

BIREWAR FOUNDATION TRUST

503, Keshava, Bandra Kurla Complex, Mumbai 400051

Trust Reg No: E-29580 (M)

Tel: +91.22.71400200

DONATION REQUEST INFORMATION FORM

- 1) Name of the Applicant : Sunil Huile
- 2) Address of the Applicant : Plot No. 171, VYAKATESH CITY
SHIVR ROAD, Butibani, Nagpur
Pin Code - 461108
- 3) Permanent Account Number of the Applicant : APNPT8251L
- 4) Purpose and Amount of Donation Application in brief: : Cancer treatment of mother
donation require of total
budget of Rs. 560,000/- and
request of Amount Rs. 280,000/-

- 5) Photograph of the Applicant



Signature of Applicant

Date: 12/11/25

Application for Financial Assistance

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

To

Date: 12/11/25

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	Sindubai Thipe		
Age (Yrs)	68	Sex (M/F)	✓
Parents Name	Sunil Thipe	Family Income	
		(Rs Lakh/Year)	
Address	Plot No- 171		NO
	Wankesh City Shirur		
	Real Bulihori		
email		Phone Number	
	Sundubai@jimar.com		
Check to be Issued to			9153033945

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
		

Sunil Baburao Thipe
Vyankatesh City,
Plot no. 171,
Nagpur, Maharashtra,
441122 India.
Date: 12-11-2025

To,
Birewar Foundation Trust,
Mumbai.

Subject: Application for Financial Assistance for Medical Treatment

Respected Sir,

I, Mr. Sunil Thipe, have been working with Inventys Research Company Pvt. Ltd. for the past 18 years in the Project Department.

Unfortunately, my family is currently facing a serious medical crisis. My mother has been suffering from cancer for the past year and requires regular operations and chemotherapy. Due to her prolonged illness and continuous treatment, my financial condition has become very difficult, and I am struggling to meet the ongoing medical expenses.

The total estimated cost for the treatment, including four chemotherapy sessions (with each session costing approximately 1.4 lakhs), comes to 5.6 lakhs. I am in urgent need of financial assistance to help cover these medical expenses.

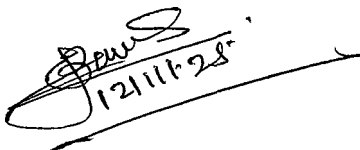
Therefore, I humbly request you to kindly consider providing me financial assistance to help cover my mother's treatment. Your support during this difficult time will be of great help to me and my family

I shall be ever grateful for your kind consideration and support.

Thanking you,

Yours faithfully,

Mr. Sunil Thipe
Employee ID 01
Project Department
+91 9158033945





OPD Sheet

Regn. No. : OPD.J.25-26-66003
Patient Name : MRS. SINDUBAI BAPURAO THIPE
RN : AM048050
Category : PRIVATE 23
Doctor : Dr. ANAND PATHAK
Visit Type : Follow Up

Visit Date : 02-06-2025 01:55 PM
Age / Gender : 70 Yr / F
Mobile No. : 9158033945
Department : MEDICAL ONCOLOGY
Referred By :

TNBC (RP) Breast
PT2PCa2a5/15

Ht 141cm
Wt 56-8kg
BP - 120/70mm
PR - 96bms
RR - 20bms
SpO2 - 97%
Temp - 98°F

(RP) MRM 11/6/24
↓
PET-CT - (RP) SCF
Mediastinal
Hilar
17/8/24

clo BIL.
L.L. Pruritus
Sensation

6H FAC
W 16/11/24
14/11/25

O/E -

↓
Adv for Loper
RT
in PB March 2024

du g BIL
POLI.
Pruritus Explained

↓
Med Defaulter
for RT

Adv
↓
gBRCA II
- CBC
- LFT
- RFT

Consultant
Medical Oncologist

↓
PET CT - 13/5/25
Slo - Adrenal mets
Lung mets
Mediastinal
nodes mets
H. SCF

Palhathori
weekly Taxol. 80/mc
X 12 weeks
→ PET

OPD Sheet

h. No. : OPD.J.25-26-300424
ent Name : MRS. SINDUBAI BAPURAO THIPE
 : AM048050
egory : PRIVATE 23
tor : Dr. ANAND PATHAK
t Type : Follow Up

Visit Date : 06-11-2025 09:38 AM
Age / Gender : 70 Yr / F
Mobile No. : 9158033945
Department : MEDICAL ONCOLOGY
Referred By :

BRCA ⁺ _{II}

TNBC / MBC (Rt)
PT2PN2a (S/I/S)

Ht - 141cm
Wt - 56kg
BP - 120/80mmHg
PR - 88b/m
RL - 20b/m
SpO2 - 99%
Temp - 98°F

(Rt) MRM
11/6/24

FAC x 4

↓

adj RT (clefautked)

↓

PET- PD

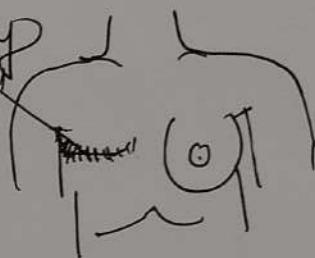
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adj paclitaxel wkly
x 12 (30/11/25)

Post 12# paclitaxel
(LD 30/11/2025)

cl/pain at operated
site.

Locoregionally
well controlled



adv

PET scan

Consultant
Medical Oncologist



सत्यमेव जयते

Aadhaar no. issued: 23/03/2013



भारत सरकार
Government of India



Sindhu Baburao Thipe
DOB : 10/02/1955
Female

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

**Aadhaar is proof of identity, not of citizenship
or date of birth.** It should be used with verification (online
authentication, or scanning of QR code / offline XML).

7435 9114 0908

मेरा **आधार**, मेरी पहचान

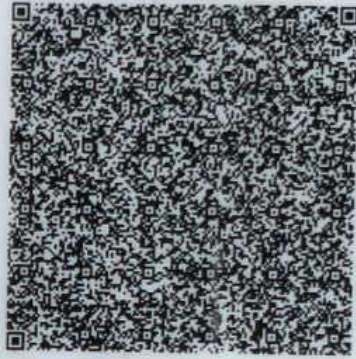


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on 09/12/2023

Address: W/O: Bapurao Thipe, gondsawri,
Gondsawari Rayyatwari, PO:Chichpalli,
DIST:Chandrapur, Maharashtra, 441224



7435 9114 0908



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BHFPT8973E



नाम/ Name
SINDUBAI BAPURAO THIPE

पिता का नाम/ Father's Name
BAPURAO DAMUDHAR THIPE

जन्म की तारीख/ Date of Birth
10/02/1955

सिंदुबाई बापूराव ठिपे
हस्ताक्षर/ Signature



27082017