Application for Financial Assistance

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

To

Date: 5/1/26

Birewar Foundation Trust

503-504,Keshava, Bandra Kurla Complex

Mumbai 400051

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 Vijay Shinde		
Age (Yrs)	15 Yrs	Sex (M/F)	Female
Parents Name	Vijay Shinde	Family Income (Rs Lakh/Year)	
Address	Room No 06 Siddhiqui Chwal Kamani Sander Bayg Kamani Kurla (w) 400070		
email		Phone Number	
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.			

Application for Financial Assistance

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

Parents Signature	Sign :	Date	

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	✓	Lifelong	10,900/ 3months	
Neurological Disorders				
Any Other Hisartimlaton				
Describe: Type of Intervention Team (Names) Number of sessions/week Comment:	Refractory Epilepsy.			
Financial Aid Recommended			Total Rs. 10,500/-	
Treatment-Provider's Signature	Neetanaik		Date: 5/1/24.	
Treatment-Provider's Name	Dr Neeta naik.		Title: Pediatric neurologist	

Application for Financial Assistance

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

To

Date: 5/4/26.

Birewar Foundation Trust

503-504,Keshava, Bandra Kurla Complex

Mumbai 400051

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 Vijay Shinde		
Age (Yrs)	15 Yrs	Sex (M/F)	female
Parents Name	Vijay Shinde	Family Income (Rs Lakh/Year)	
Address	Room No 06 Siddhiqui Chawal Sunder Baug Kamani Kurla Mumbai		
email		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.			

Application for Financial Assistance

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

Parents Signature	Sign :	Date	

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	✓	Lifelong.	10,500/-	3 months
Neurological Disorders				
Any Other Hisartimlaton				
Describe: Type of Intervention Team (Names) Number of sessions/week Comment:				
Financial Aid Recommended			Total Rs. 10,500/-	
Treatment-Provider's Signature	Neeta Naik		Date: 5/4/24.	
Treatment-Provider's Name	Dr Neeta naik		Title: Ped. Neurology.	