



HANDICAPPED CHILDREN'S REGENERATION ORGANISATION

(Regd.:111) PAN: AABTH2338B

www.hcro.org.in

Regd. Office: 670, GF, KH No. 1495, Block - G Phase -6 Aya Nagar Ext. New Delhi-1100 47.

Email: hcro.org.in@gmail.com, Ph: 01165106610.

Sponsorship Form for Financial Assistance



Reg. No. HCRO/AN16/38

Dated: 21/01/2016

PATIENT'S NAME :- Master Anand sharma

Age : 2+Years

Sex : Male

PATIENTS DETAILS: Master Anand sharma, 2+Years old is a case of heart disease. he needs surgery Requird TOF(Total Correction) . The total cost of surgery is Rs. 55,000. His father is a daily wage and earns Rs 4,500 (approx) per month and mother is a house wife. They are the resident of Dist. Gorakhpur, UP. There are Fore members in the family. Due to poor financial condition they are not to bear the expense. So they approached HCRO for sponsorship.

FAMILY DETAILS:-

Father's Name : Indra Bhushan Sharma

Age : 47 yrs

Occupation : daily wage

Joint or Nuclear family : Nuclear

Total annual income : 54,000 (approx)

Mother's Name : Muni Davi

Age : 39 yrs

Occupation : House wife

FINANCIAL ASSISTANCE DETAILS:-

Cost of Surgery : 55,000

MEDICAL TREATMENT DETAILS:-

Disease suffering From : Heart disease

Treatment Prescribed : Total Correction

Doctor Concerned : Dr.U.K.Chawdhary

Hospital Name and Address:- AIIMS Hospital,

New Delhi

Signature of the Doctor in Charge
Hospital seal

Declaration

I declare that information given above is correct and complete in all respect and I am not in a position to arrange funds for the purpose stated above.

इन्द्र भूषण शर्मा

Signature of Applicant/Parents