

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No.: K/0118/1718 APPLICATION DATE: 08/01/18
आवेदन संख्या: आवेदन तिथि

NAME of APPLICANT: BINA GUHA AGE-YEARS: 74 SEX: F
आवेदक का नाम आयु-वर्ष लिंग

FATHER'S/SPOUSE'S NAME: BRAJAGOPAL
पिता/सहस्र का नाम

PRESENT RESIDENCE ADDRESS: WEST DIGHIRPARA, PASHCHIMPARA, DANNING, SOUTH 24 PARGANAS, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE

OCCUPATION: HOUSE WIFE

TOTAL ANNUAL INCOME: NIL

(Attach Proof of Income)
(आप का साक्ष्य संलग्न)

PAN No. (आप का PAN 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
1	BINA GUHA	74	F	SELF
2	ARUP GUHA	50	M	SON
3	SMRITI GUHA	45	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
सहायता के लिये विधि आधार

BPL Card (Attach Card Copy) गरीबी रेशा के नीचे प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) आप 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 किसे गये निशानों का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रीस्क्रिप्शन सूची संलग्न
1	DIAGNOSIS- CATARAC- RE
2	SURGERY- RE (SICS+IOL)

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 लगातार सहायता राशि

DECLARATION by APPLICANT: अभिषेक कुमार शर्मा

- 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 बताना चाहता हूँ कि इस प्रमाण पत्र में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य नहीं माना जाय तो मेरी प्रार्थना सिर्फ़ की जा सकती है।
- 2) मेरी प्रार्थना है कि प्राप्त की जायेगी "कोशिका फाउण्डेशन", से जो कि सही है, उसका उपयोग उक्त उद्देश्य की पूर्ति के लिये किया जायेगा, जो इस प्रमाण पत्र में बताया गया है।
- 3) मैं यहाँ बताना चाहता हूँ कि मैं इस प्रमाण पत्र के माध्यम से नहीं, बल्कि किसी अन्य स्रोत/रोजगार/बीमा कंपनी से न तो प्राप्त करूँगी और न ही भविष्य में करूँगी।

AGREEMENT by APPLICANT (अनुमति देना)

- 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/post-up/produce 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 to 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 _____

अपेक्षित कि इन्फ्लेक्शन का संकेत का विवरण

AGREEMENT by HOSPITAL (हस्पताल द्वारा स्वीकृति)

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 (Tick Acceptance or Rejection as applicable)
 संस्तुति (स्वीकृत/निरस्त का निशान लगाये)

ACCEPTANCE

REJECTION

Date of Surgery
ऑपरेशन की तारीख

08/01/18

Dr. Arindam Deb
MBBS, DGO, FRCS
Reg. No. 58096
(Name of Dr. & Regn. No. with Stamp)
डाक्टर का नाम व इन्होंने पढ़ा, ये

Dr. Sub Sankar Bagchi
Director
The Eye Foundation & Research Centre

(Name, Designation & Stamp of Authorised Signatory
on behalf of Hospital)
राम न पद रामचरण अधिकृत अधिकारी

FOR INTERNAL USE of KOSHIKA FOUNDATION अन्तरिक उपयोग हेतु

SIGNATURE of TRUSTEE 1
[Signature]

SIGNATURE of TRUSTEE 2
DATE

SANCTIONED
मंजूर

REJECTED
समस्या

12/10

ज्यासे इच्छातः
१८/११