

120116

Cancer Care Trust







# CANCER CARE TRUST

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

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

Contact No. : 011-65881004

## PATIENT APPLICATION FORM

### PATIENT'S DETAILS



NAME:	Muskan
FATHER NAME / OCCUPATION:	Abdul Hanan / Labor
DATE OF BIRTH / AGE:	06/02/2007
SEX:	Female
ADDRESS:	87, H2 Market Jhuggi, Jahangir Puri H Block, Delhi-110033
DISEASE:	Heart Disease
TOTAL ESTIMATE COST:	Rs.50,000
HOSPITAL/ DEPARTMENT:	G. B. Pant Hospital, New Delhi/ Dept. of Cardiology

For **CANCER CARE TRUST**


*Laurav*

Trustee



Trustee's Sign

*जबदुग*

Parent's Sign

  
 भारत निर्वाचन आयोग  
 पृथ्वान पत्र  
 ELECTION COMMISSION OF INDIA  
 IDENTITY CARD

AKC1839396

मतदाता का नाम : अब्दुल हानन  
 Elector's Name : ABDUL HANAN  
 पिता का नाम : मो अब्बास  
 Father's Name : MD ABBASS  
 लिंग / Sex : पुरुष / Male  
 1.1.2014 को आयु : 39 Years  
 Age as on 1.1.2014 :

©Cancer Care Trust

AKC1839396

पता :  
 87/ एच 2 मार्केट जुग्गी  
 जाहंगीर पुरी, दिल्ली

Address :  
 87, H2 MARKET, JHUGGI,  
 JAHANGIR PURI, DELHI

Date : 17/01/2014

4-आदर्श असेम्बली क्षेत्र  
 के निर्वाचन अधिकारी का  
 हस्ताक्षर के समान

Facsimile Signature of the Electoral  
 Registration Officer for 4-ADARSH  
 NAGAR Assembly Constituency

इस कार्ड को वापस भेजें और इसे वापस भेजें  
 इसके अंतर्गत में एक कार्ड जो कि  
 वापस भेजें और इसे वापस भेजें  
 यदि आप इस कार्ड को बदलना चाहते हैं  
 In case of change in address, mention this card  
 number in the relevant Form for including your name  
 in the roll at the changed address and to obtain that  
 card with the same number. 15/1/2015

Dr. M. D. ...  
D-483

A-37 - Purchase Section

POST GRADUATE MEDICAL EDUCATION & RESEARCH  
GOVT. OF N.C.T. OF DELHI  
1, JLN MARG, New Delhi



Date:

Patient Aadhar Card No. 385364126447

(ESTIMATES FORM FOR ALL SURGERIES AND PROCEDURES OF GIPMER HOSPITAL)

(TO BE FILLED BY THE TREATING CONSULTANT / SURGEON):-

Columns 1,2,3 & 4 as per documents / OPD form, Ration Card and Voter I. Card.

- Name of the patient: Muskan s/o, d/o, w/o: Abdul Hannan
- Address: Jahangir puri
- Age: 9 Sex: f. Department: CMS
- OPD/Cr No.: 2080980 Treating consultant/ surgeon: Dr. Nitpal
- Diagnosis of the disease: cleft AML 2 mod-sev. m.r
- Details of consumables, treatment/operation required: Surgery + ANV. Reoperation of maxillary incisors. Mx. separating.
- Whether the patient pertains to: (a) Self paid (b) DAN/RAN (c) any other source of funding.

11/4/18

**Cancer Care Trust**

Note: The patient will be tentatively admitted/ operation date: 3 months after Blood donation, fleNumbe 2 PAC clearance

Signature & Stamp of treating consultant/surgeon

*[Signature]*  
DR. NITPAL M. RAJAN  
Department of CMS  
G.B.P. N. Delhi-2

(To be filled by the Purchase Department) Amount + vat: 1247 RS. 50,000/-  
(Rupees in words: twelve thousand only)

Note: The demand draft / pay order must be issued in the name of **MEDICAL SUPERINTENDENT, G.B. PANT HOSPITAL, NEW DELHI** ALONG WITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED. This certificate is issued only one time.

