

DECLARATION BY APPLICANT: Date: 01/08/2018

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, liable for rejection/cancellation.

2) I solemnly confirm that assistance, I received from Hoshika Foundation, will be used only for the "purpose" as stated in this Form, for which such assistance was requested by me.

3) I hereby confirm that I have not & will not in future, avail of health insurance, life insurance, accident insurance, health & life insurance, or any other insurance company, of the same or similar nature, for which this assistance is requested.

4) मैं यहाँ बता रहा हूँ कि मेरा जवाब सच है।

5) मैं यहाँ घोषणा करता हूँ कि मैंने Hoshika Foundation से प्राप्त की गई सहायता को केवल इस Form में उल्लेखित उद्देश्य के लिए ही उपयोग करूँगा।

6) मैं यहाँ घोषणा करता हूँ कि मैंने और भविष्य में भी किसी भी स्वास्थ्य बीमा, जीवन बीमा, दुर्घटना बीमा, स्वास्थ्य और जीवन बीमा, या किसी भी अन्य बीमा कंपनी, के समान या समान प्रकार की सहायता के लिए नहीं और नहीं करूँगा।

31st December 2024

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Baby. Saniya Saniya- E/1224/0279

Dr. Shroff's Charity Eye Hospital
Caring for the community since 1922

Estimate cost of treatment
Dr. Shroff's Charity Eye Hospital
Retinoblastoma Surgeries

Name		Baby. Saniya Saniya	Address/ Phone:	Bengabari, Udaiguri, Assam- 784523	
MR N		DEL-G-20-10-2895	Age/Sex	10 years	Female
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Aprox. Cost
1	2024-12-19	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

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OTHER CENTRES

ALWAR • SAHARANPUR • MEERUT • LAKHIMPUR KHERI • VRINDAVAN • KAROL BAGH (DELHI) • MODI NAGAR • RANIKHET