



**CANCER CARE TRUST**

Web.add : [www.cancercaretrust.org](http://www.cancercaretrust.org)

E.id : [contact@cancercaretrust.org](mailto:contact@cancercaretrust.org)

## PATIENT APPLICATION FORM

### PATIENT'S DETAILS



NAME:	AFRIN
FATHER NAME:	Fahim Ansari
DATE OF BIRTH / AGE:	1 Year 9 Months
SEX:	Female
ADDRESS:	Purnia, Amaur, Bihar
DISEASE:	Hole In Heart
HOSPITAL DEPARTMENT TREATMENT COST	AIIMS Cardiology Rs. 50,000/-

For **CANCER CARE TRUST**

*Janner*  
Authorized Signatory

*मोहित अंसारी*  
Parent's Sign

Please share your feedback  
to improve our hospital  
on the Website link:  
meraasptaal.nhp.gov.in

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली - 110029

Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

दिनांक Date	104425420				
विभाग Deptt.	CW 11101	नाम Name	Afoin	उम Age	7
ब०रो०वि०सं० O.P.D. No.	19	पुत्र/पुत्री/पत्नी S/D/W		लिंग Sex	f/c
निदान Diagnosis					

P-21 (46)  
29/11/19

50,000/-

18/12/2020

PDA small  
lock

As Dense clom  
Return when ready

Reviewed  
• Asymptomatic -  
• PDA - continuous murmur +  
X-ray (Apr 2019) - Cardiomegaly +  
(note on review card)

R  
771284  
11/4/19

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

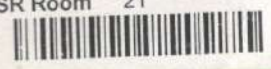
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Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

दिनांक Date	CV 2019/014/0011101 UHID: 104425420	Cardiology Paed. Cardiology
विभाग Deptt.	Date 10/04/2019 Name AFRIN D/O MD. FAHIM ANSARI	MON, WED, FRI 1M 1D /F
ब०रो०वि०सं० O.P.D. No.	Consultant Room 21 SR Room 21	General Dr. ANITA SAXENA DR. MRIGANK



Diagnosis

new  
10

CC HD  $\bar{e}$   $\downarrow$  Qp.  
PDA  $\bar{e}$   $\rightarrow$  lt shunt.

Advice:-

echo, CXr pa, CBC, xpl, lft

C76  
SaO2

1) Tonoferron 30ri Bo

2) Sumep 1ml OD

Reverse  $\rightarrow$  Cuv Ar

दिनांक  
Date

R-21 (54)  
12/14/19

wt checking  
Review 2-3 mo

A

R-21 (51)  
12/17/19

wt gain ++  
Spms better  
Km @ 4.3/6.458

Adv  
Ho 4m (Eew)

12/12/20 Awaiting FDA d/c  
Anup clinically cardiomegaly +

3m

Plan

1) FDA d/c Jan 2020  
(call noted)

Dr. Caouky



DEPARTMENT OF CARDIOLOGY  
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 C. N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Dated 21/12/20

ESTIMATE CERTIFICATE

Name of Patient PF 11N

Age 49 years Sex Female C.V.No./CPNS No 11101/2019

Nature of Disease CAH

Nature of Surgery required AAA Device Insert

Amount required for Surgery 50,000 (Fifty Thousand Only)

The above mentioned amount must be deposited in advance by bank draft in favour of "AIMS

PATIENT'S ACCOUNT The said estimate will be valid for employees of CGHS/ESI/GOVT

Undertaking beneficiaries.

(CONSULTANT / SENIOR RESIDENT)

*[Signature]*  
 Senior Resident  
 CC Triage Room / Dept. of Cardiology  
 C.N. Centre, All India Institute of Medical Sciences  
 C.N. Centre, All India Institute of Medical Sciences, New Delhi

Cancer Care Trust

A/c Payee



133767 Kotak Mahindra Bank Ltd. 110029-NOIDA - SECTOR 16

133767

Valid for three months from date of issue

दिनांक 1 0 1 2 0 2 1  
Date D D M M Y Y Y Y

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On demand pay **AIIMS ANGIO PATIENT ACCOUNT**

को या उनके आदेश पर Or Order

रुपये Rupees Fifty Thousand only

₹ 50,000.00

Payable At \*\*\* Not Over INR. 50,000.00 \*\*\*

For Value Received for Kotak Mahindra Bank Ltd.

New-Delhi ( 0172 )

Purchaser: CANCER CARE TRUST

*Apna Singh*  
29/2/02  
*[Signature]*  
15/6/02  
Please sign above this line

(Drawee Branch)

⑈ 133767⑈ 000485000⑈

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Cancer Care Trust