

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.

- [illegible]

1) By affixing my signature or thumb impression on this Form, I (Applicant) hereby agree & authorize 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 fulfillment of the "purpose" for which assistance is being requested.

21 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 Kashioka Foundation, and their decision in this regard will be final and irrevocable to me.

- [illegible]

आवेष्टा के हस्ताक्षर या आंगुलि का निशान



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 अधिष्ठान, इन्द्रधारी की ओर से मायल/गौरी को "कोशिका कायमोलाय" से विधिवत स्थापना हेतु मिथराय की भारी है, जिसे वह (इन्द्रधारी) विष्णु प्रकाश से मायल व स्वीकार करते हैं।

1. यह कि न तो वर्तमान और न ही पश्चिम के विचार सहायक किसी और सरकारों को बनाए या किसी अन्य जगह से उठाए उपयोग में लाने या ले रहे हैं, जैसे कि हमने "बोशिया फाउन्डेशन" में विश्वविद्यालयिकी उपाय को सम्बंध में "बोशिया फाउन्डेशन" द्वारा करने हेतु किया है। यदि "बोशिया फाउन्डेशन" द्वारा ज्ञात कि किसी व्यक्ति को सम्बंध हेतु मन्त्र या किसी बात है तो सम्बंध किसी अन्य या सरकारों से या किसी अन्य सम्बंध में सहायक लाने या सम्बंध मन्त्र उपाय हेतु इस मन्त्र में ज्ञान प्राप्त करना है कि सम्बंध द्वारा मन्त्र उपाय हेतु मन्त्र हेतु किसी में सरकारों से या किसी अन्य सम्बंध में नहीं सम्बंध में।
2. "बोशिया फाउन्डेशन" में लाने हेतु सहायक को बनाए विचार प्रकृति की है। लाने पर सम्बंध द्वारा ही नहीं सम्बंध या विचार मन्त्र सम्बंध प्रकृति का सम्बंध लाने हेतु सम्बंध मन्त्र सम्बंध विचार है और "बोशिया फाउन्डेशन" द्वारा किसी उपाय का कोई सम्बंध नहीं है। इसलिए सम्बंध में लाने को उपाय मन्त्र और लाने को ही लाने सम्बंध लाने हेतु सम्बंध की लाने और "बोशिया" की कोई सम्बंध या विचार लाने हेतु लाने में नहीं लाने।

एषीकृत्यो ऽन्ते लिप्य संस्तुति

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

OPTOM ANAND DAS
Senior Lecturer in Optics
(Name, Designation & Signature of Authorized Signatory)
SANKARAYOGI INSTITUTE
नाम व पद द्वारा अधिकृत हस्ताक्षर

संस्कृतिक समायोजन २०३

SIGNATURE of TRUSTEE :
 भागीदारी : ३

Exchanged

Signature