

Application for Financial Assistance

Covered under CSR Schedule VII -Item 1 (i) (Promoting preventive health care)

To

Date:

28/5/24

Birewar Foundation Trust

503-504, Keshava, Bandra Kurla Complex

Mumbai 400051

5/6/24

Subject: Application for financial assistance for Medical Treatment

Dear Trustees,

We request financial assistance for our child who have been enrolled for medical treatment with EN1 Neuro Services. (Please read the rules in the annexure).

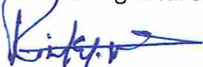
Name of the Child	→	Arya Shinde.	Sex (M/F)	→	Female.
Age (Yrs)	→	12 years	Family Income (Rs Lakh/Year)	→	
Parents Name	→	Rinki Shinde.	Address	→	Ramani Kurla (W) - 70.
Address	→		Room No:- 6 Siddqui chawl, Sundar Bagh, Saibaba Temple, Indra Nagar.	→	
email	→	shinderinki8@gmail.com.	Phone Number	→	80 977 32 767.
Check to be Issued to	→				

Documents Attached	Received / Tick Mark	Signature by Recipient	Name Of Recipient (BFT)
Self-attested copy of Pan Card	✓		
Aadhaar Card (one of the Parents)	✓		
Cancelled Cheque			
Income Proof Statement.	✓		

(for the month of .
June/July/Aug/Sept-24

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Parents Signature 	Sign :	Date
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Recommended Treatment (To be filled by EN1 Neuro Medical Professionals):

Diagnosis(Tick)	Tickmark	Duration (months)	Cost (Rs/month)	Total Cost (Rs)
Autism Spectrum Disorder				
Cerebral Palsy/DD				
ADHD				
LD				
Epilepsy	✓	3	3000/- 2500/m	9000/- 7500/-
Neurological Disorders				
Any Other				
Describe: Type of Intervention Team (Names) Number of sessions/week Comment:				
Financial Aid Recommended	Yes		Total Rs.	7500/- 9000/-
Treatment-Provider's Signature			Date:	28/5/24
Treatment-Provider's Name	Dr Neelika		Title:	Paed Neurologist

Birewar Foundation Trust

Financial Aid Sanction Form

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Dear Sir / Madam:

We are happy sanction your financial aid as follows:

Name of the Patient	Aanya Shinde	
Name of the Disorder	Epilepsy	Total Rs : 9000/-

Approval Signatures

Trustee 1 Signature		Date	1/6/2024
Trustee 1 Name	Dr. Deepak Birewar		
Trustee 2 Signature		Date	1/6/2024
Trustee 2 Name	Shobana Birewar		