



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाद्य खतु धर्मसाधनम्

एकक/Unit _____

विभाग/Dept. _____

नाम/Name _____

General



PO UHID: 100645366
Dept. Regn. 2016/003/0033306
Name: CHANDAN KUSHWAHA
S/O BINOD KUSHWAHA, 3Y 2W 28D, M
Ph: 9793953580

DeptSen: 74

Dept: Paediatrics
Unit: Unit-II
Room: 11
F/1
Days: TUE, FRI (मंगल, शुक्र)

OPR-6

gn. No. _____

पता/Address _____

VIL - PALAT CHIAPRA POST - SISAR GOETI
DIST - KHUSHI NAGAR, UTTAR PRADESH,
INDIA

App. Date: 11/11/2016

Appt. ID: _____



2016092304272

निदान/Diagnosis

दिनांक/Date



10.9.16
(C. U. R.)

उपचार/Treatment

C/O ACHD + O₂ / O.C.A.S.D

Came for failure for thru evaluation

no recurrent fever / loose stools

• ~~require~~ no f/s/o CHF.

• one episode of LRTI in past one month.

• no persistent cough.

• good appetite (+)

Wt - 10 kg (Cut date) (< 3rd centile) → severely undernourished

Ht - 82 cm (< 3rd centile) → severely stunted.

→ Developmentally (N)

→ no f/s/o CHF

HB - 11.7

PLC - 12200

M/C 57/32

P/B 30/K

ECG/RES. Not done

% - Vitals - stable

• EPE - no NCM / sign of wt deficiency

System. evs - early sys. murmur, 3B/3L
E? Diastolic murmur

• CW (C)

• CXR B/C clear

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
वहिरंग रोगी विभाग / Out Patient Department

अस्पताल के :

दरौल्हादं खनु धर्मशास्त्रम्

एकक / Unit _____
विभाग / Dept. _____

नाम / Name _____

General

Consultation Time: 9.00 AM-10.30 AM

PREMISES

IBHD: 100645366
Dept. Regn. 2016/003/003306
Name: CHANDAN KUSHWAHA
S/O BENDU KUSHWAHA, 4Y 7M L3D, M
Ph: 9793953580

DeptSeq: 244
Dept: Paediatrics
Unit: Unit-II
Room: 11
F/3
Days: TUE, FRI ()
Regn. No. _____

OPR-6

VII - PAL AT CHHAPRA POST - SISHAR GOETI
DIST - KHUSHI NAGAR, UTTAR PRADESH,
INDIA

App. Date:
27/03/2018

पता / Address _____

Appr ID

2018022402335

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

2

F/u case of ASD. / Ser., Valves PS

Imp
2

R/W c Reports

Current no active complaint

Anti HAV - Negative

HBeAg

Anti HCV

O/E - Conscious, Compliant.

HR/RR - 90/18 CRT-21 Peri-(W)

25-OH-VitD - 6.5 ng/ml
(26/2/18)

S/E - ECG CWS } WNL
R PA }

CWS - Grade III/VI ESM

But in Pulm., Area

Imp Seru Valves PS c ASD

c Reports

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

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अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

सर्वोपर्यायं खलु धर्मरायणम्

एकक/Unit _____
विभाग/Dept. _____
नाम/Name _____

General Consultation Time: 9.00 AM-10.30 AM

UHID: 100645366
Dept. Regn. 2016/003/0033306
Name: CHANDAN KUSHWAHA
S/O BINOD KUSHWAHA, 4Y 6M 6D, M

Ph: 9793953580

VIL- PALAT CHHAPRA POST- SISWAR GOETI
DIST- KHUSHI NAGAR, UTTAR PRADESH,
INDIA

Appt. ID: _____

DeptSeq: 7

Dept: Paediatrics
Unit: Unit-II
Room: 11
F/1

Days: TUE, FRI (मंगल, शुक्र)

App. Date: 20/02/2018

/O.P.D. Re. _____



HM-210218010 100645366



CH-2102180242 100645366



निदान/Diagnosis

दिनांक/Date

1

WT → 21 kg

उपचार/Treatment

F100 ASD (10mm)

c/o: Pain in B/L knees & 1 month

- Intermittent, ~~rest~~ Night time,
Non Reducible, Not r/w swelling

No H/O & range of motion, joint
abnormality

No c/o fever.

c/o: absent
PR- 102/w PR- 23/w
P- 19/w - (u-16/w)

B/L wrist widening

B/L knees - Normal, No crythemato.
NO swelling, ROM - (N)

Advise

→ Ca, P, ALP, LBC, LFT.

