

# PATIENT APPLICATION FORM



## PATIENT'S DETAILS

NAME:	RUMANA
FATHER NAME / OCCUPATION:	SALEEM AHMAD/ SHOPKEEPER
DATE OF BIRTH / AGE:	10 <sup>TH</sup> JUNE 2006/ 13 YEARS
SEX:	FEMALE
ADDRESS:	H.NO.-513, STREET NO.-25, NEAR MASJID, TUGHLAKAAD EXTN. DELHI-110019
DISEASE:	HOLE IN HEART(VSD)
TOTAL ESTIMATE COST:	RS. 70000/-
HOSPITAL/DEPARTMENT/ DOCTOR:	AIIMS/CARDIOLOGY/DR. R JUNEJA

803688  
29/06/19

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

स्नातकविज्ञान/डाटा साइंस प्रोग्राम  
CARDIOLOGY, CTVS OPD  
सोमवार/बुधवार/शुक्रवार  
Monday/Wednesday/Friday  
(पिछरे के लिए)

अ० मा० आ० सं०, नई दिल्ली - 110029  
Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

दिनांक  
Date

MUSI-92841

विभाग  
Deptt.

Cerebro

नाम  
Name

ROMANA

उम्र  
Age

14

ब०रो०वि०सं०  
O.P.D. No.

14271/10

पुत्र/पुत्री/पत्नी  
S/D/W

लिंग  
Sex

M

निदान  
Diagnosis

PHIS-101019475

रिपोर्ट-  
28/6/19

CT Angio (21/06/19)

Significant APC, D  
~~No sig~~

DORV, ASD, VSD, PS

Conflict good sized PAs

Duplicated SVC

No Hemoptysis at present

ADU

Phy review after July 15 ECR

*[Signature]*

दिनांक  
Date

R-6 (20)  
17/7/19

Plg review after 1 wk

Ameyatare  
SPONS

Kindly review in IOA for Coring estimate  
(Carcinopathology)

Ameyatare  
SPONS

R-6 (54)  
17/7/19

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

हृदय रोग विज्ञान/सिस्टम थोरोसिक  
CARDIOLOGY, CIVS OPD  
समय: बुधवार/शुक्रवार  
Monday/Wednesday/Friday  
(दोपहर के बाद)  
Afternoon

दिनांक  
Date 10/01/9475 CPNS No 99841

---

विभाग  
Deptt. 14371/10 नाम Name Ruman a उम्र Age 12

ब०रो०वि०सं०  
O.P.D. No. पुत्र/पुत्री/पत्नी  
S/D/W लिंग Sex F

निदान  
Diagnosis

DOXU, SARSID, JENPS.

v.v. blue.

DOEFC II-III

recurrent hemoptysis

plan - APC 100il → surgical repair

to meet Dr. Talwar.

(\* if needed, the patient can be admitted in (Toxics ward per seep \*)

→ T Metolav shmy

→ Sup Vitro of 1kg O.S

→ Hydration as advised 20/9/9

R.6 (57)

15/5/19

R.21 (58) (50)

20/5/9

दिनांक  
Date

For DORV repair

To come to OPD after  
6<sup>th</sup> June for possible  
admission.

To come  
directly to OPD

Dr. Sujitha NS

CS/under Prof Sachin Talwar

CS/under Prof Sachin Talwar

In view of repeated episodes of  
hemoptysis → plan is to.

repeat CT-Angio and to look for  
APCs and plan for APC  
coiling before planning for  
DORV repair.

Dr. Sujitha NS  
SE-ONS

R-6 (8)  
24/5/19

R-6 (17)  
27/5/19

10/6/2019

R-6 (16)  
29/5/19

R-6 (11)  
10/6/19

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
 ब० रो० वि०  
 अ० मा० आ० सं०, नई दिल्ली - 110029  
 Cardiothoracic & Neurosciences Centre, O.P.D.  
 A.I.I.M.S., New Delhi-110029

दिनांक Date 10/01/14 75 CVS-92841

विभाग Deptt. CARDIO नाम Name Rumana उम Age 12y

ब०रो०वि०सं० O.P.D. No. W 14271/15 पुत्र/पुत्री/पत्नी S/D/W लिंग Sex F

निदान Diagnosis

CVS/B Prof. Sachin Talwar

→ patient not been brought by mother

→ Review & patient in CVS/B

Sachin Talwar  
 SR, CVS

4-9  
 28/5/18

4-6  
 6/9/18

4-32  
 31/8/18  
 26  
 24/5/19

दिनांक  
Date

R.M (13)

26/10/18

R.G (88)  
31/5/19

Case of DORN/VSD/PS..

planned for surgery

Complaints of on/off ~~breath~~

hemoptysis - Coiling of  
Aortic pulmonary collaterals done.

