

CHAKANA HALL

DECLARATION by APPLICANT: *અર્પણ કરતું હોય કે*

- 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.
 - I solemnly confirm 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 confirm that I have not & will not in future, avail of reimbursement, in part or in full, from any other source/employer/insurance company, of the amount for which this assistance is requested.

1) मैं पास करता हूँ कि इस आवेदन में दिए एवं मेरी विवाह सेवी जल्दी से अनुचित समय याच नहीं है। यदि कोई विवाह एवं विवाह अप्राप्त याच जाहा है तो मेरी विवाह सेवी की वाच नहीं है।

2) मैं द्वारा किया गया "कालिका बाट-दरबान", से कोई ज्ञान नहीं है, उसका उपयोग कठीन उत्तरवाच की गुणित के लिए किया जाता है, जो इस प्राप्ति में याच नहीं है।

3) मैं पूर्ण करता हूँ कि यह विवाह सेवा याच प्राप्ति की गई है, उस दर्शन का विवाह या विवाह सेवी याच योग्यताप्राप्ति/वीच विवाह सेवी याच न हो गयी है और न हो गयी।

AGREEMENT BY APPLICANT (check all boxes)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/publish/put-up/reproduce 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 fulfilment of the "purpose" for which assistance is being requested.

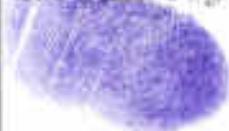
2) I (Applicant) further agree that any such use of my name, address, photo & details of the "purpose", for which such assistance is requested/granted, will not automatically entitle me for receiving or continuing the said assistance. The decision for granting and/or continuing the assistance will rest solely with the Koshika Foundation and the decision in this regard will be final and不可更改 (unchangeable).

१) इस प्राप्त या अपने इतिहास या जीवन की छाप लानकर, वै (लार्टेक) अपने भावावली को पुण्य करता है एवं "कोटोहासा यादादेशन और उसके नामों" को अभिधूत करता है कि योग नाम, चक्र, चांदी और जो विषय इस प्रप्त ये पाया है, उसे "कोटोजित" एवं न्यायी, दार, यादवाच्या दृष्टे उद्देश्य से युक्ती पायीकरितये और उपलब्धियाँ अंत लिये किन्तु भी उत्तर यायम् से प्रसारित करने की विद्या अधिकृत है। ये प्राप्त या विषया से उत्तर ये पाये गए चार में से चारों की विद्या "कोटोजित यादादेशन" ये नामी अधिकृत है।

२) ये (माध्यमिक) इस समय में विद्युत गति, परमा, फोटोन और विद्युत जल के सहायता के उद्दीपनों से प्रभावित हैं। यहाँ समय का विकास नहीं बताता। इस समय वे "विद्युतिका" प्राप्त समय अनुसार का विद्युत गति और विद्युतिका बोलता।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

संस्कृत एवं अंग्रेजी



AGREEMENT by HOSPITAL (initials or name)

By affixing hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (hereinafter) 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.

सभी अधिकारी, सम्पर्कीय वैज्ञानिकों और वैज्ञानिकों का "वैज्ञानिक सम्मेलन" में विभिन्न सामग्री द्वारा वितरित की जाती है। यहाँ एक (एकल) वितरण से बचने के सौझों करती है।

RECOMMENDED FOR ACCEPTANCE

Date of Surgery बीमार की तारीख 21/10/22	Dr. Dinesh B N Consultant, Medical Superintendent, Cameo, Cataract & Refractive Surgery Institute for Diabetes & Eye Care (A unit of Shreechay Eye Care Trust) KMC Reg No. - 8123	Mr. Lakshminipathi N Manager Outreach (Name/Designation & Stamp of Authorized Signatory (A unit of Shreechay Eye Care Trust) on behalf of Hospital) # 16/M, Thimmapur Road, Mysore, Karnataka 570001
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FOR INTERNAL USE of KOSHIIKA FOUNDATION

SIGNATURE of TRUSTEE 1 नियमी हस्ताक्षर : 1 	SIGNATURE of TRUSTEE 2 नियमी हस्ताक्षर : 2 
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