

APPLICATION FORM FOR ASSISTANCE  
सहायता के लिए आवेदन प्रारूप

(Healthcare)  
(स्वास्थ्य देखभाल)

**Koshika**  
foundation  
Building block of life

APPLICATION No.: **KU128/2099** APPLICATION DATE: **19/12/18**

NAME OF APPLICANT: **SUBODH BARKANDAJ** AGE-YEARS: **65** SEX: **M**

FATHER'S/SPOUSE'S NAME: **PURNAM BARKANDAJ**

PRESENT RESIDENCE ADDRESS: **1441D, KACHU KHILLI, 6 NO. CHAKERI, OTHER PARK,  
GOSHPURA, SOUTH 24 PARGANAS  
WEST BENGAL**

PERMANENT RESIDENCE ADDRESS: **1441D, KACHU KHILLI, 6 NO. CHAKERI, OTHER PARK,  
GOSHPURA, SOUTH 24 PARGANAS  
WEST BENGAL**

— AS ABOVE —

OCCUPATION: **UNEMPLOYED** MARRIED (मिहिर) / UNMARRIED (मिहिर)

TOTAL ANNUAL INCOME: **NIL** (Attach Proof of Income)  
(इस का साधा प्रमाण)

PAN No. **PTUE 9999 9999**

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):  
मम जो जरा भी जरा या ज्यादा का निकात होता है। Yes / No  
हाँ / नहीं

FAMILY DETAILS परिवार विवरण

Sl. No.	Name of Family Member परिवार के सदस्य का नाम	Age (Years) वय (वर्ष)	Gender लिंग	Relation with Applicant परिवार में का सम्बन्ध
1	<b>SUBODH BARKANDAJ</b>	<b>65</b>	<b>M</b>	<b>SELF</b>
2	<b>MANAKARANJIT BARKANDAJ</b>	<b>36</b>	<b>M</b>	<b>SON</b>
3	<b>ACHINTA BARKANDAJ</b>	<b>33</b>	<b>M</b>	<b>SON</b>

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)  
मानवता के लिए निर्दिष्ट आवास

BPL Card (Attach Card Copy) मध्यमी रेखा में लिए दृष्टान्त या (जल्दी या जल्दी लिए जाना की)	EWS Certificate (Attach Certificate Copy) मध्यम जल्दी इकाई का (जल्दी या जल्दी लिए जाना की)	Ration Card (Attach Copy) उत्तमता इकाई (जल्दी या जल्दी लिए जाना की)	Any Other Basis/Proof अन्य की लाग
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"PURPOSE" for REQUESTING ASSISTANCE:  
मानवता हेतु लिए गए निम्नों का सूची:

Sl. No. अन्य संख्या	Medical Reports/Prescriptions Attached अस्पताल/दैवत से लिए गए अन्य डिस्ट्रिक्ट स्पेशल स्टोर्न
1.	<b>DIAGNOSIS - CATHARACTIC</b>
2.	<b>SCURVITY - LF (SICKLE CELL)</b>

ASSISTANCE BEING AWAILED for SAME "PURPOSE" from OTHER SOURCES  
इस उद्देश्य के हेतु कोई अन्य साहाय्य लियी गयी अन्य स्रोत से लिया गया हो?

Sl. No. अन्य संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AWAILED हाँ गए साहाय्य कीमत

DECLARATION by APPLICANT: मानिक द्वारा पूर्णपण सह:

- 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 Kochika 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) यदि यह वार्ता में दिए गए सभी विवर वास्तविक नहीं होते हैं तो, उनके लिये इसके लिए काम करने का अधिकार नहीं है। यदि यह विवर ऐसे हों कि काम करने का अधिकार नहीं है तो, उनके लिये इसके लिए काम करने का अधिकार नहीं है।

2) यदि यह वार्ता में "काम करने के लिए" की वाची है, तब उसका उपयोग कोई और विवर की वाची के लिए काम करने के लिए नहीं हो सकता है।

3) यदि यह वार्ता में कोई विवर की वाची है, जो काम के लिए कोई अनुमति/वापर नहीं होती है तो, उनके लिये काम करने का अधिकार नहीं है।

AGREEMENT by APPLICANT (संकेतक द्वारा सहमति)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/ publish/ 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 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 "purposes", 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 Kastika Foundation, and their decision in this regard will be final and acceptable to me.



- 2) 4 (अल्पक) इस तरह से वाचन के लिए गेहूं चार, चार, चारों ओर विश्वास के लिए वाचन में अद्यता देखा जानी है औ वाचन का उपयोग यही वाचन है।

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

ਮੁਖ ਦੀ ਗੁਰੂਆਂ ਦੀ ਸੰਖੇ



AGREEMENT by HOSPITAL (SIGN IN RED)

By affixing hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (Hospital) hereby affirms & 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.

इसी अवधि, प्राचीन एवं निर्मल वर्षों के "प्राचीन वास्तविकता" में भौतिक सत्त्वों की विद्या है, जिसे इन (प्राचीन) भौतिक सत्त्वों के विविध विभिन्नता कहते हैं।



2. "ਅਗਲੇ ਵਾਰਿਆਂ ਦੀ ਸੁਧਾ ਕਰਨਾ ਜਾਣਾ ਚਾਹੀਦਾ ਹੈ।" ਇਸ ਵਿਚ ਪ੍ਰਾਤਿਪਦਿਕ ਵਾਰਿਆਂ ਦੀ ਸੁਧਾ ਕਰਨਾ ਚਾਹੀਦਾ ਹੈ।

RECOMMENDED FOR ACCEPTANCE  
मानोन्मती के लिये संकलित

Date of Surgery बीमारी की तिथि <b>19/10/18</b>	 Dr. Dhananjay Giri MS Regn. No. 10075 (Name of Dr. & Regn. No. with Stamp) कल्पना का संस्कार व अनुसंधान केंद्र Research Centre	 Shib Sankar Bagchi Director (Name, Designation & Stamp of Authorized Signatory on behalf of Hospital) कल्पना का संस्कार व अनुसंधान केंद्र
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FOR INTERNAL USE OF KOSHICA FOUNDATION कोशिका फाउंडेशन

SIGNATURE of TRUSTEE 1 नामी इमारा ।	SIGNATURE of TRUSTEE 2 नामी इमारा 2
	