



DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. CENTRE, ANSARI NAGAR, NEW DELHI - 110029

Dated: 26/05/16

ESTIMATE CERTIFICATE

Name of Patient Mr./Ms. Priti Kumari

Age 5.25 Sex F C.V. No./CTVS No. 2559/16

Nature of Disease ACI+D

Nature of Surgery required Pulm. Valvotomy + ASD Closure

Units of Blood required for operation 40

Amount required for Surgery Rs. 55,000/- (Rupees Fifty five thousand only)

The above mentioned amount must be deposited in advance by bank draft drawn in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/Govt. Undertaking beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

(Signature & Rubber Stamp of Consultant)

Dr. UJJWAL K. CHOWDARY
MBBS, (APCI) MS (CAL)
M.Ch. (Cardiac)
PROFESSOR
Dept. of Cardiac Surgery
AIIMS, N. DELHI-110029



सर्वोच्च जाति
भारत निर्वाचन आयोग
पहचान पत्र

ELECTION COMMISSION OF INDIA
IDENTITY CARD

SWJ0191817



निर्वाचक का नाम : राघवेंद्र शर्मा

lector's Name : Raghavendra
Sharma

ता का नाम : राम नारायण सिंह

ather's Name : Ram Narayan
Singh

Sex / लिंग : Male / पुरुष

Date of Birth

X	X	X	X	1	9	7	9
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SWJ0191817
ता : १२६, पुरान, पुरान,
शहर/गाँव - पुरान,
अंचल - करपी,
जिला - अरवल - ८०४४१९

Address: 126, Puran, Puran,
Town/Vill - Chauhar,
Anchal - Karapi,
Distt - Arwal - 804419

दिनांक / Date : 17/12/2008

१५, कुरुथा, निर्वाचन क्षेत्र क निर्वाचन अधिकारी के
साक्षर की अनुकूलि

Facsimile Signature of Electoral Registration Officer
15, KURTHA, Constituency

यदि पते, नाम प्रले पर, अपना नाम निर्वाचक नामावली में दर्ज करवाने के लिए
यह सूची नामावली में दर्ज होने के लिए सम्बन्धित पत्र में यह कार्य सम्पन्न करवायें

In case of change in address, mention this Card No. in the
relevant Form for including your name in the roll at the
changed address and to obtain the card with same number.

Cancer Care Trust

29/01/16
27/1/16

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.
अ. भा. आ. सं., नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi- 110029

दिनांक Date	CV 2016/014/0002589 UHID: 101554159	Cardiology Paed. Cardiology	
विभाग Deptt	Date 25/01/2016 MON Name PRITI KUMARI		उम्र Age
ब.रो.। O.P.D	D/O RAGHAVENDRA SHARMA Phone No. 8757098142 Consultant Room 18	5Y 2D /F Dr.SOURABH KUMAR GUPTA DR MANISH	लिंग Sex
	SR Room 14		

Cancer Care Trust

17/4

Actn rep ASD
No 2/0 CHF

26
57

R-18 (37)
1/2/16

16 12.7 gm%

Echo - SVASD, addⁿ large ASD, PVD, mild obstrⁿ

plan OHS (+/- pulw valvotomy) • R in (TVSOPD)
RNO 2
Dr UK Choudhury

25/1/16

1/2/16

दिनांक
Date

Factor under test TB
Dermat SKIN A

Pulm. value test ASD Low

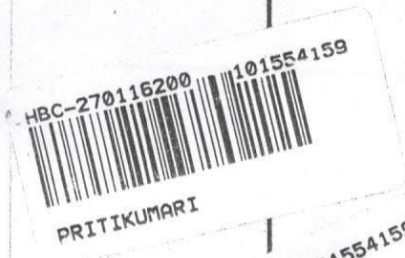
Deposit Rs. 55000/-

AIIMS et patient A/C

40 Blood

Blood group

Dental clearance



Cancer Care Trust

Est. given
26/5/16

O Adm
29/6/16

[Signature]



अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूमपान मना है।/SMOKING PROHIBITED IN HOSPITAL PREMISES

OPR-6



UHID: 101554159

Dept. Regn. 2016/003/0002702

Name: PRITI KUMARI

D/O RAGHAVENDRA SHARMA, 5Y 2D, F

Ph: 8757098142

HN.111 MUNIRKA, DELHI, INDIA

Appt. ID:



2016012304538

DeptSeq: 262

Dept: Paediatrics

Unit: Unit-I

Room: 14

N/3

Days: Mon, Thu (सोम, गुरु)

App. Date: 25/01/2016

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

आयु
Age

पता/Address

निदान/Diagnosis

दिनांक/Date उपचार/Treatment

Cancer Care Trust

17/8
12
17/08 अस्पताल Peds - 3 OPD (W)

ACHD / ASD - GS (17mm)

currently no action of
initially started

- Refer to Pediatric cardiology

OPD -

Mon/ ~~Thurs~~ / Fri

2pm

[Signature]

अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients