

G12/03/1845

RETINOBLASTOMA CASE

APPLICATION FORM FOR ASSISTANCE (Healthcare) (स्वास्थ्य देखभाल)		Koshika foundation Building Block of life		
APPLICATION No.: 0691710007				
APPLICATION DATE: 1 1/2 years				
NAME of APPLICANT: SANA				
FATHER'S/SPOUSE'S NAME: ABID				
PRESENT RESIDENCE ADDRESS: H.No. 152, Gali No. 9, Block, Sunder Nagar, East Delhi - 110093				
PERMANENT RESIDENCE ADDRESS: Same as Above				
OCCUPATION: Father is working as a labour				
TOTAL ANNUAL INCOME: 60,000 (father income)		(Attach Proof of Income) (अप का साक्ष्य प्रस्तुत करें) N/A		
PAN No. Yes/No: No				
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):				
FAMILY DETAILS				
Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	Abid	31	M	Brother
2.	Sana	26	F	Daughter
3.	Mohd Said	3	M	Brother
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)				
BPL Card (Attach Card Copy)		EWS Certificate (Attach Certificate Copy)		☒ Any Other Basis/Proof (अन्य कोई साक्ष्य)
(प्रमाण पत्र की छापी प्रति संलग्न करें)		(प्रमाण पत्र की छापी प्रति संलग्न करें)		
"PURPOSE" for REQUESTING ASSISTANCE:				
Medical Reports/Prescriptions Attached				
Sr. No.	Diagnosis - Retinoblastoma (Left eye)			
	Surgery Name - Chemotherapy			
ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES				
इस उद्देश्य के हेतु कहीं अन्य सहायता किसे अन्य स्रोत से लिया गया है?				
Sr. No.	NAME of OTHER SOURCE		AMOUNT of ASSISTANCE BEING AVAILED	
	अन्य स्रोत का नाम		कौन सा सहायता राशि	
1	SCFH			

