APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आनंदन भारूप

(Healthcare)

(म्बाम्यय देखमाल)

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AP	PLD	CA	(T)	DN.	No.
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0724 0105 APPLICATION DATE : 5 3 अवंदन विभी ADE-YEARS HIT-TH

sex fim

NAME OF APPLICANT अप्रोह्म का जाय

BABY AASHIFA

5 YEARS

EMALE

FATHER SISPOUSE'S NAME PROPERTY SECTION

JAVED

(FATHER

MATHURA.

PRESENT RESIDENCE ADDRESS THEFT SHOULD VAN CHAMUNDA

THE PRADEM

PERMANENT RESIDENCE ADDRESS | 1917 SHIPPING WILL



OCCUPATION :

VEDETABLE SSLER (FAMER)

MARRIED (Parien) / UNMARRIED (HITTER)

TOTAL ANNUAL INCOME कल बाह्य आप

84,000 (FAMER)

(Attach Proof of Income) (आय का माध्य संलाव)

PAN No. THE THE THE

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): बया उत्तप आर का दात है (जो मान्य हो तम पर सही का निहान संगाये।

Yes J No शां / मना

		FAMILY DETAILS TICE	र विकरण	
Sr. No.	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) 38 (119)	Gender (et al.	Relation with Applicant आगेरक में पाय ग्रम्थ
BH HOL	JAVED	2.8	MALE	FAINER
-	RANI	2.6	FEMALE	MODER
2	AYACIM	3	PENCALE	CUTER
4	AVAT	2	PENLAGE	SUSTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) सहाबता के लिये चिनति आधार

EPL Card (Attach Card Copy) गरीबी रेखा को भीचे प्रमाण पष (प्रमाण पत्र को साथा प्रति संसान करे।

EWS Certificate (Attach Certificate Copy) शल्प आप वर्ग प्रमाण पत्र (प्रमाण पत्र को छापा प्रति संलान करे।

Ration Card (Attach Copy) उपमोक्ता कार्ड (प्रमाण पत्र की शाला प्रति संलग्न करे।

Any Other BasierProof अन्य कर्तर मान्य

"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेत् किये गर्ग विनती का उद्देश्यः

Sr. No. ग्राम संख्या	Medical Reports/Prescriptions Attached अस्पतालप्रजीकर से जारी को गई प्रतिकात सुकी संसान
2	DIAGNO VIS - RETINIONIA CHENOHERAPY
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Appel	
TATION OF THE PARTY OF	

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के तेतु कोई अन्य समायता किसी अन्य स्वता से लिया गया छार		
5t. No. इ.स. संस्था	NAME of OTHER SOURCE SON HIED TO THE	AMOUNT of ASSISTANCE BEING AVAILED ell vid vidigit titil

U011 KOSTINCA

DECLARATION by APPLICANT: HERE'S THE WATER WE

2) I solembly confirm that existance, if received from Koshika Foundation, will be used only for the "purpose", selepted by the Complete Com, for which ever received by the matte for rejection/carlcellation, Trensby confirm that all details in this Form are True to the best of my knowledge. Any slage statement will render my Application & ongoing sessioners, is any sind-like for rejectionizations label.

3) I hereby contain that I have not & will not in future, avait of re-moursement, in part or in full, from any other source/employer/insurence company, of the service this resistance in requested in future, avait of re-mourses. мые цефполубф рузии

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ACREEMENT by APPLICANT (Sinte De Sat)

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will not automatically entitle the for receiving or continuing the said assistance. The decision for granting and/or continuing the assistance will rest solicity (Applicant) further agree that any such use of my name, address, photo & details of the "purposs", for which such assistance is requested granted. bedasuppy gived a bonesises forthe to

नाम जान का ने निवास देश प्रदेश में बहेंदिय हैं उसे माहिएका, तस्त्री जाने वास्त्री में बहेंदित में बीच महिलाद्या बाद बन्दान्य है किए किसी जी ताम बन्दान the of all man taplic in " where was the regime buy in several by a most five characters, it expends the first of () with the Tessines of Koshika Foundation, and their decision is this regard will be final and acceptable to me.

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SPPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

(ASMOM)

VOREEMENT by HOSPITAL (THERE SHE WAY)

by Koshiks Foundation, in part or in full, then the Hospital reserves it's right to make up the shorten more more more than 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 granted an away second and the following of times and the months are standard from the same particles are second and the same second and the same second are second and the same second are second as a second and the same second are second as a second and the same second are second as a second and the same second are second as a second are se (Hospital) bereby affirm & accept following: By all and precender, signature of our Authorised Signatory for recommending this case/palent for financial assistance from Koshina Foundation, we

nation metter. assume sole & complete responsibility of the treatment & it's outcome & safety of the platest may no role or responsibility of the treatment o the based on the arrangement between the patient & the Hospital and is in no way influenced by Kosmita Foundation. Hence the Hustinal will The assistance from Koshika Foundation is only financial in nature. The choice of the treatment/procedure advised/conducted by the Hospital on the somes serito yne to CEM terito yne most essounating arries and to sometistate elabilities to like largeoid and terit settle vitalinesse moltermilities

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F ST STANST OF PROPERTY. CONSTRUCTOR ROBIN CHOCKURY BESOND Administ Containing Dr. CHHAVI GUPER

by hints with-he FOR INTERNAL DSE OF KOSHIKA FOUNDATION

7 Miles Bille SIGNATURE OF TRUSTEE 2

PRINTS INN SIGNATURE OF TRUSTEE 1

BANK IN HARRIE

Date of Surgery

Dr. Shrott's Charity Eye Hospital Delhi is Now NABH Accredited



or, Shroff's Charity Eye Hospital

Owing for the community since 1922.

31st July, 2024

Dear Mr Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Baby. Aushifa Aushifa-E/0724/0105

expenditure of	Baby. Ansuria Au
Dr. Shroff's C	est of treatment narity Eye Hospital

Vamo		Baby Aashifa Aashifa	Address/ Mohl Vyapari, Gall- Chamunda Achru Phone: lahora,Mathura,Raya,Uttar.pri		all- u Raya.Uttar pradesh
MRN		VRN-C-23-05-0752	Age/Sex	5 years	Female
S. No.	Treatment date	Herns	Cost per Unit	No. of unit	Aprox. Cost
a	2024.07.08	EUA(Examination under Anesthesia)	2000	ă	2000
		Total			2000

Bust Regards

Dr. Simu 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