

DECLARATION by APPLICANT

- 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 liable for rejection/cancellation.

I solemnly confirm that assistance, if received from Kishore Foundation, will be used only for the 'purpose' as stated in the Form, for which such assistance was requested by me.

I hereby confirm that I have not & will not in future, avail of reimbursement, in part or in full, from any other source(s) for the same amount of sum towards which this assistance is requested.

If there is any discrepancy between the original application form and the revised application form, the revised application form shall prevail.

If any of the above are "misleading statements", it is to be noted that the entire application will be rejected.

If any of the above are "false statements", it is to be noted that the entire application will be rejected.

AGREEMENT by APPLICANT (see Part D-400)

- 11) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use publicly/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 its activities/achievements. Such use of my photo & details can be made by Koshika Foundation before or after my treatment or fulfilment of the "purpose" for which assistance is being requested.

12) 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.

13) मैं यह अपनी सम्मति करता हूँ कि यह सम्पर्क को जुटा पाना है कि "कॉशिका फाउण्डेशन लिमिटेड" को अपनी जाति, जनजाति वा जाति के लिए यह सम्पर्क को देता है, जो "कॉशिका" द्वारा नहीं है। यह सम्पर्क को देता है कि कॉशिका को इसके लिए अपनी जाति के लिए विद्युत है। जो यह को लिया है इसका बहुत साथ यह है कि यह "कॉशिका-सम्पर्क" का नाम लिया है।

14) मैं (Applicant) यह कानून के अन्तर्गत ही यह सम्पर्क को जुटा देता हूँ कि यह सम्पर्क को देता है कि "कॉशिका" को यह सम्पर्क को देता है, जो कॉशिका को देता है।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

四、問題與討論

AGREEMENT HOSPITAL (病院) 記入欄

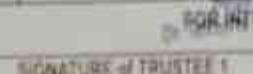
By affixing her/his/her signature, our Authorized Signatory for recommending this case patient for financial assistance from Kazmira Foundation, we hereby confirm & accept following:

- 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 Kushtka Foundation, to the extent that such assistance is granted by Kushtka Foundation. The requested assistance is not granted by Kushtka 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 Kushtka Foundation is only financial in nature. The choice of the treatment/procedure recommended by the Hospital on the patient, is based on the arrangement between the patient & the Hospital, and is in no way influenced by Kushtka Foundation. Hence, the Hospital will assume sole & complete responsibility of the treatment & its outcome & safety of the patient, and Kushtka Foundation will have no role or responsibility in the matter.

not always, yourself or who is known as "other member" if there were any brother/s or wife/s, fail ex. (parents). But, you is now a widow and I, as per the above, who am a y/o widow & take care of myself since my Nethi was taken off my birth date till now. I am the sole & the only "other member" of this family/line you & me. If "other member" go missing by his/her "other member" are same birth information by name tell them now & it would be your birth date to find, and address is unknown but no advance notice given to us except if you was born & he arrived before you now addressed by birth & death date to find and name is not available.

2. "other member" is all of person whom Nethi took off & he is present till the time of birth not immediately as you tell us you know & she/he been & the "other member" go back past as old time not & yet present & still & you know she/he not yet & not found till no present & with the "other" to who whom is failed to name it yet still.

RECOMMENDED FOR ACCEPTANCE

Date of Surgery दिनांक दर्शा 21/10/25	 Dr. NITIN KUMAR KAPOOR (Name of Dr. & Mrs. Nitin Kumar Kapoor) Dr. NITIN KUMAR KAPOOR M.B.B.S. M.D. (PEDIATRICS) D.P.H.	(Name, Designation & Stamp of Authorized Signatory of Behalf of Hospital) Dr. NITIN KUMAR KAPOOR M.D. (PEDIATRICS) D.P.H.
FOR INTERNAL USE - KOSHICA FOUNDATION		संगठन के लिए इसका उपयोग किया जाता है।
SIGNATURE of TRUSTEE 1 संचालक 1 	SIGNATURE of TRUSTEE 2 संचालक 2 	

31st May 2025

Dear Mr. Tandon,

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Raghav Kumar- E/0525/0064

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

Name		Mast. Raghav Kumar	Address/ Phone:	Village Bhainsta kalan, Pachardi, Shahjahanpur-242221	
MR. N.		DEL-G-24-09-5504	Age/Sex	3 years	Male
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Aprox. Cost
1	21/05/2025	Examination under anesthesia	2000	1	2000
		Total			2000

Best Regards,

Dr. Sima Das

Director

Oculoplasty and Ocular Oncology Services

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)