

| APPLICATION FORM FOR ASSISTANCE<br>(Healthcare)                                                                                       |                                                                                                      | (सहायता हेतु आवेदन प्रारूप)                                                                                            |                                                           | (स्वास्थ्य देखभाल)                                                                                           |  |                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| APPLICATION No. / आवेदन संख्या : K1124812020                                                                                          |                                                                                                      | APPLICATION DATE / आवेदन तिथि : 15/12/18                                                                               |                                                           | <br>Building Stock of life |  |                                                                                     |  |
| NAME of APPLICANT / आवेदक का नाम : MD. KALIMUDDIN                                                                                     |                                                                                                      | AGE-YEARS / आयु-वर्ष : 75                                                                                              |                                                           |                                                                                                              |  | SEX / लिंग : M                                                                      |  |
| FATHER'S/SPOUSE'S NAME / पिता/पत्नी का नाम : IMAM UDDIN MIYA                                                                          |                                                                                                      | PRESENT RESIDENCE ADDRESS / वर्तमान निवास पता : 31, JAGAT KHAJAN ROAD, TILAKA, SOUTH 24 PARGANAS DISTRICT, WEST BENGAL |                                                           |                                                                                                              |  |  |  |
| PERMANENT RESIDENCE ADDRESS / स्थायी निवास पता : - AS ABOVE -                                                                         |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| OCCUPATION / व्यवसाय : UNEMPLOYED                                                                                                     |                                                                                                      | MARRIED (विधवा) / UNMARRIED (अविधवा) : [X] MARRIED                                                                     |                                                           |                                                                                                              |  |                                                                                     |  |
| TOTAL ANNUAL INCOME / कुल वार्षिक आय : NIL                                                                                            |                                                                                                      | (Attach Proof of Income) (आय का प्रमाण संलग्न करें)                                                                    |                                                           |                                                                                                              |  |                                                                                     |  |
| PAN No. / पैन संख्या : [Blank]                                                                                                        |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):<br>क्या आप आय करदाता हैं? (जो सही हो उस पर टिक करें)                   |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| FAMILY DETAILS / परिवार विवरण                                                                                                         |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| Sr. No. / क्रम संख्या                                                                                                                 | Name of Family Member / परिवार के सदस्यों का नाम                                                     | Age (Years) / उम्र (वर्ष)                                                                                              | Gender / लिंग                                             | Relation with Applicant / आवेदक से सम्बन्ध                                                                   |  |                                                                                     |  |
| 1.                                                                                                                                    | MD. KALIMUDDIN                                                                                       | 75                                                                                                                     | M                                                         | SELF                                                                                                         |  |                                                                                     |  |
| 2.                                                                                                                                    | SULTANA BEGUM                                                                                        | 68                                                                                                                     | F                                                         | WIFE                                                                                                         |  |                                                                                     |  |
| 3.                                                                                                                                    | MD. AFRIZ                                                                                            | 29                                                                                                                     | M                                                         | SON                                                                                                          |  |                                                                                     |  |
| BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)<br>सहायता के लिए किसी आधार                                             |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| BPL Card (Attach Card Copy)<br>गरीबी रेषा के नीचे आय पर (प्रमाण पत्र की प्रतिलिपि संलग्न करें)                                        |                                                                                                      | EWS Certificate (Attach Certificate Copy)<br>आय आय वर्ग प्रमाण पत्र (प्रमाण पत्र की प्रतिलिपि संलग्न करें)             |                                                           | Ration Card (Attach Copy)<br>उपभोग्य कार्ड (प्रमाण पत्र की प्रतिलिपि संलग्न करें)                            |  |                                                                                     |  |
| Any Other Basis/Proof<br>अन्य कोई प्रमाण                                                                                              |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| "PURPOSE" for REQUESTING ASSISTANCE:<br>सहायता हेतु निम्न में किसी का उद्देश्य:                                                       |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| Sr. No. / क्रम संख्या                                                                                                                 | Medical Reports/Prescriptions Attached<br>मनमान्य/प्रीस्क्रिप्शन से बंधी को पत्र संविधान सूची संलग्न |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| 1.                                                                                                                                    | DIAGNOSIS - CATARACT - L.E.                                                                          |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| 2.                                                                                                                                    | SURGERY - L.E. (Surgical)                                                                            |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES<br>इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया है? |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
| Sr. No. / क्रम संख्या                                                                                                                 | NAME of OTHER SOURCE<br>अन्य स्रोत का नाम                                                            |                                                                                                                        | AMOUNT of ASSISTANCE BEING AVAILED<br>तो पत्र सहायता पंजी |                                                                                                              |  |                                                                                     |  |
|                                                                                                                                       |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
|                                                                                                                                       |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |
|                                                                                                                                       |                                                                                                      |                                                                                                                        |                                                           |                                                                                                              |  |                                                                                     |  |

