

| APPLICATION FORM FOR ASSISTANCE<br>(Healthcare)                                                                                       |                                                 | (Healthcare)<br>(स्वास्थ्य रक्षण)                                                                                  |                | Koshika<br>foundation<br>Building block of life.                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------|--|
| APPLICATION No.: K/0120/3090                                                                                                          |                                                 | APPLICATION DATE: 7/1/2020                                                                                         |                |                                                                                         |  |
| NAME of APPLICANT: SUREKHA PATRA                                                                                                      |                                                 | AGE-YEARS: 61                                                                                                      | SEX: F         |                                                                                         |  |
| FATHER'S/SPOUSE'S NAME: JUGAL JENA                                                                                                    |                                                 |                                                                                                                    |                |                                                                                         |  |
| PRESENT RESIDENCE ADDRESS: KACHA LINE, LAMPUGHA, TITAGARH, NORTH-24 PARGANAS 700110, WEST BENGAL                                      |                                                 |                                                                                                                    |                |                                                                                         |  |
| PERMANENT RESIDENCE ADDRESS: AS ABOVE                                                                                                 |                                                 |                                                                                                                    |                |                                                                                         |  |
| OCCUPATION: COOK                                                                                                                      |                                                 | MARRIED (विवाहित) / UNMARRIED (अविवाहित)                                                                           |                |                                                                                         |  |
| TOTAL ANNUAL INCOME: RS 1700 X 12 = 20400                                                                                             |                                                 | (Attach Proof of Income)<br>(आय का सबूत संलग्न)                                                                    |                |                                                                                         |  |
| PAN No. SPAN 8888 8888                                                                                                                |                                                 |                                                                                                                    |                |                                                                                         |  |
| ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):                                                                        |                                                 | Yes / NO<br>हां / नहीं                                                                                             |                |                                                                                         |  |
| FAMILY DETAILS परिवार विवरण                                                                                                           |                                                 |                                                                                                                    |                |                                                                                         |  |
| Sr. No.<br>क्रम संख्या                                                                                                                | Name of Family Member<br>परिवार के सदस्य का नाम | Age (Years)<br>उम्र (वर्ष)                                                                                         | Gender<br>लिंग | Relation with Applicant<br>आवेदक के साथ सम्बन्ध                                         |  |
| 1.                                                                                                                                    | SUREKHA PATRA                                   | 61                                                                                                                 | F              | SELF                                                                                    |  |
| 2.                                                                                                                                    | PARAMANANDA PATRA                               | 92                                                                                                                 | M              | SON                                                                                     |  |
| BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)<br>सहायता के लिए विनियम आधार                                           |                                                 |                                                                                                                    |                |                                                                                         |  |
| BPL Card<br>(Attach Card Copy)<br>गरीबी रक्षा के नीचे प्रमाण पत्र<br>(प्रमाण पत्र की प्रतिलिपि संलग्न करें)                           |                                                 | EWS Certificate<br>(Attach Certificate Copy)<br>अल्प आय वर्ग प्रमाण पत्र<br>(प्रमाण पत्र की प्रतिलिपि संलग्न करें) |                | Ration Card<br>(Attach Copy)<br>उपभोग्य कार्ड<br>(प्रमाण पत्र की प्रतिलिपि संलग्न करें) |  |
| Any Other Basis/Proof<br>अन्य कोई साक्ष्य                                                                                             |                                                 |                                                                                                                    |                |                                                                                         |  |
| "PURPOSE" for REQUESTING ASSISTANCE:<br>सहायता हेतु किए गए विनियम का उद्देश्य:                                                        |                                                 |                                                                                                                    |                |                                                                                         |  |
| Medical Reports/Prescriptions Attached<br>अस्पताल/डॉक्टर से जारी की गई उचित/अनुचित सूची संलग्न                                        |                                                 |                                                                                                                    |                |                                                                                         |  |
| 1.                                                                                                                                    | DIAGNOSTICS — CATARACT — RE                     |                                                                                                                    |                |                                                                                         |  |
| 2.                                                                                                                                    | SURGERY — RE (SICS+IOL)                         |                                                                                                                    |                |                                                                                         |  |
| ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES<br>इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया हो? |                                                 |                                                                                                                    |                |                                                                                         |  |
| Sr. No.<br>क्रम संख्या                                                                                                                | NAME of OTHER SOURCE<br>अन्य स्रोत का नाम       | AMOUNT of ASSISTANCE BEING AVAILED<br>सी गई सहायता राशि                                                            |                |                                                                                         |  |
|                                                                                                                                       |                                                 |                                                                                                                    |                |                                                                                         |  |
|                                                                                                                                       |                                                 |                                                                                                                    |                |                                                                                         |  |
|                                                                                                                                       |                                                 |                                                                                                                    |                |                                                                                         |  |

DECLARATION by APPLICANT: आवेदनक हुन केलस यन:

- 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 घोषणा करता हूँ कि इस प्रारूप में दिये गये सभी विवरण सही जानकारी के अनुसार सत्य एवं सही हैं। यदि कोई विवरण सत्य प्रमाण प्राप्त नहीं है तो यही सहायता निरस्त की जा सकती है।
- 2) मैं प्रारूप में उल्लेखित उद्देश्य "कोशिका फाउंडेशन", से ही प्राप्त की जा रही है, जिसका उपयोग उद्देश्य की पूर्ति के लिये किया जाएगा, जो इस प्रारूप में उल्लेखित है।
- 3) मैं घोषणा करता हूँ कि मैंने किसी अन्य सहायता से इस प्रमाण की पूर्ति नहीं की, इस उद्देश्य का उद्देश्य यह प्रमाणित करने के लिए अन्य सहायता/रोक/बीमा कम्पनी से या से विवरण है और न ही भविष्य में होगी।

**AGREEMENT by APPLICANT** (স্বাক্ষর করুন)

- 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:

अनेक्यो ही प्रकृति या अंगी या निराश



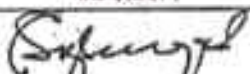
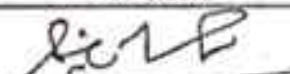
AGREEMENT by HOSPITAL (हस्ताक्षर डॉक्टर द्वारा)

By affixing hereunder, signature of our Authorized 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.

## RECOMMENDED FOR ACCEPTENCE

स्वीकृति के लिए संसद

|                                                                                                                                |                                                                                                                               |                                                                                                                                       |
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| Date of Surgery<br>ऑपरेशन की तारीख<br><b>7/1/2020</b>                                                                          | Dr. Nalinakshi Karan<br>M-99-00-048<br>Reg. No. - 33729<br>(Name of Dr. & Regn. No. with Stamp)<br>डॉक्टर का नाम व इलाका व पद | Dr. Anshu Kar Bagchi<br>(Name, Designation & Stamp of Authorised Signatory<br>on behalf of Hospital)<br>नाम व पद इलाका अधिकृत अधिकारी |
| FOR INTERNAL USE of KOSHIKA FOUNDATION      अन्तरिक उपयोग हेतु                                                                 |                                                                                                                               |                                                                                                                                       |
| SIGNATURE of TRUSTEE 1<br>भरोसे इलाका 1<br> |                                                                                                                               | SIGNATURE of TRUSTEE 2<br>भरोसे इलाका 2<br>       |