**DECLARATION BY PATIENT**

I have not applied for another estimate from any other department: DAN/RAN/FMO etc.

SIGNATURE OF PATIENT/RELATIVE.....

SIGNATURE OF MEDICAL SUPERINTENDENT  
G.B. PANT HOSPITAL

*[Signature]*  
DR. NITPAL M. RAJAN  
Medical Superintendent  
G.B. Pant Hospital  
New Delhi

- Copy to: 1. Treating surgeon/ consultant.  
2. Purchase office (with photocopy of receipt of payment).



# गोविन्द बल्लभ पन्त

स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान  
9, जवाहरलाल नेहरू मार्ग, नई दिल्ली-110002

## Govind Ballabh Pant Institute of Post Graduate Medical Education & Research (GIPMER) 1, Jawahar Lal Nehru Marg, New Delhi - 110 002

PAENT  
2356  
28/3/18  
एक कदम स्वच्छता की ओर

### OUT PATIENT REGISTRATION CARD

Unit - Dr SATSANGI/ DR.VITHALKUMAR.M.

EDP OPD BLOCK - Room No.: 0409

OPD REGN NO : 2080980

Clinic : CTVS-PRE-OP. ( 9AM To 2PM )

Patient's Name : MUSKAN  
Father's Name : ABDUL HANNAF  
Address : JAHAGIR PURI DL.

Age/Sex : 2<sup>a</sup> FEMALE  
Category: GENERAL  
Mobile / Ph. No. : 2035111

PROVISIONAL DIAGNOSIS :

Blood Group

EXAMINATION :

TREATMENT :

10:45:18 / Old

Cleft AML i Mod -  
Sex MR

Sl. No.	Medicine	खाली पेट Empty Stomach	नस्ता Breakfast	दोपहर का खाना Lunch	रात क खाना Dinner
1	T. Erythromycin 250 mg/30				
2	T. Amoxiclav 625				
3	T. Emvas 125 mg OD				
4					
5			X 3rdly		
6					
7					
8					
9					
10					

# ©Cancer Care Trust

Plan - MU Repair

after consultant  
Review.

Adv :- 10 PAC -> 419

Blood Donata (400ml)  
20ml

ENT clearance (LNH)

Dental " (teeths)

14/3/18 Lot up to follow up.

Rayson  
25/2/16  
5/12/17/3

Adv  
Adv Do  
R  
47 p/mar

13/2/18  
14/3/18

- INVESTIGATIONS:
- HAEMOGLOBIN 2018
- MCV
- PLC
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PLATELET COUNT
- PROTHROMBIN
- URINE (RM)
- URINE (CS)
- STOOL (RE)
- STOOL (OCCULT BLOOD)
- MISC
- LIVER FUNCTION TEST
- S. BILIRUBIN T/D
- AST /ALT
- ALKALINE PHOSPHATE
- S. PROTEIN T/D
- S. AMYLASE
- HIV
- HBSAG
- ANTI Hbc
- ANTI HCV
- KIDNEY FUNCTION TEST
- B. UREA / S. CREATININE
- LIPID PROFILE
- TOTAL CHOLESTEROL
- HDL /LDL /VLDL /TG
- BLOOD SUGAR
- FASTING /RANDOM /PP
- S. ELECTROLYTE
- XRAY CXR
- ULTRASOUND
- CT SCAN
- MRI
- ECG
- 2D ECHO /DOPPLER
- T.M.T
- HOLTER
- E.E.G /E.M.G
- Others

Blondely.

- 1123 CULTURE IS STERILE AFTER 48 HOURS OF INCUBATION 5 days
- 1124 CULTURE IS STERILE AFTER 48 HOURS OF INCUBATION 5 days
- 1125 CULTURE IS STERILE AFTER 48 HOURS OF INCUBATION 5 days



28/3/19  
ARC ↑

ARC 100% ↑ 21 clus

40%  
ARC CARE  
19  
11/10  
40%

# ©Cancer Care Trust

4/4/18  
CPL

MB = 18.1 gm  
TL = 8200  
P 52 L 40  
M 01 L 07  
PL = 1.79

ESR = 15 - 1m  
AEC = 550

4/4/18

-Tab. Albendazole 400mg  
stat

↓  
AEC.

