



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

Contact No. : 011-65881004

PATIENT APPLICATION FORM



PATIENT'S DETAILS

NAME:	SHIDHARA
FATHER NAME:	AWAL RAIN
AGE:	3 YEARS
SEX:	FEMALE
ADDRESS:	HAMIRPUR, UP-210505
DISEASE:	BT(Blalock-Taussig) SHUNT
TOTAL ESTIMATE COST:	Rs. 30,000/-
HOSPITAL /	AIIMS /
DOCTOR:	DR. U K CHOWDHURY

Trustee's Signature

For CANCER CARE TRUST
Authorised Signatory

सावरा (Mother)
Parent's Signature

औरत

सेवा में

ट्रस्टी कैंसर केयर केन्द्र
न्यू नैसोक नंबर, नई दिल्ली

विषय - मेरी बेटी के दिल के ऑपरेशन के लिए आर्थिक
मदद हेतु प्रार्थना पत्र

महोदय -
श्रद्धा निवेदन है कि मेरी बेटी जो कि
3 वर्ष की है और उसके दिल की नस
बलाक है जिसके इलाज के लिए 2,00,000
रु० की जरूरत है हालांकि मेरे परिवार
की आर्थिक स्थिति बहुत नाजुक है और
अतः आपसे निवेदन है कि इसका ऑपरेशन
हेतु आप आर्थिक मदद करें।

प्रार्थी

Mother - सावरा

Father - उमर

FR-1
20/09/19

C.N. CENTRE
CLINICAL PATHOLOGY

HAEMATOLOGY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

CV 2019/014/0024872

UHID: 104649491

Date 20/09/2019

MON, WED, FRI

Cardiology
CTVS (105839/2019)

OPD/WARD

UNIT

AGE

SEX

Name SHIDHARA

3Y 1M 27D

PLAIN

EDTA

OXALATE

CITRATE

HEPARIN

D/O AWAL RAIN

Phone No. 9305966355

Consultant Room 2

Dr. U K Chowdhury

TIME OF COLLECTION

SR Room

DIAGNOSIS

BIT

SIGNATURE
NAME OF MEDICAL OFFICER

FOR LAB. USE ONLY

DATE OF RECEIVING THE SPECIMEN

LAB. REF. NO.

B. K. K...

HAEMATOLOGIST

INCOMPLETE FORMS WILL NOT BE ACCEPTED

S T A M P

CANCER

Please share your feedback
to improve our hos, हृदय वक्ष
on the Website link
meraaspataal.nhp.gov.in

CVM-270919123 104649491



प्रतिगविज्ञान/साट बोएल बोबीकी
CARDIOLOGY/CTVS O.P.D.
सोमवार/बुधवार/शुक्रवार
Monday/Wednesday/Friday
(दोषहर के बाद)
Afternoon

अ० मा० आ० र SHIDHARASHIDHARA 11054 129

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

दिनांक Date	CV 2019/014/0024872	र०	Cardiology
	UHID: 104649491		CTVS (105839/2019)
विभाग Deptt.	नाम, Name	Date 20/09/2019	MON, WED, FRI
	Name SHIDHARA	Age	3Y 1M 27D
			/F
ब०रो०वि०स० O.P.D. No.	पुत्र/पु S	D/O AWAL RAIN Phone No. 9305966355	लिंग Dr. U K Chowdhury
		Consultant Room 2	
		SR Room	
	निदा Diagnosis		

