

SRE-C-24-06-0685

| APPLICATION FORM FOR ASSISTANCE<br>(Healthcare)                                                                         |                                                                         | Koshika<br>foundation<br>Building block of life.                                                                                          |                       |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| APPLICATION No. S/0624/0259                                                                                             |                                                                         | APPLICATION DATE: 14-06-2024                                                                                                              |                       |
| NAME OF APPLICANT: Mr. Gopal                                                                                            |                                                                         | AGE-YEARS: 55                                                                                                                             | SEX: M                |
| FATHER'S/SPOUSE'S NAME: Late Mr. Latur Singh                                                                            |                                                                         | <br>PASTE PHOTO HERE<br>Pre op Post op<br>Gopal (0259) |                       |
| PRESENT RESIDENCE ADDRESS: Priem Nagar Delhi Road, Near Pdm Inter College, Saharanpur, Saharanpur, Uttar Pradesh-247001 |                                                                         |                                                                                                                                           |                       |
| PERMANENT RESIDENCE ADDRESS: Same as above                                                                              |                                                                         |                                                                                                                                           |                       |
| OCCUPATION: Labourer                                                                                                    | MARRIED (विवाहित) / UNMARRIED (अविवाहित)                                |                                                                                                                                           |                       |
| TOTAL ANNUAL INCOME: 48,000                                                                                             | (Attach Proof of Income) NA                                             |                                                                                                                                           |                       |
| PAN No. NA                                                                                                              | ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No |                                                                                                                                           |                       |
| FAMILY DETAILS                                                                                                          |                                                                         |                                                                                                                                           |                       |
| Sr. No.                                                                                                                 | Name of Family Member                                                   | Age (Years)                                                                                                                               | Gender                |
| (1)                                                                                                                     | Mantlesh                                                                | 50                                                                                                                                        | F                     |
| (2)                                                                                                                     | Sanjay                                                                  | 28                                                                                                                                        | M                     |
| (3)                                                                                                                     | Sudhiti                                                                 | 25                                                                                                                                        | M                     |
| (4)                                                                                                                     | Aashvi                                                                  | 22                                                                                                                                        | M                     |
| BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)                                                          |                                                                         |                                                                                                                                           |                       |
| BPL Card (Attach Card Copy)                                                                                             | EWS Certificate (Attach Certificate Copy)                               | Ration Card (Attach Copy)                                                                                                                 | Any Other Basis/Proof |
| "PURPOSE" for REQUESTING ASSISTANCE:                                                                                    |                                                                         |                                                                                                                                           |                       |
| Medical Reports/Prescriptions Attached                                                                                  |                                                                         |                                                                                                                                           |                       |
| Diagnosis - RE - Capsular Cataract                                                                                      |                                                                         |                                                                                                                                           |                       |
| LE - Capsular Cataract                                                                                                  |                                                                         |                                                                                                                                           |                       |
| Surgery - RE - SICS With PMMA                                                                                           |                                                                         |                                                                                                                                           |                       |
| ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES                                                          |                                                                         |                                                                                                                                           |                       |
| Sr. No.                                                                                                                 | NAME of OTHER SOURCE                                                    | AMOUNT of ASSISTANCE BEING AVAILED                                                                                                        |                       |

**DECLARATION by APPLICANT (आवेदक द्वारा किया गया):**

- I hereby solemnly declare 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, liable for discontinuation/termination.
- I hereby declare that assistance, if received from Koshika Foundation, will be used only for the "purpose" as stated in this Form, for which such assistance was requested by me.
- I hereby declare that I have not & will not in future, avail of reimbursement, in part or in full, from any other source/form/agency/insurance company, of the amount for which this assistance is requested.
- I declare that I am not a member of any political party or any other organization, and I will not become a member of any such organization in the future.
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- I declare that I am not a member of any political party or any other organization, and I will not become a member of any such organization in the future.

**AGREEMENT by APPLICANT (आवेदक द्वारा किया गया):**

- I, by affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/publish/produce my name, address, photo & details of the "purpose" for which such assistance is requested/granted, through any medium, including but not limited to verbal, print, electronic, for soliciting donations for Koshika Foundation and/or disseminating information about its activities/achievements. Such use of my photo & details can be made by Koshika Foundation before or after my treatment or fulfillment of the "purpose" for which assistance is being requested.
- I (Applicant) further agree that any such use of my name, address, photo & details of the "purpose" for which such assistance is requested/granted, will not automatically entitle me for receiving or continuing the said assistance. The decision for granting and/or continuing the assistance will rest solely with the Trustees of Koshika Foundation, and their decision in this regard will be final and acceptable to me.
- I declare that I am not a member of any political party or any other organization, and I will not become a member of any such organization in the future.
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- I declare that I am not a member of any political party or any other organization, and I will not become a member of any such organization in the future.

**APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:**

(आवेदक का हस्ताक्षर या बायाँ हाथ का निशान)



P-Self

**AGREEMENT by HOSPITAL (हस्पताल द्वारा किया गया):**

- By affixing hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (Hospital) hereby affirm & accept following:
- (1) That we neither are presently nor will in future avail of financial assistance from another NGO or any other source, for the same patient/case, as we are availing 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 Foundation, in part or in full, then the Hospital reserves its right to make up the shortfall from another NGO or any other source. This confirmation essentially 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 financial in nature. The choice of the treatment/procedure advised/conducted by the Hospital on the patient, is based on the arrangement between the patient & the Hospital, and is in no way influenced by Koshika Foundation. Hence, the Hospital will assume sole & complete responsibility of the treatment & its outcome & safety of the patient, and Koshika Foundation will have no role or responsibility in the matter.
- I declare that I am not a member of any political party or any other organization, and I will not become a member of any such organization in the future.
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**RECOMMENDED FOR ACCEPTANCE**

(हस्ताक्षरों के लिए संकेतित)

Date of Surgery  
सर्जरी का तारीख  
14-06-2024

**Dr. Parshant Singla**

**Reg. No.-109232**

(Name of Dr. & Regn. No. with Stamp)

डॉक्टर का नाम व पंजीकरण नं. के साथ मुहर

**ARNAB MODAK**

**ADMINISTRATOR**

(Name, Designation & Stamp of Authorised Signatory)

**SCHEER SAHARANPUR**

हस्ताक्षर करने वाले हस्पताल के अधिकृत अधिकारी

**FOR INTERNAL USE of KOSHIKA FOUNDATION**

आन्तरिक उपयोग हेतु

**SIGNATURE of TRUSTEE 1**

नामो हस्ताक्षर 1

**SIGNATURE of TRUSTEE 2**

नामो हस्ताक्षर 2

*(Signature)*

*(Signature)*