

**ALI YAVAR JUNG NATIONAL INSTITUTE OF SPEECH AND HEARING
DISABILITIES (DIVYANGJAN), MUMBAI – 400 050**

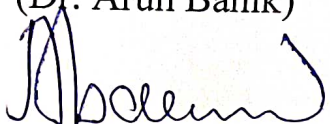
ADIP CI/2022/882

Date: 17.05.2022

NOTICE

Sub: Invitation of applications for availing financial assistance for provision of CI accessories/ service charges/ new processor in lost or damaged to ADIP CI beneficiaries under CSR.

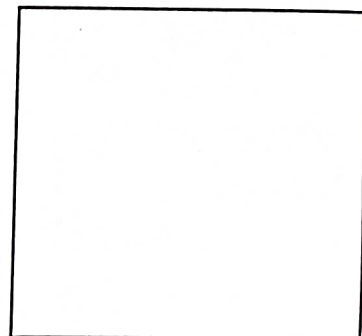
Ali Yavar Jung National Institute of Speech and Hearing Disabilities (D), Mumbai under CSR support received is providing financial assistance for provision of CI accessories/ service charges/ new processor in lost or damaged processors to ADIP cochlear implant (CI) beneficiaries. ADIP/ CSR CI beneficiaries can apply for financial assistance from 17th May 2022 till 1st June 2022. The details of the scheme and application form are appended (Appendix-I). The applications are accordingly invited from interested and eligible CI beneficiaries. Incomplete applications will not be considered for this support. The last date for receiving the dully filled applications via email is 1st June 2022 on ayjnishdadippor@gmail.com. For any queries please contact on 07304290251.

(Dr. Arun Banik)

DIRECTOR

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Application form for availing financial assistance for provision of CI processor/
accessories or service charges to ADIP/CSR CI beneficiaries under CSR

1. Name of the ADIP CI beneficiary:
2. Age/ Sex:
3. Parent name, address, contact details and email id:
4. Family income per annum:
5. Date of surgery:
6. Name of the hospital & surgeon:
7. Name of the therapy and mapping center:
8. No. of children with hearing impairment in the family:
9. Details of cochlear implant:
 - a. Company name:
 - b. Warranty period:
 - c. Serial no. of the processor:
10. Mention the CI processor or accessory problem along with financial assistance required:
11. Was the assistance received from this scheme for the beneficiary in past? If yes mention the date, reason and amount received for the same:



All the above mentioned information is true

Signature of the parent:

Mobile number:

Enclose the following: Photograph, Quotation of the funds required for the CI accessories or service charges from the company and Troubleshooting report from the mapping audiologist.