

APPLICATION FORM FOR ASSISTANCE (Healthcare)		(सहायता हेतु आवेदन प्रारूप)		(स्वास्थ्य देखभाल)	
APPLICATION No. : K/12/8/2094		APPLICATION DATE : 19/12/18		 Koshika foundation Building block of life.	
NAME of APPLICANT : SEKHATJUL RAHAMAN		AGE-YEARS : 60			
FATHER'S/SPOUSE'S NAME : SEKH NAFAR ALI		SEX : M			
PRESENT RESIDENCE ADDRESS : DAKSHIN SANTOSH PUR, HADRA, HAVERG, WEST BENGAL					
PERMANENT RESIDENCE ADDRESS : AS ABOVE					
OCCUPATION : LABOURER					
TOTAL ANNUAL INCOME : Rs. 1800 x 12 = 21,600/-		MAILED (विवाहित) / UNMAILED (अविवाहित)			
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):		Yes / No			
Basis for REQUESTING ASSISTANCE (Tick whichever is applicable):		Basis for REQUESTING ASSISTANCE (Tick whichever is applicable):			
FAMILY DETAILS					
Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant	
1.	SEKHATJUL RAHAMAN	60	M	SELF	
2.	ARTINA BEGUM	54	F	WIFE	
3.	SR UBIDUL	32	M	SON	
4.	SR ARTINA BEGUM	29	F	DAUGHTER	
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable):					
BPL Card (Attach Card Copy)		EWS Certificate (Attach Certificate Copy)		Ration Card (Attach Copy)	
Any Other Basis/Proof					
"PURPOSE" for REQUESTING ASSISTANCE:					
Medical Reports/Prescriptions Attached					
Sr. No.	1. DIAGNOSIS - CATARACT - RE				
Sr. No.	2. SURGERY - RE (SICUTIAL)				
ASSISTANCE BEING AWAIRED for SAME "PURPOSE" from OTHER SOURCES					
Sr. No.	NAME of OTHER SOURCE		AMOUNT of ASSISTANCE BEING AWAIRED		
Sr. No.					
Sr. No.					
Sr. No.					
Sr. No.					

DECLARATION by APPLICANT: (अर्थिक सहायता के लिए)

- 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.
- 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.
- 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.
- मैं घोषणा करता हूँ कि इस प्रकरण में मिले जाने वाले वित्तीय सहायता को केवल उद्देश्य के अनुसार ही प्रयोग किया जाएगा। यदि कोई भी वित्तीय सहायता प्राप्त की जाएगी तो वह केवल उद्देश्य के लिए ही प्रयोग की जाएगी।
- मैं घोषणा करता हूँ कि मैंने और भविष्य में भी किसी भी अन्य स्रोत/रोजगार/बीमा कंपनी से, जिसके लिए मैंने वित्तीय सहायता का अनुरोध किया है, से कोई भी वित्तीय सहायता नहीं प्राप्त की है।
- मैं घोषणा करता हूँ कि मैंने वित्तीय सहायता के लिए किसी भी अन्य स्रोत/रोजगार/बीमा कंपनी से, जिसके लिए मैंने वित्तीय सहायता का अनुरोध किया है, से कोई भी वित्तीय सहायता नहीं प्राप्त की है।

AGREEMENT by APPLICANT (अर्थिक सहायता के लिए)

- By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize Koshika Foundation and its Trustees to use/publish/post-up/photograph 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.
- 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.
- इस प्रकरण में मेरी हस्ताक्षर या मुद्रा छाप कर, मैं (अर्थिक सहायता के लिए) घोषणा करता हूँ कि मैं "अर्थिक सहायता और उद्देश्य" के लिए वित्तीय सहायता का अनुरोध कर रहा हूँ। मैं घोषणा करता हूँ कि मैंने वित्तीय सहायता का अनुरोध किया है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है।
- मैं (अर्थिक सहायता के लिए) घोषणा करता हूँ कि मैंने वित्तीय सहायता का अनुरोध किया है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :

अर्थिक सहायता के लिए मेरी छाप



AGREEMENT by HOSPITAL (अर्थिक सहायता के लिए)

- 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:
- 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.
 - 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.
- इसके अतिरिक्त, हम घोषणा करते हैं कि हम "अर्थिक सहायता" के लिए वित्तीय सहायता का अनुरोध कर रहे हैं, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है।
- मैं घोषणा करता हूँ कि मैंने वित्तीय सहायता का अनुरोध किया है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है।
 - "अर्थिक सहायता" के लिए मैंने वित्तीय सहायता का अनुरोध किया है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है, जो कि "अर्थिक सहायता" के लिए है।

RECOMMENDED FOR ACCEPTANCE

स्वीकृति के लिए प्रस्तावित

Date of Surgery ऑपरेशन की तारीख 19/12/18	(Name of Dr. R. Ragh. Nar. with Stamp) डॉक्टर का नाम व हस्ताक्षर के साथ	(Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) हॉस्पिटल के लिए अधिकृत अधिकारी
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FOR INTERNAL USE of KOSHIKA FOUNDATION (अर्थिक सहायता के लिए)

SIGNATURE of TRUSTEE 1 आरोपित 1	SIGNATURE of TRUSTEE 2 आरोपित 2
(Signature)	(Signature)