

| APPLICATION FORM FOR ASSISTANCE<br>(Healthcare)                              |                                        | Koshika<br>foundation<br>Building block of life. |        |
|------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|--------|
| APPLICATION No.: K111191 1971                                                |                                        | APPLICATION DATE: 5/11/2019                      |        |
| NAME of APPLICANT: SAHIDA BIBI                                               |                                        | AGE-YEARS: 70                                    | SEX: F |
| FATHER'S/SPOUSE'S NAME: BILALATI GAZI                                        |                                        |                                                  |        |
| PRESENT RESIDENCE ADDRESS: 11 BADURIA, NORTH 24 PARGANAS 743421, WEST BENGAL |                                        |                                                  |        |
| PERMANENT RESIDENCE ADDRESS: AS ABOVE                                        |                                        |                                                  |        |
| OCCUPATION: HOUSEWIFE                                                        |                                        | MARRIED (विवाहित) / UNMARRIED (अविवाहित)         |        |
| TOTAL ANNUAL INCOME: RS 1700 X 12 = 20400/-                                  |                                        | (Attach Proof of Income)                         |        |
| FAN No. 10000000000000000000                                                 |                                        |                                                  |        |
| ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No      |                                        |                                                  |        |
| FAMILY DETAILS                                                               |                                        |                                                  |        |
| Sr. No.                                                                      | Name of Family Member                  | Age (Years)                                      | Gender |
| 1.                                                                           | SAHIDA BIBI                            | 70                                               | F      |
| 2.                                                                           | BILALATI GAZI                          | 47                                               | M      |
| 3.                                                                           | BABU GAZI                              | 43                                               | M      |
| BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)               |                                        |                                                  |        |
| BPL Card (Attach Card Copy)                                                  |                                        | Any Other Basis/Proof                            |        |
| EWS Certificate (Attach Certificate Copy)                                    |                                        | Ration Card (Attach Copy)                        |        |
| "PURPOSE" for REQUESTING ASSISTANCE:                                         |                                        |                                                  |        |
| Sr. No.                                                                      | Medical Reports/Prescriptions Attached |                                                  |        |
| 1.                                                                           | DIAGNOSIS — CATARACT — RE              |                                                  |        |
| 2.                                                                           | SURGERY — RE (SLCS + IOL)              |                                                  |        |
| ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES               |                                        |                                                  |        |
| Sr. No.                                                                      | NAME of OTHER SOURCE                   | AMOUNT of ASSISTANCE BEING AVAILED               |        |



DECLARATION by APPLICANT: **ਅਰਜ਼ਦਾਰ ਦੁਆਰਾ ਘੋਸ਼ਣਾ ਹੈ:**

- 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 यहाँ पर कक्षा है कि इस प्रश्न में दिखे गये सभी विवरण मेरी जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य कथन सत्य प्रमाण है तो मेरी सहायता निरास भी हो सकती है।
- 2) मैं यहाँ पर सहायता प्राप्त "कौशिका फाउंडेशन", से ही प्राप्त कर रहा हूँ, इसका उपयोग करने के लिए मैं यहाँ पर सहायता के लिए ही प्राप्त कर रहा हूँ।
- 3) मैं यहाँ पर कक्षा है कि मैंने सहायता प्राप्त करने के लिए नहीं किया है, इस सहायता का उपयोग मैंने सहायता के लिए ही प्राप्त कर रहा हूँ।

AGREEMENT by APPLICANT (সাক্ষরকৃত প্রাধিকার)

- 1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorise Koshika Foundation and its Trustees to use/publish/post-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 is this regard will be final and acceptable to me.
- 1) इस प्रश्न का उत्तर इसलिए देना आवश्यक है कि मैं (अर्हक) अपनी छाप या अंगुली की छाप लगा रहा हूँ कि मैं "कोशिका फाउंडेशन और उसके भरोदारों" को अधिकृत करता हूँ कि वे मेरा नाम, पता, फोटो और वे बिना इस प्रश्न में संक्षेप है, इसे "कोशिका" द्वारा जारी किया जा सकता है, जो मेरे नाम से मुझे प्रतिनिधित्व और उपस्थिति के लिए किसी भी प्रकार उपयोग कर सकते हैं। यह प्रश्न का निम्नलिखित रूप में पूछा जाता है कि मैं "कोशिका फाउंडेशन" से प्राप्त अधिकृत हूँ।
- 2) मैं (अर्हक) इस बात से सहमत हूँ कि मेरा नाम, पता, फोटो और विवरण जो कि सहायता के उद्देश्यों से प्रेषित है मुझे स्वतः सहायता का इकाई नहीं बनाता। इस संबंध में "कोशिका" अपने सभी भरोदारों का निर्णय अंतिम और स्वीकार्य होगा।

APPLICANT'S SIGNATURE OR LEFT THUMB IMPRESSION :

आलेख को हस्ताक्षर या अंगूठी या निशान



AGREEMENT by HOSPITAL (HUGHES 870 342)

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

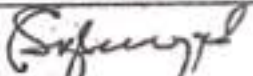
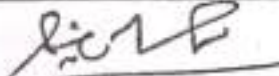
- 1) that we neither are presently nor will in future avail of financial assistance from another NGO or any other source, for the same patient/case, as we are requesting to get from Koshika Foundation, to the extent that such assistance is granted by Koshika Foundation. If the requested assistance is not granted by Koshika Foundation, in part or in full, then the Hospital reserves 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.
- 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 & its outcome & safety of the patient, and Koshika Foundation will have no role or responsibility in the matter.

हवाई अड्डा, इलाहाबाद की ओर से गान्धारी/पेरी की "कॉलेज फॉर वूमन" से निविदा प्राप्त हो चुकी है, जिसे हम (हाथपात) निम्न प्रस्ताव से मान्य व स्वीकार करते हैं।

- [illegible]

## RECOMMENDED FOR ACCEPTENCE

स्वीकृति के लिए संभ्रम

|                                                                                     |                                                                                                                               |                                                                                                                                                          |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Surgery<br>ऑपरेशन की तारीख<br><b>5/11/2019</b>                              | Dr. Arghya Das<br>MBBS, MCh<br>(Name of Dr. & Regs. No. with Stamp)<br>सुखदेव अस्पताल, बरौली, उत्तर प्रदेश<br>Research Centre | Dr. Sankar Bagchi<br>(Name, Designation & Stamp of Authorised Signatory on behalf of Hospital)<br>सुखदेव अस्पताल, बरौली, उत्तर प्रदेश<br>Research Centre |
| FOR INTERNAL USE of KOSHIKA FOUNDATION                                              |                                                                                                                               |                                                                                                                                                          |
| SIGNATURE of TRUSTEE 1<br>न्यासी इलाख 1                                             | SIGNATURE of TRUSTEE 2<br>न्यासी इलाख 2                                                                                       |                                                                                                                                                          |
|  |                                           |                                                                                                                                                          |