

सेवा में,
ट्रस्टी
कैंसर ट्रस्ट.

दिनांक: 05/11/15

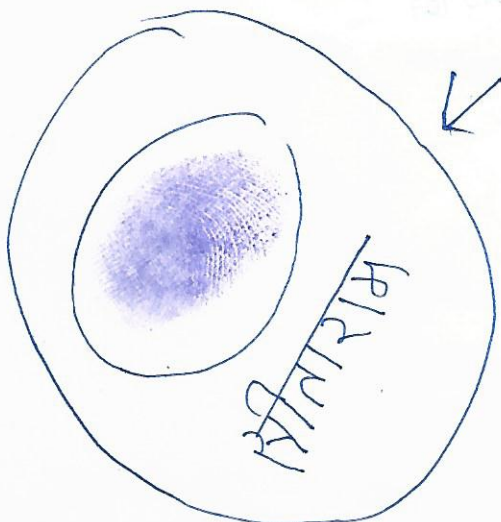


महोदय,

सबिन्ध निवेदन है कि मेरा नाम सीता राम है। मैं
पेशे से मजदूर हूँ। मेरी बड़ी बेटा रजनी को दिल की बीमारी
है जिसका इलाज जी. बी. पंत चिकित्सालय में चल रहा है।
डॉक्टरों के अनुसार उसका खर्च बढ़ना है जिसका खर्च
रु 50,000 - 75000 तक का है।

मैं बहुत ही गरीब हूँ और इलाज का खर्च
बहन नहीं कर सकता। अस्पताल से ऑपरेशन की तारीख
14 नवंबर दी गयी है। अब: आपसे सबिन्ध निवेदन है
कि कृपया मेरी मदद करें जिसके कि मेरी बेटा का ऑपरेशन
शीघ्र अतिशीघ्र हो पाये।

धन्यवाद



Signature
Trustee

आपका आभारी

सीता राम

रघुवीर शर्मा (पसौडा)

निवा: इन्द्र चक्रीयम रु 2

साहिवावा, गांधीबाग

Ph: - 989132 4461

A-27

10/10/15

1. Name of the patient: Rajni Mehra - UP S/O, W/O, W/D Sita Ram

2. Address: Mehra - UP

3. Age: 15 Sex: F Occupation: CTVS

4. OPD/CR No.: 2048143 Treating consultant/surgeon: Dr. Subash Sanyal

5. Diagnosis of the disease: RHD/CMR

6. Details of consumables, treatment/operation required: MVR

1) Mitral Valve prosthesis ① — ₹ 50,000/—

Cancer Care Trust

7. Whether the patient pertains to: (a) Self paid (b) DAN/RAN (c) any other source of funding.

Note: The patient will be tentatively admitted/ operation date 14/11/15

Signature & Stamp of Treating Consultant: Subash Sanyal
 Associate Professor, Dept. of CTVS
 G.B. Pant Hospital, N. Delhi-02

(To be filled by the Purchase Department) Amount: ₹ 50,000/-
 (Rupees in words) Fifty 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.

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

SIGNATURE OF PATIENT/RELATIVE).....

SIGNATURE OF MEDICAL SUPERINTENDENT
G.B. PANT HOSPITAL

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



Medical Superintendent
G.B. Pant Institute of PG
Medical Education & Research
Govt. of NCT of Delhi
New Delhi-110002



भारत निर्वाचन आयोग
पहचान पत्र
ELECTION COMMISSION OF INDIA
IDENTITY CARD

YKY1036250



निर्वाचक का नाम : सीताराम
Elector's Name : Sitaram
पिता का नाम खुमनी
Father's Name Khumni
लिंग/ Sex पुरुष / Male
जन्म की तारीख
Date Of Birth : XX/XX/1980

Cancer Care Trust

YKY1036250

पता : 47, चौका, चौका

तहसील कुलपहाड़
जिला महोबा (उ.प्र.)-210426
Address : 47, Chauka, Chauka

Tehsil - Kulpahad
Distt. Mahoba (UP) 210426
Date : 18/10/2010

231-चरखारी निर्वाचन क्षेत्र के
निर्वाचक रजिस्ट्रेशन अधिकारी के
हस्ताक्षर की अनुकूलि

Facsimile Signature of
Electoral Registration Officer
for 231-Charkhari

150/426

पता बदलने पर, नये पते पर अपना नाम निर्वाचक
नामावली में दर्ज करवाने तथा उस पते पर एसी नम्बर
का कार्ड पाने के लिए सम्बंधित फार्म में यह कार्ड नम्बर
अवश्य लिखें

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 the same number



GOVIND BALLABH PANT HOSPITAL

1, Jawaharlal Nehru Marg, New Delhi-110002

गोविन्द बल्लभ पंत चिकित्सालय

नई दिल्ली-110002

Registration No. 11984
Date 11/9/15
Department of Anaesthesiology
Intensive Care
GIPMER, New Delhi-110002

121
D. 437

OUT PATIENT REGISTRATION CARD

Unit - ; Dr DR. S SATYARTHI

EDP OPD BLOCK - Room No.: 0409

Clinic : CTVS-PRE-OP. (Fri 9AM)

OPD REGN NO : 2048143

29/10/15
pt. no
gen

Patient's Name : RAJNI

Age/Sex : 15 FEMALE

Father's Name : SITA RAM

Category GENERAL

DATED : Address : MOHADA UP

PROVISIONAL DIAGNOSIS :

Allergic to

Cancer Care Trust

EXAMINATION / TREATMENT :

INVESTIGATIONS :-

- HAEMOGLOBIN
- TOTAL LEUCOCYTE COUNT
- DIFFERENTIAL LEUCOCYTE COUNT
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PLATELET COUNT
- PROTHROMBIN TIME

- URINE (R/M)
- URINE (C/S)
- STOOL (R/E)
- STOOL (OCCULT BLOOD)
- MISC.....

