#### APPLICATION FORM FOR ASSISTANCE (Healthcare) सहायवा हेत् आवेदम प्रारूप (स्थास्थात देखानास) foundation APPLICATION DATE: 14-08-100 APPLICATION NO. 1 C10825 0163 maje reput AGE-YEARS mig-Try SEX (NV) NAME of APPLICANT: MUNEAU CHARUM 200 EE W. 1917 MY YEARS MAKE FATHER SISPOUSE'S NAME RAM CHATHER पिता/कार्म का नाम PRESENT RESIDENCE ADDRESS: TITUE HITHITY TO WAYAMA PERMANENT RESIDENCE ADDRESS : HOT SOMETH WE OCCUPATION: MARRIED (MILES) / UNMARRIED (STUTE) FARMER LEATHER TOTAL ANNUAL INCOME (Attack Proof of Income) DOD I FATHER कुल वार्षिक व्यव (आप का मामा भारतन) PAN No. THIS THE THE ARE YOU AN INCOME TAX ASSESSEE (Tiek whichever is applicable): Yes / No करा आप आप कर रात है (भी सान्य हो इस पर खरी का निवास लगाय) 3f / 481 FAMILY DETAILS HERRY TESTON Relation with Applicant St. No. Name of Family Member Geridec Age (Yenra) आगर्क भा साथ सम्बंध क्षम संग्रह tem. परिवार के सहस्तों का नाम 331 (34) MARIE Ly BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable) महायता को लिये विशास आधार **BPL Card** EWS Certificate (Attach Certificate Copy) Ration Card (Attach Copy) Any Other (Attach Card Copy) Basingersol वरीयी रेखा के नीचे प्रमाण पत्र ट्यमाक्ता कार्ड संदय आप वर्ग प्रयाग पत नाम क्षेत्र अन्त (भूगाम पत्र को साम प्रति संसान करि। Chains an all wise all silver my इप्रमाण पत्र की साथा प्रति गरेशन करे। "PURPOSE" for REQUESTING ASSISTANCE वकायात हेत किये अये विकती का अर्देश्य: Medical Reports/Prescriptions Attached Sc No. अस्पन्नात/हॉबटर से कांग्रे को गई प्रतिवेदन सूची अंतरन क्रम सहया RETINOSLASTAMA 019-41031 HEAD - KARY ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES MO इस उद्देश्य के प्रेष्ट् कोई अन्य मतायता किसी अन्य स्त्रांत में लिया गया हो? AMOUNT of ASSISTANCE BEING AVAILED NAME of OTHER SOURCE Sr. No. आय स्थीत का नाम ली गई सहायता राजी क्रम संख्या W.Y.

- DECLARATION by APPLICANT, spring an investigation of the best of my knowledge, by table statement will render my Application & anguary excepting. If thereby continue all metals in the Formulae lines best of my knowledge, by table statement will render my Application & anguary excepting. If thereby continue all metals in the Formulae lines are the post of my knowledge, by table statement will render my Application & anguary excepting. 1) Charge confirm that all details in the Form are True for the post of my proving the "purpose", as stated in this Form for Article and assistance of the foundation.

  2) I note many confirm that assistance. If second from Konthes Foundation, will be used only for the "purpose", as stated in this Form for Article and assistance.
- 2) I noternally confirm that automatics. If received from Kostaka Frommonor, we decorate the following confirm that automatics. If received from Kostaka Frommonor, we decorate the following complete the following confirm that I have not 8 will not in fallow, avail of seinthersament, in part or in fall, from any other source-property or me account of the second of 引 | Porroby confirm that I have not B set our names, arrange or announcement of the art fragment of the arrange of the arra

1) By afforcing my signature or thumb improvation on this Form, ( (Applicant) horsely agree & authorize Kostniks Foundation and its Trustees to 1) By affecting my signature or thomb impression on this Form, I (Applicant) homey agree to which such analysis on the impression of the purpose. For which such analysis and/or disseminating the organization and/or disseminating the court are userpublishing the proproduct my name, address, photo & details of the "puriose", for which such a Foundation and/or disseminating information about the medium, including but not limited to verbal, print, electronic, for schooling domations for Kophika Foundation and/or disseminating information about the medium, including but not limited to verbal, print, electronic, for soliciting constitions for Koshika (or after my freatment or fulfillment of the purpose activities/achievements; Such use of my photo & details can be made by Koshika Foundation before or after my freatment of the purpose.

for which assurance is being requested.

