

DECLARATION by APPLICANT: आर्जित द्वारा प्रतीक्षा:

- 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 association/employer/insurance company, of the amount for which this assistance is requested.
 - 1) ਮੈਂ ਪੱਤਰ ਲਾਭ ਦੇ ਰਿਹਾ ਹਾਂ ਕਿ ਜਿਥੋਂ ਵੀ ਸਿੱਖਿਆ ਦੀ ਸੰਸਾਰੀ ਵੇਖਣ ਵਾਲੀ ਹੈ ਜਿਥੋਂ ਵੀ ਸਿੱਖਿਆ ਦੀ ਸੰਸਾਰੀ ਵੇਖਣ ਵਾਲੀ ਹੈ ਜਿਥੋਂ ਵੀ ਸਿੱਖਿਆ ਦੀ ਸੰਸਾਰੀ ਵੇਖਣ ਵਾਲੀ ਹੈ।
 - 2) ਮੈਂ ਜਿਥੋਂ ਵੀ "ਸਿੱਖਿਆ ਪੱਤਰੀਆਂ", ਜੋ ਹੋ ਜਾਂਦੀ ਹੈ, ਸਾਡਾ ਸੰਪਤੀ ਵੀ ਬਚਾਵ ਕੀ ਚੁਪੈ ਨਾ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਜਿਥੋਂ ਵੀ ਸਿੱਖਿਆ ਦੀ ਸੰਸਾਰੀ ਵੇਖਣ ਵਾਲੀ ਹੈ।
 - 3) ਮੈਂ ਜਿਥੋਂ ਵੀ ਜਾਂਦੀ ਹੈ ਕਿ ਆਪਣੀ ਜੀਵਨ ਵਿੱਖੋਂ ਵੀ ਜਾਂਦੀ ਹੈ, ਜਿਥੋਂ ਵੀ ਸਿੱਖਿਆ ਦੀ ਸੰਸਾਰੀ ਵੇਖਣ ਵਾਲੀ ਹੈ ਜਿਥੋਂ ਵੀ ਸਿੱਖਿਆ ਦੀ ਸੰਸਾਰੀ ਵੇਖਣ ਵਾਲੀ ਹੈ।

AGREEMENT by APPLICANT (initials or name)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/publish/republish/reproduce 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.

APPLICANTS SHOULD NOT LEAVE THE LINE DURING INTERVIEW

APPENDIX A: SIGNATURES ON THE
MEMORANDUM OF AGREEMENT TO SPLIT THE FUND



AGREEMENT by HOSPITAL (FIRM BY WHO)

By affording hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (hereinafter) hereto affix & 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.

एक अधिकारी को एक विशेषज्ञता या "विशेष व्यक्तित्व" के लिए जाना जाता है जो उसकी व्यक्ति-विशेषताएँ हैं।

RECOMMENDED FOR ACCEPTANCE

Date of Surgery ਅਤੇ ਕਿ ਵਿਚ 11/12/18	Dr. K. Ghosh M.B.B.S., D.N.B., F.R.C.S.  (Name of Dr. & No. Regd. with Stamp) Surat Hospital & Research Center	 R.H. Sankar Basu (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) No. 4, 1st Floor, New Market, Calcutta
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FOR INTERNAL USE of KOSHISHA FOUNDATION कोशिश वाले के

SIGNATURE of TRUSTEE 1 સ્વત્તરી વ્યક્તિ 1	SIGNATURE of TRUSTEE 2 સ્વત્તરી વ્યક્તિ 2
	