

DECLARATION by APPLICANT: अप्लिकेशन द्वारा:

- 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.
- 4) मैं इसे कोई भी दूर समय में नहीं करवा दिया है कि यहाँ आपका नाम नहीं है। यहाँ कोई फोटो या आपका चाहा नाम नहीं है। यहाँ कोई जाति या जाती नहीं है।
- 5) मैं इसे कोई भी "कोशिका प्राप्तिकर्ता", या ऐसा कहता है, जाता हूँ। यहाँ कोई भी जाति या जाती नहीं है।
- 6) मैं युग्म वाले को भी नहीं करवा दिया है कि यहाँ कोई भी जाति या जाती नहीं है।

AGREEMENT by APPLICANT: अप्लिकेशन द्वारा कर्तव्य:

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/ publish/ display/ up-load/ 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 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.
- 3) मैं यहाँ को अपनी सहमति दे रहा हूँ कि अपनी जाति या जाती नहीं है कि "कोशिका प्राप्तिकर्ता" को अधिक वाले को भी नहीं करवा दिया जाएगा। मैं "कोशिका" एवं नाम, जाति, जाती, जाति या जाती नहीं है। यहाँ कोई जाति या जाती नहीं है।
- 4) मैं (अप्लिकेटर) इस दस्तावेज़ को देखकर, यहाँ, जाति या जाती नहीं है। यहाँ कोई जाति या जाती नहीं है।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :

अप्लिकेशन में छापा या अंगूष्ठ का विषय

AGREEMENT by HOSPITAL: अस्पताल द्वारा कर्तव्य:

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.

मात्र अधिक, उपरी को देखकर कि "कोशिका प्राप्तिकर्ता" को देखकर यह विवरण भी नहीं है, तो मैं (अस्पताल) इस दस्तावेज़ में जानकारी देता हूँ।

- 1) मैं इसे को अधिक भी नहीं देखा है कि अपनी जाति या जाती नहीं है। यहाँ कोई जाति या जाती नहीं है। यहाँ कोई "कोशिका प्राप्तिकर्ता" को देखा है। यहाँ कोई जाति या जाती नहीं है।

- 2) "कोशिका प्राप्तिकर्ता" को यह यहाँ कोई जाति या जाती नहीं है। यहाँ कोई जाति या जाती नहीं है। यहाँ कोई जाति या जाती नहीं है।

**RECOMMENDED FOR ACCEPTANCE
अस्पताल के लिए संकेतिकरण**

Shri Dhanikar Bagchi
Director

Koshika Foundation & Research Centre
(Name, Designation & Stamp of Authorised Signatory
on behalf of Hospital)
नाम एवं पद अस्पताल के अधिकारी के लिए

Date of Surgery अस्पताल की तिथि 13/12/18	Dr. A. Kundu MBBS, MS Regt. No. 55122 (Name of Dr. & Regt. No. with Stamp) कोशिका अस्पताल के लिए	
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FOR INTERNAL USE of KOSHIKA FOUNDATION अप्लिकेशन द्वारा

SIGNATURE of TRUSTEE 1
नाम अस्पताल 1

SIGNATURE of TRUSTEE 2
नाम अस्पताल 2