R-2
New Case
20-9-19

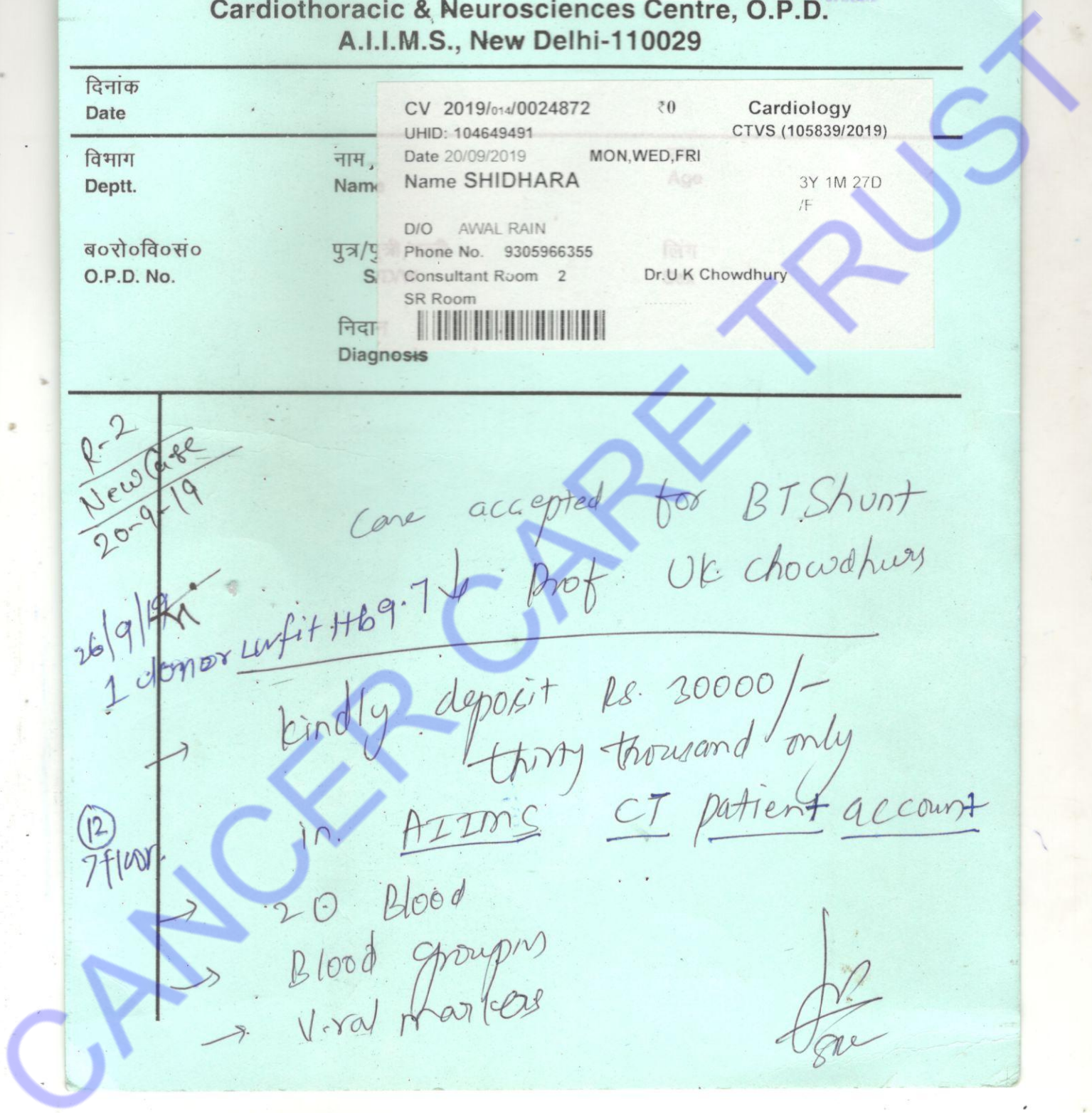
26/9/19
1 donor unfit Hb 9.7

Care accepted for BT Shunt
Prof. UK Chowdhury

kindly deposit Rs. 30000/-
thirty thousand only
in A.I.I.M.S. CT patient account

(12)
7 floor

20 Blood
Blood groups
Viral markers



Please share your feedback to improve our hospital on the Website [maraaspatan.com](http://www.maraaspatan.com)

CV 2019/014/0024872
 UHID: 104649491
 Date 20/09/2019
 Name SHIDHARA
 D/O AWAL RAIN
 Phone No. 9305966355
 Consultant Room 2
 SR Room
 Cardiology
 CTVS (105839/2019)
 MON, WED, FRI
 3Y 1M 27D /F
 Dr. U K Chowdhury

#607
 18/19

दिनांक
 Date
 विभाग
 Deptt.
 बरोंदिवोर
 O.P.D. No.

