

APPLICATION FORM FOR ASSISTANCE (सहायता हेतु आवेदन प्रारूप)		(Healthcare) (सहाय्य रैखण्ड)		 Koshika foundation Building Block of life.	
APPLICATION No. : K/1218/1950		APPLICATION DATE : 12/12/18			
NAME of APPLICANT : KANAN SEN		AGE-YEARS 35	SEX F		
FATHER'S/SPOUSE'S NAME : LATE PANCHANAN SEN				 	
PRESENT RESIDENCE ADDRESS : CHANDIPARA PARK, CHANDIPARA, SOUTH 24 PARGANAS, WEST BENGAL					
PERMANENT RESIDENCE ADDRESS : AS ABOVE					
OCCUPATION : HOME MAKER					
TOTAL ANNUAL INCOME : NIL		(Attach Proof of Income)			
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):		Yes / No			
FAMILY DETAILS					
Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant	
1.	KANAN SEN	35	F	SELF	
2.	PAUL SEN	5	M	SON	
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)					
BPL Card (Attach Card Copy)		EWS Certificate (Attach Certificate Copy)		Ration Card (Attach Copy)	
Any Other Basis/Proof					
"PURPOSE" for REQUESTING ASSISTANCE:					
Medical Reports/Prescriptions Attached					
1. DIAGNOSIS - Cancer - L.					
2. Surgeon - L. (Prescription)					
ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES					
Sr. No.		NAME of OTHER SOURCE		AMOUNT of ASSISTANCE BEING AVAILED	

DECLARATION by APPLICANT: ☐ YES ☐ NO ☐ N/A

- 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/revocation.
- 2) I solemnly confirm that assistance, if received from Koishika 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 यहाँ पर गारंटी करता हूँ कि इस प्रमाण पत्र में दिये गये सभी विवरण सही जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य प्रमाण प्रदान नहीं करता है तो मेरी सहायता निरस्त की जा सकती है।
- 2) मैं यहाँ पर गारंटी करता हूँ कि "कोशिका फाउन्डेशन", से मिली यह सहायता, केवल उसी उद्देश्य के पूर्ति के लिये प्रयोग करूँगा, जो इस प्रमाण पत्र में उल्लेख है।
- 3) मैं यहाँ पर गारंटी करता हूँ कि मैं इस सहायता से प्राप्त राशि को नहीं, बल्कि यह राशि या अधिक या कम किसी अन्य स्रोत/रोजगार/बीमा कंपनी से या से प्राप्त है और मैं किसी भी स्रोत से नहीं।

AGREEMENT by APPLICANT (where not used)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and it's Trustees to use/publish/post-up/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 it's 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 प्रश्न पर जहाँ इच्छा या जेंदे की बात समझकर, मैं (आवेदक) अपनी छावनी की मुद्रि या साईं हूँ एवं "कोशिका फाउंडेशन और इसके ट्रस्टी" को अधिकृत करता हूँ कि वे मेरा नाम, पता, फोटो और मेरे विषय इस प्रश्न में प्रेषित है, उसे "कोशिका" द्वारा जेंदे, दार, सामान्य रूपों द्वारा मेरे फोटो प्रेषितियों और जानकारी को देने फोटो की इसा प्रयोग से प्रयुक्ति करने से निरु अधिकृत है। मैं प्रश्न का विषय में इसका मेरे पता या कर से करने से निरु "कोशिका फाउंडेशन" से जेंदे अधिकृत है।
- 2) मैं (आवेदक) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और विषय को कि इसाया से द्वारा में प्रेषित है मुझे इसका प्रयोग का इच्छा नहीं करता। इस संबंध में "कोशिका" द्वारा इससे जेंदे की का निर्णय अंतिम और अप्रकारणी होता।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :

ਸਾਹਿਬਜ਼ਾਦੇ ਦੀ ਸ਼ਹੀਦੀ 'ਤੇ ਲੋਕਾਂ ਦੀ ਪ੍ਰਤੀਕਰਮ



AGREEMENT by HOSPITAL: (हॉस्पिटल से करार)

By affixing hereunder, signature of our Authorized 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 the matter.

इससे अतिरिक्त, इतालवी को और से गणतन्त्रवादी को "सोवियत साम्यवाद" से मिलान करवाया हेतु विचारित भी जाये है, जिसे इस (इसका) निम्न उद्धात से स्पष्ट व स्वीकार्य नहीं है।

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RECOMMENDED FOR ACCEPTANCE

સગીમણી એ વિદ્યુ સંસ્કૃતિ

Date of Surgery ऑपरेशन की तारीख 12/12/18	Dr. Shankar Nag (Name of Doctor Registered with Stamp) डॉक्टर का नाम व हस्ताक्षर व छाप	Dr. Shankar Bagchi (Name, Designation & Stamp of Authorized Signatory on behalf of Hospital) नाम व पद हस्ताक्षर अधिकृत अधिकारी
FOR INTERNAL USE of KOSHIKA FOUNDATION		
SIGNATURE of TRUSTEE 1 आजी इलाहाबाद 1	SIGNATURE of TRUSTEE 2 आजी इलाहाबाद 2	
		