2) (Applicant) further agree that any such use of my name, address, proto & details of the "purpose", for which such assurance is requested asset. 2)) (Applicant) further agree that any such use of my name, address, proto 6 decays of the purpose and/or continuing the assistance will not automatically entitle me for receiving or continuing the said assistance. The decision for granting and/or continuing the assistance will set accept with the Trustees of Koshika Foundation, and their decision is this regard will be final and acceptable to mili

- इस प्रथम भा अपन् बन्ताल मा अपने को बाद समझा; में (अपनेश्व) अपने स्थानिक की पुष्ट करता है । वर्ष प्रश्नीतिक वर्ष वर्ष वर्ष का वर्ष करता है कि चल का मात, फोर्ट और जो विकास इस प्रथम में धीरित है, उसे "कॉरिकार" एक्ट नामी, एक आकरण हुमाँ उद्देश्य ने जूडी सांगीबीयमें और उसकीवारों के लिये किये हो उसर माधान से प्रभावित करने के लिए अधिपक्त है। यर प्रभा का जिल्ला भी प्रचान के पहले के बाद में कान के लिए "करियान कारवेशन" व त्यानी अधिपन्त है।
- 2) के (अमेरक) इस बात से शहमा है कि की गय, बात, फोटा और जिस्ता के कि सकावट में उद्देश्यों से प्रतित है यूझे लाएं; सहावटा कर सकरार नहीं क्याता इस सकाव में व्यक्तिका असम् असके न्यासिक का लिया मोतान करें। साध्यकते प्रोताः

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

सामेशक का सम्बाधित का अंगरे कर विशास

2114 217

### AGREEMENT by HOSPITAL (TOTAL 43) WILL

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

1) that we neather are presently nor will in future avail of financial assistance from another NGC or any other source, for the same patent/case, as we are requesting to get from Koshika Foundation, to the extent that such assistance is granted by Koshika Foundation. If the requested assistance is not granted by Koshika Foundaboo, 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 confirmation assentially states that the Hospital will not avail any duplicate assistance for the same patient/case from any other NGO or any other source.

2) The assistance from Koshika Foundation is only linancial in nature. The choice of the treatment/procedure advised/conducted by the Hospital or the patient, is based on the amangement between the patient & the Hospital, and is in no way influenced by Kosnika Equidation. Hence, the Hospital will assume sole & complete responsibility of the treatment & if a outcome & safety of the patient, and Koshika Foundation will have no role or responsibility

हमारे अधिकार, हस्ताक्षरी को आर से प्रथमें/रोगी को "काशिका फान-इनन" से बिल्प सहायश हेतु सिकारिश को जाती है जिसे इसे (हस्साता) निन्न प्रकार से गान व स्वीकार ≋ो है।

- 1) यह कि न तो कांचान और न ही भवित्य महापाल किसी मेर सरकारी संस्थान या किसी अन्य रक्षेत्र में उस्त ग्रेमी/पामले में जीने या ले तो है जैसे कि प्रपत्ने कोणिक प्रान्तिकार में सिफारिक्प्रीयनीत बक्त के सम्बन्ध में "कोशिया कावन्द्रेशन" हात सदद हेडू कि है। बोर "बोशिया कावन्त्रेशन" हात सहायता विनात आणिक सकत हेडू मन्बूट नही किया सता है जा अस्पतान किसी अन्य मैर संस्था में किसी अन्य सन्तापन में सक्षयन सेने का अधिकार सुरीकर रखन है। हम पुछि में सन्छ कहा नाता है कि कान्यवास द्वितीय मनन उसर गेरी-मानले हेनू किसी वि सरकारी संस्था वा किसी अन्य साधन में गाँउ लेगा रहेगी।
- 2. "कॉशिका फाउन्हेंशन" से ली गई सक्षणता संजल जितिय प्रकृति की है। संगी पर करपताल द्वारा में गई मलाक का किये गये उपकारप्रक्रिया कर जुनाब सेनी एवं करपताल के बीच का विषय है और "काशिका फाटा-देशन" प्राप्त किसी प्रकार का कोई दशक जो है। इसकियं सम्पताल में रोगों के प्रताल मुख्या और आने क्षान क्षित्र क्रिकेट क्षान कर सम्पत्न

DE CHEA GUPTA Adjunct Contain RECOMMENDED FOR ACCEPTENCE Jouloplasty and Ocular Oncology Burnicess flate vivoliti PERMIT NO 120745 Date of Surgery Dr. Shiroff's Charley Eye Hospital

> (Name of Dr. & Regn. No. with Stamp) इक्टर का नाम व इस्ताक्षर व रहित न

Directit Gouloplasty and Challer oncology service Official, Medical Education Department

Hegd No. 00281 RV Eye Hospital

(Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) नाम व मद हरमशान अधिकत अधिकारी

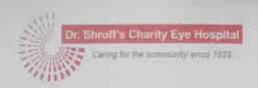
FOR INTERNAL USE of KOSHIKA FOUNDATION आन्तरिक उपयोग हेत

SIGNATURE of TRUSTEE 1

न्यासी हस्ताबर ।

SIGNATURE of TRUSTEE 2

ऑफ्टेशन को वारीख



Dr. Sircot's Charty Eye Hosphal Delhi is Now NASH Accredited

55st Aleguer 2025

Dear Mr Tandon

## Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast Yuvraj Kharwal-E/0825/0163

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kame:		Mast Yovan Kharwal	Address/ Phone:	Nayawasi Dhani, Dugrawat, Rajasthan 303004	
MR N		DEL-C-24-11-5214	Age/Sex	4 years	Male
S. No.	Treatment dute	: Items	Cost per Unit	No. of unit	Aprox. Cost
d	19/08/2025	Chemotherapy	2500	Ť	2500
		Total			2500

Best Regards

Dr. Sima Dps

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: 011-43528818 E-mail: sceh@sceh.net; Website: www.sceh.net

OTHER CENTRES