Web.add : www.cancercaretrust.org
E.id : contact@cancercaretrust.org
Contact No. : 011-65881004

CANCER CARE TRUST

PATIENT APPLICATION FORM

PATIENT'S DETAILS

NAME:	SUMAIYA PERWEEN
FATHER NAME:	MD. ZUBER ALAM
AGE:	9 YEARS
SEX:	FEMALE
ADDRESS:	BHAGPUNAS, SONTHA, KISHANGANJ, BIHAR
DISEASE:	AORTIC VALVE REPLACEMENT
TOTAL ESTIMATE COST:	Rs. 46704/-
HOSPITAL / DOCTOR:	G B PANT HOSPITAL / DR. SAKET AGGARWAL

Cancer Care Trust

For CANCER CARE TRUST
Authorised Signatory

Trustee's Signature

Parent's Signature

D43
Dronchyt

Saket

Patient Aadhar Card No. 304107985597

(ESTIMATES FORM FOR ALL SURGERIES AND PROCEEDURES 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.

1. Name of the patient: Sumaiya D/o, S/o, W/o Md Zubeer Alam
2. Address: WP-352, Wazirpur, Delhi
3. Age: 9yr Sex: F Department: CTVS
4. OPD/ICR No: 114033 Treating consultant/ surgeon: Dr. Saket Sanwal.
5. Diagnosis of the diseases: Severe AR, Bicuspid Aortic Valve
6. Details of consumables, treatment/operation required: for DSS/KONNO/AVR
7. Whether the patient pertains to:
   (a) Self paid (b) DAN/RAN (c) any other source of funding.

Aortic Valve Prosthesis - (1)

46704

Note: The patient will be tentatively admitted/ operated on date 10/10/18

Signature & Stamp of treating consultant/surgeon

Saket

Dr. SAKET SAGAR
Professor
Department of CTVS
G.B.P.M.E.R., N.Delhi-2

(To be filled by the Purchase Department) Amount Net

(Rupees in words)

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

DECLARATION BY PATIENT

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

Dr. MOHIT D. GUPTA
Professor
Department of Cardiology
GIPMER, New Delhi-02

28/8/18

Cancer Care Trust

PATIENT'S COPY

Govt. of National Capital Territory of Delhi

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

011-23233001
011-23234242

PAC 7402
Registration No. 4/9/18
Date
Department of Anaesthesiology & Intensive Care GIPMER, New Delhi-110002

स्वच्छ भारत एक कदम स्वच्छता की ओर

OUT PATIENT REGISTRATION CARD

114033

REGISTRATION 17 JUL 2018 CTVS CARDIO

...rket Agarwal (409)
(Tue) CTVS 206 ~~W93 [illegible] Village, Northern~~
...maiya F/9 ~~Delhi-52~~
...d. Zuber Alam Chowk Alwar
...agpur ~~[illegible]~~, ~~Sonthu~~, Bihar Mobile / Ph. No. 9210238955

PROVISIONAL DIAGNOSIS : DOB - 01/01/2006 Blood Group _____

EXAMINATION : Wt - 24 kg TREATMENT :

Echo by Prof Sumedh (13/7/18)
BAV/SEWAR

LV dilated.
aortic annulus 20mm
Pulmonary annulus 20mm
EF 60%

For Ross/Konno/AVR

For surgery date subject to bed availability.

Priority in view of dilated LV
PDOA subject to bed availability

05/10/2018

Pt. free to go elsewhere AIIMS, RML, SJH

To deposit finances for Surgery 1 month before admission date with waiting / surgery

Risk of Mortality explained

दवाई का नाम Name of Medicine	खाली पेट Empty Stomach	नाश्ता Breakfast	दोपहर का खाना Lunch	रात का खाना Dinner
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

REGISTRATION 4 AUG 2018 CTVS CARDIO

Cancer Care Trust

हमे पता है की हम बाहर इलाज करा सकते है
लेकिन GB Pant में ही इलाज कराना है।

(father)

2018 -

PT. INR. (129)

CB

Hemogram. Platelet

LFT | KFT | S.E

HIV ELISA

Anti HCV ELISA

Anti HBsAg ELISA

Bl. group

Chest x-ray

ECG

Centre for Cancer

Nail

SR. cuts × SR cuts

419

Cancer Care Trust

A/C PAYEE ONLY

ICICI Bank

Drawee Branch

(07)CONNAUGHT PLACE, NEW DELHI

DD No. 511969

VALID FOR THREE MONTHS ONLY

DATE D 2 D 3 M 1 M 0 2 Y 0 Y 1 Y 8 Y

ON DEMAND PAY ***MEDICAL SUPERINTENDENT,G.B PANT HOSPITAL NEW DELHI********** OR ORDER

RUPEES FORTY SIX THOUSAND SEVEN HUNDRED FOUR Only

₹ **********46,704.00

FOR VALUE RECEIVED

Purchaser Name: CANCER CARE TRUST
OL/4/5 Not Above 46,704.00

1070DDCENPAY

Issuing Branch (SBC . 1)

Authorised Signatory

Authorised Signatory
Please sign above

3.5.20

⑈511969⑈ 000229000⑆ 001070⑈ 16

UTILITY FORMS PVT. LTD. / CTS - 2010

UTILITY FORMS PVT. Ltd. Ph. Delhi-46757575, Mumbai-28520972, Chennai-43542737, Kolkata-32619605 # 54986