

APPLICATION FORM FOR ASSISTANCE
सहायता के लिए आवेदन प्राप्ति

(Healthcare)
(स्वास्थ्य-देखभाल)

Koshika
foundation
Building Blocks of Life

APPLICATION No.: K11218 | 1769

APPLICATION DATE: 6/12/19

NAME of APPLICANT:
आवेदक का नाम

AGE-YEARS वय-वर्ष
65

FATHER'S/SPOUSE'S NAME:
पितृ/स्त्री का नाम

SEX लिंग
M

SATYACHARAN

PRESENT RESIDENCE ADDRESS: वास स्थान का नाम
JALASHI - II GHARGAONKPUR, PANCHIKA
SABUR, HAZRAH, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: वास स्थान का नाम

— AS ABOVE —



OCCUPATION:
पेशी

UNEMPLOYED.

MARRIED (मिहिर) / UNMARRIED (मिहिरन)

TOTAL ANNUAL INCOME:
वास वार्षिक व्यय

NIL

(Attach Proof of Income)
(व्यय का सब्बा दर्शान)

PAN No. वार्ड संखा नंबर

ARE YOU AN INCOME TAX ASSESSEE (TCA: whichever is applicable):
जब जन जन कर चाहत है (जो व्याप हो उस पर सही का नियम लगाते)

Yes / No
हाँ / नहीं

FAMILY DETAILS घरीबी विवरण

Sl. No. इन संख्या	Name of Family Member घरीबी के सदस्य का नाम	Age (Years) वय (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के बीच सम्बन्ध
1	SUFAL GAI	65	M	SELF
2	ABHISHEK GAI	15	F	DAUGHTER
3	REKHA GAI	11	F	DAUGHTER
4	KARTICK GAI	7	F	DAUGHTER
5	LIPRITA GAI	0.1	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)
सहायता के लिए किसी भी

EPL Card (Attach Card Copy) एप्ली कार्ड के दस्ती द्वारा दिया गया (उसके पास की जांच भी संभव की)	EWS Certificate (Attach Certificate Copy) एस एस कार्ड द्वारा दिया गया (उसके पास की जांच भी संभव की)	Ration Card (Attach Copy) राशन कार्ड (उसके पास की जांच भी संभव की)	Any Other Basis/Proof अन्य कोई सब्बा

"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु लिये गए किसी का उद्देश्य:

Sl. No. इन संख्या	Medical Reports/Prescriptions Attached मरम्मानीकार से आई या गई अधिकृत दूषी चिन्ह
1.	DIAGNOSIS - CATARACT - LP
2.	SURGERY - LP (SICKLE)

ASSISTANCE BEING AVALIED for SAME "PURPOSE" from OTHER SOURCES
इस उद्देश्य के लिए और अन्य स्रोतों द्वारा किसी अन्य स्रोत से नियम दिया गया?

Sl. No. इन संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVALIED वही नाम साधारण वाली

DECLARATION by APPLICANT: अर्पित द्वारा मान्यता प्राप्त

- 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 Koushik 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.

AGREEMENT by APPLICANT (within 30 days)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/publish/print/replicate 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 its 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 in this regard will be final and acceptable to me.

1) यह रासा का अन्तर्गत हमारा यह लिंग भी आप समझते, मैं (अप्पलिकेट) आपकी समस्ती की उम्र का हूँ एवं "कोशिका प्राइवेट लिमिटेड" को अधिक करना है विषय का रासा में शामिल है, जो "कोशिका" द्वारा, नाम, चालाकता युक्त अस्ट्रेंजर से उत्पन्न शामिल होने वाली अस्ट्रेंजर के लिए नियमी वैदिक प्राप्ति करना चाहती है विषय का अधिक है। मैं यह यह विषय की शामा में यादी का रासा में लिंग भी आप समझते हैं एवं "कोशिका प्राइवेट" का नाम अधिक है।

2) मैं (अप्पलिकेट) यह रासा में जाहाज हूँ जो योग्य रासा, चाल, चाली भी विषय की विषय की शामा में अस्ट्रेंजर के लिए उत्पन्न है जो उत्पन्न करना चाहती है विषय की शामा का अस्ट्रेंजर की विषय की शामा का अस्ट्रेंजर है।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

ਅੰਮ੍ਰਿਤ ਦੀ ਪ੍ਰਸਾਦ ਵਿੱਚ ਕਾ ਸਿਖ



AGREEMENT by HOSPITAL (SIGN IN BLOCK)

By affixing her/his/your signature below, we, the Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (hereinafter) 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
समीक्षा के लिए संभव

<p>Date of Surgery ਅੰਮ੍ਰਿਤ ਦੀ ਜ਼ਰੂਰਤ</p> <p>6/2/18</p>	 <p>Dr. ANIL BAGCHI MD, DNB(Eye), RFPSHET</p> <p>(Name of Dr. & Regd. No. with Stamp)</p> <p>ਡਾਕਤ ਆਨਿਲ ਬਾਗਚੀ ਮਈ ੧੯੮੫</p>	<p><i>Shib Sankar Bagchi</i> Shib Sankar Bagchi Director (Name, Designation & Stamp of Authorized Signatory on behalf of Hospital) ਸ਼ਿਬ ਸਨਕਾਰ ਬਾਗਚੀ ਹੋਸਪਿਟ ਮੈਡੀਕਲ ਅਤੇ ਏਜੰਸੀ</p>
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FOR INTERNAL USE of KOSHICA FOUNDATION

SIGNATURE of TRUSTEE 1
[Signature]

SIGNATURE of TRUSTEE 2
संकेतक 2

-29.04.2015