



# CANCER CARE TRUST

Web.add : [www.cancercaretrust.org](http://www.cancercaretrust.org)

E.id : [contact@cancercaretrust.org](mailto:contact@cancercaretrust.org)

Contact No. : 011-65881004

## PATIENT APPLICATION FORM



### PATIENT'S DETAILS

NAME:	Master Divyansh Singh
FATHER NAME / OCCUPATION:	Mr. Chandan Singh (Painter) Mob No (9999141533)
DATE OF BIRTH / AGE:	4 years.
SEX:	Male
ADDRESS:	House No A-1233, Rajeew Colony Mohan Nagar, (GZB) UP (201007)
DISEASE:	Hole in Heart (T.O.P)
TOTAL ESTIMATE COST:	50,000/-
HOSPITAL/DEPARTMENT/ DOCTOR:	GIB Panth Hospital (Delhi) DR. D.K SATSANGI (CARDIOLOGY DEPT.)

For CANCER CARE TRUST

*Laurav*  
Trustee

Doctor's Sign

Trustee's Sign

Parent's Sign

*रजनीश*

Date: 17/12/18



Patient Aadhar Card No. 3257 7665 3093

**(ESTIMATES FORM FOR ALL SURGERIES AND PROCEDURES OF GIPMER HOSPITAL)**

**(TO BE FILLED BY THE TREATING CONSULTANT / SURGEON)**

17/12/2018  
Director Prof. G.B. Pant Hospital  
Dept. of CTUs  
G.B. Pant Hospital  
New Delhi-110002

Columns 1,2,3 & 4 as per documents / OPD form, Ration Card and Voter I. Card.

1. Name of the patient Dnyansh s/o, d/o, w/o Chandan Singh

2. Address Gozibad OP

3. Age: 4y Sex M Department CPJ

4. OPD/CR No. 1906844 Treating consultant/ surgeon Dr. D. Sathraj

5. Diagnosis of the diseases TOF 2 Absent Pulmonary valve

6. Details of consumables, treatment/operation required: Aortic valve Mechanical  
Aortic valve Rs. 50,000/-

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

Dr. Gatsawji

Note: The patient will be tentatively admitted / operation date .....

Signature & Stamp of treating consultant/surgeon

17/12/2018

(To be filled by the Purchase Department) Amount + vat

(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** ALONGWITH FORWARDING LETTER FROM THE DEPARTMENT CONCERNED. This certificate is issued only one time.

**DECLARATION BY PATIENT**

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

Meharshi

SIGNATURE OF PATIENT/RELATIVE.....

SIGNATURE OF MEDICAL SUPERINTENDENT

G.B.PANT HOSPITAL

Copy to : 1. Treating surgeon/ consultant.

2. Purchase office (with photocopy of receipt of payment).

A/c Payee



Kotak Mahindra Bank 5029-NOIDA - SECTOR 16

634842

Valid for three months from date of issue

दिनांक  
Date

1	7	0	4	2	0	1	8
D	D	M	M	Y	Y	Y	Y

On demand pay MEDICAL SUPERINTENDENT G B PANT HOSPITAL NEW DELHI

को या उनके आदेश पर Or Order

रुपये Rupees Twenty Five Thousand only

अदा करें।

₹

25,000.00

Payable At

\*\*\* Not Over INR. 25,000.00

\*\*\*

For Value Received  
for Kotak Mahindra Bank Ltd.

New-Delhi  
( 0172 )

*Rameesh  
Hank  
Bbbs*

(Drawee Branch)

Please sign above this line

⑈634842⑈ 000485000⑈

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# Cancer Care Trust

योगी आदित्यनाथ



लाल बहादुर शास्त्री भवन,  
लखनऊ

मुख्य मंत्री  
उत्तर प्रदेश



# Cancer Care Trust

प्रिय महोदय/ महोदया,

दिनांक : 15/03/2018

आपकी गम्भीर बीमारी के उपचार हेतु 'मुख्यमंत्री विवेकाधीन कोष' से चिकित्सा/उपचार हेतु रूपये 25,000.00 की आर्थिक सहायता कार्यालय के पत्रांक एफ-746 /मु.म.का.-5/2017 दिनांक 15/03/2018 द्वारा MEDICAL SUPERINTENDENT, G.B.PANT HOSPITAL, NEW DELHI-110 002 को प्रेषित की गयी है।

मैं आशा करता हूँ कि आप उपचारोपरान्त रोगमुक्त होकर अपने परिवार के साथ स्वस्थ एवं प्रसन्नतापूर्वक जीवन व्यतीत कर सकेंगे।

मैं ईश्वर से आपके स्वस्थ एवं प्रसन्न रहने की कामना करता हूँ।

भवदीय,

(योगी आदित्यनाथ)

मास्टर दिव्यांश पुत्र श्री चन्दन सिंह,  
नि0 म0नं0-1233, राजीव कालोनी, मोहन नगर, जिला,  
जिला- गाजियाबाद



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



**OUT PATIENT REGISTRATION CARD**

DEPARTMENT: CTVS  
DOCTOR NAME/ROOM NO.: DR. D. K. SATSANGI  
Patient Name: DIVYANSH  
SEX: Male  
ADDRESS: MOHAN NAGAR GZB UP  
Case History: New

OPD NUMBER: CTVS-1906844  
CTVS MON 412  
AGE: 4  
S/o,D/o,W/o Name: CHANDAN SINGH  
Mobile No.: NA  
DATE: 10-02-18

Mobile / Ph. No. : 14kg

DATED :

PROVISIONAL DIAGNOSIS :

Blood Group \_\_\_\_\_

INVESTIGATIONS :-

EXAMINATION :

TREATMENT :

- HAEMOGLOBIN
- TLC
- DLC
- 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. PROTIEN T/D
- S. AMYLASE
- HIV
- HBsAg
- ANTI HBc
- Anti HCV

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

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

*Go ToF - Absent Pulm  
valve*

CT done:

RPA - 28.2

LCA - 19.1

MRA - 7.2

SA ASD

few thin MALCA'S (+)

• no Cyanosis

• no Spells

noy size - 9

Plan: Tech to valve replacement

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

शराब पीना एवं धूम्रपान स्वास्थ्य के लिए हानिकारक है