

DEL-A-23-07-4206

DEL-A-23-07-4198

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : E / 0924 / 0189

APPLICATION DATE : 25/9/24

NAME of APPLICANT : MAST HIMANSHU

AGE-YEARS : 5 YEARS
SEX : MALE



FATHER'S/SPOUSE'S NAME : DHANVEER (FATHER)

PRESENT RESIDENCE ADDRESS : VILLAGE DHURIA, DISTRICT SHAMBAHAR, JHARKHAND - 831001

PERMANENT RESIDENCE ADDRESS : [Blank]

OCCUPATION : LABOURER (FATHER)

MARRIED (विवाहित) / UNMARRIED (अविवाहित) : NA

TOTAL ANNUAL INCOME : 24,000 (FATHER)

(Attach Proof of Income)
(आप का आय प्रमाण)

PAN No. : [Blank]
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):

Yes / No
हाँ / नहीं

FAMILY DETAILS

| Sr. No. | Name of Family Member | Age (Years) | Gender | Relation with Applicant |
|---------|-----------------------|-------------|--------|-------------------------|
| 1 | DHANVEER | 35 | MALE | FATHER |
| 2 | NEELAM | 34 | FEMALE | MOTHER |
| 3 | KARIN | 3 | MALE | BROTHER |
| 4 | JAGDIP | 45 | MALE | UNCLE |

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

| | | | |
|--|--|--|---|
| <input type="checkbox"/> BPL Card (Attach Card Copy) | <input type="checkbox"/> EWS Certificate (Attach Certificate Copy) | <input type="checkbox"/> Ration Card (Attach Copy) | <input checked="" type="checkbox"/> Any Other Basis/Proof |
|--|--|--|---|

"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किसे गये किताब का उद्देश्य:

| Sr. No. | Medical Reports/Prescriptions Attached |
|---------|--|
| 1 | DIAGNOSIS - RETINOCALCITOLA TREATMENT - GUA |

ASSISTANCE BEING AWAILED for SAME "PURPOSE" from OTHER SOURCES

NO

| Sr. No. | NAME of OTHER SOURCE | AMOUNT of ASSISTANCE BEING AWAILED |
|---------|----------------------|------------------------------------|
| | NA | की गई सहायता नहीं |



30th September 2024

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Himanshu Kumar- E/0924/0189

| Estimate cost of treatment Dr. Shroff's Charity Eye Hospital <u>Retinoblastoma Surgeries</u> | | | | | |
|--|----------------------|------------------------------|--------------------|--|-------------|
| Name | Mast. Himanshu Kumar | | Address/ Phone: | Village Dhuria, District Shahjahanpur, Uttar Pradesh-243205 | |
| MR N | DEL-G-23-07-4198 | | Age/Sex | 5 years | Male |
| S. No. | Treatment date | Items | Cost per Unit | No. of unit | Aprox. Cost |
| 1. | 27/09/2024 | 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, Kodar 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 • HARDOI BAGH (DELHI) • MODI NAGAR • RANIKHET