

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्राप्ति

(Healthcare) (स्वास्थ्य एक्षुण्ड)

 Koshika
foundation

Technical Limit of the

APPLICATION NO.: K1124811858

APPLICATION DATE : 10/12/18

NAME OF APPLICANT : KANAN BAIDWA.

AGE-YEARS 53-54 SEX fm

FATHER'S/HUSBAND'S NAME : **JYOTISH JANA**

PRESIDENT RESIDENCE ADDRESS: 1000 BOSTON ST.

UTTAR ANGAD BEELA DIGHITAPAR CANNING TALUK
SOUTH 24 PARGHANA 743329 WEST BENGAL.

PERMANENT RESIDENCE ADDRESS: 朝社 30984 号

- AS ABOVE -

MARRIED (မေတ္တန) / UNMARRIED (မေတ္တန)

TOTAL ANNUAL INCOME:

400

(Attach Proof of Income)
(जोगे वापर कीमत)

ARE YOU AN INCOME TAX ASSESSSEE? (Tick whichever is applicable)

Wu / Ni
et al.

FAMILY DETAILS

BASIS FOR REQUESTING ASSISTANCE (check whichever is applicable)

SPL Card (Attach Card Copy) सापेक्ष लोग वा दीर्घ समय पात्र (प्रकल्प पात्र की जावा वाली संस्था की)	EWS Certificate (Attach Certificate Copy) उम्मीदवाली पात्र की प्रकल्प पात्र (प्रकल्प पात्र की जावा वाली संस्था की)	Ration Card (Attach Copy) उपलब्धवाली पात्र (प्रकल्प पात्र की जावा वाली संस्था की)	Any Other Basis/Proof अन्य कीर्ति प्रमाण
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"PURPOSE" for REQUESTING ASSISTANCE:

Sl. No.		Medical Reports/Prescriptions Attached
क्रम संख्या		वास्तविक/परिवर्तन में जहाँ को गई इंडिपेंट सूची संलग्न
1.	DIAGNOSIS -	CATARACT- Re-
2.	SURGERY- Re	(GENTMOL)

ASSISTANCE BEING AWARDED for SAME "PURPOSE" from OTHER SOURCES
DOES NOT COUNT as one of the three permitted sources of funds.

Sr. No. સ્રાંત્ર નંબર	NAME of OTHER SOURCE અન્ય સારોળ વિદેશ	AMOUNT of ASSISTANCE BEING AVALIED અન્ય સહાય પ્રાપ્ત રહેલી

DECLARATION by APPLICANT: अप्लिकेशन द्वारा संकेत करता है।

AGREEMENT by APPLICANT (initials or name)

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

units of power in each unit film



AGREEMENT by HOSPITAL (from DR 400)

By affording her/himself, signature of our Authorised 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 & its outcome & safety of the patient, and Koshika Foundation will have no role or responsibility in the matter.

²⁰ See also, among a host of works on "Cathay," *Wade-Gagen*, 11; later papers by Gossin, 10–11; and A. G. Rudolf, *China and the West* (London, 1930), 10.

- 1) यह कि P से संबंधित ही न हो भविष्य में विदेश भारत के लिए भी साक्षर संस्कृत पर लिए जाने वाले एकेकालों में से एक हो जाए, जो कि इसके "सौरीश्य भास्तुर्वेता" में विद्यालयादिति तथा से उपराह में "सौरीश्य भास्तुर्वेता" इस प्रकार होना चाहिए है। यदि "सौरीश्य भास्तुर्वेता" इस भास्तुर्वेता लिए गयी भास्तुर्वेता हो जाए तो लिए गए P से संबंधित काम के साक्षर संस्कृत पर लिए जाने वाले एकेकालों में से एक होना चाहिए है। इस पूर्व में लिए गए काम का लिए गए भास्तुर्वेता होना चाहिए है। यदि भास्तुर्वेता लिए गए काम के साक्षर संस्कृत पर लिए जाने वाले संक्षेपालों में से एक होना चाहिए है।
 2. "सौरीश्य भास्तुर्वेता" के लिए यह भास्तुर्वेता लिए जानी चाहिए है। ऐसे प्राकृत भास्तुर्वेता का लिए गए व्याख्यातिका भास्तुर्वेता होना चाहिए है। यदि "सौरीश्य भास्तुर्वेता" इस लिए गए काम के लिए उपराह नहीं हो जाए तो इसके द्वारा लिए गए अन्य भास्तुर्वेता एक यह भास्तुर्वेता की ओर हो जाएंगी और "सौरीश्य" की ओर भी भास्तुर्वेता द्वारा लिए जानी चाहिए है।

RECOMMENDED FOR ACCEPTANCE

Date of Surgery निपटान की तिथि	Dr. K. Thos MBBS, DO, FRCR Regd. No. 097 (Name of Dr. & Regn. No. with Stamp) Sushrut Hospital & Research Centre	Shib Sankar Bagchi Director (Name, Designation & Stamp of Authorized Signatory, on behalf of Hospital) कला व वैद्यनाम संस्कृत अविद्या
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SIGNATURE of TRUSTEE 1
John Doe

Safaryl

SIGNATURE of TRUSTEE 2
Paul Green 2

John R.