→ 250mg S. Jerritin.

- B/L wrist xray

- ~~Supplements~~

→ To stop all Multivitamins

→ R/w Reports.

- Diet chart Room No. C

R/w Paediatrics
अंगदान-जीवन का बहुमूल्य उपहार/ORGAN DONA

A.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org

? History of giving
Multivitamin 2 vials of
supplement X 1 year

CVM-240218017 100645366



CHANDANKUSHWAHA

(ice)

दिनांक
Date

R18 (41)
15/12/14

Asp tom

PS 7 SB

(M) RLH

CGG

(P) MA

[Signature]

AUMS निःशुल्क जेनरिक फॉर्म
(✓) दवाईयाँ प्राप्त की

नाम : 30/3/15

दिनांक :

व्यक्ति :

R18 (27)
30/3/15

No specific cardiac complaints.

→ r/v in ophthalmology OPD.
for cataract rct. rct.
? vit A def.

✓ Syp Sunrip 1/2 tdy OD

✓ Syp Vitrofol
1/2 tdy OD

(29)

→ Diet as advised

→ wt monitoring

→ r/v after 6-8 mo/sos.

[Signature]
30/3/15

General Consultation Time: 9.00 AM-10.30 AM
 DeptSeq: 454
 FO UHID: 100645366 Dept: Paediatrics
 Dept. Regn. 2016/003/0033306 Unit: Unit-II
 Name: CHANDAN KUSHWAHA Room: 11
 S/O BINOD KUSHWAHA, 4Y 6M 9D, M F/8
 Days: TUE, FRI (अमर, शुक्र)
 Ph: 9793953580
 VIL- PALAT CHAPRA POST- SISWAR GOETI App. Date: 23/02/2018
 DIST- KHUSHI NAGAR, UTTAR PRADESH, INDIA

Floco ASD.

→ Hb: 12.3. Scot/PT
 TLC = 10500. 70 71
 Plt = 32000. Bilirubin = 0.3

ur = 22
 cr = 0.3
 Co/P/AP = 9.1/5.7/338

3

Peripheral smear: Normocytic Normochromic.

- 25OHD |
 - Wrist Xray | Not done

No active complaints

father has Hearing Impairment → is causing problem in history taking

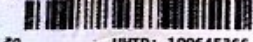
Adv

- Bk wrist Xray
- 25OHD
- Vical Hemeless →
 - Hb sag
 - Anto Hb
 - Antu HCV
 - Antu HAV
 - Antu HEV.
- Hearing Evaluation for father. → Refer to ENT

Asur.

- 25OHP = 6.5.
- (alivrol sachet 60000 IU - 1 sachet weekly) X 6.
- spto skeletal 5ml q6w X 2 months.

General



UHID: 100645366
Dept. Regn. 2016/003/0033306
Name: CHANDAN KUSHWAHA
S/O BINDU KUSHWAHA, 3Y 1M 9D, M
Ph: 9793953580

VIL- PALAT CHHAPRA POST- SISWAR GOETI
DIST- KHUSHI NAGAR, UTTAR PRADESH,
INDIA

DeptSeq: 230

Dept: Paediatrics

Unit: Unit-II

Room: 11

F/11

Days: TUE, FRI (CHITR, 2016)

App. Date: 23/09/2016

Appt. ID:



2016092002141

- Child came for follow up for ETT.

- ETT can be attached to.

2

8.6 kg

~~Miss~~

~~Mantoux.~~

~~2xP~~
~~Wash~~

LFT/KFT
Mantoux.

