

VRN - C - 23-05 - 0752

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



Koshika
foundation
Building blocks of life

APPLICATION No.: E/0724/0105

APPLICATION DATE: 5/7/24

NAME of APPLICANT

आवेदक का नाम

BABY AASHIFA

AGE-YEARS आयु-वर्ष

SEX लिंग

5 YEARS

FEMALE

FATHER'S/SPOUSE'S NAME:

पिता/पत्नी का नाम

JAVED (FATHER)

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

MOHL VYAPARI, LALI- CHAMUNDA, ACHRU
LAHORA, MATHURA, RAYA, UJAR PRADESH

PERMANENT RESIDENCE ADDRESS स्थायी आवासीय पता



OCCUPATION:

व्यवसाय

VEGETABLE SELLER (FATHER)

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME

कुल वार्षिक आय

84,000 (FATHER)

(Attach Proof of Income)

(आय का साक्ष्य संलग्न करें)

PAN No. क्या खाली रखें

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

क्या आप आय कर दाखल हैं (जो मान्य हो उस पर सही का निशान लगाएं)

Yes / No

हाँ / नहीं

FAMILY DETAILS - परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक का नाम सम्बन्ध
1	JAVED	28	MALE	FATHER
2	RANI	26	FEMALE	MOTHER
3	AYASHA	3	FEMALE	SISTER
4	AVAT	2	FEMALE	SISTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिये विनिर्दिष्ट आधार

BPL Card

(Attach Card Copy)

गरीबी रेखा को नीचे प्रमाण पत्र
(प्रमाण पत्र को छाया प्रति संलग्न करें)

EWS Certificate

(Attach Certificate Copy)

अल्प आय वर्ग प्रमाण पत्र
(प्रमाण पत्र को छाया प्रति संलग्न करें)

Ration Card

(Attach Copy)

उपभोक्ता कार्ड
(प्रमाण पत्र को छाया प्रति संलग्न करें)

Any Other

Basic Proof

अन्य कोई साक्ष्य

"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किये गये विनियम का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रातिवेदन सूची संलग्न
1	DIAGNOSIS - REDNOBLASTOMA
2	TREATMENT - CHEMOTHERAPY

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया है?

NO

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED इसे यह सहायता राशी
	NA	

SIGNATURE OF TRUSTEE 2

Le lince stellate

DR. CHHAVI GUPTA
Adjunct Consultant

DR. SIMA DAS

AGREEMENT by HOSPITAL (Continued from page 1)

RANI

(Mother)

11/11/2024 10:10 AM

2) ϕ (constant) is not a function of θ and ϕ is not a function of θ .

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them. The list includes names such as "Mr. J. H. Smith", "Mr. W. H. Jones", and "Mr. R. H. Brown".

(40416) is "English" and the other is "English" and the other is "English".

with the trustees of Mozilla Foundation, and their decision

will not intentionally erode the for-receiving or continuing the

for which assistance is being requested.

medium, including but not limited to verbal, print, electronic, or other means. Such use of my photo & details can be for any purpose, including but not limited to:

By sending my signature or third-party impression on this form, I agree to publish and reproduce my name, address, photo, and

(Faint handwritten notes at the bottom of the page)

1. What is the main purpose of the document?

DATE: 10/10/2024 PAGE: 11 OF 11

Department of Mathematics, University of California, Berkeley, CA 94720

I hereby confirm that I have not & will not in future, avail of the

are provided by the
I recently confirm that assistance, if received from Koala P
and for regional development.

I hereby confirm that all details in this Form are true to the best of my knowledge and belief.

DECLARATION BY APPLICANT: NUMBER 3011 0100 48.

09 0000 0000

APPLICATION FORM FOR ASSISTANCE

(Healthcare)
(आरोग्य देखभाल)

Kushitika

Dr. Shroff's Charity Eye Hospital

Caring for the community since 1922...

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

31st July, 2024

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

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

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

Name		Baby. Aashifa Aashifa	Address/ Phone:	Mohi Vyapani, Gali- Chamunda Achru lahora, Mathura, Raya, Uttar pradesh	
MR N		VRN-C-23-05-0752	Age/Sex	5 years	Female
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Aprox. Cost
1	2024.07.08	EUA (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)