A/C PAYEE ONLY

ICICI Bank

Drawee Branch
(07)CONNAUGHT PLACE, NEW DELHI

DD No. 514967

VALID FOR THREE MONTHS ONLY

DATE 0 4 2 0 1 9
D D M M Y Y Y Y

ON DEMAND PAY AIIMS CT PATIENT'S ACCOUNT********** OR ORDER

RUPEES ONE LAKH Only

₹ *****1,00,000.00

FOR VALUE RECEIVED

Purchaser Name: CANCER CARE TRUST
TL/1/6 Not Above 1,00,000.00

1070DDCENPAY
NOIDA (SEC , 1)
Issuing Branch

Authorised Signatory

Authorised Signatory
Please sign above

⑈514967⑈ 000229000⑆ 001070⑈ 16

UTILITY FORMS PVT. LTD. / CTS - 2010

UTILITY FORMS PVT. Ltd. Ph. Delhi-46757575, Mumbai-28520972, Chennai-43542737, Kolkata-32619605 # 54966

File No :129/CT/2019-20

Depositor Name : CANCER CARE TRUST NEW ASHOK NAGAR NEW DELHI

26594235
26593824

Dept No: 20140140013588

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

Receipt No.:
Received From: ACCOUNTS-13/163/201920 [Original]CT
OPD/ MRD No.: PATIENT ACCOUNT
ON ACCOUNT OF BABY RISHIT GUPTA ,Age :5 Yrs 1 Mons 13 Days
100305294 (OPD)

Dated : 13/04/2019
Patient Type : General
Room No. :

Sl No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - VSD AVR	1	100000	100000

Printed on 13 Apr 2019 12:00:32 PM

शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode: Demand Draft DD No :514967, Bank :ICICI Bank, Date :12/04/2019
INR (Rs.) : 100000.0
Rs. in Words Rupees One Lakh Only

MR.PRIYA RANJAN

PATIENT APPLICATION FORM

PATIENT'S DETAILS

NAME:	**RISHIT GUPTA**
FATHER NAME / OCCUPATION:	**VISHAL GUPTA/DRIVER**
DATE OF BIRTH / AGE:	**5 YEARS**
SEX:	**MALE**
ADDRESS:	**MEERUT,UTTAR PRADESH**
DISEASE:	**HOLE IN HEART**
TOTAL ESTIMATE COST:	**RS. 1,00,000/-**
HOSPITAL/DEPARTMENT/ DOCTOR:	**AIIMS/ CARDIOLOGY / S K CHOUDHARY**

Doctor's Sign

Parent's Sign
Vishal GUPTA

Cancer Care Trust

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

हृदयरोगविज्ञान/सीटीवीएस ओपीडी
CARDIOLOGY/CTVS OPD
सोमवार/बुधवार/शुक्रवार
Monday/Wednesday/Firday
(दोपहर के बाद)
Afternoon

दिनांक
Date

CV 2014/014/0013588 Cardiology
UHID: 100305294 CTVS (99668/2018)
Date 24/09/2018 ,MON,WED,FRI
Name RISHIT GUPTA 4Y 6M 24D /M
Consultant Room 20 Dr.S K CHOUDHARY
SR Room .....

विभाग
Dept.

उम्र
Age 3yr 2M

ब.रं.
O.P.D. S/D/W

लिंग
Sex M

निदान
Diagnosis

R.No- 18 (18)
02/6/18

VSD AR

R-21 (11)
22/6/18

Echo & review ~~6mo~~ after echo

Monday OPD

22/6/18

VSD AR

Next OPD

24/9/18

Cancer Care Trust

दिनांक Date	
	Please give OV file
R-21 (81) 10/9/18	Anuda 28/09/18
R-21 (5) 24/9/18	Δ. ACHD SAVSD RCC prolapse Severe AR.
	CPD/w Prof SK Chowdhary.
	For VSD closure ± AVR
R-20 New Case 24/9/18	Estimate ₹ 100,000/-.
	Blood 40
	Blood grouping
	→ long waiting list explained
	Anuda 28/09/18
R-20 (39) 28/9/18	दाखिले की अनुमानित तारीख 12/04/19 मरीजों की भीड़ के कारण शीघ्र भर्ती संभव नही है। जल्द उपचार के लिए अन्य सरकारी अस्पताल में संपर्क कर सकते है।

