



## **MFCME APPLICATION FORM**

### **For Official Use**

Application No: .....

ANNEXURE NO: KF-CSR-OT/APPF21G

### **Application for CSR funding for connecting operation theatres to classrooms for medical education**

Date of Application: .....

<b>Institution Details</b>	
Name of College/Institution	
Postal Address	
Email	
Website	
Medical Courses (UG &PG):	

<b>Primary Applicant</b> (Dean/Vice-Chancellor/Registrar/CEO/Chairperson/Authorized Signatory of the Medical Institution)	
Name of the person:	
Designation:	
Official Email:	
Mobile No.:	

<b>Primary Administrative Contact</b> (Kindly fill below if different from above for implementation purpose)	
Contact Person Name	
Contact Person Email	
Contact Person Mobile No.	

<b>Implementation Details</b> (kindly fill relevant details)	
Geographical location of implementation (Name & Address of hospital):	
No. of transmission units for operation theatre required under the CSR scheme:	



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No. of classrooms to be connected:	
Reference Quote No. & Date:	
Purchase Order No. & Date:	
Is LAN network between classroom & Operation Theatres available:	[ ] YES [ ] NO
Targeted Medical Specialities:	

### **Declaration:**

I hereby declare that the information provided above is best to my knowledge. We agree to following terms:

- 1) We understand and agree to store all surgeries and medical procedures with voice over narrations. These surgeries will be utilized by the foundation/trust to share it with various underdeveloped countries where surgical procedures are still new and will be used for education purposes for the first TWO years.
- 2) We understand and agree that, the auditing agency appointed by the CSR providing institution will be collecting data monthly.
- 3) We also understand that up to 50% of CSR funds will be provided only on completion of 1 year of due diligence of receipt of data promptly from our institution.
- 4) We understand and agree there will be a foundation/trust official who will be in touch with us to collect the data. So in case if institution fails to provide surgeries or utilization/usage report:
  - a) 50% of CSR funds, which is to be paid, after one year, will not be paid, and
  - b) Services to our institution against support & warranty of equipment will be terminated and equipment provider will not be able for any support or service or warranty.
- 5) We understand that this consideration of this application is sole discretion of the Foundation/Trust and it is non-transferrable.

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SEAL & SIGNATURE OF THE  
AUTHORIZED SIGNATORY

Name:

Designation:

**Fill application form along with relevant details and email us scan copy of this form and quote of applicable solution on [support@kread.org](mailto:support@kread.org)**