DEL-G-23-12-3982

APPLICATION FORM FOR ASSISTANCE (Healthcare)
सहायता हेतु आवेदन प्रारूप (स्वास्थ्य देखभाल)

Koshika foundation
Building block of life

APPLICATION No. आवेदन संख्या	E/1224/0286	APPLICATION DATE आवेदन तिथि	16/12/24
NAME of APPLICANT आवेदक का नाम	MAST AVUSH	AGE-YEARS आयु वर्ष	3 YEARS
		SEX लिंग	MALE

FATHER'S/SPOUSE'S NAME पिता/पति का नाम: SATENDER RAM (FATHER)

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता:
KASTURA, GUDA MANDI, PLOT NO - 0206
HNO. - 80/22, PRATAP BAGH, DELHI
110007

PERMANENT RESIDENCE ADDRESS स्थाई आवासीय पता:

OCCUPATION व्यवसाय: PRIVATE JOB (FATHER)

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME कुल वार्षिक आय: 1,04,000 (FATHER)
(Attach Proof of Income) (आय का साक्ष्य संलग्न)

PAN No. स्थाई खाता संख्या:

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

FAMILY DETAILS परिवार विवरण

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	SATENDER RAM	32	MALE	FATHER
2	SHOBHA DEVI	25	FEMALE	MOTHER
3	SWETA	04	FEMALE	SISTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
सहायता के लिये विवरण आधार

BPL Card (Attach Card Copy) गरीबी रेखा के नीचे प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) आर्थिक दृष्टि से कमजोर प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	Ration Card (Attach Copy) राशनकार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	~~Any Other Basis/Proof~~ अन्य कोई साक्ष्य

"PURPOSE" for REQUESTING ASSISTANCE
सहायता हेतु किये गये विवरी का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached समर्थित डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
1	DIAGNOSIS - RETINOBLASTOMA
2	PROCEDURE - EUC

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES
इस उद्देश्य के लिए कोई अन्य सहायता किसी अन्य स्त्रोत से लिया गया है? NO

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्त्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED ली गई सहायता राशि
	NIL	

DECLARATION by APPLICANT [illegible]

[illegible]

AGREEMENT by APPLICANT [illegible]

[illegible]

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

[illegible]

AGREEMENT by HOSPITAL [illegible]

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 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 Foundation, 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 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 & it's outcome & safety of the patient, and Koshika Foundation will have no role or responsibility in the matter.

[illegible]

RECOMMENDED FOR ACCEPTENCE

स्वीकृती के लिए संस्तुति

Date of Surgery ऑपरेशन की तारीख		
17/12/24	Dr. CHHAVI GUPTA Adjunct Consultant, Oculoplasty and Ocular Oncology Services Regd. No. 100745 Dr. Shroff's Charity Eye Hospital (Name, Signature & Regd. No. with Stamp)	Dr. SIMA DAS Director Oculoplasty and Ocular oncology services Director, Medical Education Department Regd. No. 00241 Dr. Shroff's Charity Eye Hospital (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital)

FOR INTERNAL USE of KOSHIKA FOUNDATION आंतरिक उपयोग हेतु

SIGNATURE of TRUSTEE 1 न्यासी हस्ताक्षर 1	SIGNATURE of TRUSTEE 2 न्यासी हस्ताक्षर 2
(signature)	(signature)

15-06-2023

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

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

31st December 2024

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Ayush- E/1224/0286

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

Name		Mast. Ayush	**Address/ Phone:**	H no 80/22 plot no 206 kamla nagar,Delhi-110007	
MR N		DEL-G-23-12-3982	**Age/Sex**	3 years	Male
S. No.	**Treatment date**	**Items**	**Cost per Unit**	**No. of unit**	**Aprox. Cost**
1	2024-12-17	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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