.

2) I/We hereby confirm that I/We have not & will not elsewhere avail of financial assistance in part or in full, from any other source (employment/insurance company, of the amount for which the assistance is requested).

3) मैं/हम घोषणा करते हैं कि यह घोषणा है कि हम/हमें किसी भी अन्य स्रोतों से (नियोक्ता/बिमा कंपनी) के लिए कोई भी वित्तीय सहायता प्राप्त नहीं कर रहे हैं जो कि वित्तीय सहायता के लिए मांग की जा सकती है।

4) मैं/हम घोषणा करते हैं कि हम/हमें "कोशिका फाउंडेशन" से वित्तीय सहायता के लिए मांग की जा रही है, जो कि वित्तीय सहायता के लिए मांग की जा रही है।

5) मैं/हम घोषणा करते हैं कि हम/हमें कहीं और वित्तीय सहायता प्राप्त नहीं कर रहे हैं, जो कि वित्तीय सहायता के लिए मांग की जा रही है।

**AGREEMENT by APPLICANT (आवेदक द्वारा स्वीकार)**

I/We affixing my signature or thumb impression on this Form (Applicant) hereby agree & authorize Koshika Foundation and its Trustees to use publication rights/represent the name, address, photo & details of the 'purpose' for which such assistance is requested/granted, for which such assistance is requested/granted, through any medium, including but not limited to websites, print, electronic, for soliciting donations for Koshika Foundation and/or disseminating information about it's activities and 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) (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 to 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.

3) इस घोषणा के अंतर्गत आवेदक को "कोशिका फाउंडेशन" को अपने नाम, पता, तस्वीर और अन्य विवरणों का उपयोग करने की अनुमति दी जाती है, जो कि वित्तीय सहायता के लिए मांग की जा रही है।

4) मैं/हम घोषणा करते हैं कि हम/हमें "कोशिका फाउंडेशन" से वित्तीय सहायता के लिए मांग की जा रही है, जो कि वित्तीय सहायता के लिए मांग की जा रही है।

5) मैं/हम घोषणा करते हैं कि हम/हमें कहीं और वित्तीय सहायता प्राप्त नहीं कर रहे हैं, जो कि वित्तीय सहायता के लिए मांग की जा रही है।

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

आवेदक के हस्ताक्षर या बाएं 엄ूँट का निशान

*Sushil* (Father - Sushil)

**AGREEMENT by HOSPITAL (हस्पताल द्वारा स्वीकार)**

By affixing hereunder, signature of our Authorised Signatory for recommending this case/cases 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.

हमारे अधिकृत, हस्ताक्षर को और से मान्यताओं को "कोशिका फाउंडेशन" से वित्तीय सहायता हेतु सिफारिश को बांटी है, जिसे हम (हस्पताल) निम्न प्रकार से मान्यता स्वीकार करते हैं:

1) यह कि हम न तो वर्तमान और न ही भविष्य में वित्तीय सहायता किसी भी स्रोतों से प्राप्त करने के लिए अनुरोध कर रहे हैं, जो कि वित्तीय सहायता के लिए मांग की जा रही है, जो कि वित्तीय सहायता के लिए मांग की जा रही है।

2) "कोशिका फाउंडेशन" से जो कि वित्तीय सहायता के लिए मांग की जा रही है, जो कि वित्तीय सहायता के लिए मांग की जा रही है।

**RECOMMENDED FOR ACCEPTANCE**

स्वीकृती के लिए अनुमति

Date of Surgery ऑपरेशन की तारीख 18-09-2023	<p>Dr. CHHAVI GUPTA</p> <p>DIACC/R/100745</p> <p>Follow-up Plastic &amp; Regular Oncology</p> <p>डॉक्टर का नाम व हस्ताक्षर व तारीख</p>	<p>(Name, Designation &amp; Stamp of Authorised Signatory on behalf of Hospital)</p> <p>हस्पताल के अधिकृत अधिकारी</p>
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**FOR INTERNAL USE of KOSHIKA FOUNDATION (आंतरिक उपयोग हेतु)**

SIGNATURE of TRUSTEE 1 नामों हस्ताक्षर 1 <i>Safaryal</i>	SIGNATURE of TRUSTEE 2 नामों हस्ताक्षर 2 <i>Sushil</i>
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सुनील

Father of Shivanshu

31st September 2023

Dear Mr. Tandon

**Greetings from Dr. Shroff's Charity Eye Hospital!**

Please find below attached estimate expenditure of Shivanshu- E/0923/0039.

**Estimate cost of treatment**  
**Dr. Shroff's Charity Eye Hospital**  
**Retinoblastoma Surgeries**

<b>Name</b>	Shivanshu	<b>Address/</b>	H no. 216, Madai Pahanua, Jabalpur, Madhya Pradesh-483225		
		<b>Phone:</b>			
<b>MR N</b>	DEL-G-23-01-3062	<b>Age/Sex</b>	1 year	Male	
<b>S. No.</b>	<b>Treatment date</b>	<b>Items</b>	<b>Cost per Unit</b>	<b>No. of unit</b>	<b>Approx. Cost</b>
1	21-08-2023	EUA(Examination under Anaesthesia)	2000	1	2000
2	18-09-2023	Intra Arterial chemotherapy	90000	1	90000
		<b>Total</b>			<b>92000</b>

Best Regards 

**Dr. Sima Das**

**Director**

**Oculoplasty and Ocular Oncology Services**

Dr. Sima Das  
Head of Oculoplasty,  
Oculoplasty and Ocular Oncology  
Sect. (A), (B) & (C)  
Dr. Shroff's Charity Eye Hospital  
52/2, Kedar Nath Road,  
Daryaganj, New Delhi-110002

**DR. SHROFF'S CHARITY EYE HOSPITAL**

5027, Kedar Nath Road Daryaganj, New Delhi-110002 India

Ph:- 011-4352 4444, 4352 8888, Fax : 011-43528816

E-mail : sceh@sceh.net, Website : www.sceh.net

**OTHER CENTRES**

ALWAR • SAHARANPUR • MEERUT • LAKHIMPUR KHERI • VRINDAVAN • KAROL BAGH (DELHI)