APPLICATION FORM FOR ASSISTANCE (Healthcare) सहायता हेतू आवेदन प्रारूप (स्वास्थय देखभाल)							Koshika		
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Sr. No		Nam	e of Family Member		DETAILS परिवा Age (Years)	र विवरण Gender	Relation with Applicant		
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क्रम संख्या		अन्य स्त्रोत का नाम				ली गई सहायता राशी			
			NA						

DECLARATION by APPLICANT: आवेदक द्वारा घोषणा पत्र:

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 a liable for rejection to the state of the best of my knowledge. Any false statement will render my Application & ongoing a liable for rejection to the state of the best of my knowledge. Any false statement will render my Application & ongoing a liable for rejection to the state of the best of my knowledge. Any false statement will render my Application & ongoing a liable for rejection to the best of my knowledge. Any false statement will render my Application & ongoing a liable for rejection to the best of my knowledge. 1) I hereby confirm that all details in this Form are True to the best of my Knowledge and the "purpose", as stated in this Form, for Which a was requested by me.

- 2) I solemnily confirm that assistance, if received from Koshika Foundation, will be was requested by me.
 3) I hereby confirm that 1 have not & will not in future, avail of reimbursement, in part or in full, from any other source/employer/insurance companion which this assistance is received from Koshika Foundation, will be will be a surface of the which this assistance if received from Koshika Foundation, will be will be a surface of the which this assistance is received from Koshika Foundation, will be a surface of the which this assistance is received from Koshika Foundation, will be a surface of the which this assistance is received from Koshika Foundation, will be a surface of the which this assistance. 3) I hereby confirm that I have not & will not in future, avail of reinforces.

 for which this assistance is requested.

 1) मैं घोषणा करता हूँ कि इस प्रारूप में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही है। यदि कोई विवरण एवं कथन असत्य पाया जाता है तो मेरी सहिएता करता हूँ कि इस प्रारूप में पिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही है। यदि कोई विवरण एवं कथन असत्य पाया जाता है तो मेरी सहिएता करता हूँ कि इस प्रारूप में पिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही है। यदि कोई विवरण एवं कथन असत्य पाया जाता है तो मेरी सहिएता करता हूँ कि इस प्रारूप में पाया है।
- 1) में घोषणा करता हूँ कि इस प्रारूप में दिये गये सभी विवरण भरा जाता.
 2) मेरे हारा जो सहायता राशि "कोशिका फाउन्डेशन", से ली जा रही है, उसका उपयोग उसी उदेश्य की पूर्ति के लिय स्नोत/नियोजक/बीमा कम्पनी से न तो लिया है और न ही कि जिस सहायता हेतु यह प्रार्थना की गई है, उस राशि का ऑशिक या सकल हिस्सा किसी अन्य स्नोत/नियोजक/बीमा कम्पनी से न तो लिया है और न ही कि जिस सहायता हेतु यह प्रार्थना की गई है, उस राशि का ऑशिक या सकल हिस्सा किसी अन्य स्नोत/नियोजक/बीमा कम्पनी से न तो लिया है और न ही कि

AGREEMENT by A.

1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use/Dublish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use/Dublish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use Publish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use Publish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use Publish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use Publish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use Publish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use Publish/But Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to Use Publish Signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise Koshika Foundation and I (Applicant) hereby agree & authorise 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise required in and it's Trustees to use/publish/put-up/reproduce my name, address, photo & details of the "purpose", for which such assistance is requested/granted, through any including information of the purpose of the pu 1) By affixing my signature or thumb impression on this Form, I (Applicant, Luse/publish/put-up/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 before or after my treatment or fulfilment or fulfilment of the solicities and the solicities and the solicities are the solicities and the solicities are the solicities and the solicities are the use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use party use/publish/put-up/reproduce my name, address, photo & details or use activities/achievements. Such use of my photo & details can be made by the 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.

will not automatically specific me for receiving or continuing the said assistance. The decision for granting and/or continuing the assistance is requested.

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.

will not automatically entitle me for receiving or continuing the said assistance. The decision for granting and/or continuing the assistance will be final and acceptable to me.

- will not automatically entitle me for receiving or continuing and with the Trustees of Koshika Foundation, and their decision is this regard will be final and service.

 1) इस प्रपत्र पर अपने हस्ताक्षर या अंगठे की छाप लगाकर, मैं (आवेदक) अपनी सहमित की पुष्टि करता हूँ एवं "कोशिका फाउंडेशन और उसके न्यासीयों " को अधिका काल किसी पी प्राप्त किसी पी प्राप 1) इस प्रपत्र पर अपने हस्ताक्षर या अंगठे की छाप लगाकर, मैं (आवेदक) अपनी सहमित की पुण्ट करता हू रूप पता, फोटो और जो विवरण इस प्रपत्र में घोषित है, उसे "कोशिका" एवम् न्यासी, दान, याचना/या दूसरे उद्देश्य से जुड़ी गतिविधियों और उपलब्धियों के लिये किसी भी प्रसर नाका के लिए "कोशिका फाउडेंसन" व न्यासी अधिकृत है।
- से प्रसारित करने के लिए अधिकृत है। मेरे प्रपत्र का विवरण मेरे इलाज के पहले या बाद म करन का लिए जाएरा 2) मैं (आवेदक) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और विवरण जो कि सहायता के उद्देश्यों से प्रार्थित है मुझे स्वत: सहायता का हकदार नहीं बनाता। इस सम्बन्ध APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

