

C-21-01-1970

Koshika
Foundation
Building block of lifeAPPLICATION FORM FOR ASSISTANCE
(Healthcare)
(स्वास्थ्य देखभाल)APPLICATION No.
आवेदन संख्या :

E/0824/0140

APPLICATION DATE
आवेदन तिथि

20/8/24

NAME of APPLICANT
आवेदक का नाम

BABY SHIFAT

AGE-YEARS अनु-वर्ष

SEX लिंग

FATHER/SPOUSE'S NAME
पिता/हस्तुपति का नाम

ABDUL GAFOR (FATHER)

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

CHAPRA DHANKECHIA, DURESHIVAN
MOKHAP, BACHMAN, UP
250608

PERMANENT RESIDENCE ADDRESS स्थायी आवासीय पता



MARRIED (विवाहित) / UNMARRIED (अविवाहित) NA

OCCUPATION
व्यवसाय

LABOURER (FATHER)

TOTAL ANNUAL INCOME
कुल वार्षिक आय

1, 20, 000 (FATHER)

PAN No. स्थायी खाता संख्या

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable)
क्या आप आय का दाता हैं (जो मान्य हो उस पर सही का निशान लगाएं)Yes / No
हां / नहीं

FAMILY DETAILS परिवार विवरण

Relation with Applicant
आवेदक के साथ संबंध

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 संबंध
1	ABDUL GAFOR	54	MALE	FATHER
2	SHAMI	6	MALE	BROTHER
3	SHAM	8	MALE	BROTHER
4	RIZWANA	31	FEMALE	MOTHER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
सहायता के लिये विवृति आधारBPL Card
(Attach Card Copy)
गरीबी रेषा के नीचे प्रमाण पत्र
(प्रमाण पत्र की छाया प्रति संलग्न करें)EWS Certificate
(Attach Certificate Copy)
अल्प आय वर्ग प्रमाण पत्र
(प्रमाण पत्र की छाया प्रति संलग्न करें)Ration Card
(Attach Copy)
उपभोक्ता कार्ड
(प्रमाण पत्र की छाया प्रति संलग्न करें)Any Other
Basis/Proof
अन्य कोई साक्ष्य"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु किये गये निम्नों का उद्देश्य:Medical Reports/Prescriptions Attached
अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न

Sr. No. क्रम संख्या	DIAGNOSIS TR PROCEDURE	RETINOBLASTOMA EUA
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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 ले गई सहायता राशि
1	NA	
2		
3		
4		
5		
6		
7		
8		
9		
10		

[illegible]

- 37) I hereby confirm that I have not & will not in future, avail of membership, in part or in full, from any other organization for which this assistance is requested.

AGREEMENT by APPLICANT (आवेदक द्वारा कृत)

21. (Applicant) further agree that any such use of my name, image, or likeness will not automatically entitle me for receiving or continuing the said assistance with the Trustees of Kashiwa Foundation, and their decision in this regard will be final and acceptable.

21. (Applicant) further agree that any such use of my name, image, or likeness will not automatically entitle me for receiving or continuing the said assistance with the Trustees of Kashiwa Foundation, and their decision in this regard will be final and acceptable.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

प्रमाण के समर्थन के अंगूठे का निशान

(FADMER)

AGREEMENT by HOSPITAL (हस्पताल द्वारा करार)

- यह कि न के जीवन और न तो शरीर में स्थित तत्त्वों को के तकनीकी रूप से या जिस अर्थ में वे हैं। जो कि न के जीवन और न तो शरीर में स्थित तत्त्वों को के तकनीकी रूप से या जिस अर्थ में वे हैं।

- RECOMMENDED FOR
स्वीकृती के लिए संस्तुति
- Dr. SIMA DAS
Director

RECOMMENDED FOR ACCEPTANCE
स्वीकृती के लिए संस्तुति

Dr. SIMA DAS
Director

Date of Surgery
ऑपरेशन की तारीख

24/8/24

Dr. CHHAVI GUPTA
Adjunct Consultant.

Adjunct Consultant,
Dentistry and Ocular Oncology Services
(Name of Dr. & Reg. No. with Stamp)
डाक्टर डॉ. साधु अ. लाल यादव
Dr. Saurabh Chandra Eye Hospital

Director
Oculoplasty and Ocular Oncology Services
(Name, Designation & Stamp of Authorised Signatory
Director, Medical Education Department
on behalf of hospital)
Date: 10/09/2019
Dr. Shantanu Chakrabarti, Assistant
Dr. Shantanu Chakrabarti, Assistant

FOR INTERNAL USE of KOSHIKA FOUNDATION

आन्तरिक उपद्विग हेतु

SIGNATURE of TRUSTEE 1
रमणी जलधर ।

SIGNATURE of TRUSTEE 2
राजीव कुमार

Satzung

sent

31st August, 2024

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Baby. Shifat Shifat- E/0824/0140



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

Estimate cost of treatment Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u>					
Name		Baby: Shifat Shifat	Address/ Phone:	Chaprolli dhankosiya patli qureshiyan mohalla Baghpat, Uttar Pradesh- 250609 Baghpat, Uttar Pradesh- 250609	
MR N		DEL-C-21-01-1970	Age/Sex	5 years	Female
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Aprox. Cost
1	2024.08.21	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)