



**DECLARATION by APPLICANT** *मान्यता देता घोषणा करता*

- 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 निम्न वाक्य के लिए इसका अधिकारी हूँ जो आपने मैंने अपनी वास्तविक स्थिति के बारे में भेजा था। यह वाक्य ऐसा वाक्य है जो मैंने अपनी स्थिति की वास्तविकता को दर्शाता है।

5) मैं इस वाक्य को "कृषिकार्यालय", या यह कहता हूँ, उसका उपयोग को अपने वास्तविक वाक्य के लिए विकल्प कहता हूँ, जो इस वाक्य के बारे में यह कहता है।

6) मैं युक्त वाक्य के लिए वाक्यालय को अपने बाहरी वाक्य के लिए विकल्प कहता हूँ, जो यह कहता है कि वाक्यालय के लिए विकल्प वाक्य के लिए विकल्प है।

**AGREEMENT by APPLICANT (where the word)**

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and it's Trustees to use/publish/post/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 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 Trustee of Kozhika Foundation, and their decision in this regard will be final and acceptable to me.



APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

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**AGREEMENT by HOSPITAL (OPTIONAL FORM)**

By affixing heretounder, signature of our Authorized Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (hereinafter referred to as) accept following:

- (i) 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.

(ii) 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.

<sup>1</sup> See also, among others, the discussion in "Cultura e tecnologia: a lógica social da produção cultural" (1999). For more on this subject see the article by Gómez (1999).

- (1) यह विषय से बोलेंगे और यह ही अधिकार में विभिन्न व्यापक विवेदी वैज्ञानिक संस्थाएँ या विवेदी अन्य विद्याएँ में जोड़े जाते होंगे हैं, जैसे कि इसमें "वैदिक वाचादीश" विविधताविहीन उपराज में विभिन्न व्यापक में जोड़े जाते होंगे हैं; यदि "वैदिक वाचादीश" इस व्यापक विवेदी वैज्ञानिक व्यापक में जोड़े जाते होंगे हैं तो व्यापक या विवेदी अन्य सम्बन्ध में व्यापक लोगों द्वारा व्यापक व्यापक विवेदी वैज्ञानिक व्यापक होना है। यह व्यापक में व्यापक व्यापक में जोड़े जाते होंगे हैं तो व्यापक व्यापक विवेदी वैज्ञानिक व्यापक होना है।

- “**संविधान पारिवर्तन**” ने ही एक समाज के लिए उपलब्ध की है। यहाँ पर इसका दृष्टि एक समाज के लिए एक समाजप्रतिक्रिया का तुल्य होने का समाज है। और “**संविधान पारिवर्तन**” इस लिए उपलब्ध का एक एक बड़ी है। यहाँ समाज में संघर्षों में इसका असर और उसे यहाँ आयी सभी लिपेन्ट उपरे पर उपलब्ध होता है। और “**संविधान**” ने यहाँ अधिकारों का विस्तृत विवरण दिया है।

RECOMMENDED FOR ACCEPTANCE

Date of Surgery बीमोत्ता की तारीख	13/10/18	Dr. SHIB SANKAR BAGCHI MD, MSc, FRCR (Eye), REFINED Reg. No. 702 (Name of Dr. & Regn. No. with Stamp) संसद का नाम व संख्या नं. ७०२	Shib Sankar Bagchi Director (Name, Designation & Stamp of Authorized Signatory on behalf of Hospital) नम ए पट् इलाजन बीमोत्ता बिहारी
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FOR INTERNAL USE OF KOSHICA FOUNDATION

SIGNATURE of TRUSTEE 1  
[Signature]

SIGNATURE of TRUSTEE 2  
नामी व्यक्ति 2

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