Sytle

Adv

① -> Follow Up. in Peds - Cardio OPD.

for ASD.

② -> Refer to Dermatology OPD
-> Refer to.

③ -> Syrup Vit Co Fol. 4 ml OD x 1 month

④ - Syrup A to Z. 4ml OD x 1 month

⑤ - Syrup Sphe Col. 4ml OD x 1 month

⑥ -> Syrup Tansone 1ml OD (5/10)

-> Dietary counselling

-> F/U of

-> Syrup PCM 5ml/12 Sy.

5ml SOS if > 100

- Review after 1 month.

(write date)

[Signature]

AS FREE GENUINE PHARMACY
(V) MEDICINE RECEIVED

NAME.....

DATE 23/09/16

SIGN.....



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूमपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमांस खतु घनसाधनम्

एकक/Unit

विभाग/Dept.

नाम/Nam

General

UHID: 100645366
Dept. Regn. 2016/003/0033306
Name: CHANDAN KUSHWAHA
S/O BINOD KUSHWAHA, 3Y 1M 2D, M
Ph: 9793953580

DeptSeq: 221
Dept: Paediatrics
Unit: Unit-II
Room: 11
N/6
Days: TUE, FRI (मंगल, गुरु)

OPR-6

O.P.D. Regn. No.

पता/Address

VIL - PALAT CHHAPRA POST - SISWAR GOETI
DIST - KHUSHI NAGAR, UTTAR PRADESH,
INDIA

App. Date:
16/09/2016

Appt. ID:

निदान/Diagnosis

दिनांक/Date

9

उपचार/Treatment

S. Stry

FLUCCLO - small ASD (cardiology)

Referred for FTT evaluation

clo

- 0 not gaining & weight

② Hair loss

no n/o - TB Contact

permethrin cream LA before sleep

Skin Opinion

Cont. Tomatenone

(5/80)

- Symp polybason 2 ml OD

HM-2009-16059-E 100645366
CHANDANKUSHWAHA
CIE
HR = 120/1
RR = 24/hr
PR = Adc

Clamp BIL clm

CNS - S/S ⊕

Munch ⊕

CNS - Tone N/N

DTR - 2+/2+

Ra - hemox

- LFT/RFT

Urine R/E

- ~~Diagnosis~~

CLEAN AND GREEN

O.R.B.O., AIIMS, 26588360

CH-2009-0313-100645366



CHANDANKUSHWAHA

स्वच्छता से काया कल्प

ATION - A GIFT OF LIFE

Helpline - 1060 (24 hrs service)

1D-149462
15/11/14

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि.

18

अ. भा. आ. सं., नई दिल्ली-११००२९

Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक

वि.पं.सं. CV 2014/014/0029996 अ.स्वा.प.सं. 100645366 नाम: चंदन कुशवाहा पिता: बिनोद कुशवाहा 1 वर्ष 3 महिना / पुरुष विभाग: हृदयरोग विज्ञान	CV 2014/014/0029996 UHID: 100645366 Date 14/11/2014 FRI Name CHANDAN KUSHWAHA S/O BINOD KUSHWAHA Phone No. 9793953580 Consultant Room 14 / 18 SR Room 14	Cardiology Cardiology 1Y 3M / M General Dr. SOURABH KUMAR GUPTA DR. GAJENDR. A.
---	---	---

28

ACKD. red 2p
OSASD
CHF ⊕

55
15/11/14

Rx,

- ① Symp. flopped. 0.5ml OD
- ② Domnam drops ~~1~~ 2
R/A Reports

X Smoke

14/11/14

AS FREE GENERIC PHARMACY
(✓) MEDICINES RECEIVED
me :
ite : 15/12/14
gn. :

Adm₂ - 1) Caloric Budget - 60,000 IU - Every 10 Days
x 3 Months } → 6 slots
Sdara pendi

2) Exp. sheet (5ml/20mg) - Sml - PO-00.

3) R/w after 3 Months ē - G
- P
- AUP
- x Bay ritud.

4) F/U in Paediatric Oncologists for.