Cancer Care Trust

CV 2014/014/0013588
UHID: 100305294
Date 24/09/2018 MON.WED,FRI
Name RISHIT GUPTA

Cardiology
CTVS (99668/2018)

4Y 6M 24D
/M

S/O VISHAL GUPTA
Phone No. 9910521391
Consultant Room 20 Dr.S K CHOUDHARY
SR Room

केन्द्र

१००२९

entre, O.P.D.

029

Cardiology
Cardiology

वि.पं.सं. CV 2014/014/0013588
अ.स्वा.प.सं. 100305294
नाम: रिशित गुप्ता
पिता: विशाल गुप्ता
3 महिना 2 दिन /पुरुष
विभाग: हृदयरोग विज्ञान

UHID: 100305294
Date 30/05/2014 Fri
Name RISHIT GUPTA
S/O VISHAL GUPTA
Phone No. 9910521391
Consultant Room 18
SR Room 14

3M 2D /M

Charges Rs. 10/-
Dr.Ram Kishan
DR.ANKIT JAIN

CAL-14305
3/5/14
21332

Fast breath
URTI onset
Cyanosis
] :. Bnis

Δ: ACHD/VSD 1 qp

Plan

(1) 2D Echo Pediatric Cardiac

R-18
6/6/14

Cancer Care Trust

दिनांक Date	
Echo 6/6/14	OS - ASD 2.3mm OD - VSD 3.7mm Δ 6.7mm.
Rx	Syp Feroped 0.5ml OD X Syp Dimin 0.5ml OD X.
tt	doing well.
Plan med fup x 6 months	clinically small VSD.
tt	Adv. • Syp vitrofat 2ml OD • s/v after 1yr/SOS. SW 9/2/15.
R-18 (24) 9/2/15	Doing well.
R-18 (18) 02/6/17	SW CST. R/A 1yr/SOS malin 2/6/17

Cancer Care Trust

शरीरमाद्यं खलु धर्मसाधनम्

DEPARTMENT OF CARDIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C. N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Dated : 28/09/18

Cardiology
Cardiology

CV 2014/014/0013588
UHID: 100305294
Date 30/05/2014 Fri
Name RISHIT GUPTA 3M 2D /M
S/O VISHAL GUPTA
Consultant 18 SR Room 14
Address: B-18VIJAY CITY MEERUT , UTTAR PRADESH INDIA

ESTIMATE CERTIFICATE

Name _____

Sex _____ C.V.No./CTVS No. _____

Nature of Disease VSD AR

Nature of Surgery required VSD closure ± AVR

Amount required for Surgery ₹100,000/- + 4 O Blood

The above mentioned amount must be deposited in advance by bank draft in favour of "**AIIMS CT PATIENT'S ACCOUNT**" The said estimate will be valid for employee of CGHS/ESI/GOVT. Undertaking beneficiaries.

28/9/18

(CONSULTANT / SENIOR RESIDENT)

For Prof S K Choudhary

Cancer Care Trust

BIRTH CERTIFICATE

RAGHU NURSING HOME

K-6 PALLAV PURAM-II, MEERUT . PH: 0121-6542083

No. 928 Date 21/3/14

Father's Name Vishal Gupta

Mother's Name Pooja Gupta

Date of Birth 20/3/14 Time 6.45 pm

Baby Weight 3.4Kg Baby F/M Male

Dr. Incharge dr Gulanjati Bendre

Present Address D 18 Vijay City

Signature /Seal

कृते रघु नर्सिंग होम
के-6 पल्लवपुरम फेस-2
(मेरठ)

Cancer Care Trust