

APPLICATION FORM FOR ASSISTANCE

(Healthcare)

सहायता हेतु आवेदन प्रारूप

(स्वास्थ्य देखभाल)



APPLICATION No: **E/0124/0081**

APPLICATION DATE: **11/1/24**

NAME of APPLICANT: **BABY SABRIN KHATOON**

AGE-YEARS: **5 YEARS**

SEX: **FEMALE**

FATHER'S/SPOUSE'S NAME: **NAUSHAD ANSARI (FATHER)**

PRESENT RESIDENCE ADDRESS

MAJZA POST DISTRICT JAMALI VIHAR - XII 305

PERMANENT RESIDENCE ADDRESS



OCCUPATION: **LABOURER (FATHER)**

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

TOTAL ANNUAL INCOME: **1,20,000 (FATHER)**

(Attach Proof of Income)

PAN No. (वर्क ऑन रसीद)

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):

Yes / No

FAMILY DETAILS

Sl. No	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1	NAUSHAD ANSARI	40	MALE	FATHER
2	SUHAN KHATOON	36	FEMALE	MOTHER
3	ABBAZ ANSARI	19	MALE	BROTHER
4	SHALBA KHATOON	15	FEMALE	SISTER
5	METRAB ANWAR	11	MALE	BROTHER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

BPL Card (Attach Card Copy)	EWS Certificate (Attach Certificate Copy)	Ration Card (Attach Copy)	Any Other Basis/Proof
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"PURPOSE" for REQUESTING ASSISTANCE

Sl. No	Medical Reports/Prescriptions Attached
1	DIAGNOSIS - RETINOBLASTOMA
2	TREATMENT - CHEMOTHERAPY

ASSISTANCE BEING AWAIED for SAME "PURPOSE" from OTHER SOURCES

No

Sl. No	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AWAIED
	NI	



11st January 2024

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Sabrin Khatun-E/0124-0081

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

Name	Sabrin Khatun		Address/ Phone:	Village Mauza post Dhimid Jamul Vihar - 211305	
MRN	DEL-G-19-07-3415	Age/Sex	5 years	Female	
S.No.	Treatment Date	Items	Cost per Unit	No. of unit	Approx. Cost
1	15/01/2024	Chemotherapy	2500	1	2500
2	19/01/2024	Genetic Test	20000	1	20000
Total					22500

Dr. Sima Das

Director

Dr. SIMA DAS
Head of Department
Ophthalmology and Ocular Oncology
Regd. No. 00293
Dr. Shroff's Charity Eye Hospital
5027, Kedar Nath Road,
Daryaganj, New Delhi 110002.

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)