Sem PS ē ASD - / in Paediatric General
SDS (Danpa riji enplanis)

Cathy

27/3/2012

दिनांक
Date

R-18 (23)
9/9/16

no specific complaints

FLR

O/E 3/6 ~~REM~~.

R-18 (1)
26/03/18

— spr after 4mo/50s
(echo)

— Syp vitreof
1/2 tsf OD X 4mo.

5/9/18
To CT-6
P12 generate
Barcode for
REF. 82

~~820~~

26/3/18

NOONAN'S SYND.

echo-
psaeo-60 mmHg
PV aneurysm 14.3 mm
small ASD

R-18 (5)
20/2/18

plan - FURD
POOR patient, 6,000.
NO BR
AIDS origio pt A/c

Adv.

• spr on 05/09/18
4mm RNO24

20/7/18

CRS/CS

Adu

- ① ~~100%~~ Syp Vitrofol 4 ml OD
- ② Syp A to Z 4ml OD
- ③ Syp Shetcat 4ml OD
- ④ Syp Gonadoteron 1ml BD
- ⑤ Growth velocity monitoring
- ⑥ Dietary counselling ~~FE~~
- ⑦ P/c f/u in fed cardiology OPD
- ⑧ H/D 6 months

} 2 marks

Intake is ok.
Ad- 1900 kcal
counselling done
flw in next visit.
Bakula

Admission

11/11/2021

CA.C-3393/18

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

हृदय रोग विज्ञान/सीटीसीएन ओपीडी
CARDIOLOGY/CTVS OPD
बोतवा/बुधवार/शुक्रवार
Monday/Wednesday/Friday
(दोपहर के बाद)
Afternoon

दिनांक
Date

CH 20/100645366

विभाग
Deptt.

नाम
Name CHANDAN

उम्र
Age 1

ब.रो.वि.सं.
O.P.D. No.

पुत्र/पुत्री/पत्नी
S/D/W KUSHWANA

लिंग
Sex M

निदान
Diagnosis

Cr 29996/2014

R-18 (App)

06-7-15

wt-7kg.

R-18 (App)

06-6-16

R-18 (2)
5/9/16

20/10/18

20/10/18

ASD (mm)

Ref to Ped OPD
for advice re.
nutritional

6/7/15

Small ASD

PS Δ 70 No RVH

May need Puro Latz

FTT \rightarrow More than Carlin des

Needs ped enthal

5/9/16

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान

A. I. I. M. S. Hospital

नाम

Name Chander kushwana

एक्स-रे नम्बर

तिथि

X-Ray No. _____

Date _____

हस्पताल क्रम नं.

वार्ड/ओ. पी. डी.

Hosp. C.R. No. _____

Indoor/ Outdoor _____

एक्सरे जांच के लिए अंग

Examination Required _____

चिकित्सक की जांच रिपोर्ट :

Clinical Information :

100645366

एक्सरे-फार्म

X-RAY REQUISITION FORM

आयु

लिंग

आय

Age 1

Sex M

Income

चिकित्सक विभाग

Referring Unit _____

रोगी स्थिति

Ambulatory/Non _____

chest (CXR)

678608
5/9/11

किसी दवा का बुरा प्रभाव

Any History of Allergy _____

अन्तिम माहवारी तिथि

LMP _____

कोई पुराने एक्स-रे

Any Previous X-Ray _____

चिकित्सक के हस्ताक्षर

SIGNATURE OF MEDICAL OFFICER

रेडियोग्राफर के लिए

FOR RADIOGRAPHERS USE

पहचान चिन्ह

Identification Mark

अंगूठा निशान

Thumb Impression

कमरा नं.
Room No.

