



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	MOHD ANAS
FATHER NAME:	MOHD RAIS
DATE OF BIRTH / AGE:	5 Years
SEX:	Male
ADDRESS:	COLONEL GANJ, KANPUR, UP
DISEASE:	Tetralogy of Fallot (TOF)
HOSPITAL DEPARTMENT TREATMENT COST	AIIMS Cardiology Rs. 60,000/-

For CANCER CARE TRUST

[Signature]
Authorized Sign
Authorised Signatory

[Signature]
Parent's Sign

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

दिनांक/Date 10/13/87/166 CTRs: 84515
 विभाग Deptt. Cardio नाम Name T Mohd Arsh उम्र Age
 यू०एच०आई०डी० नं० UHID No. 29865/15 पुत्र/पुत्री/पत्नी S/D/W लिंग Sex Male
 निदान Diagnosis

TOF & Pulmonary, PIBTS. 2016

Came with 40 worsening cyanosis. dual O2.

Ado

1. Deposit Money + Blood as advised.
2. Deposit money for coiling.
3. To come to emergency if acute symptoms occur.
4. To come to after prep requisites are done.
 18/1/2021.

Require a review echo before admission
 (last echo Dec 2018).

10 min
 GRCTM



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

Dated 23/1/21

ESTIMATE CERTIFICATE

Name of Patient Michel Anand

Age 54 year Sex male C.V.No./CTVS No 2015/014/29205

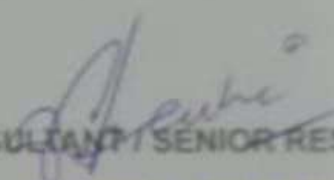
Nature of Disease Tot

Nature of Surgery required Tot

Amount required for Surgery RS- 60,000 (Sixty thousand Only)

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/ES/GOVT. Undertaking beneficiaries.

PDDA - 12/2/21


(CONSULTANT / SENIOR RESIDENT)

Senior Resident / Senior Resident
Department of C.T.V.S.
C.N. Centre, AIIMS, New Delhi.

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