



## PATIENT APPLICATION FORM

### PATIENT'S DETAILS

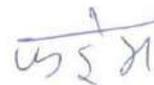


NAME:	MOHD. ALFAIZ
FATHER NAME:	FAIM AHAMAD
DATE OF BIRTH / AGE:	8 Years
SEX:	MALE
ADDRESS:	New Jeewan Nagar, Sonipat, Haryana-131001
DISEASE:	rB-ALL (Acute Lymphoblastic Leukemia Relapse) / Blood Cancer
HOSPITAL DEPARTMENT TREATMENT TREATMENT COST	AIIMS, Delhi Oncology Allogenic Stem Cell Transplant Rs. 15,00,000/-

For CANCER CARE TRUST

  
Authorized Signatory

Authorized Sign



Parent's Sign

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल  
 Dr. B.R. Ambedkar Institute Rotary Cancer Hospital  
 अ.भा.आ.सं अस्पताल/A.I.I.M.S. HOSPITAL

OPR-6

बहि  
 अस्पताल के अ-

Dr. B.R.A. IICILAHMS, NEW DELHI

IES

ICCH No. 287639

Reg. Date: 30/07/2023

Clinic: Dised Lymphoma/Leukemia Clinic

Clinic No. 20/09/2022

Dept: MEDICAL ONCOLOGY

General



UHD-106426165

प/ Name

पि

नाम मोहद अल्फाज

Name MOHD ALFAIZ

NO: CAIM/AMMAD

Sex/Age: M/37

Room: 1 (Shift: Afternoon)

Address: WARD NO-13, NEAR RAM MANDIR, NEW JEEWAN NAGAR,  
 SRINIVAT, HARYANA - PIN 131001, INDIA

दि / Date of Birth

10/04/26/1989

Diagnosis

rBAU - Late relapse (Completed by July 2025)

उपचार/Treatment

medullary + Testicular

Scans ER 17/2 for abdominal pain

new pain

no bleed

Urine R/M -

none

on UKAUKRI - 10/2/2026.

DLW Dr. S. B. Sin

① To continue

DEXA 4mg BD (all 24/2/2026)

ANALGESIC 5mg TDS. (STAT)

Inj. PEG-ASP 800 units deep IM  
 on 20/2/2026.

Tab PM20P 20mg OD (all 24/2/2026)

②

SOP-Opachet

transfer in Day care

③

Inj. VCR 1.3mg slow IV push on 23/2/2026

④

2D-ECHO (outst)

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION-A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs.service)

बिना रुकने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients



प्रपागशाळा अणुद प्रशाण, डा मामराय अणुदकर रास्पाण राऱरा  
कैसर अस्पातल अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली  
-110029

LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer  
Hospital All India Institute of Medical Sciences , New  
Delhi-110029



UHID: 106426165 Reg Date : 28/12/2022 11:45 AM  
Patient Name : Mr. MOHD ALFAIZ  
Sex : Male Age : 8 years 1 month 21 days  
Department : DEPT. OF EMERGENCY MEDICINE Unit Name : Unit-I  
Unit Incharge : Dr. Rakesh Yadav Sample Collection Date: 18/02/2026 11:37 AM  
Lab Name: Lab Oncology Sample Received Date: 18/02/2026 02:30 PM  
Lab Sub Centre: Lab Oncology (IRCH)  
Dept / IRCH No: 20260300019587 Recommended By: Dr. ANIK RATHEE  
Lab Reference No: 379  
Ward Name: IRCH MO WARD /5

Sample Details : LOI-180226086-CS (CSF) / Report Date: 19/02/2026 04:06 PM

### CSF For Morphology

C-379/26.

CSF cytospin is poorly preserved and shows occasional mononuclear cells in background of few RBCs.

Senior Resident: Dr Gaddam Pranitha

Consultant: Dr Ritu Gupta

REMARKS:-

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

( KOMAL )

Verified By

( Dr.RituGupta )

Authorized Signatory

\*\*\*\*\*END OF THE REPORT\*\*\*\*\*



DR. BRA INSTITUTE ROTARY CANCER HOSPITAL  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI-110029

19 FEB 2026

Ref. No.F.I/IRCH/MR/2025-2026

Dated .....

**ESTIMATE CERTIFICATE  
TO WHOM IT MAY CONCERN**

This is to certify that Mr. Mohd Alfaiz, Age 08 years, Male, S/o Mr. Faim Ahamad, (UHID-106426165 & IRCH No. 287639/22) is a known case of **B-Acute Lymphoblastic Leukemia** and is under treatment with Medical Oncology at DR. BRA IRCH, AIIMS since 28.12.2022.

The approximate cost for his treatment would be Rs. 15,00,000/- (Rupees Fifteen Lakhs Only).  
The item-wise breakup of the expenditure is as under:-

S.No.	Name of Medicines with dosage/Consumables Required for treatment/operation	Duration of Treatment	Approx. Cost	Name of Procedure
1.	Allogenic Stem Cell Transplant	01 Year	Rs. 15,00,000/-	

The cheque/draft may be sent in favour of "DR. BRA IRCH, AIIMS, Ansari Nagar, New Delhi-29 (IRCH Patient Treatment Account number: CA-10874584292, IFSC: SBIN0001536)"  
(NB: This estimate certificate is valid for six months from the date of issue).

*(Handwritten signature)*

**(COUNTER SIGNED BY HOD)**

*(Handwritten signature)*

**(SIGNATURE BY CONSULTANT)**

आचार्य समीर बखशी / Prof. SAMIR BAKHSHI  
आचार्य एवं विशेषज्ञ/Professor & Head  
चिकित्सा अतृप्तविज्ञान विभाग/Dept. of Medical Oncology  
डॉ. बी.आर.ए. आंसरी, एच. आंसरी, एच. नई दिल्ली-29  
Dr. B.R.A. I.R.C.H., A.I.I.M.S., New Delhi-29  
डीएमसी पंजीकरण नं./DMC Registration No. 18936

आचार्य समीर बखशी / Prof. SAMIR BAKHSHI  
आचार्य एवं विशेषज्ञ/Professor & Head  
चिकित्सा अतृप्तविज्ञान विभाग/Dept. of Medical Oncology  
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डीएमसी पंजीकरण नं./DMC Registration No. 18936

**(COUNTER SIGNED BY M.S.)**

अपर चिकित्सा अधीक्षक  
Additional Medical Superintendent  
डॉ. बी.आर.ए. आंसरी, एच. आंसरी, एच. नई दिल्ली-29  
Dr. B.R.A., IRCH  
आंसरी, एच. आंसरी, एच. नई दिल्ली-110029  
Ansari Nagar, New Delhi-110029