

| APPLICATION FORM FOR ASSISTANCE<br>सहायता हेतु आवेदन प्रारूप                                     |                                                 |                                              |                                                                         | (Healthcare)<br>(स्वास्थ्य देखभाल)        |         | <br><b>Koshika</b><br>foundation<br><small>Building Blocks of Life</small> |                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION No.: K/1218/1889                                                                     |                                                 |                                              | APPLICATION DATE: 11/12/18                                              |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| NAME OF APPLICANT: MIRA DEVI                                                                     |                                                 |                                              | AGE-YEARS: 51                                                           |                                           | SEX: F. |                                                                                                                                                              |   |
| FATHER'S/SPOUSE'S NAME: BALDEO DAS.                                                              |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| PRESENT RESIDENCE ADDRESS: 73 TILTALA ROAD, GARDINIA KHA TIKU ROAD, KALKATA 700046, WEST BANGAL. |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| PERMANENT RESIDENCE ADDRESS: AS ABOVE.                                                           |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| OCCUPATION: HOUSE WIFE.                                                                          |                                                 |                                              | MARRIED (विधवा) / UNMARRIED (नवविधवा)                                   |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| TOTAL ANNUAL INCOME: NIL                                                                         |                                                 |                                              | (Attach Proof of Income)                                                |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| PAN No. XXXX XXXX XXXX                                                                           |                                                 |                                              | ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
|                                                                                                  |                                                 |                                              | FAMILY DETAILS:                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| Sr. No.<br>क्रम संख्या                                                                           | Name of Family Member<br>परिवार के सदस्य का नाम | Age (Years)<br>उम्र (वर्ष)                   | Gender<br>लिंग                                                          | Relation with Applicant<br>आवेदक से संबंध |         |                                                                                                                                                              |                                                                                                                                                                         |
| 1.                                                                                               | MIRA DEVI                                       | 51                                           | F.                                                                      | SELF                                      |         |                                                                                                                                                              |                                                                                                                                                                         |
| 2.                                                                                               | BALDEO DAS                                      | 60                                           | M                                                                       | HUSBAND                                   |         |                                                                                                                                                              |                                                                                                                                                                         |
| 3.                                                                                               | PRASANTA DAS                                    | 08                                           | M                                                                       | SON                                       |         |                                                                                                                                                              |                                                                                                                                                                         |
| 4.                                                                                               | LUTAMA DAS                                      | 24                                           | F                                                                       | DAUGHTER                                  |         |                                                                                                                                                              |                                                                                                                                                                         |
| BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)                                   |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| BPL Card<br>(Attach Card Copy)                                                                   |                                                 | EWS Certificate<br>(Attach Certificate Copy) |                                                                         | Ration Card<br>(Attach Copy)              |         | Any Other Basis/Proof                                                                                                                                        |                                                                                                                                                                         |
| गरीबी रखा की प्रमाण पत्र                                                                         |                                                 | अल्प आय वर्ग प्रमाण पत्र                     |                                                                         | रेशन कार्ड                                |         | अन्य कोई प्रमाण                                                                                                                                              |                                                                                                                                                                         |
| PURPOSE for REQUESTING ASSISTANCE:                                                               |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| Medical Reports/Prescriptions Attached                                                           |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| Sr. No.<br>क्रम संख्या                                                                           | 1. TRAUSOLIC - CATARACT - L.                    |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
|                                                                                                  | 2. SUGERY - L (Cataract)                        |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| ASSISTANCE BEING AVAILED for SAME PURPOSE from OTHER SOURCES                                     |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |
| Sr. No.<br>क्रम संख्या                                                                           | NAME of OTHER SOURCE                            |                                              |                                                                         | AMOUNT of ASSISTANCE BEING AVAILED        |         |                                                                                                                                                              |                                                                                                                                                                         |
|                                                                                                  |                                                 |                                              |                                                                         |                                           |         |                                                                                                                                                              |                                                                                                                                                                         |

