

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)Koshika
foundation
Building lives of hope.

APPLICATION No. : 10717/0181 APPLICATION DATE : 10/07/17

NAME of APPLICANT : K. Krishnaiah AGE-YEARS : 65 SEX : M

FATHER/SPOUSE'S NAME : Ganapiah

PRESENT RESIDENCE ADDRESS : Inehisa Colony, Kalikot Mandalam,

PERMANENT RESIDENCE ADDRESS : Piler, Ch. Heer Dist, Andhra Pradesh

OCCUPATION : Labour

TOTAL ANNUAL INCOME : 29,000/- (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	Venkataswami	20	M	Son
One Daughter Married				

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

BPL Card (Attach Card Copy)	EMS Certificate (Attach Certificate Copy)	Ration Card (Attach Card Copy)	Any Other Basic Proof
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"PURPOSE" for REQUESTING ASSISTANCE:

Medical Reports/Prescriptions Attached

DOV for Right Eye

Cataract for Right Eye

ASSISTANCE BEING AWARDED BY SAME "PURPOSE" FROM OTHER SOURCES

NAME of OTHER SOURCE

AMOUNT of ASSISTANCE BEING AWARDED

B.W.L.E.H.

DECLARATION BY APPLICANT: अनेकदा ह्या भेदात राहिले

- 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 घोषणा करता हूँ कि इस प्रमाण पत्र में दिये गये सभी विवरण सही जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई गलतियाँ एवं कथन सत्य पाया जाता है तो मेरी सहायता निम्न की जा सकती है।
- 2) मैं यहाँ पर घोषणा करती हूँ कि "कोशिका फाउंडेशन", से जो राशि मिलेगी, उसका उपयोग केवल उद्देश्य को पूर्ण करने के लिए किया जाएगा, जो इस प्रमाण पत्र पर सत्य है।
- 3) मैं यहाँ पर घोषणा करता हूँ कि मैं किसी सहायता से या अन्य स्रोतों से, या किसी भी प्रकार के बीमा या अन्य सहायता से किसी भी रूप में उद्देश्य को पूर्ण करने के लिए नहीं करूँगा।

ADDITIONAL BY APPLICANT (CONTINUE IF NEEDED)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and its Trustees to use/submit/post/upload/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 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.
- 3) इस बात का ज्ञान रखता हूँ कि मेरा नाम, पता, फोटो और विवरण इस बात से संबंधित है, उसे "कोशिका" एक या अधिक, नाम, पता/पताएं एवं उद्देश्य से चुनी गयी/गयीं और उपलब्धि/उपलब्धियों के लिए किसी भी प्रकार संपन्न हो सकती है/हो सकती है। मेरे नाम का प्रसारण की प्रकाश के माध्यम से करने के लिए "कोशिका फाउंडेशन" व समीचीन है।
- 4) मैं (अर्थात्) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और विवरण को कि प्रकाश के उद्देश्यों के प्रयोग के लिए प्रसारण का उपयोग नहीं करता। इस संबंध में "कोशिका" एक या अधिक व्यक्तियों का निर्णय अंतिम और बाध्यकारी होगा।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

जहाँ जहाँ हमें पता है कि हमें कुछ करना है, वहाँ हमें जानना है कि हमें क्या करना है।



AGREEMENT by HOSPITAL (even so etc)

By affixing hereunder, signature of our Authorized Signatory for recommending this case/patient for financial assistance from Kashika Foundation, we (undersigned) 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/cases, 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/cases 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.

इसी अतिथि, इसाई की ओर से भवनेश्वरी की "बोडिंग गार्डन" में विभिन्न प्रकार के विषाक्त की आँकड़ों, जिसे हम (इसका) फिर इसी के साथ न लीना पाते हैं।

- [illegible]

NOT RECOMMENDED FOR ACCEPTANCE

ਧਰਮੀਯਤਾ ਅਤੇ ਨਿਰਪੱਖਤਾ

Dr. Gayathri Krishna

Administrator

B.W. Liong Superintendence Eng. Manager

No. 5, Lings Eye Hospital

on behalf of Hospital: 000 000

यस व स सम्पत्ति अधिकृत अधिकारी

आजीविका आयोग

Date of Surgery
 1998-01-01

1. ok

Rishabh **TAL BALLAL**
Consultant
EMC No: 56304
(Grand of Dr. B. Ragh. No. 20, 21st Floor)
राष्ट्रवा. का. भवन में रीशभ. ए. टी. २. २०० २००

FOR INTERNAL USE OF KOSHIKA FOUNDATION अन्तर्गत प्रयोग के लिए

SIGNATURE OF TRUSTEE 1

पृष्ठ संख्या 1

SIGNATURE of TRUSTEE 2
म्यागी हस्ताक्षर 2

अथवा इत्यादि ।

Exempel

12/2