**DECLARATION by APPLICANT: (अर्शेक हतु षेकन षे)**

- 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 षेकन षत हूँ ढि इत षतन षे ढिने षने षने षिषत षेढी षतनतरी षे षतुषत षतन षने षती है। षने षने षिषत षने षतन षतन षतन है षे षेढी षतनत षिषत षी षत षतनती है।
- 2) मैं हतु षे षतनत षतन "कौषीक षतनतरीषत", षे षी षत षती है, षतनत षतनत षती षतनत षी षती षे षिने षिषत षतनत, षे इत षतनत षे षत षतन है।
- 3) मैं षुषत षतन हूँ ढि षिषत षतनत हतु षत षतनत षी षती है, षत षतनत षत षतनत षतनत षिषती षतन षतनतरीषत/कौषीक षतनतरी षे ष षी षिषत है षी ष षी षतनत षे षीषत।

**AGREEMENT by APPLICANT (अर्शेक हतु षतन)**

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to use/put/ship/put-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 is this regard will be final and acceptable to me.
- 1) इत षतन षत षतनत इतनतन षत षतनत षी षतनत षतनत, मैं (अर्शेक) षतनत षतनती षी षुषत षतन हूँ षने "कौषीक षतनतरीषत" षी षतनत षतन हूँ ढि षेढ षतन, षतन, षतनती षी षे षिषत इत षतनत षे षीषत है, षती "कौषीक" षतनत षतनती, षतन, षतनतनत षतनत षतनत षे षुढी षीषतरीषत षी षतनतरीषत षी षिने षिषती षी षतनत षतनत षे षतनत षतनत षे षिषत षतनत है। षेढ षतनत षी षिषत षी इतनत षे षतनत षत षतनत षे षतनत षे षिषत "कौषीक षतनतरीषत" षतनतरी षतनतरीषत है।
- 2) मैं (अर्शेक) इत षतनत षे षतनत हूँ ढि षेढ षतन, षतन, षतनती षी षिषत षे षतनत षे षतनतरीषत षे षतनत है षुढी षतनत। षतनतनत षत इतनतनत षती षतनत। इत षतनतरी षे "कौषीक" षतनत षतनत षतनतरीषत षत षिषत षतनत षी षतनतनतरी षीषत।

**APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :**

अर्शेक षे इतनतनत षत षतनतरी षत षिषत



**AGREEMENT by HOSPITAL (इतनतनत हतु षतन)**

- 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 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.
- इतनत षतनतनत, इतनतनतरी षी षीषत षे षतनतरीषतरी षी षतनतरी षी षती है, षिषती इतनत (इतनतनत) षिषत इतनत षे षतनत षत षतनतनत षतनती है।
- 1) षत षिषत षत षी षतनतनत षी षीषत षतनतनत षिषती षी षतनतरी षीषतनत षत षिषती षतनत षतनत षे इतनत षतनतनतनतरी षे षीषत षत षी षती है, षीषती षिषती "कौषीक षतनतरीषत" षे षिषतरीषत/षिषती इतनत षे इतनतनत षे "कौषीक षतनतरीषत" हतु षतनत हतु षिषत है। षती "कौषीक षतनतरीषत" हतु षतनतनत षिषती षीषतनतनतनत हतु षतनतनत षती षिषत षतनत है षे इतनतनत षिषती षतनत षी षतनतरी षीषतनत षत षिषती षतनत इतनतनत षे षतनतनत षीषत षतनत षतनतनत षुषीषत षतनत है। इत षुषीषत षे षतनत षतनत षतनत है षिषत इतनतनत षीषतनत षतनत इतनत षतनतरीषतरी षीषत षतनत षतनत षी षती षीषतनतरीषतरी।
  2. "कौषीक षतनतरीषत" षे षी षती षतनतनत षीषत षीषतनत षीषती षी है। षती षत इतनतनत हतु षी षती षतनतनत षत षिषती षती इतनतनतनतनतनत षत षुषतनत षती षती इतनतनत षी षीषत षत षिषत है षीषत "कौषीक षतनतरीषत" हतु षिषती इतनत षत षीषत षतनत षती है। इतनतनत इतनतनत षे षती षे इतनत षुषतनत षीषत षती षती षतनतनतरी षती षती इतनतनत षी षती षती "कौषीक" षी षीषत षुषीषतनत षत षतनतनतरी इतनत षतनतनत षी षती इतनत।

**RECOMMENDED FOR ACCEPTANCE**

अतरीषतरी षी षिषत षीषतनतरीषत

Date of Surgery  
अतरीषत षी षतीषत

15/12/18

Dr. K. Ghosh  
MBBS, DNB, FRCS  
Reg. No. - 50971  
(Name of Dr. & Reg. No. with Stamp)  
इतनतनत षत षतनत इतनतनत षत षती षती

Dr. Sankar Bagchi  
Director  
(Name, Designation & Stamp of Authorized Signatory on behalf of Hospital)  
इतनत षत षत इतनतनत षीषतनत षीषतनती

**FOR INTERNAL USE of KOSHIKA FOUNDATION अतनतीषत षतनतनत हतु**

SIGNATURE of TRUSTEE 1

अतनती इतनतनत 1

*[Signature]*

SIGNATURE of TRUSTEE 2

अतनती इतनतनत 2

*[Signature]*