

DECLARATION by APPLICANT: मार्गेक द्वारा घोषित करते हुए

- 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 ऐसा कहता हूँ कि इस फॉर्म में दिए गए सभी विवरण यही जास्तीति के मुकाबले सही नहीं हैं। यदि कोई विवरण ऐसा कहा जाता है तो मैं उसका विवरण भी कर सकता हूँ।

(2) मैं इस जीवनान्तर पर्याप्ति "जीवनान्तर पर्याप्ति", में से कोई नहीं हूँ, जिसका उपयोग कोई उम्री के लिये विचार करेंगे, जो इस फॉर्म में पढ़ा गया है।

(3) मैं उम्री कहता हूँ कि यह जीवनान्तर पर्याप्ति की नहीं है, जब उसी का जीवनान्तर पर्याप्ति विवरण द्वारा उपलब्धिकरण कराया जाता है तो वह उसी की विवरण में दर्शाया जाता है।

AGREEMENT by APPLICANT (sign or print)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/put/lish/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:

series of grants to which we have



AGREEMENT by HOSPITAL. (Initials or Name)

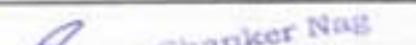
By affixing hereunder, signature of our Authorised Signatory for recommending this case/patient for financial assistance from Koshika Foundation, we (Hospital) hereby affirm & accept following:

- 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.

इसके अलावा, राजनीति को और से व्यवस्थाएँ को "सांख्यिक उत्तरदाता" के लिए उपलब्ध हुए रिपोर्टों की जाती है, जिसे इस (उत्तरदाता) नियम उपलब्ध से बहुत ज़्यादा ज़्यादा करती है।

- 17 यह कि व ही सर्वान् और व ही भवित्व में विशिष्ट समाज किसी वै साक्षात् प्रभावन वा किसी अन्य रूप से उसमा ऐक्यतापूर्ण में संयोग से हो रहे हैं, कैसे कि इनमे “कौशिका चालांदोलन” में विशिष्टकृतिविहीन उत्तर के सम्बन्ध में “कौशिका चालांदोलन” इस गठर संकुचि कि है। यदि “कौशिका चालांदोलन” इस समाज किसी वैशिष्ट्यवाले हेतु बन्दू भी किया जाता है तो समाज किसी अन्य वै साक्षात् प्रभावन वा किसी अन्य समाजसंघ से समाजसंघ संयोग का वैष्विक सूचित रखता है। इस पूर्ण में सम्बन्ध यहां यह है कि समाजसंघ विशिष्ट गठर उसमा ऐक्यतापूर्ण हेतु किसी

RECOMMENDED FOR ACCEPTANCE

Date of Surgery सर्जिकल दो तिथि 05-01-2019	 Name of Dr. & Regd. No. with Stamp of Centre दास्तावच संग्रहीत केंद्र का नाम और नंबर	 (Name, Designation & Stamp of Authorised Signatory on behalf of Hospital) नाम व पद, इमारत के प्रतिनिधि का नाम
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FOR INTERNAL USE of KOSHICA FOUNDATION कोशिका फूंड

SIGNATURE of TRUSTEE 1 नवायी इस्तेहार 1	SIGNATURE of TRUSTEE 2 नवायी इस्तेहार 2
	