



PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	ATIKSH PANDEY
FATHER NAME:	NAVIN PANDEY
DATE OF BIRTH / AGE:	1 Year
SEX:	MALE
ADDRESS:	Karimuddinpur, Ghazipur, Uttar Pradesh-243601
DISEASE:	Critical Congenital Heart Disease (CCHD)/Heart Disease
HOSPITAL DEPARTMENT TREATMENT TREATMENT COST	AIIMS(New Delhi) CARDIOLOGY VSD SURGERY Rs. 85,000/-

For CANCER CARE TRUST

Authorized Signatory

Parent's Sign

नवीन

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029

Cardiothoracic & Neurosciences Prv. Reg. No. O.P.D.

SR Room



दिनांक/Date

CV 2024/014/0009561

UHID: 107432001

Date 24/04/2024

Name ATIKSH PANDEY

S/O Navin Pandey

Consultant Room 20

Cardiology
CTVS (124363/2024)

8M 19D /M

General

Dr. S K
CHOUDHARY HOD

124363

विभाग
Deptt.

यू०एच०आई०
UHID No.

T
e
Sex

निदान
Diagnosis

→ T4A (VSD) PS (val + my)

→ To Donate 40 Blood in
CWC Blood Bank.

→ To Deposit 85,000 in
ATIMS CR 87 Account

→ PDFA - 3rd week of Nov,
2024

Handwritten signature

हृदय वक्ष एवं तंत्रिका विज्ञान
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली
Cardiothoracic & Neuroscience
A.I.I.M.S., New Delhi-110029

LC0504242420 107432001



LH0504241719 107432001



ATIKSH PANDEY

दिनांक/Date	CV 2024/014/0009561 ₹0 Cardiology		
विभाग	UHID: 107432001	Paed. Cardiology	
Deptt.	Date 05/04/2024 MON	8M / M	
यू०एच०आई०डी०सं०	Name ATIKSH PANDEY	General	
UHID No.	S/O Navin Pandey	Dr. S RAMAKRISHNAN	
	Consultant Room 21	Dr. Suad	
	SR Room 14	Prv. Reg. No.	
		Diagnosis	

ECG | ↓ WP | dTHA | DORV | large inlet /
 type A straddling of TV | mod sub valv +
 valv. PS.

SpO₂ = 76%
 H.R. = 140

13/4/24
 12/4/24

- Adv.
- 1) T. Cipbar 10mg
 3/4 M TDS
 - 2) Syp. Sunsip 1ml OD
 - 3) Tonoferon 0.5 ml OD
 - 4) MU T reports
 in Peds Cardiac
 OPD

दिनांक
Date

R-21 (13)
15/4/24

(P) Cor
15mm

To come
on 24/4/24
to room 21
CV file from 100
for surgical
referral

Ab: 16.9
U/c: 36/0.3

Rys

24/4/24

11 month old boy

7kg

Echo: DORV / mpa / large vsd

Some PS

CRA: DORV / vsd / mpa

prammlu 2 sure -1.59

plan: ① ASD + VSD closure + LVOT unblock

② Nikardolol (if pt value not suitable for ASD)

Referral to CVS (37)

24/4/24



भारतवाचं ज्ञानं धर्मसाधनम्

CARDIO - THORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Date : 26/04/24

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती Atiksh Pandey
Age/ उम्र 820 Sex / लिंग Male CV No. / CTVS No. / सीवी संख्या/सीटीवीएस संख्या
UHID No. / यूएचआईडी संख्या 107432001
Nature of Disease / रोग का नाम TGA / VSD / PS
Nature of Surgery / Procedure required / सर्जरी/प्रक्रिया की आवश्यकता TGA / VSD / PS
Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट
Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क Rs 85,000 (Eight five thousand)
The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in
favour of "AIIMS PATIENT'S ACCOUNT" / "AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT" only
(for CTVS Surgical Patients) (for Cardiology Patients)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

उपयुक्त राशि को नीचे दिये गए सम्बंधित पक्ष में बैंक ड्राफ्ट / इलेक्ट्रॉनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए ।

"एम्स सीटी पेशेंट अकाउंट"
(सी.टी.वी.एस. सर्जरी मरीजों के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"
(कार्डियोलॉजिस्ट मरीजों के लिए)

अनुमानित व्यय सीजीएचएस/ईएसआई/सरकार स्वायत्त संख्या और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा । यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्रोतों से वित्तीय सहायता मांगने के लिये भी लागू होगा ।

For any query related to package charges / money deposition, please contact Accounts Section Room No. 105 (Basement, C. N. Centre)

पैकेज शुल्क / रुपये जमा करने से संबंधित किसी भी पूछताछ के लिए, कृपया लेखा अनुभाग कमरा न. 105 (बेसमेंट, सी.एन. सेंटर) में संपर्क करें ।

Arul
(Signature & Rubber Stamp of Consultant)
हृदय विज्ञान के विशेषज्ञ / Senior Resident
हृदय तंत्रिका केन्द्र, अ.भा.आ.स., नई दिल्ली
C.N. Centre, A.I.I.M.S., New Delhi



A/C PAYEE ONLY

Drawee Branch
(07) CONNAUGHT PLACE, NEW DELHI
521437

VALID FOR THREE MONTHS ONLY

DATE 5 1 1 2 0 2 4
D D M M Y Y Y Y

DD No.

**** AIIMS CT PATIENT'S ACCOUNT ****

ON DEMAND PAY

OR ORDER

EIGHTY FIVE THOUSAND Only

RUPEES

₹ *****85,000.00

Purchaser Name: CANCER CARE TRUST
OL/8/5 Not Above 85,000.00

FOR VALUE RECEIVED

1070DDCENPAY
NOIDA (SEC . 1)

Issuing Branch

[Signature]
Authorized Signatory

[Signature]
Authorized Signatory

Please sign above

⑈ 521437 ⑈ 000229000⑈ 001070 ⑈ 16

Utility Form No. 100, CTS 2010/12/2023

Defn-46757575, Mumbai-28520972, Chennai-43542737, Kolkata-32619605



Dept No. 20240140009561

CASH RECEIPT Depositor Name : CANCER CARE TRUST
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

File No : 1212/CT/24-25

Phones } 26593670
26546617
26593824

Receipt No. :

Received From :

OPD/ MRD No.:

ON ACCOUNT OF

ACCOUNTS-18/142523/202425 (Original)CT

PATIENT ACCOUNT

MR. ATIKSH PANDEY, Age : 1 Yrs 3 Mons 2 Days

107432001 (OPD)

Dated : 07/11/2024

Patient Type :

Room No. General



Sl No.	Service Name	Quantity	Rate	GST	Net Amount
1	OTHER - VSD TGA	1	85000.00	0.00	85000.00

Printed on 07 Nov 2024 13:50:01 PM



Payment Mode:

INR (Rs.) :

Rs. in Words

Demand Draft DD No :521437, Bank :ICICI Bank, Date :05/11/2024

GST:0.00

85000.00(Including GST)

Rs. Eighty Five Thousand Only

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