LIVER FUNCTION TEST

- S. BILIRUBIN T/D
- AST /ALT
- ALKALINE PHOSPHATE
- S. PROTIEIN T/D
- S. AMYLASE
- HBsAg
- ANTI HBc

KIDNEY FUNCTION TEST

- B. UREA / S. CREATININE
- LIPID PROFILE
- TOTAL CHOLESTEROL
- HDL / LDL / VLDL / TG
- BLOOD SUGAR
- FASTING / RANDOM / PP

X-RAY chest PA

ULTRASOUND.....

CT SCAN.....

MRI.....

E.C.G.....

2D ECHO / DOPPLER.....

T.M.T.....

HOLTER.....

E.E.G. / E.M.G.....

HEV ≤ 2
Azo. CPP
Bg

129
11/9/15
*

RHD / LUMR / EF 60%

Plan: MUR

MR Ado

- OT. Riplexin 0.125 ml OD (5/5)
- OT. Envas 1.25 ml BD 09
- OT. Casilactone 1/2 BD (9 AM)
- OT. Erythromycin 250 mg B
- OT. Pantac 150 mg BD

Byp Dexorange 2kt OD. AC

11.9.15

finosa - low 14

Ado
CST x 6 mo

a
srean

400B
2000B

iPAC
D-419

Estimote

20346

241815

RBS \rightarrow 94mg/dl

18/9/15

Issue Duplicate
129-130

1) ~~Savitri~~ - $\frac{B}{14.8}$
Sita Ram

2) Monu - $\frac{B}{14.8}$ | for wB
fitnes

REGISTRATION
11 SEP 2015
Cardio/CTVS

Both Donors fit to donate blood
after investigations
K Anshu
21/11/15

Cancer Care Trust

18 SEP 2015

REGISTRATION
16 OCT 2015
Father's Name: SITA RAM
Patient's Name: SITA RAM
11-9-2015 10:59:16 \ 015

Handwritten notes and arrows at the bottom right corner.



GOVIND BALLABH PANT HOSPITAL

1, Jawaharlal Nehru Marg, New Delhi-110002

गोविन्द बल्लभ पंत चिकित्सालय

नई दिल्ली-110002

OUT PATIENT REGISTRATION CARD

Unit II ; Dr V.TREHAN/DR. ARIMA NIGAM

EDP OPD BLOCK - Room No.: 0433

OPD REGN NO : 2048143

Clinic : CARDIOLOGY (Wed 9AM Fri 9AM)

Patient's Name : RAJNI
Father's Name : SITA RAM
Address : MOHABA UP

Age/Sex : 15 FEMALE
Category: GENERAL

ATED : PROVISIONAL DIAGNOSIS :

Cancer Care Trust

Allergic to

29-7-2015 10:59:57 / New

EXAMINATION / TREATMENT :

VESTGATIONS :-

- HAEMOGLOBIN
- TOTAL LEUCOCYTE COUNT
- DIFFERENTIAL LEUCOCYTE COUNT
- ESR
- BLEEDING TIME
- CLOTTING TIME
- PLATELET COUNT
- PROTHROMBIN TIME

cf. m Sewer MR. / RHD

- URINE (R/M)
- URINE (C/S)
- STOOL (R/E)
- STOOL (OCCULT BLOOD)
- MISC.....

If any stone. EF ST | WUSD - 44

- LIVER FUNCTION TEST
- S. BILIRUBIN T/D
- AST /ALT.
- ALKALINE PHOSPHATE
- S. PROTIN T/D
- S. AMYLASE
- HBsAg
- ANTI HBc
- KIDNEY FUNCTION TEST
- B, UREA / S. CREATININE
- LIPID PROFILE
- TOTAL CHOLESTEROL
- HDL / LDL / VLDL / TG
- BLOOD SUGAR
- FASTING / RANDOM / PP

Adms

- 1) Referred to CTUS for MVR
- 2) T. Digoxin 0.25 ~~mg~~ Tab OD ~~5/7~~
- 3) T started B 20 p/o on ~~SR~~
- 4) T Digl Plus ~~mg~~ Tab p/o OD

- X-RAY.....
- ULTRASOUND.....
- CT SCAN.....
- MRI
- E.C.G.....
- 2D ECHO / DOPPLER
- T.M.T.....
- HOLTER.....
- E.E.G. / E.M.G.....

Echocardiogram 2 Aug 3/8/15

Dr. ARIMA NIGAM
Associate Professor
Department of Cardiology
G.B. Pant Hospital, N. Delhi-2

Handwritten signature and initials

5/8/15

Dr.

Dr. Arima Nigam
Clinic : CARDIOLOGY (Wed 9AM - 12:30 PM)
Room No. 20031
Dr. V. Prasad, Dr. Arima Nigam

Old Regn No: 5048143

19/08/15

AND / Same as - EP 601

KV = 35

unprovoked
habitus ⊕

12v
1 CS1 x 3mm

1 Refer to CT vs ODD (200)

Dr. Arima Nigam
Assistant Professor
Department of Cardiology
Sree Siddaganga Hospital, Nellore
29-7-2015 10:59:59
EXAMINATION

12v
for mva

2/8/15
Dr. Arima Nigam