

- 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) मैं पात्र करता हूँ कि यह अपने में रखे गये विवरण सभी जास्तीयों द्वारा अनुमति दिए गए हैं। यह किंवदं विवरण का कानून अनुसार यह काम है। यह कानून विवरण की अनुमति है।

(2) मैं इस अपने जीवन के "विशेष उद्देश्यों", द्वारा दिए गए हैं, जास्तीयों द्वारा उनकी वाली विवरण की अनुमति है, जो इस अपने में दिए गए हैं।

(3) मैं अनुमति दिए गए विवरण की अनुमति की रूप से अपनी विवरण की अनुमति की अनुमति की रूप से दिए गए हैं।

AGREEMENT by APPLICANT (check if applicable)

- 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/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.

1) मैं इस पर अपने स्वतंत्र या अपने की जान सहमति, मैं (आवेदक) अपने मामले को उपर लिखे हुए "कोशिका प्रबोधन और जनर्स नायटर्स" को विशेष रूप से दिया गया जानकारी पर, जो कोशिका प्रबोधन नायटर्स, पर, जनर्स एवं एड्युकेशन एवं युवा विकास और उदासीनों को लिए बढ़ावी की जाना चाहा गया था। जो विशेष रूप से जानकारी है, को "कोशिका" एवं नायटर्स, पर, जनर्स एवं एड्युकेशन एवं युवा विकास और उदासीनों को लिए बढ़ावी की जाना चाहा गया था।

2) मैं (आवेदक) इस पर अपने स्वतंत्र या अपने की जान सहमति, मैं जो कोशिका प्रबोधन नायटर्स एवं एड्युकेशन एवं युवा विकास और उदासीनों को लिए बढ़ावी की जाना चाहा गया था।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

अपेक्षा के अन्याय का अनुदोष का विषय



AGREEMENT by HOSPITAL (HOSPITAL SIGNATURE)

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 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 it 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.

post offices around the city at midnight as "Postmen's midnight" at 10pm every 1st Saturday of each month. Postmen's midnight is a tradition that began in 1900.

- 1.) यह कि वे ही वर्षाकृत वैदेशी व दूसरी भाषाओं में लिखित प्राचीन लिपि व प्राचीन लिपियाँ वह लिखना का बहुत ही बड़ा काम है, जिसके लिए (विद्यालय) निम्न उच्चतम व उच्चतम स्तरों पर विद्यार्थी बनना चाहिए।

2. "सौंदर्या वासवेन" में ही एक वास्तव संकलन विविध प्रकृति की है। हाँ या इसका इष्ट ही एक वास्तव या जिसे एक वास्तवादीयता का चुनने हेतु एक वास्तव

RECOMMENDED FOR ACCEPTANCE

Date of Surgery

15/12/18

Dr. K. Ghosh
MBBS,DO,DNB,FRCS
Reg. No.-50971
(Name of Dr. & Reg. No. with Stamp) Centre

 Shubh Sankar Bagchi
Director
(Name, Designation & Stamp of Authorised Signatory
on behalf of Hospital)

FOR INTERNAL USE OF KOSHICA FOUNDATION

SIGNATURE of TRUSTEE 1
[Signature]

Safaryl

SIGNATURE of TRUSTEE 2

Eric