फिल्म साइज
Size & No. of Films

के. वी. एम.ए.एस.
KV MAS

हस्ताक्षर /Signature

रिपोर्ट

REPORT

एक्स रे-चिकित्सक

RADIOLOGIST

ECHOCARDIOGRAPHY REPORT

कृपया फोटोकॉपी करा लें
 का होनी चाहिए मेरी कृपया

Echocardiography report (continued...2)

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Chandra AGE 47 SEX M DATE 13/11/14
 ECHO No. 28781 CV No. 29936 CR No. 102645366 VCR TAPE No.
 HEIGHT 170 cm WEIGHT 72 kg BSA 1.8 m² Ref. Physician Dr. S.K. Luthi
 Referring Diagnosis
 Quality of Imaging Poor/Adequate/Good Done by Dr. Raj Checked by Dr. _____

Measurements

Aorta 13
 LV es 15
 IVS ed 7
 RV ed
 EF 60
 IVS Motion
 IAS

Normal Values
 (21-22mm/m²)
 (16-19mm/m²)
 (16-10mm)
 (4-14mm/m²)
 (62-80%)
 Normal/Flat/Paradoxical

Normal Values
 LA es 15 (21-22 mm/m²)
 LV ed 21 (19-32 mm/m²)
 PW(LV)ed 7 (17-11mm)
 RV Anterior wall (upto 5mm)

MITRAL VALVE

Morphology AML Normal Thickening/Calcification/Flutter/Vegetation/ Prolapse/ SAM/ Doming
 PML Normal Thickening / Calcification/ Prolapse/Paradoxical motion/Fixed
 Subvalvular deformity Present/ Absent Score.....

Doppler Normal / Abnormal
 Mitral stenosis Present / Absent R/R interval msec
 EDG mmHg MDG mmHg MVA cm²
 Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal Atrial Thickening/Calcification/ Prolapse/ Vegetation/ Doming

Doppler Normal Abnormal
 Tricuspid stenosis Present/Absent R/R interval msec
 EDG mmHg MDG mmHg
 Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity m/sec Pred. RSV-P-RAP+ mmHg

PULMONARY VALVE

Morphology Normal Atrial Thickening/Calcification/ Doming/ Vegetation

Doppler Normal Abnormal
 Pulmonary stenosis Present/Absent Level Δ 74
 PSG mmHg Pulmonary annulus 10 mm
 Pulmonary regurgitation Present/Absent
 Early diastolic gradient mmHg End diastolic gradient mmHg

AORTIC VALVE

Morphology Normal Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4

Doppler Normal Abnormal
 Aortic stenosis Present/Absent Level
 PSG mmHg Aortic annulus mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

CHAMBERS

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy
 Contraction Normal/Reduced

LA

Normal/Enlarged/Clear/Thrombus

RA

Normal/Enlarged/Clear/Thrombus

RV

Normal/Enlarged/Clear/Thrombus

PERICARDIUM

Normal/Thickened/Calcification/Effusion

SS LC RVVAC NRGR

REMARKS

(Free) Heart
 Normal

Sev Valvular PS ($\Delta 74$ mmHg)

7mm OS-ASD (L-R)

IAS Anomalous

RVM ⊕ (but not in AC)

TEE

DIAGNOSIS

N RV func

Final Impression

Sev Val. PS ($\Delta 74$)
 PS $\Delta 75/36$ mmHg
 ASD (L-R)
 OS-ASD (L-R)
 @ Rajguru
 19/11/14

? Severe Valvular PS
 Compensated

Consultant

DEPARTMENT OF HEMATOLOGY

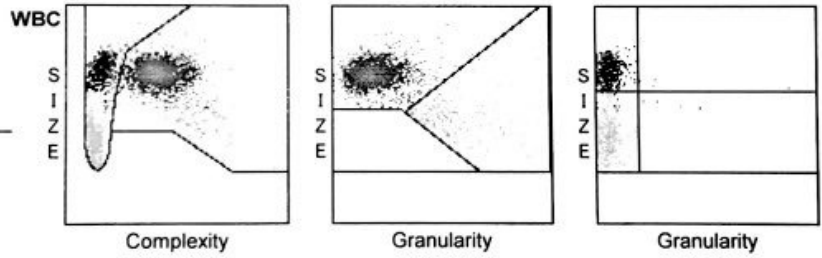
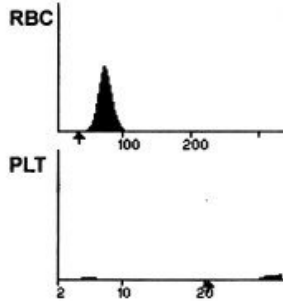
ROOM NO. 204, 2ND FLOOR, NEW PRIVATE WARD BLDNG, AIIMS, NEW DELHI 29

