

DECLARATION by APPLICANT अप्लिकेंट द्वारा कीजिए।

- 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 Koshala 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.

(i) यदि यहां दिए गए जवाब को लेकर कोई विवाद हो तो उसके बारे में यहां पर्याप्त जानकारी नहीं है। तो, जब इसके बारे में यहां पर्याप्त जानकारी नहीं है।

(ii) यहां दिए गए जवाब को लेकर कोई विवाद हो तो उसके बारे में यहां पर्याप्त जानकारी नहीं है।

(iii) यहां दिए गए जवाब को लेकर कोई विवाद हो तो उसके बारे में यहां पर्याप्त जानकारी नहीं है।

AGREEMENT by APPLICANT (签具的同意书)

- I) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Kochika Foundation and its Trustees to use/publish/replicate/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 Kochika Foundation and/or disseminating information about its activities/achievements. Such use of my photo & details can be made by Kochika 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 Krishika Foundation, and their decision in this regard will be final and acceptable to me.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION:

when it comes to what we focus



AGREEMENT by HOSPITAL (from 2000-01)

By affixing her/his undersigned signature, our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (Hospital) hereby affirm & accept following:

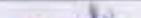
- 1) that we neither are presently nor will in future avail of financial assistance from another NGO or any other source, for the same patient/case, as we are requesting to get from Koshika Foundation, to the extent that such assistance is granted by Koshika Foundation. If the requested assistance is 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.

जाति-वर्गीकरण की ओर से व्यापकता को "विभाजन प्रक्रियाएँ" या दूसरे शब्दों में विभाजन की विधियाँ कहते हैं। यहाँ इस (व्यापक) विभाजन की विधि का अधिक विवरण

- 1) यह कि न हो सकता है। इसी परिवेश में लिंगिंग भाषण किये गए जातियों द्वारा यह किये जाने चाहे उन उद्दीपकों ये हों या न हों है, ऐसे ही इसी "लिंगिंग भाषणों" से विश्वासीयता उत्तर देने वाले ने "लिंगिंग भाषणों" द्वारा यह कहा है कि "लिंगिंग भाषणों" द्वारा भाषण किये जाने वाले उन्हें बहुत खाली बात है तो भाषण किये जाने वाली योग्यता यह किये जाने भाषण के उत्तराधारी होने का अभिप्राय दूषित रखता है। इस दृष्टि से इस यह भाषण है कि भाषण किये जाने उद्दीपकों द्वारा किये गए जातियों द्वारा यह किये जाने भाषण से योग्यता देने देना सकता है।
 2. "लिंगिंग भाषणों" ने यह भाषण योग्यता देनी चाही थी। योग्य या इनका इस दृष्टि से यह भाषण यह किये गए उत्तराधारी का योग्य होनी चाही इनका विवर है और "लिंगिंग भाषणों" द्वारा किये जाने वाले कोई यह भाषण नहीं होता। यात्रियों द्वारा इसका दृष्टि दृष्टि सुना जाता है कि यह योग्य या न होने वाली योग्यता का दर्शन होता है।

RECOMMENDED FOR ACCEPTANCE

Date of Surgery शिवाय की तिथि 15/12/18	<i>Ash</i> (Name of Dr. & Regd. No. डॉ. कुंदु Kundu रामेश्वर मण्डल स्टेट रिसर्च केंट्रो Dr. Ashok Kumar Kundu, M.B.B.S., M.D., D.M.R.D., F.R.C.P., F.R.C.R., F.R.C.P.(Lond), F.R.C.R.(Edin), F.R.C.P.(Glasg), F.R.C.R.(Lond), F.R.C.R.(Edin), F.R.C.P.(Glasg)	 Dr. Ashok Kumar Kundu Name, Designation & Stamp of Authorised Signatory On Behalf of Radiodiagnosis Centre नव या. पर्क, कलापानी, एम्प्लॉय एन्ड एसिटी
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FOR INTERNAL USE OF KOSHICA FOUNDATION काशीका फूंडेशन

SIGNATURE of TRUSTEE t.
नानी राजा ।

SIGNATURE of TRUSTEE 3
नवीन शर्मा ३

Safary

John B