Plan

- Patient referred to AIIMS Emergency  
for further management and  
admission under

Pediatric cardiology. *[Signature]*  
Dr. S. S. S. S.

8/5/19

Dr. Raj Stalwar is on leave.

- Kindly D/S and attach of CVS OPD.

- In case of emergency, contact CVS on call

Prakash

10-207109  
2/6/15

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब. रो. वि.

अ. भा. आ. सं., नई दिल्ली-११००२९

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

दिनांक  
Date

CV 2015/014/0014271

Cardiology

UHID: 101019475

Paed. Cardiology

विभाग  
Deptt.

Date 01/06/2015 MON

Name RUMANA RUMANA

10Y /F

ब.रो.वि.सं.  
O.P.D. No.

D/O SALEEM AHMAD

Phone No. 9213155949

General

Consultant Room 21

Dr. R JUNEJA

Card no 92841

SR Room 21

DR. SUMAN



Cardio/Deptt | Do Rv / vrd / PS

(31)

CNC Lab	2/6/15
HIC	24/24
D.	2/6/15

Ad  
1tbl  
Lipstat 10mg 2 B  
Sul od

Druf



दिनांक  
Date

21/12/15

21/12/15

To try on 30/12/15

Handwritten signature

Dr. Arun K.

1 Bachelor (25) 1/2 hd

Case no.

5

12/11/15

RNO-S (APP)

22/11/15

For DORV report

Long Waiting List & Consequences etc.  
In Case of Emergency to attend Casualty  
Advised to get treatment from Govt. Hospital  
55,000 / Aii ms c5 P5 Account

2. 4 O Blood  
① Dony with on medicine  
② Dony with medicine  
③ PDR 12/12/15  
17/11/2015

30/11/15  
To try on 21/12/2015  
Handwritten signature


DEPTT. OF CARDIOVASCULAR RADIOLOGY & ENDOVASCULAR INTERVENTIONS  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

Date: 19/07/2019

ESTIMATE CERTIFICATE

Name of the Patient Rumana  
Age 12 yrs Sex female CV No./CTVS NO. UHID: 101019475  
Nature of Disease Congenital heart disease with major AP collaterals  
Nature of investigation required APC embolizations  
Amount required Rs. 15000/- (fifteen thousand only)

The above mentioned amount must be deposited as draft in name of "AIIMS ANGIOGRAPHY PATIENT ACCOUNT" before the procedure in room 28B

  
**Dr. Sanjeev Kumar**  
Assistant Professor

Dr. SANJEEV KUMAR  
Assistant Professor  
Deptt. of Cardiovascular Radiology  
and Endovascular Interventions  
AIIMS, New Delhi-110029



OFFICE OF THE MEDICAL SUPERINTENDENT  
**PT. MADAN MOHAN MALAVIYA HOSPITAL**  
 GOVT. OF NCT OF DELHI, MALVIYA NAGAR, NEW DELHI-110 017

No.F.14/59/

/PL.MMMH/2338

Dated: 01/01/2013

**CERTIFICATE**

**FOR THE PERSONS WITH DISABILITIES**

This is to certify that *Sri/Smt/Kum... R. Umang...*  
 Sr to Mr D/o ... *Salim Ahmad*  
 aged *06 years*. Male/Female with registration No. *3868.43*... is a case  
 of *physical disability / visual disability / speech & hearing disability* and has  
 ..... *90% (Ninety - percent)* permanent (*physical impairment / visual*  
*impairment / speech & hearing impairment*) in relation to his / her

