

## **Hidaya Trust / Hidaya Foundation**

### **Application form**

For requesting used hospital beds, wheel chairs, walker, crutches and more

**Note:** Please read carefully and proceed with application if you agree with the process and conditions laid out below:

All information requested in this form must be completed and properly explained with supporting documents, as appropriate

Hidaya will review all applications and response will be sent only to the qualified applicants with request for additional information and documentation as deemed appropriate by Hidaya

If approved, the selected party will be responsible for transportation/shipment of the equipment from Hidaya warehouse in Shikarpur, Sindh, to their facilities within 10 days or as agreed upon. Otherwise it will be awarded to the next qualified applicant.

If selected for awarding the equipment, you hereby agree to allow Hidaya personnel to visit your facilities at any time, without prior notice to ensure that the equipment awarded is in good use.

The equipment tags will be marked as "Property of Hidaya Trust". These tags must never be removed till the equipment is unusable and Hidaya authorizes in writing to remove the equipment from hospital. Taking the tags off without permission will be considered breach of contract and Hidaya may take action. Also it will disqualify you from all future dealings with Hidaya.

Hidaya reserves the right to disqualify an applicant from receiving current and/or future supplies for falsifying information

Name of the Hospital, University or Institution:

Address:

Main telephone Number:

e-mail address

Contact person's name:

Contact person's title:

Contact person's phone number(s)

How long has this hospital/University/Institution been in operation?

Names and addresses of board of directors / board of trustees (if applicable):

Type of hospital/University/Institution:

Charitable  Private  Govt.

If "Private" was checked above; please answer the following questions:

1) If "Private income generating"

Annual gross income ..... Annual gross profit .....

What percentage (if any) is donated/used for charitable causes .....

2) If "Private non-profit"

Annual gross receipts ..... Annual overhead as % of receipts .....

Is this an out-patient facility? Yes  No

If you answered "yes"

- How many full time employees?
- How many volunteers?
- How many physicians?
- How many patients are treated during a given month?

Is this a hospital where patients are kept for overnight or till they get better? Yes  No

If you answered "yes"

- How many full time employees?
- How many physicians?
- How many patients are treated during a given month?
- Are there any surgical procedures done at the hospital? Please describe

Please explain your needs:

- Beds
- Wheel chairs
- Crutches

Walkers

Medical Books

Other (explain)

For each of the item checked above, please:

- Provide information on the number of each of the items checked above at you facility at present
- Justification for the need for additional supplies being requested

Is hospital registered with the Govt.: Yes  No

Does hospital completes its yearly audit by third party auditor: Yes  No

If selected, will your hospital/university/institution be willing to show its last two years tax and audit documents to Hidaya: Yes  No

How would your organization ensure that the donated items are put to good use and kept in secure, maintained condition?

Would you allow Hidaya officials to visit your facilities during the qualification stage before you are selected to receive the equipment?

Please include (in the space provided below) any information that you feel will help you qualify for the award of the equipment. Feel free to attach proper documentation to support your case: