



# 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/AN16/50

Dated: 10/08/2016

**PATIENT'S NAME:** - Baby of Chetna

Age : 2 years

Sex : MALE



**PATIENTS DETAILS:** Baby of Chetna, 2 years old is a case of heart disease. He needs Surgery Required (TOF, Total correction). The total cost of surgery is Rs. 55,000. His father is a laborer and earns Rs.2, 833/- per months and mother is a house wife. They are the resident of, Muzaffar nagar, u.p .there are 5 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 :** Rahul

**Age :** 29 yrs

**Occupation :** Laborer

**Joint or Nuclear family :** Joint family

**Total annual income :** 34000 (approx)

**Mother's Name :** Chetna

**Age :** 25 yrs

**Occupation :** House wife

### **FINANCIAL ASSISTANCE DETAILS:-**

**Cost of Surgery :** 55,000

### **MEDICAL TREATMENT DETAILS:-**

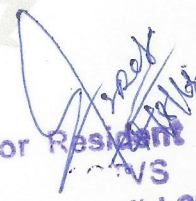
**Disease suffering From :** Heart disease (TOF)

**Treatment Prescribed :** Total correction

**Doctor Concerned :** Dr.T rajshekar

**Hospital Name and Address:-** AIIMS Hospital, New Delhi.

New Delhi

  
Senior Resident  
Dr. T. Rajshekar  
AIIMS, New Delhi-29  
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.



Signature of Applicant/Parents