*Both Upper Limb & Spine*

This condition is *progressive / Non-progressive / Likely to improve / Not likely to improve.*  
 Re-assessment is *not recommended / is recommended after a period of .....*

*S. Gupta*  
 MEMBER  
 Disability Board  
**DR. SUDHIR GUPTA**  
 Senior Resident  
 Deptt. of Orthopedics  
 Pt. Madan Mohan Malaviya Hospital  
 Malviya Nagar, New Delhi-17

*Manish Sharma*  
 MEMBER  
 Disability Board  
**DR. MANISH SHARMA**  
 Specialist and Head  
 Department of Orthopedic Surgery  
 Pt. Madan Mohan Malaviya Hospital  
 Govt. of NCT of Delhi  
 Malviya Nagar, New Delhi - 110017

*21*  
 MEMBER  
 Disability Board  
**DR. ANSHU GOEL**  
 Junior Specialist (Medicine)  
 Pt. M. M. Malaviya Hospital  
 Malviya Nagar, Govt. of NCT of Delhi  
*Recent attested photograph showing disability*

Signature / Thumb impression of Patient

Counter Signature of Disability Board Chairman  
**Dr. S.K.Varma, Consultant / ENT**  
 Date: 01/01/2013

**Dr. S. K. VARMA**  
 M. S. (E.N.T.)  
 Consultant  
 Chairman  
 Pt. M. M. Malaviya  
 Govt. of NCT of Delhi





Dept No: 20150140014271

शरीरमाद्यं खलु धर्मसाधनम्

File No :2198/ANGIO/19-20

Depositor Name :CANCER CARE TRUST

Phones } 26594  
26595

**CASH RECEIPT**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
C.N. Centre, Ansari Nagar, New Delhi-110029**

Receipt No.:

ACCOUNTS-12/1989/201920

Received from: ORIGINAL ANGIOGRAPHY PT

OPD/ MRD NO. ACCOUNT

ON ACCOUNT OF MISS. RUMANA RUMANA ,Age :14 Yrs 2 Mons

26 Days

101019475 ( OPD )



Dated : 27/08/2019

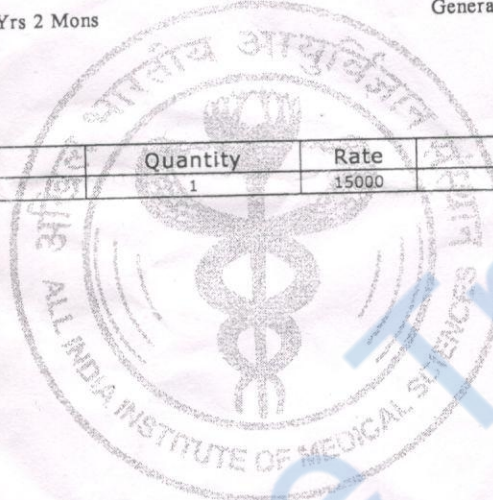
Patient Type :

Room No. :

General

SI No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - APC EMBOLIZATION	1	15000	15000

Printed on 27 Aug 2019 14:05:22 PM



शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode:

INR (Rs.) :

Rs. in Words

Demand Draft DD No :516382, Bank :ICICI Bank, Date :26/08/2019

15000.0

Rupees Fifteen Thousand Only

MR.ABDUL ANSARI

Cancer Care Trust

A/C PAYEE ONLY



(07) Drawee Branch PLACE, NEW DELHI

VALID FOR THREE MONTHS ONLY

516382

DATE

26 08 2019

DD No.

D D M M Y Y Y Y

\*\*\*\*AIIMS ANGIOGRAPHY PATIENT ACCOUNT\*\*\*\*\*

ON DEMAND PAY

OR ORDER

FIFTEEN THOUSAND Only

RUPEES

\*\*\*\*\*15,000.00



Purchaser Name: CANCER CARE TRUST  
OL/1/5 Not Above 15,000.00

FOR VALUE RECEIVED

6297DDCENPAY  
MAYUR VIHAR

*Asher*  
19/8/19

Issuing Branch

Authorised Signatory

Authorised Signatory

Please sign above

⑈ 516382⑈ 000229000⑈ 006297⑈ 16

Cancer