G18/04/3768 New

APPLICATION FORM FOR ASSISTANCE (Healthcare)
सहायता हेतु आवेदन प्रारूप (स्वास्थ्य देखभाल)

Koshika foundation
Building block of life.

APPLICATION No. : आवेदन संख्या : D/0718/0005

APPLICATION DATE : आवेदन तिथी 22/05/18

NAME of APPLICANT : आवेदक का नाम Md. Noor

AGE-YEARS आयु-वर्ष: 6 months

SEX लिंग: male

FATHER'S/SPOUSE'S NAME : पिता/कटुम्ब का नाम S/o Mohd Shanwaj

PRESENT RESIDENCE ADDRESS वर्तमान आवासीय पता

Bndwanandpur, Ward no. 39, Bahadurpur, Bihar 851127

PERMANENT RESIDENCE ADDRESS : स्थाई आवासीय पता

Same as above

OCCUPATION : व्यवसाय CHILD

MARRIED (विवाहित) / UNMARRIED (अविवाहित) ✓

TOTAL ANNUAL INCOME : कुल वार्षिक आय 84000/-

(Attach Proof of Income) (आय का साक्ष्य संलग्न) N/A

PAN No. स्थाई खाता संख्या NA

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): क्या आप आय कर दाता है (जो मान्य हो उस पर सही का निशान लगाये।

Yes / No हां / नहीं No

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 सम्बंध
1.	Mohd. Shanwaj	32 years	Male	father
2.	Shahin Parvin	29 years	female	Mother
3.	Adil	8 years	Male	Brother
4.	Sadiya	5 years	female	Sister

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

BPL Card (Attach Card Copy) गरीबी रेखा 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 किये गये विनती का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
1.	Diagnosis - Retinoblastoma (Both eyes)
2.	Type of Treatment - Chemotherapy

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES
इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्त्रोत से लिया गया हो?

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्त्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED ली गई सहायता राशी
1.	SCERT	

Dr. Shroff's Charity Eye Hospital
Caring for the community since 1914...

Dr. Shroff's Charity Eye Hospital
Delhi is Now NABH Accredited

23rd July 2018

Greetings from Dr. Shroff's Charity Eye Hospital!

Dear Mr. Tandon

Please find below attached expenditure of Mohd. Noor :-

Estimated Cost
Dr. Shroff's Charity Eye Hospital
Retinoblastoma Surgeries
Supported by Koshika Foundation

Name	MOHD NOOR		Address/Phone:	VPO HASANPUR BANGAR DISTT BEGUSARAI,BIHAR	
MR NO.	G18/04/3768		Age/Sex	6 MONTHS/ MALE	
S. No.	**Treatment Date**	**Items**	**Cost**	**Aprox. Time (Cycle)**	**Aprox. Cost**
			One Time		
1	23/04/2018, 24/04/2018,23/05/2018, 24/05/2018 27/06/2018, 28/06/2018,	Chemotherapy	3000	3	9000
2	21/04/2018, 23/05/2018, 27/06/2018	Examination Under Anesthesia (EUA)	1000	3	3000
3	27/06/2018	T.T.T (Laser)	945	1	945
4	21/04/2018	Bone Marrow + CSF	463	1	463
5	18/04/2018,21/04/2018,23/05/2018,23/06/2018,26/06/2018	Blood Investigations	132	5	660
6	18/4/2018 to 24/04/2018,22/05/2018 to 24/05/2018,23/06/2018 to 29/06/2018	Fooding (2 Days Cost For Attendant)	340	17	5780
7	18/4/2018 to 24/04/2018,22/05/2018 to 24/05/2018,23/06/2018 to 29/06/2018	Fooding (1 Day Cost For A Child)	85	17	1445
		Total			**21293**

Best Regards

Dr. Sima Das

Consultant
Oculoplasty and Ocular Oncology Services

DR. SHROFF'S CHARITY EYE HOSPITAL
5027, Kedar Nath Road, Darya Ganj, New Delhi-110 002. India
Tel.: 011-43524444, 43528888 Fax: 011-43528816
E-mail: sceh@sceh.net Website : www.sceh.net