- CSF

Chronic motor  
relates  
Mered  
Cultural  
CSF NO TB  
occasional  
successful  
M  
P  
minimally  
will be done  
use  
12/11



G. B. PANT HOSPITAL, NEW DELHI-110002

Department of Cardiology

Echocardiography & Dopple Laboratory



Name Amal Kom Age & Sex 9y/10 OPD/CR No. 2080980 Echo No. \_\_\_\_\_  
 Operator Dr. Anand Wt./Ht. \_\_\_\_\_ Date 27/11/15  
 Clinical Diagnosis \_\_\_\_\_

Measurements

LA/Ao 3.3 / 1.6 LVIDd/LVIDs 4.3 / 2.8 FS EF 60%  
 RVID IVSd/IVSs 0.7 PWTd/PWTs 0.7 RA \_\_\_\_\_  
 SVC IVCi/IVC MPA LPA \_\_\_\_\_  
 RPA AsAo DesAo MVA \_\_\_\_\_  
 ASD/VSD/PDA LV Mass 2D-LV Volumes \_\_\_\_\_

2D Echo Description

Valves \_\_\_\_\_  
 Chambers \_\_\_\_\_  
 Septa \_\_\_\_\_  
 Segmental Wall Motion \_\_\_\_\_  
 CO \_\_\_\_\_  
 Mass/Veg/thrombus/other (-)

AML tip prolapse  
cleft AML (+)  
one eccentric bowing  
2 jets of PW.

Doppler Data  
 MV \_\_\_\_\_  
 AV (n)  
 MR (+)  
 TV (-)  
 PV (n)  
 HR \_\_\_\_\_  
 PA pressure \_\_\_\_\_

Others :

Final Impression

cleft AML, AML tip prolapse  
sw. MR

Dr. Sumedh  
 (Sign) Echo on 4/12/15

(+) Bv prolapse

cleft AML  
apical AML for  
vegetation on mitral valve cleft MR  
Refr to INTP meds dept for 2G Rx



9350944953  
- Abdul Haman

9953530265

Mutated

9/1/16

clef AML-  
sev eccentric MR  
No vegetation seen  
ret same findings

22/1/16

&

clef AML

mod. sev MR

LA / LV 71

ET 11-60%

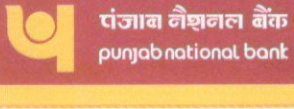
TRO34

not right again

&

22/1/16

©Cancer Care Trust



डी.डी.ए. मार्केट, मयूर विहार फेज - III, दिल्ली (4606)  
DDA Market, Mayur Vihar, Phase - III, DELHI - 110096

केवल तीन माह के लिए वैध  
VALID FOR THREE MONTHS ONLY

0 1 0 5 2 0 1 8  
D D M M Y Y Y Y

मांगे जाने पर ON DEMAND PAY

MEDICAL SUPERINTENDENT G. B. PANT HOSPITAL NEW DELHI

या उनके आदेश पर OR ORDER

रुपये RUPEES

\*\* Fifty Thousand only\*\*

CENTRALISED  
BANKING  
SOLUTION

प्राप्त मूल्य के बदले अदा करें  
FOR VALUE RECEIVED

₹

\*\*50,000.00\*\*

UPF 735668

शाखा क्रमांक Branch Serial No.

0256/2018

पंजाब नैशनल बैंक  
punjab national bank

Draft is signed singly as it is for amount upto Rs. 50,000/-  
(NOT OVER Rs.50000/-)

अदाकर्ता शाखा एवं वि० सं० Drawee Branch with D.No.

D.No. 2107 - FINACLE -

CDPC DELHI FINACLE

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं.  
AUTHORISED SIGNATORY WITH GBPA No.

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.ए.सं.  
AUTHORISED SIGNATORY WITH GBPA No.

⑈ 735668 ⑈ 000024000⑈

16

पुनः  
दस्तावेज  
टि.सी.टी.  
टि.टी.  
ऑटो

9  
8  
7  
6  
5  
4  
3  
2  
1