

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



Koshika
foundation
Building Block of life

APPLICATION No.: 8/118/375 (1168/17)

आवेदन संख्या:

APPLICATION DATE: 12/11/18

आवेदन तिथि

NAME of APPLICANT:

आवेदक का नाम

Harvansh Kumar

AGE-YEARS आयु वर्ष

68

SEX लिंग

F

FATHER'S/SPOUSE'S NAME:

पिता/पत्नी का नाम

Late Tejram

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

A-254, Gaurangpuri, New Delhi

PERMANENT RESIDENCE ADDRESS: स्थायी आवासीय पता

As Above



OCCUPATION: Housewife

व्यवसाय

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: Rs 80,000/- (Family Income)

कुल वार्षिक आय

(Attach Proof of Income)

(आय का साक्ष्य संलग्न करें)

PAN No. सवाई खात संख्या

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):

क्या आप आय कर दाता हैं (जो मान्य हो उस पर सही का निशान लगाएं)

Yes (No)

हाँ / 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
01	Rudraap Singh	48	M	Son
02	Manjool Singh	45	M	Son

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

सहायता के लिये विनिर्दिष्ट आधार

BPL Card (Attach Card Copy) गरीबी रेशा 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
---	---	---	--

"PURPOSE" for REQUESTING ASSISTANCE:

सहायता हेतु किसे भवे विनियम का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
	Diagn: (EE) Cataract
	SUG: (EE) Phaco+IOL

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से ली जा चुकी है?

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED भी गई सहायता राशी

DECLARATION by APPLICANT: आवेदक द्वारा घोषणा पत्र:

- 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 कर रहा हूँ कि इस प्रत्येक में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य नहीं प्रकट होता है तो मेरी सहायता निरस्त की जा सकती है।
- 2) मैं यहाँ पर घोषणा कर रहा हूँ कि "योगिका फाउण्डेशन", से जो भी आर्थिक सहायता मिलेगी, उसे केवल उसी उद्देश्य के लिए ही प्रयोग किया जायेगा, जो इस प्रत्येक में उल्लेख किया गया है।
- 3) मैं यहाँ पर घोषणा कर रहा हूँ कि मैंने या भविष्य में किसी भी अन्य स्रोत/रोजगार/बीमा कम्पनी से न तो किसी भी और न ही परिसर में सहायता प्राप्त की है।

AGREEMENT by APPLICANT (आवेदक द्वारा कलम)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's 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 it's 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 Trustees of Koshika Foundation, and their decision is this regard will be final and acceptable to me.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

आयुर्वेद के इलाजों का अंगुली का निदान

$$\frac{3}{2} \times \frac{2}{3} = 1$$

AGREEMENT by HOSPITAL (हस्ताक्षर करे वाला)

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 ACCEPTANCE

स्वीकृति के लिए संस्थिति

Date of Surgery
ऑपरेशन की तारीख

12/1/18

Dr. Subhe Nehla
DMC No. 64793

Shred Office of DC & Reg. No. with Stamp

आपका नाम है ?

Dr. V. P. Thakral

Medical Supervisor's Stamp of Authorized Signatory

SHROFF EYE CENT. 3E

A-9, Kailash Colony
New Delhi-110 048

FOR INTERNAL USE of KOSHIKA FOUNDATION

आन्तरिक उपयोग हेतु

SIGNATURE of TRUSTEE 1

न्यायी इन्द्रावर ।

Enfance

SIGNATURE of TRUSTEE 2

व्याप्ति इत्याक्षरः ।

lieve