

DECLARATION by APPLICANT: अप्लिकेंट द्वारा कहा जाएँ।

- 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 source/employer/insurance company, of the amount for which this assistance is requested.

(1) ਮੈਂ ਪੇਸ਼ ਕਰਾਂਦਾ ਹਾਂ ਕਿ ਇਸ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ ਅਤੇ ਅਗਰ ਤੋਂ ਪਹਿਲਾਂ ਹੋ ਗਏ ਹਨ ਤਾਂ ਉਨ੍ਹਾਂ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ ਅਤੇ ਅਗਰ ਤੋਂ ਪਹਿਲਾਂ ਹੋ ਗਏ ਹਨ ਤਾਂ ਉਨ੍ਹਾਂ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ ਅਤੇ

(2) ਜੇ ਇਸ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ "ਅਧਿਕਾਰ ਪਾਲਕਾਂ", ਵਿੱਚ ਹੋ ਜਾਂਦੀ ਹੈ, ਤਾਂ ਉਨ੍ਹਾਂ ਜੋ ਟੋਂਟ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ ਅਤੇ, ਜੇ ਇਸ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ ਅਤੇ

(3) ਇਹ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ ਯੋਗ ਦੇ ਬੁਝੌਰਾਂ ਵਿੱਚ ਹੋ ਜਾਂਦੀ ਹੈ, ਤਾਂ ਉਨ੍ਹਾਂ ਜੋ ਟੋਂਟ ਵਿੱਚ ਦੇਂਦੀ ਸੰਖਾ ਅਤੇ

AGREEMENT by APPLICANT (check the box)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/publish/replicate/produce 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 रूपरेखा पर माने करना या लगाए दी जाने वाली, ये (अप्पलिकेट) अपनी प्राप्ति की उमेर कानून के "कठिन प्राप्तिकरण और उपयोग कानून" के अनुसार यह या, यह लाइसेंस का उत्तम में संतुष्ट है, यह "कठिन" एवं नामी, यथा, याकृति युक्त लाइसेंस में सुनी गयीदीर्घी वाली उपलब्धियों ने यह भी ये उपयोग करने के लिए अनुमति दी है ताकि यह लिसेंस की उपलब्धि में वाली ये यथा ने यहां से लिए "कठिन प्राप्तिकरण" का नामी लेना है।

2) ये (अप्पलिकेट) इस बात में सहमत है कि योग्य नाम, यथा, यह लाइसेंस यों कि याकृति ये उपलब्धियों द्वारा दी गयी उपलब्धियों के स्थैनिक रूप से युक्त यथा याकृति ये उपलब्धियों में "कठिन" शब्द उपर्याहरणीय रूप से लिखा जाना वा उपलब्धियों में

APPLICANT'S SIGNATURE OR LEFT DIVING IMPRESSION:

and you can find us from



AGREEMENT by HOSPITAL (from or who)

By affixing her/his/under, 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 & it's outcome & safety of the patient, and Koshika Foundation will have no role or responsibility in this matter.

यह अधिकार व्यापक है और इसे व्यापक तरीके से "व्यापक व्यापकता" या व्यापक व्यापक से व्यापकता की जड़ी है। यह एक व्यापक व्यापक से व्यापक का व्यापक व्यापक है।

RECOMMENDED FOR ACCEPTANCE
संचालित के लिए संमति

Date of Surgery अंडीका की तिथि	 Dr. Sankar Bagchi MS (OPHTH) (Name, Designation & Signature of Authorized Signatory on behalf of Hospital) अंडीका का नाम व उपचार केन्द्र के लिए अधिकृत विवरों  Dr. Sankar Bagchi Director अंडीका का नाम व उपचार केन्द्र के लिए अधिकृत विवरों
-----------------------------------	---

FOR INTERNAL USE OF KOSHICA FOUNDATION

SIGNATURE of TRUSTEE 1 नियमित व्यक्ति ।	SIGNATURE of TRUSTEE 2 नियमित व्यक्ति ।
	