Mom- C-23-01-1020

सह	TION FORM FOR ASSISTANCE ायता हेतू आवेदन प्रारूप	(Health (स्वास्थय		Koshika foundation
APPLICATION No. :	1023/0089	PPLICATION DATE;	07/23	Building block of life.
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FATHER'S/SPOUSE'S NAME पिता/कटुम्प का नाम	: Chaudhi			SA PARTICIPATION TO THE PARTICIPATION OF THE PARTIC
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TOTAL ANNUAL INCOME : कुल वार्षिक आय	35000 -		(Attach Proof of Inc (आय का साक्ष्य संत	come) नग्न)
PAN No. स्थाई खाता संख्या			Var at Mix 1 M	
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पया जाप जाप कर पाता ह (जा		ILY DETAILS परिवार		
Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years)	Gender	Relation with Applicant
1941 Pag	SUNCE - U	उम्र (वर्ष) 3 द	लिंग	अविदक के साथ सम्बंध िकार्य अस्ति
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	BASIS for REQUESTING ASSIS सहायता के लिये विनति अ		ever is applicable)	
BPL Card (Attach Card Copy) गरीबी रेखा के नीचे प्रमाण (प्रमाण पत्र की छाया प्रति संलग्	पत्र अल्प आय वर्ग प्रमाण पत्र	(Att	tion Card ach Copy) गोक्ता कार्ड छाया प्रति संलग्न करे।	Any Other Basis/Proof अन्य कोई साक्ष्य
		EQUESTING ASSISTA ये गये विनती का उद्दे		
Sr. No. Medical Reports/Prescriptions Attached				
क्रम संख्या) 10 CMB/1/ — RE-Some le (a fa MOU)			
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2.	TE - 2262 MI	th Pmh	o len G	mp
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, ,	ASSISTANCE BEING AVAILED for			
Sr. No.	इस उद्देश्य के हेतू कोई अन्य NAME of OTHER SOURCE			ASSISTANCE BEING AVAILED
क्रम संख्या अन्य स्त्रोत क				नी गई सहायता राशी
	UBC?			ייניסטיי

DECLARATION by APPLICANT: आवेदक हारा घोषणा पत्र:

- 2) I solemnly confirm that assistance, if received from Koshika Foundation, will be used only for the "purpose", as stated in this Form, for which such assistance liable for rejection/cancellation. 1) 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, if any,
- 3) I hereby confirm that I have not & will not in future, avail of reimbursement, in part or in full, from any other source/employer/insurance company, of the amount was requested by me.
- for which this assistance is requested.
- 3) में मुख्य करता है कि जिस सहस्यार हेते यह प्राथंना की गई है, ठस शाक्ष का आशिक का सकल हिस्सा किसी किसी काम कीरनियोजकानीया कम्पनी से न मी लिया है और न ही मिक्स में लुगा।

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activities/achievements. Such use of my photo & details can be made by Koshika Foundation before or after my treatment or fulfilment of the "purpose" medium, including but not limited to verbal, print, electronic, for soliciting donations for Koshika Foundation and/or disseminating information about it's use/publish/put-up/reproduce my name, address, photo & details of the "purpose", for which such assistance is requested/granted, through any 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to

with the Trustees of Koshika Foundation, and their decision is this regard will be final and acceptable to me. will not automatically entitle me for receiving or continuing the sald assistance. The decision for granting and/or continuing the assistance will rest solely 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, for which assistance is being requested.

, **मान छर्न की के कन्नमीर कि " फिनिमान् कराठ और नाष्ट्रकाश काशीक" एवं काल के कि काम करात करात है। काल करात कि काल करात कि काल करात काल करात है। काल करात के कि काल करात के कि काल करात करात की काल काल करात की काल काल करात की काल करात करात की काल करात क**

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APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION ।गार्ड गिकाव्याक प्रीट महीरि छोणनी कि छिसीएन कंसर प्रष्ठप्र "काशीक"

माष्ट्रमी तक र्रापेश या अंगुरे क कर्माम

AGREEMENT by HOSPITAL (हस्पताल द्वारा करार)

By affixing hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we

2) The assistance from Koshika Foundation is only financial in nature. The choice of the treatment/procedure advised/conducted by the Hospital on the confirmation essentially states that the Hospital will not avail any duplicate assistance for the same patienticase from any other MGO or any other source. 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 (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

patient, is based on the arrangement between the patient & the Hospital, and is in no way influenced by Koshika Foundation will have no role or responsibility of the treatment & it's outcome & safety of the patient, and Koshika Foundation will have no role or responsibility

किसी उस सरकारी संस्था नास सन्ताथन में सहायना के अधिकार सुरक्षित हैं। इस मुख्य में स्पन्न कहा जाना है किसी मामने हें हैं किसी कारियारियारियार के सम्बन में कोशिय के सम्बन के किया कार्य महर्म हो। वार के सम्बन्ध के किया कार्याय के सम्बन्ध के किया जाता है। वार के सम्बन्ध के समित्र के समित

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। विम् कि में रिमाम प्रदे गिर्श्याची कि किमीट हैंक कि "किशिक" मीर गिर्म कि

क्रीकृती क लिए संस्तुति *RECOMMENDED FOR ACCEPTENCE*

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हेर गिर्मित कालाह Dr MAZHAR MARHAN M.B.B.B.M. PICO Made of Co. F. Co. Wash Tramp) U P IN a Co. F. Co. F.

FOR INTERNAL USE of KOSHIKA FOUNDATION

न्यासी हस्ताक्षर । SIGNATURE of TRUSTEE 1

न्यासी इस्याक्षर 2 SIGNATURE OF TRUSTEE 2

छोता कि नार्शगोर Date of Surgery