



HANDICAPPED CHILDREN'S REGENERATION ORGANISATION

(Regd.:111) PAN: AABTH2338B

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Sponsorship Form for Financial Assistance

Reg. No. HCRO/AN25 /119

Dated: 18/04/2025

PATIENT'S NAME: - Master Divyanshu

Age : - 5+ Years

Sex : - Male

PATIENT'S DETAILS: - Master Divyanshu, 5+ years, is a case of rare congenital heart defect. He needs urgent surgery required **KAWASHIMA PROCEDURE**. The total cost of surgery is ₹ 60,000/- . His father is a laborer and earns rupees 10, 000 (approx) monthly. This meager income barely covers their family needs. They are the residence of Farukhabad, UP. There are six members in their family. Due to poor financial condition, they are not able to bear the cost of surgery. So, they approach our organisation for the sponsorship of their son.

FAMILY DETAILS:-

Father's Name : Dharampal

Age : 40 Yrs

Occupation : Laborer

Mother's Name: Meera

Age : 36 yrs

Occupation : Homemaker

Joint or Nuclear family : Nuclear Family

Total annual income : 1, 20,000 (approx)

FINANCIAL ASSISTANCE DETAILS:-

Cost of Surgery : 60,000

MEDICAL TREATMENT DETAILS:-

UHID No. : 107543758

Nature of disease : DORV,VSD,Common atrium, SV IPS

Treatment Prescribed : KAWASHIMA PROCEDURE

Doctor Concerned : Dr. Sachin Talwar

Hospital Name and Address: - AIIMS Hospital,
New Delhi

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 the HCRO incharge

धर्मपाल

Signature of Applicant/Parents