CV 2019/014/0024872
 UHID: 104649491
 Date 23/08/2019
 Name SHIDHARA
 D/O AWAL RAIN
 Phone No. 9305966355
 Consultant Room 21
 SR Room 21
 Cardiology
 Paed. Cardiology
 MON, WED, FRI
 3Y 30D /F
 Dr. ANITA SAXENA
 DR. CHAYAN

Diagnosis

CCHD. ↑ Q P not in HF in NSR
 (? Pink TOF / TOF L PA)

Pulmonary + VSD
 Cyanosis - Anomalous
 Small branch on LTA

Need
 (9)

Adv.
 - Symp. Vitrolol 5ml OD
 - R/V with reports
 Umac (R)

fewer conv
 ↓

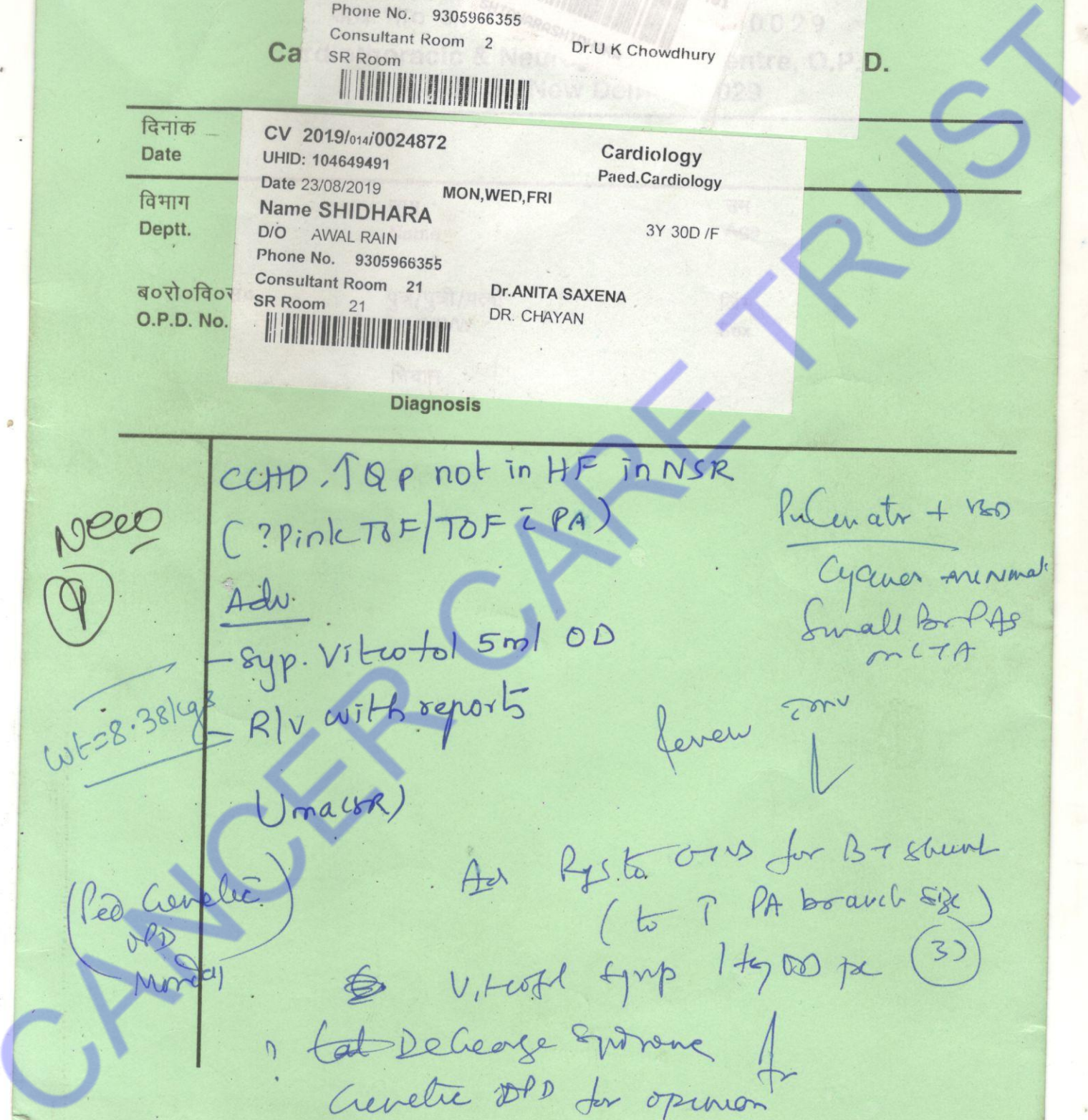
Wt = 8.38 kg

(Ped Genetic
 old
 Mural)

Adv Rys. to CNS for BT shunt
 (to ↑ PA branch size)

⊗ Vitrolol Symp 1 to OD pa (3)

1. Lat DeGeorge Syndrome
 Genetic DPD for opinion



दिनांक
Date

R-21(49)
28/10/19

TOF, Pulm atresia
Rt arch.

Adm - 1) Tab. Ciploai 10mg po BID
2) Symp Vetrofol 5ml po qd
CTangie.

Jain
JL

CTA sepa for ~~left to be~~ for

R-21(49)
20/09/19

CANCER CARE TRUST



Dept No: 20190140024872

File No :1588/CT/2019-20
Depositor Name :CANCER CARE TRUST NEW ASHOK NAGAR NEW DELHI

CASH RECEIPT

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

Phones } 26593670
26546617
26593824

Receipt No.: ACCOUNTS-13/1903/201920
Received From: [Original]CT PATIENT ACCOUNT
