

DEL-P-23-10-1190

APPLICATION FORM FOR ASSISTANCE  
 (KOSHIKA) (KOSHIKA FUNDATION)

(KOSHIKA) (KOSHIKA FUNDATION)



APPLICATION NO: **E/0125/0317**      DATE OF BIRTH: **25/01/25**

NAME OF APPLICANT: **IGRA BANO**      AGE: **5 YEARS**      GENDER: **FEMALE**

RELATIONSHIP: **ZUNED (FATHER)**

PRESENT RESIDENCE ADDRESS: **RANAPUR, CALTABAQ, U.P. - 224184**

PERMANENT RESIDENCE ADDRESS: **NA**



OCCUPATION: **AUTO DRIVER (FATHER)**      MONTHLY INCOME: **60,000 (FATHER)**

ANNUAL INCOME: **7,20,000**

Sl. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1	ZUNED	33	MALE	FATHER
2	KURSAWA	28	FEMALE	MOTHER

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

REASON FOR REQUESTING ASSISTANCE: **NA**

**AGREEMENT OF APPLICANT (PART 20, 2011)**

I, the undersigned, hereby agree to the terms and conditions of the Trust Deed of the Nishika Foundation, which is attached to this Agreement and to the Memorandum of Association of the Nishika Foundation, which is also attached to this Agreement. I have read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof. I have also read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof. I have also read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof.

**AGREEMENT OF APPLICANT (PART 20, 2011)**

I, the undersigned, hereby agree to the terms and conditions of the Trust Deed of the Nishika Foundation, which is attached to this Agreement and to the Memorandum of Association of the Nishika Foundation, which is also attached to this Agreement. I have read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof. I have also read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof. I have also read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof.

**APPLICANT'S SIGNATURE (ALLIED TRUSTS FOUNDATION)**

 (father)

**RECOMMENDATION BY HOSPITAL (PART 20, 2011)**

I, the undersigned, hereby recommend for membership of the Nishika Foundation for the purpose of the Trust Deed of the Nishika Foundation, which is attached to this Agreement and to the Memorandum of Association of the Nishika Foundation, which is also attached to this Agreement. I have read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof. I have also read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof. I have also read and understood the contents of the Trust Deed and the Memorandum of Association and I hereby agree to be bound by the provisions thereof.

**RECOMMENDED FOR ACCEPTANCE**  
(Signature of the doctor)

**Dr. SUDHAKAR**  
Occupancy and Social Welfare Officer  
District Medical Education Department  
Hqrs. No. 10291  
Dr. Sarda's Charity Eye Hospital

Date of receipt  
22/01/25

**Dr. SHAMJI DUTTA**  
Almond Cornea Unit  
Jyoti and Shanti Ophthalmology Services  
Regd. No. 100745  
Dr. Sarda's Charity Eye Hospital, Durgam  
Hqrs. No. 10291, Hqrs. No. 10291

Place, Durgam Chalo & Hospital Addressed Officer  
on behalf of Hospital  
Dr. Sarda's Charity Eye Hospital

**FOR INTERNAL USE OF NISHIKA FOUNDATION (PART 20, 2011)**

**SIGNATURE OF TRUSTEE I**  
[Signature]

**SIGNATURE OF TRUSTEE II**  
[Signature]



01<sup>st</sup> January 2022



Dr. Shroff's Charity Eye Hospital  
Charity is New 110012, India

Dear Mr. Tandon

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Baby - Iqra Bano- 1/0122/0317.

Estimate cost of treatment Dr. Shroff's Charity Eye Hospital Ferozshahpur Enclave					
<b>Name</b>		Baby, Iqra Bano	<b>Address</b>	Haripur, Faridkot, Uttar Pradesh-224154	
<b>MRN</b>		DEL-P-23-10-1190	<b>Age/Sex</b>	8 years	Female
<b>S. No.</b>	<b>Treatment date</b>	<b>Items</b>	<b>Cost per unit</b>	<b>No. of unit</b>	<b>Approx. Cost</b>
1	2021-01-27	ELIA	2000	1	2000
		<b>Total</b>			<b>2000</b>

Best Regards

Dr. Sima Das

Director

Ophthalmology and Ocular Oncology Services

**DR. SHROFF'S CHARITY EYE HOSPITAL**  
 5027, Kedar Nath Road Daryaganj, New Delhi-110012 India  
 Ph: 011-4352 4444, 4352 8888, Fax : 011-43528810  
 E-mail : scfeh@scfeh.net, Website : www.scfeh.net

**OTHER CENTRES**

ALWAR ● BAHADURPUR ● MEERUT ● LAKHIMPUR KHERI ● VINDHAN ● KAROL BAGH (DELHI) ● MODI NAGAR ● BANGHET