



# HANDICAPPED CHILDREN'S REGENERATION ORGANISATION

(Regd.:111) PAN: AABTH2338B

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## Sponsorship Form for Financial Assistance

Reg. No. HCRO/AN15/30

Dated:12/09/2015

**PATIENT'S NAME** : Master Md.Firoj

Age : 11+ Years

Sex : male



**PATIENTS DETAILS:** Master Md.Firoz, 11+ Years old is a case of heart disease. He needs Total Correction. The total cost of surgery is Rs 55,000. His father works is a Farmer (daliy wayger) and earns 5,000 p.m(approx). They are the resident of Distt. Saran,Bihar. 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** : Abdul hafiz

Age : 47 yrs

Occupation : Farmer (daily wayger)

**Mother's Name** : Mannita baigm

Age : 40 yrs

Occupation : House wife

**Joint or Nuclear family** : Nuclear

**Total annual income** : 60,000 (approx)

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

**Cost of Surgery** : 55,000

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

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

**Treatment Prescribed** : Total Correction

**Doctor Concerned** : Dr.Saurabh Gupta & Dr. Ujjawal K.Chowdhury

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

  
Signature of the Doctor in Charge

Dr. UJJAWAL K. CHOWDHURY

MBBS, (AFCM) MS(CAL)

M. Hospital seal

PROFESSOR

Dept. of Cardiac Surgery

AIIMS, New Delhi-110029

### **Declaration**

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

  
Signature of Applicant/Parentss