OPD/ MRD No.: MISS SHIDHARA SHIDHARA ,Age :3 Yrs 3 Mons
ON ACCOUNT OF 14 Days
104649491 (OPD)

07/11/2019
Dated :
Patient Type : General
Room No. :



SI No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - BTS	1	30000	30000

Printed on 07 Nov 2019 11:00:21 AM



शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode :
INR (Rs.) :
Rs. in Words

Demand Draft DD No :515437, Bank :ICICI Bank, Date :22/10/2019
30000.0

Rupees Thirty Thousand Only

MR.PRIYA RANJAN

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

CANCER CARE TRUST

A/C PAYEE ONLY



(07) CONNAUGHT DRIVE BRANCH NEW DELHI
515437

VALID FOR THREE MONTHS ONLY
2 2 1 0 2 0 1 9
DATE

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D D M M Y Y Y Y

DD No.
AIIMS CT PATIENT ACCOUNT*****

ON DEMAND PAY

THIRTY THOUSAND Only

OR ORDER

RUPEES

*****30,000.00



Purchaser Name: CANCER CARE TRUST
OL/3/5 Not Above 30,000.00

FOR VALUE RECEIVED

6297DDCENPAY
MAYUR VIHAR

Issuing Branch

Authorised Signatory

Authorised Signatory

Please sign above

⑈515437⑈ 000229000⑈ 006297⑈ 16

UTILITY FORMS PVT. LTD. / CTS - 2010

UTILITY FORMS PVT. Ltd. Ph. Delhi-4675755, Mumbai-26520972, Chennai-4354277, Kolkata-32619075 # 54906