**DECLARATION by APPLICANT: (अर्शक द्वारा घोषणा करें)**

- 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/termination.
- 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 घोषणा करता हूँ कि इस आवेदन में दिये गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य नहीं होगा, आवेदन खारिज किया जायेगा।
- 2) मैं इस बात को सत्य मानता हूँ कि "कीटिका फाउंडेशन", से जो भी मदद मिलेगी, उसे केवल उसी उद्देश्य के लिए ही प्रयोग किया जायेगा, जो इस आवेदन में बताया गया है।
- 3) मैं यहाँ घोषणा करता हूँ कि मैं इस मदद से भुगतान, पूर्ण या आंशिक रूप से, किसी भी अन्य स्रोत/एम्प्लॉयर/इंश्योरेंस कंपनी से नहीं करूँगा।

**AGREEMENT by APPLICANT (अर्शक द्वारा सहमति)**

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and its Trustees to use/publish/post-upreproduce 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 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.
- 1) इस आवेदन पर मेरी हस्ताक्षर या मुद्रा लगाकर, मैं (अर्शक) यहाँ घोषणा कर रहा हूँ कि "कीटिका फाउंडेशन और इसके ट्रस्टी" को अधिकृत करता हूँ कि वे मेरा नाम, पता, फोटो और मेरे उद्देश्य के बारे में जानकारी को किसी भी माध्यम, जिसमें मुद्रित, प्रिंट, इलेक्ट्रॉनिक, आदि शामिल हैं, के माध्यम से इकट्ठा करने के लिए और/या "कीटिका फाउंडेशन" के लिए जानकारी को प्रसारित करने के लिए उपयोग कर सकते हैं।
- 2) मैं (अर्शक) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और उद्देश्य के बारे में जानकारी का उपयोग केवल मेरी मदद के लिए ही किया जा सकता है।

**APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION /**

अर्शक के हस्ताक्षर या बाएं 엄指 छाप

**AGREEMENT by HOSPITAL (हॉस्पिटल द्वारा सहमति)**

- By affixing hereunder, 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 its 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.

- हम यहाँ घोषणा कर रहे हैं कि हम (हॉस्पिटल) निम्न उद्देश्य के लिए सहमत हैं कि "कीटिका फाउंडेशन" से वित्तीय सहायता से निवृत्त हो जाएंगे।
- 1) यह कि हम अभी और भविष्य में किसी भी अन्य स्रोत से वित्तीय सहायता नहीं ले रहे हैं, जो कि हमें "कीटिका फाउंडेशन" से प्राप्त करने के लिए आवश्यक है।
- 2) "कीटिका फाउंडेशन" से प्राप्त की गई वित्तीय सहायता केवल वित्तीय प्रकृति की है। उपचार का चयन और प्रक्रिया के चयन में "कीटिका फाउंडेशन" का कोई भी प्रभाव नहीं है।

**RECOMMENDED FOR ACCEPTANCE**

स्वीकृति के लिए योग्यता

|                                                            |                                                                       |                                                                                                             |
|------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <p>Date of Surgery<br/>ऑपरेशन की तारीख</p> <p>11/12/18</p> | <p>Dr. Shosh<br/>MBB<br/>(Name of Dr. &amp; Regn. No. with Stamp)</p> | <p>Shib Sankar Bagchi<br/>(Name, Designation &amp; Stamp of Authorised Signatory or Doctor of Hospital)</p> |
|------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

**FOR INTERNAL USE of KOSHIKA FOUNDATION (अंदरूनी उपयोग के लिए)**

|                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| <p>SIGNATURE of TRUSTEE 1<br/>अर्शक 1 का हस्ताक्षर</p> | <p>SIGNATURE of TRUSTEE 2<br/>अर्शक 2 का हस्ताक्षर</p> |
| <p><i>[Signature]</i></p>                              | <p><i>[Signature]</i></p>                              |