



HANDICAPPED CHILDREN'S REGENERATION ORGANISATION

(Regd.:111) PAN: AABTH2338B

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Sponsorship Form for Financial Assistance

Reg. No. HCRO/AN16/51

Dated: 10/08/2016

PATIENT'S NAME: - Baby Trisha

Age : 1+ years

Sex : MALE

PATIENTS DETAILS: Baby Trisha, 1+ years old is a case of heart disease. He needs Surgery Required (TOF, BT Shunt). The total cost of surgery is Rs. 20,000. His father is a laborer and earns Rs.3, 000/- per months and mother is a house wife. They are the resident of, Mahendragarh Haryana .there are 4 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 : Sanjeev

Age : 28 yrs

Occupation : Laborer

Joint or Nuclear family : Joint family

Total annual income : 34000 (approx)

Mother's Name : Kirpa

Age : 25 yrs

Occupation : House wife

FINANCIAL ASSISTANCE DETAILS:-

Cost of Surgery : 20,000

MEDICAL TREATMENT DETAILS:-

Disease suffering From : Heart disease (TOF)

Treatment Prescribed : BT Shunt

Doctor Concerned : Dr. T Rajshekar

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

New Delhi

Senior Resident
Deptt. ~~MCVS~~
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.

सजीव

Signature of Applicant/Parents