

# Application for Financial Assistance

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

To

Date: 18/10/24

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 Shinde		
Age (Yrs)	→	13 yrs.	Sex (M/F)	→ Female
Parents Name	→	Rinki Vijay Shinde.	Family Income (Rs Lakh/Year)	→
Address	→ Room No :- 6 Siddique chawl; Sundar Bagh. Indra Nagar, kamani kurla (W) 400070.			
email	→	shinderinki8@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.			

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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	✓	54	3718	11200/-
Neurological Disorders				
Any <span style="margin-left: 100px;">Other</span>				
Hisartimlaton				
Describe: Type of Intervention Team (Names) Number of sessions/week				
Comment:				
Financial Aid Recommended	<u>3718 x 3 =</u>		Total Rs. 11200/-	
Treatment-Provider's Signature			Date: 23/10/24	
Treatment-Provider's Name	Dr Nulekat		Title: Pediatric Neurologist	

(Oct/Nov/Dec-2024)