



DECLARATION by APPLICANT: આવેદક દ્વારા ખેંચણ રહે:

- 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 पूर्ण रूप से इस प्रकाश में दिए गए सभी विवरण एवं जानकारी के अनुसार सत्य एवं शारी है। परं कोई विवरण एवं काम अलग पाया जाता है तो मेरी सहमति निवार की जा सकती है।

2) मैं इस वेस्ट्रील कार्ड-वैदेश, से भी ज रही हूँ, उसका उपयोग की बोधवाली को सुनी है दिए विवर वाले, जो इस प्रकाश में दिए गए हैं।

3) मैं अपने जीवन के दूसरे व्यक्ति को दिए गए विवरण की सम्पूर्णतावाली का समर्थन देता हूँ ये वे विवर हैं जो आपने मैंने दीखा।

AGREEMENT by APPLICANT (see box on back)

- 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 "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.

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION

and the first



AGREEMENT by HOSPITAL (病院との合意)

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.

को अपनी समाजी की भूमि में प्रतिरक्षिती को "प्रतिरक्षित प्राचीनभूमि" से विभिन्न प्राचीन ही विकसित भूमि कही गई है। यहाँ इतना ज्ञान उपलब्ध ही नहीं यह भूमि कही गई है।



2. "कांगड़ा बालदेवन" से ही यह व्यापक कोलत विविध ग्रन्थों की है। ऐसे पर इन्हें द्वारा यह व्यापक एवं विविध विविध विषयों का उपलब्ध होता है।

**RECOMMENDED FOR ACCEPTANCE**

Date of Surgery अंतिम दो तारीख <b>03-01-2019</b>	 <b>Dr. Alok Agrawal</b> M.S., Ph.D(E) M.F.R.C.S. (Name of Dr. & Regd. No. with Stamp) रामेश्वर मान संस्कार व अस्पताल व एम्बु. इ.	 <b>Bhibankar Bagchi</b> Director (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) रामेश्वर मान संस्कार व अस्पताल
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FOR INTERNAL USE OF KOSHISHA FOUNDATION

SIGNATURE of TRUSTEE 1 नामी इस्तेहा १	SIGNATURE of TRUSTEE 2 नामी इस्तेहा २
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