Mam-C-23-18-1230

APPLICATION FORM FOR ASSISTANCE सहायता हेतू आवेदन प्रारूप		(Healthcare) (स्वास्थय देखभाल)		Koshika	
	11221510/	APPLICATION DATE	01/23	foundation Building block of life.	
	anga Sagari	AGE-YEARS 30			
FATHER'S/SPOUSE'S NAME : पिता/कटुम्म का नाम	Ram Swarroop			to the state of th	
Binauli 1	PRESENT RESIDENCE ADDRESS	वर्तमान आवासीय पता		PASTE PHOTO HERE,	
		, , , ,		ROP-POST OF	
Sahak pi	PERMANENT RESIDENCE ADDRESS				
	Same cus o	above			
OCCUPATION : न्या	man		MARRIED (विवाहित)	UNMARRIED (अविवाहित)	
TOTAL ANNUAL INCOME : कुल वार्षिक आय	36,000'-		(Attach Proof of Ince (आय का साक्ष्य संल	ome)	
PAN No. स्थाई खाता संख्या					
ARE YOU AN INCOME TAX ASS क्या आप आय कर दाता है (जो म	ESSEE (Tick whichever is applicable): ान्य हो उस पर सही का निशान लगाये।	Yes / No हां / नह			
	FAI	MILY 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 के साथ सम्बंध	
/• •	Mah	30	5	Daughter	
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3 -	Vikash	2.6	m	Sh	
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	BASIS for REQUESTING ASS सहायता के लिये विनति	ISTANCE (Tick which	ever is applicable)		
BPL Card (Attach Card Copy) गरीबी रेखा के नीचे प्रमाण प (प्रमाण पत्र की छाया प्रति संलग्न	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र	Certificate Rai ertificate Copy) (Atti य वर्ग प्रमाण पत्र उपक		Any Other Basis/Proof अन्य कोई साक्ष्य	
		REQUESTING ASSIST कये गये विनती का उद्दे			
Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न				
प्राप (राज्या	Diagnosis RE - Serile Cataract				
	[€	- Sen	Te Catanus	ł	
2.	IE STES WI	th Pmns	lent Can	h	
				,	
	ASSISTANCE BEING AVAILED fo	- CAME UNIDOCCE	from OTHER COURSES		
	इस उद्देश्य के हेतू कोई अन्य	सहायता किसी अन्य स	त्रोत से लिया गया हो?		
Sr. No. क्रम संख्या	अन्य स्त्रोत का नाम			AMOUNT of ASSISTANCE BEING AVAILED ली गई सहायता राशी	
(0	NBCS.		Looo	<i>I</i> ,	

DECLARATION by APPLICANT: आवेदक हारा जोवणा पत्र:

- 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,
- was requested by me. 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
- for which this assistance is requested. 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
- 3) में पृथ्ट करता है कि जिस सहायता हेतु यह प्राथंन की नई है, उस राशि का आशिक वा सकल हिस्सा किसी अन्य भीलपियोक्जनीया कम्पनी से न ती सिन्या है और न ही पितव्य में लेगा।

AGREEMENT by APPLICANT (आवेदक हारा करार)

for which assistance is being requested. 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 said 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,

ा**है तकुगील मिगरू व "नर्रुकेशक तकाशीत्र" प्राजी के रिज्य में त्राण वाट निजय के ब्याल** कृष्ट कि विकाशीत के दिन कि विकाशीत के दिन कि विकाशीत के दिन कि विकाशीत के दिन कि विकाश कि व

में प्रवेच मुद्र सामान कि गुरुक तक प्राप्तास स्वाप के कियार कि फिड्रेट के प्राप्त को कि एकको ग्रीट र्फिल, प्राप्त एमें की के प्राप्त के का मह (कर्मार) में (S

SPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION: ।।।।(इ रिक्रम्बाङ मिर महोस्थ प्रोपनी कि मिस्नी।क्न क्रेस्ट मुख्य "काशीक"

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(अस्ताल हात क्यर) **АСКЕЕМЕИТ БУ НОЅРІТАL**

(Hospital) hereby affirm & accept following: By affixing hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we

patient, is based on the arrangement between the patient & the Hospital, and is in no way influenced by Koshika Foundation. Hence, the Hospital will 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 NGO or any other source. requesting to get from Koshiks Foundation, to the extent that such assistance is granted by Koshika Foundation. If the requested assistance is not granted 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 1) that we neither are presently not will in future avail of financial assistance from another NGO or any other source, for the same patient/case, as we are

in the matter. assume sole & complete responsibility of the treatment & it's outcome & safety of the patient, and Koshika Foundation will have no role or responsibility

किसी हुई जिम्माभी के उन्हें अपन अपने अपने अपने किसी के अपने के अपने किसी अपने अपने अपने अपने अपने अपने अपने अप क्ष अस्पार्य कि के सन्यथ में काशिक कर सम्यथ में काशिक कर सम्या होता महत्व कर सम्या होता कर सम्याय कि कर सम्याय "माइक्टावर क्रमांकि" स्पन्न की सिंह, है का कि एम ऐसे से किमाभाविक किन कि मांक स्पन्न कि कि मांक सिकी कि मांक सि मांक सिकी कि मांक सि मांक सि मांक सि मांक सि मांक

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निकृषे भागी क किकृति RECOMMENDED FOR ACCEPTENCE

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के मिथिक क्रीक्नाह

न्यासी हस्ताक्षर 2

SIGNATURE of TRUSTEE 2

FOR INTERNAL USE of KOSHIKA FOUNDATION (Name polds: & Tegn. No with Stamp)

WALL AWAY

न्यासी हस्ताक्षर । SIGNATURE OF TRUSTEE 1

10 61

Date of Surgery

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