

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



Koshika
Foundation
Building block of life.

APPLICATION No.: K/0717/0656 APPLICATION DATE: 17.07.17

NAME of APPLICANT: KHABIRANNECHA BIBI AGE/YEARS 59 SEX F

FATHER/SPOUSE'S NAME: AH BARIK MOLLA

PRESENT RESIDENCE ADDRESS: PART NO-4, BOKTORT, NORTH 24 PARGANAS, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE

OCCUPATION: HOUSE WIFE

TOTAL ANNUAL INCOME: NIL (Attach Proof of Income)

PAN No. (अनुपस्थित)

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes/No

FAMILY DETAILS: (अनुपस्थित)

Sl. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	KHABIRANNECHA BIBI	59	F	SELF
2.	ABHILASH MOLLA	35	M	SON
3.	AHIDA KHATUN	53	F	DAUGHTER
4.	RHODESH KHATUN	30	F	DAUGHTER
5.	FATEMA KHATUN	26	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

EPL Card (Attach Card Copy)	EWS Certificate (Attach Certificate Copy)	Ration Card (Attach Copy)	Any Other Basic Proof
(अनुपस्थित)	(अनुपस्थित)	(अनुपस्थित)	(अनुपस्थित)

"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु दिने गये निम्न का उद्देश्य:

Sl. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - CATARACT - LE
2.	SURGERY - LE (SICS + IOL)

ASSISTANCE BEING AWARDED for SAME "PURPOSE" from OTHER SOURCES

क्या उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से मिल चुकी है?

Sl. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AWARDED

DECLARATION by APPLICANT: सोलह दि प्रमाण पा

- 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 KosiNika 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 गारंटी करता हूँ कि इस प्रमाण पत्र में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य कथन प्रमाण प्रमाण पत्र है तो मेरी सहायता निरास की जा सकती है।
- 2) मैं यहाँ पर गारंटी करता हूँ कि "उद्देश्य" के लिए, जो मैंने इसमें उल्लेख किया है, के लिए मैंने सहायता प्राप्त की है।
- 3) मैं यहाँ पर गारंटी करता हूँ कि मैंने इस प्रमाण पत्र में उल्लेख की गई राशि, या इस राशि का अधिक या कम हिस्सा किसी अन्य स्रोत/रोजगार/बीमा कम्पनी से या जो सहायता है और न ही भविष्य में नहीं।

DONOR: MEANT by APPLICANT (unless pg. 100)

- 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/print/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 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 is in this regard will be final and acceptable to me.
- 1) इस प्रश्न का जवाब इसलिए यह ज्ञानों की बात सामान्य है (आवेदक) अपने ज्ञानों की पुष्टि करता है कि "कोशिका फाउंडेशन और उसकी स्टाफ" को अधिकृत करता है कि वे वेद, शास्त्र, भेदों और जो विचार इस प्रश्न में संलग्न हैं, उसे "कोशिका" समूह, स्टाफ, चार, पाठ्यक्रम द्वारा उपलब्ध से मुझे योगदानियों और उपलब्धियों के लिये किसी भी प्रकार सम्मान से प्रशस्ति करने के लिए अधिकृत है। (2) इस बात का विचार में इस बात के ज्ञानों के बाद से ज्ञानों के लिए "कोशिका फाउंडेशन" व स्टाफ अधिकृत है।
- 2) मैं (आवेदक) इस बात से सहमत हूँ कि वेद वेद, शास्त्र, भेदों और विचारों के ज्ञानों के उपलब्धों से प्रशस्ति है मुझे ज्ञान, सम्मान का इच्छा नहीं करता। इस सम्बंध में "कोशिका" समूह उपलब्ध ज्ञानों का निर्णय और सम्मानों संयोजक।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

संशोधन के माध्यम से यह सिद्ध हो पाया है कि



AGREEMENT by HOSPITAL (TYPED OR WRITTEN)

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/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.

इससे अधिकतर, इसका मतलब है कि "कोई भी चीज नहीं हो सकती।"

- [illegible]

RECOMMENDED For (Tick Acceptance or Rejection as applicable) संस्तुति (स्वीकृत/निरास का निशान लक्ष्य)		ACCEPTANCE सम्मत	REJECTION निरास
Date of Surgery ऑपरेशन की तारीख 12/08/18	 Dr. Arindam Deb MBBS, DO, FRCS Reg. No.-58096 Susrut Eye Foundation & Research Centre (Name of Gr. & Regn. No. with Stamp) छात्र का नाम व प्रमाण नं. एवं छाप	 Sankar Bagchi Director Susrut Eye Foundation & Research Centre (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) नाम व पद, प्रमाणित अधिकृत व्यक्ति	

FOR INTERNAL USE OF KOSHIKA FOUNDATION अन्तरिक प्रयोग हेतु

SANCTIONED कर्मचारी	REJECTED कर्मचारी	SIGNATURE of TRUSTEE 1 न्यासी इलाका 1	SIGNATURE of TRUSTEE 2 न्यासी इलाका 2
			