

Application for Financial Assistance

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

To

Date: 27/3/25

Birewar Foundation Trust

503-504, Keshava, Bandra Kurla Complex

Mumbai 400051

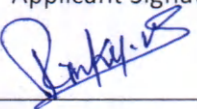
Subject: Application for financial assistance for Medical Treatment

Dear Trustees,

I request financial assistance medical treatment.

Name of the Patient	→ Arya Shinde.		
Age (Yrs)	→ 13 yrs old.	Sex (M/F)	→ Female
Parents Name	→ Rinki Vijay Shinde.	Family Income (Rs Lakh/Year)	—
Address	→ Room No-06, Siddique Chowk, Sunder Bhagh, Indira Nagar, Kamani, Kurla - 400070		
email	→ shinde.rinki8@gmail.com	Phone Number	→ 8097732767
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.			

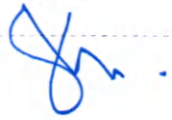
Applicant Signature	Sign :	Date
		

Jan 25 to May 25

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Recommended Treatment (To be filled by EN1 Neuro Medical Professionals):

Diagnosis(Tick)	Tick mark	Duration (months)	Cost (Rs/month)	Total Cost (Rs)
Autism Spectrum Disorder				
Cerebral Palsy				
ADHD				
LD				
Epilepsy	✓	3	3500/-	10500/-
Neurological Disorders				
Any Other				
Describe: Type of Intervention Team (Names) Number of sessions / week Comment:				
Financial Aid Recommended	Rs. / Month	3500/-	Total Rs.	10500
Treatment-Provider's Signature			Date	24/25
Treatment-Provider's Name	Dr Naveen Malik		Title	Pediatric Neurologist

Annexure

1. After enrolling for the treatment, parents will pay full amount for the first month of therapy.
2. Financial assistance will be sanctioned at the beginning of treatment for a maximum period of 3 months. The reimbursement will be monthly only after parents have regularly completed first month of therapy & made the payment for next month for consecutive 3 months. The need for therapy will be reviewed after 3 months of therapy.
3. Amount sanctioned will depend on cost of treatment, and the monthly income of the family. The trust will provide help to those families whose gross income is 6 Lakh or less per annum.

Birewar Foundation Trust

Financial Aid Sanction Form

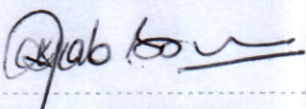
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Dear Sir / Madam:

We are happy sanction your financial aid as follows:

Name of the Patient	ARYA SHINDE	
Name of the Disorder		Total Rs :

Approval Signatures

Trustee 1 Signature		Date	4/04/2025
Trustee 1 Name	DR. DEEPAK BIREWAR		
Trustee 2 Signature		Date	
Trustee 2 Name			