



# HANDICAPPED CHILDREN'S REGENERATION ORGANISATION

(Regd.:111) PAN: AABTH2338B

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## Sponsorship Form for Financial Assistance

Reg. No. HCRO/AN23/111

Dated: 06/12/2023

**PATIENT'S NAME:** - Master Chirag

**Age** : - 1.6 +Years

**Sex** : - Male



**PATIENT'S DETAILS:** Master Chirag 1.6+ years old is a case of heart disease. He needs surgery/ procedure required **ASO +Lvoto Resection +VSD Closure**. The total cost of surgery is **85,000**. His father is a **helper in a garment shop** and earns Rupees 9000 per month approx. This is not enough to bear the expenditure of the treatment. They are the residents of Delhi. There are 5 members in his family. Due to poor financial condition they are not able to bear the Cost of surgery. So they approached HCRO for sponsorship for their child.

### FAMILY DETAILS:-

**Father's Name** : Shorabh Verma

**Age** : 34 Yrs

**Occupation** : Helper (garment shop)

**Joint or Nuclear family** : Nuclear Family

**Total annual income** : 108,000 (approx)

**Mother's Name** : Bhawna

**Age** : 27 yrs

**Occupation** : House Wife

### FINANCIAL ASSISTANCE DETAILS:-

**Cost of Surgery** : 85,000

### MEDICAL TREATMENT DETAILS:-

**UHID No.** : 106937542

**Nature of disease** : SI+DORU+VSD+PS

**Treatment Prescribed** : ASO +LVOTO Resection +VSD Closure

**Doctor Concerned** : Dr. Sourabh kumar Gupta

**Hospital Name and Address:** - AIIMS Hospital,

New Delhi

Signature of the HCRO incharge

### 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