

**APPLICATION FORM FOR ASSISTANCE**  
**सहायता फैसला आवेदन प्रारूप**

(Healthcare)  
(स्वास्थ्य सेवा)

APPLICATION No.: K/0524/0190  
नम्बर संख्या :

APPLICATION DATE : 05/05/24

NAME of APPLICANT: BHUJT NATH HATI  
भुज्ट नाथ हाती

AGE-YEARS वार्षि-वर्ष	SEX लिंग
60	M

FATHER'S/SPOUSE'S NAME : HAZARI HATI  
ହାସାରି ହାତି

PRESENT RESIDENCE ADDRESS वासन संस्थान का  
PATHERGHATA, GANPATI, NORTH TWENTY

## FOUR PARSHAS FOOLSS: WEST BENGAL

PERMANENT RESIDENCE ADDRESS: THIS SECTION TO

Digitized by srujanika@gmail.com

AS ARRIVED

**OCCUPATION:**

FARMER

**MARRIED (Married) / UNMARRIED (Unmarried)**

### **TOTAL ANNUAL INCOME ;**

$$50.00 \times 12 = 600.00$$

(Attach Proof of income)

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**ARE YOU AN INCOME TAX ASSESSMENTE (Tick whichever is applicable):**

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新编  
中医基础理论与临床

FAMILY DETAILS परिवार जाहिर				
No. संख्या	Name of Family Member परिवार के सदस्य का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant अप्प्लिकेट के साथ सम्बन्ध
1.	RAUTNATH HATTI	60	M	SELF
2.	SUPHIA HATTI	51	F	WIFE
3.	RIJAV HATTI	27	M	SON
4.	RAISAKHI HATTI	23	F	DAUGHTER

**BASIS FOR REQUESTING ASSISTANCE (Check whichever is applicable)**

BPL Card (Attach Card Copy) परिवहे लोग के नीचे प्रमाण पत्र (प्रमाण पत्र की साथ छोटे संलग्न करें)	EWS Certificate (Attach Certificate Copy) जन्म वाले कर्ता प्रमाण पत्र (प्रमाण पत्र की साथ छोटे संलग्न करें)	Ration Card (Attach Copy) राशनसेवा कार्ड (प्रमाण पत्र की साथ छोटे संलग्न करें)	Any Other Basis/Proof जन्म वाले कार्ड
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**"PURPOSE" for REQUESTING ASSISTANCE:**  
माला को भित्ति को बिना करना।

Sr. No. संख्या	Medical Reports/Prescriptions Attached समावित रिपोर्ट व प्रिस्रिप्शन सही संलग्न
DIAGNOSIS	— CATARACT — RE

SURGERY = RE / SICK & INJ

**ASSISTANCE BEING AWARDED for SAME "PURPOSE" from OTHER SOURCES**

Sr. No. संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AWARDED दी गई वित्तीय सहायता कीमती

**DECLARATION by APPLICANT:** यहाँ परीक्षा का

- 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 Koshiki 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/employed/insurance company, of the amount for which this assistance is requested.

1) मैं योग्यता हूँ कि इस प्राप्ति में दिए गए विवर सही बदली के अनुसार सही रूप चाही है। यह भी विवर सही रूप चाही है कि मैं उपर्युक्त विवर दिए गए रूप सही है।  
 2) मैं इस विवर की "उद्दिष्ट प्रयोगशाला", जो नीचे दी गई है, उपर्युक्त विवर की अवधारणा की गई है जो इस प्राप्ति में पड़ गया है।  
 3) मैं योग्यता हूँ कि यह विवर सही रूप चाही है। यह विवर दिए गए उपर्युक्त विवर सही 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/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.

1) यह प्राप्ति पर वस्त्रे स्थानक च अन्य की सम्पत्ति, वा (वास्तेवक) वस्त्रों का उपयोग का वा या "वास्तेवक स्थानक च अन्य सम्पत्ति" वा उपयोग का वा

APPLICANT'S SIGNATURE OR APPROVAL STAMP

THE BURGESS SIGNATURE ON THE  
MURKIN'S MURKIN'S



**AGREEMENT by HOSPITAL** [Initial the box]

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.

इसी अवधिकृत समाजाद्वारा योगी और योगी समाज के लिए उपलब्ध थी। इनका नियम यह है कि योगी व्यक्ति को अपने अपने व्यक्तिगत विषयों में विशेष व्यवस्था नहीं दिया जाता है। यह व्यवस्था योगी को अपने व्यक्तिगत विषयों में विशेष व्यवस्था नहीं दिया जाता है। यह व्यवस्था योगी को अपने व्यक्तिगत विषयों में विशेष व्यवस्था नहीं दिया जाता है।

२. “कोरिंस चलनेवाला” वे ही नहीं चलना चाहता बल्कि उम्मीद की ही होती पर इन्होंना हाथ दी गई चला या दिने गये उपचारप्रयोग वाले चुनाव ऐसे ही तमाज़ा वाले थे थीं और “कोरिंस चलनेवाला” हाथ दिल्ली चलाया गया चले चले ही। इसीलिए इन्होंना वे देखते वे इताव सुनते लोग अपने चाहे की चाही चिमोरही देखते ही वह इन्होंना

#### **RECOMMENDED FOR ACCEPTANCE**

**Date of Surgery**

Dr. S. S. Deshpande

(Name of Dr. & Regd. No. with Stamp)

~~027074-1997 DAS~~

(Name, Designation & Stamp of Authorized Signatory  
on behalf of Hospital)  
**SANKARA DAKSHINAMURTHY**

FOR INTERNAL USE of KOSHIDA FOUNDATION

**SIGNATURE of TRUSTEE 1**

Sydney

SIGNATURE of TRUSTEE 2

नवांग ग्रन्था २