



PATIENT APPLICATION FORM

PATIENT'S DETAILS

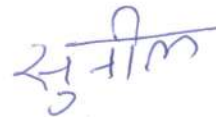


NAME:	SRIJANA MANDAL
FATHER NAME:	SUNIL MANDAL
DATE OF BIRTH / AGE:	6 Years
SEX:	FEMALE
ADDRESS:	Asura Kalan Khola, Post-Kuari, Dist-Araria, Bihar-854332
DISEASE:	rB-ALL (Acute Lymphoblastic Leukemia Relapse) / Blood Cancer
HOSPITAL DEPARTMENT TREATMENT EST. TREATMENT COST	AIIMS, Delhi Oncology Post-BMT Care Rs. 3,00,000/-

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. अम्बेडकर

बहिरंग रोगी
अस्पताल के अन्दर घुमपान

DR. B.R.A. IRCH, AIIMS, NEW DELHI
IRCH No. 346238
Clinic Paediatric Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date-04/12/2025
Clinic No. 2025/8241
UHID-108316534

OPR-6

एकक/Unit Dr. SB / Dr DP
विभाग/Dept. MO

Sex/Age F/6Y
Room 6 (Shift Afternoon)

नाम/ Name	पिता/पुत्र/पत्नी/पार्ष F/S/W/H/D	नाम स्रिजना Name SRIJANA MANDAL D/O- SUNIL MANDAL Address WARD NO 7 JRM MORANG	th
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निदान/ Diagnosis R B-ALL - CR (2021: Baseline) twice

दिनांक/ Date उपचार/ Treatment

- 13/2/2026
wt- 18.6 kg
- 1) T. bmp 1/2 tab qhs (आठ आठने रान में)
 - 2) T. mtx 15 mg once wklly (एक बार)
 - 3) continue acim/septren (वैजि डी)

flu: ~~27/2/26~~ 13/3/2026 i CBC/KFT/LFT

Dr. Sabitha
BMT 7th floor
(saturday)
to d/w Dr. DP sir

रैलवे आरक्षण फार्म जारी किया
Rly. Concession Issue Date 14/2/26
डॉ. बी. आर. अम्बेडकर संस्थान कैंसर अस्पताल, नई दिल्ली-29
DR. B.R.A. IRCH

13/3/2026: ① - ③ continue overleaf.

flu: 10/4/2026 i CBC/KFT/LFT
Hydroxymethyl cellulose: 1-1-1
Dr. Sabitha

रैलवे आरक्षण फार्म जारी किया
Rly. Concession Issue Date 14/3/26
डॉ. बी. आर. अम्बेडकर संस्थान कैंसर अस्पताल, नई दिल्ली-29
DR. B.R.A. IRCH



डा. बी. आर. अम्बेडकर संस्थान रोड
Dr. B.R. Ambedkar Institute

DR. B.R.A. IRCH, AIIMS, NEW DELHI

अ.भा.आ.सं. अस्पताल/
बहिरंग रोगी विभाग/Out
अस्पताल के अन्दर धूमपान मना है।/SMOKING

IRCH No. 346238
Deptt. MEDICAL ONCOLOGY
General
Clinic Paediatric Medical Oncology Clinic

Reg. Date-29/09/2025
Clinic No. 2025-241
UHID-108316534

एकक/Unit DR 3B/DP
विभाग/Dept. MO

IRCH No. _____

नाम स्रिजना
Name SRIJANA MANDAL
D/O- SUNIL MANDAL

Sex/Age _____
Room Board Room (Shift) All

Address WARD NO 7 JRM MORANG

नाम/Name <u>Srijana mandal</u>	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of
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निदान/Diagnosis

C/O R-B/ALL : Admitted

दिनांक/Date	उपचार/Treatment
<u>21/14/2026</u>	1) Codon set - (7) *
	2) SDP filter - 6
	3) ORS - (5)
	4) SDP kit - (3) / CBL/ODTIA + ACD bag
	5) PRBC filter - (3)
	6) Syb. Mucaine gel - (2)

Sahi

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