आवेदक के हस्ताक्षर या अंगूठे का निशान

(FATHER)

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

(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 the control of the control of the same patient/case, as the control of the control 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 less requesting to get from Koshika Foundation, to the extent that such assistance is granted by Koshika Foundation. If the requested assistance is not possible. Foundation is part or in full, then the Hospital reserves it's right to make up the shortfall from another NGO or any other source. This requesting to get from Koshika Foundation, to the extent that such assistance is granted by Koshika Foundation. If the requested assistance is not 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 by Koshika Foundation, in part or in full, then the Hospital reserves it's right to make up the snortial 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 NGO. The assistance for the same patient/case from any other NGO or any other NGO. The choice of the treatment/procedure advised/conducted by the Monada.

confirmation essentially states that the Hospital will not avail any duplicate assistance for the same patient/case from any other NGO or any other NGO or any other NGO or any other NGO or any other same patient is bessel on the Koshika Foundation is only financial in nature. The choice of the treatment/procedure advised/conducted by the Hospital Datient is bessel on the NGO or any other same patient & the Hospital and is in no way influenced by Koshika Foundation. Hence, the Hospital and is in no way influenced by Koshika Foundation. Hence, the Hospital and is in no way influenced by Koshika Foundation. 2) The assistance from Koshika Foundation is only financial in nature. The choice of the treatment/procedure advised/conducted by the Hospital patient, is based on the arrangement between the patient & the Hospital, and is in no way influenced by Koshika Foundation. Hence, the Hospital nature assume sole & complete respectively. The treatment & it's outcome & safety of the patient, and Koshika Foundation will have no release. patient, is based on the arrangement between the patient & the Hospital, and is in no way illiuenced by Rosnika Foundation. Hence, the Hospital assume sole & complete responsibility of the treatment & it's outcome & safety of the patient, and Koshika Foundation will have no role or responsibility.

हमारे अधिकृत, हस्ताक्षरी की ओर से मामले/रोगी को "कोशिका फाउन्डेशन" से वितिय सहायता हेतु सिफारिश की जाती है, जिसे हम (हस्पताल) निम्न प्रकार से मान्य व स्वीकार कते हैं। 1) यह कि न तो वर्तमान और न ही भविष्य में वितिय सहायता किसी गैर सरकारी संस्थान या किसी अन्य स्त्रोत से उक्त रोगी/मामले में लेंगे या ले रहे हैं, जैसे कि हमने "केश्विष्णकारण से सिफारिश/विनित उक्त के सम्बंध में "कोशिका फाउन्डेशन" द्वारा मदद हेतु कि है। यदि "कोशिका फाउन्डेशन" द्वारा सहायता विनित ऑशिक/सकल हेतु मन्तुर नहीं किया बाता है ते अस्क किसी अन्य गैर सरकारी संस्था या किसी अन्य सन्साधन से सहायता लेने का अधिकार सुरक्षित रखता है। इस पृष्टि में स्पष्ट कहा जाता है कि अस्पताल द्वितीय परद उक्त ग्रेगी/बापते हुँ कि

2. "कोशिका फाउन्डेशन" से ली गई सहायता केवल वितिय प्रकृति की है। रोगी पर हस्पताल द्वारा दी गई सलाह या किये गये उपचार/प्रक्रिया का चुनाव रोगी एवं हस्पताल के बीच का विषय है और "कोशिका फाउन्डेशन" द्वारा किसी प्रकार का कोई दबाव नहीं है। इसलिये हस्पताल में रोगी के इलाज सुरक्षा और आने जाने की सारी जिम्मेदारी रोगी एवं स्मतात

RECOMMENDED FOR ACCEPTENCE स्वीकृती के लिए संस्तुति

Date of Surgery ऑपरेशन की तारीख

14-02-24

Dr. CHHAVI GUPTA DMCC/R/100745

Fellowand oping & Regrill No. With Stamp) डाक्टर का नाम व हस्ताक्षर व रजि. न.

(Name, Designation & Stamp of Authorised Signator)

on behalf of Hospital) नाम व पद हस्पताल अधिकृत अधिकारी

FOR INTERNAL USE of KOSHIKA FOUNDATION आन्तरिक उपयोग हेत्

SIGNATURE of TRUSTEE 1

न्यासी हस्ताक्षर 1

SIGNATURE of TRUSTEE 2 न्यासी हस्ताक्षर 2





28 February 2024

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mantasha- E/0224/0104

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

Name		Mantasha	Address/ Phone:	Tundlaka,Mewat , Haryana- 122508	
MRN		DEL-G-23-06-1137	Age/Sex	4 years	Female
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Approx. Cost
1	2024.02.14	Examination under Anesthesia	2000	1	2000
2	2024.02.15	Chemotherapy	2500	1	2500
3	2024.02.07	MRI	6500	1	6500
		Total			11000

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