

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



Koshika
foundation
Building block of life

APPLICATION No.:

आवेदन संख्या:

N/0123/2230

APPLICATION DATE:

आवेदन तिथि

24/1/23

NAME of APPLICANT:

आवेदक का नाम

Shivagami

AGE-YEARS आयु-वर्ष

65

SEX लिंग

F

FATHER'S/SPOUSE'S NAME:

पिता/हठुगुय का नाम

C/o Nataraj

PRESENT RESIDENCE ADDRESS वर्तमान आवासतीय पता

A/c 13th cross 3C Nagar Kurubarahalli

Bangalore North, Karnataka

PERMANENT RESIDENCE ADDRESS: स्थाई आवासतीय पता

Same as above



Diop poster
2230 Shivagami

OCCUPATION:

अवसाव

Home maker

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME:

कुल वार्षिक आय

(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 हैं (को 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 सम्बन्ध

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिये विनिति आधार

BPL Card (Attach Card Copy) गरीबी रेखा के नीचे प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	Ration Card (Attach Copy) उपभोक्ता कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किने गये विनिति का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
1	Diagnosis RE Cataract LE Cataract
2	Surgery RE Cataract + PCOL

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया हो?

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED ले गई सहायता राशी
1	DBCS	2000/-

DECLARATION by APPLICANT: ☐ I am the owner of the property. ☐ I am not the owner of the property.

- 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, 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.
- 3) 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 यहाँ पर बता रहा हूँ कि इस प्रश्न में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य नहीं माना जाय तो मेरी सहायता निरस्त की जा सकती है।
- 2) मेरी बातों से सहायता यदि "कोशिका फाउन्डेशन", के लिये माँगी गयी है, तो उसका उपयोग किसी और काम के लिये नहीं किया जायेगा, जो इस प्रश्न में माँगा गया है।
- 3) मैं यहाँ पर बता रहा हूँ कि मैं इस सहायता से न तो भुगतान करूँगा और न ही भविष्य में करूँगा।

AGREEMENT by APPLICANT (signature and name)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and it's Trustees to use/publish/put-up/record/ use 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 it's activities/achievements. Such use of my photo & details can be made by Koshika Foundation before or after my treatment or fulfillment 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 Trustees of Koshika Foundation, and their decision in this regard will be final and acceptable to me.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

आपके पास भी जानकारी है कि अंगुली क्या नियामक



AGREEMENT by HOSPITAL (हॉस्पिटल द्वारा किया)

By affixing hereunder, signature of our Authorized 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.

RECOMMENDED FOR ACCEPTENCE

सद्योज्ज्वली चो लिपि संस्कारति

Date of Surgery
ऑपरेशन की तारीख

22/1/23

Dr. Laxmi Dorennavar
(Name of the Doctor)
MBBS,MS,FRS,FCO
Consultant - Photo & Refractive

Mr. Lakshmiipathi N
Manager Outreach

(Name, Designation & Stamp of Authorised Signatory on behalf of Hospital)
M. Thimmarasu, Registrar, Tamil Nadu State Eye Care Trust

FORM NO. KMG/NSR/2024/4

अन्योन्यक दसपांग कंठ

SIGNATURE of TRUSTEE 1
ज्योती प्रसाद ।

Erfranz

SIGNATURE of TRUSTEE 2
बन्नी देवा २

Rich