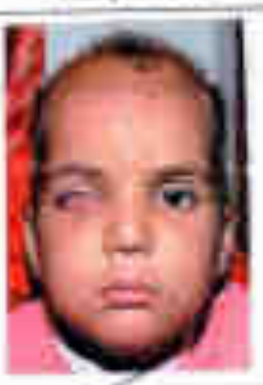
DEL-4-24-03-5504

APPLICATION FORM FOR ASSISTANCE (Healthcare)

Koshika Foundation

APPLICATION No.	E/0125/0331
APPLICATION DATE	01/01/25
NAME of APPLICANT	MOHD HASAN
AGE (YEARS)	03 YEARS
SEX	MALE
FATHER/HUSBAND'S NAME	ALI MOHD (FATHER)
PRESENT RESIDENCE ADDRESS	VILLAGE KHUDA, KHERI, UTTAR PRADESH - 262201
PERMANENT RESIDENCE ADDRESS	



OCCUPATION	LABOURER (FATHER)
MARRIED (Wife) / UNMARRIED (Husband)	
TOTAL ANNUAL INCOME	₹ 20,000 (FATHER)
(Attach Proof of Income)	
PAN No.	
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable)	Yes / No

FAMILY DETAILS

Sl. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1	ALI MOHD	32	MALE	FATHER
2	JAMILA	30	FEMALE	MOTHER
3	SHERBANO	05	FEMALE	SISTER
4	MD. HUSSAIN	04	MALE	BROTHER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

BPL Card (Attach Card Copy)	Birth Certificate (Attach Certificate Copy)	Aadhar Card (Attach Copy)	~~APL Other~~ Basis/Proof

"PURPOSE" for REQUESTING ASSISTANCE

Sl. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - RETINOBLASTOMA
2.	TREATMENT - ECIA + CHEMOTHERAPHY

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES? NO

Sl. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILED
	NA	

DECLARATION by APPLICANT [illegible]

1) [illegible]

2) [illegible]

3) [illegible]

[illegible]

AGREEMENT by APPLICANT [illegible]

1) [illegible]

2) [illegible]

[illegible]

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION [illegible]

-RT

(mother | Jamela)

AGREEMENT by HOSPITAL [illegible]

By affixing hereunder, signature of our Authorised Signatory for recommending this case [illegible] Koshika Foundation, we (Hospital) hereby affirm & accept following:

1) [illegible]

2) [illegible]

[illegible]

RECOMMENDED FOR ACCEPTANCE [illegible]

Date of Surgery [illegible]		
03/01/25	Dr. [illegible] GUPTA, Adjunct Consultant, [illegible] and Ocular Oncology Services, Regd. No. 100745, Dr. [illegible] Eye Hospital [illegible]	Dr. [illegible] DAS, Director, [illegible] and Ocular Oncology Services, Director Medical Education Department, Regd. No. [illegible] (Name [illegible] Authorised Signatory on behalf of Hospital) [illegible]

FOR INTERNAL USE of KOSHIKA FOUNDATION [illegible]

SIGNATURE of TRUSTEE 1 [illegible]	SIGNATURE of TRUSTEE 2 [illegible]
[signature]	[signature]

15-06-2023

Dr. Shroff's Charity Eye Hospital

Caring for the community since 1922...

Dr. Shroff's Charity Eye Hospital
Delhi a New NABH Accredited

31st January 2025

Dear Mr. Tamim

Greetings from Dr. Shroff's Charity Eye Hospital!

Please find below attached estimate expenditure of Mast. Mohd Hasan- U01330331

Estimate cost of treatment Dr. Shroff's Charity Eye Hospital Rhabdomyosarcoma Surgery(R)					
Name		Mast. Mohd Hasan	Address/ Phone	Village Khutra,Kheri,Uttar Pradesh- 262701	
MRN		DEL-G-24-03-3504	Age/Sex	3 years	Male
S. No.	Treatment date	Items	Cost per Unit	No. of unit	Agreed Cost
1	2025-01-03, 2025-01-31	EUA	2000	2	4000
2	2025-01-03, 2025-01-31	Chemo	1500	2	3000
		Total			7000

Best Regards,

Dr. Sima Das

Director

Oculoplasty and Ocular Oncology Services