DATE: 1/23/2018 4:17:17 PM DATE OF BIRTH: DEPARTMENT: SAMPLE MODE: CLOSED
 ID: 1867 SEX: AGE: PHYSICIAN: RACK 121
 NAME: OPERATOR: Factory PARAMETERS: CBC + Diff
 COMMENTS: *Sujal S/M* SEQ#: 0056910
20/20257366 Red unit NORMAL RANGE: GROUP1
 ANALYZER: MEK-8222(UNIT1)

WBC	8.2	[10 ³ /μL]	(4.0 - 11.0)	[WBC FLAG]
NE	5.5	67.0 [%]	(2.0 - 7.0 / 40.0 - 80.0)	
LY	1.2	14.1 L [%]	(1.0 - 3.0 / 20.0 - 40.0)	
MO	0.9	11.4 H [%]	(0.2 - 1.0 / 2.0 - 10.0)	
EO	0.6 H	7.4 H [%]	(0.0 - 0.5 / 1.0 - 6.0)	
BA	0.0	0.1 [%]	(0.0 - 0.1 / 0.0 - 2.0)	

RBC	4.48 L	[10 ⁶ /μL]	(4.50 - 5.50)	[RBC FLAG]
HGB	11.7 L	[g/dL]	(13.0 - 17.0)	
HCT	36.1 L	[%]	(40.0 - 50.0)	
MCV	80.6	[fL]	(80.0 - 100)	
MCH	26.1 L	[pg]	(27.0 - 32.0)	
MCHC	32.4	[g/dL]	(31.0 - 37.0)	
RDW-CV	12.7	[%]	(11.6 - 14.0)	

PLT	2 L	[10 ³ /μL]	(150 - 450)	[PLT FLAG]
PCT		[%]	(0.21 - 0.29)	Thrombocytopenia
MPV		[fL]	(6.0 - 12.0)	
PDW		[%]	(10.0 - 18.0)	



P.S COMMENTS

RBC:
 DLC:
 PLT:
 RETIC:

Normocytic / normochromic *No Schistocytes / spherocytes seen*
N 70 L 12 M 12 E 6
platelets - decreased (as per count)

SIGNATURE
 NAME OF DOCTOR

[Handwritten Signature]

06-Sep-18 11:29:30 PM

Chandan
~~Krishnan~~ Kushwaha 5/m

06/18



Vice Device.

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~0.15-100 Hz

20

Beeside

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO-SCIENCES CENTRE

अखिल भारतीय आयुर्विज्ञान संस्थान
A. I. I. M. S. Hospital

नाम

Name Chandan

एक्स-रे नम्बर

X-Ray No. _____

हस्पताल क्रम नं.

Hosp. C.R. No. _____

एक्सरे जांच के लिए अंग

Examination Required _____

चिकित्सक की जांच रिपोर्ट :

Clinical Information :

CT6/28

तिथि

Date 6/9/18

वार्ड/ओ. पी. डी.

Indoor/ Outdoor CT6/28

CR

एक्सरे-फार्म

X-RAY REQUISITION FORM

आयु

लिंग

आय

Age 57 Sex m Income _____

चिकित्सक विभाग

Referring Unit _____

रोगी स्थिति

Ambulatory/Non _____



Central R.I.A Facility (C.R.I.A), Room No-5010
DEPARTMENT OF REPRODUCTIVE BIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (NEW DELHI)

PHID: 100645366 Sample No: RPB-230218326
Name: Mr CHANDAN KUSHWAHA, Male Lab Ref No : 505
Ward Name: Verification Time: 26/02/2018 02:45 pm

Report

Test Name	Result	Comment	Normal Range
25 oh Vitamin D	6.5 ng/mL		<ul style="list-style-type: none">• < 10 ng/ml (Severe deficiency)• 10 - 25 ng/ml (Mild to moderate Deficiency)• 25 - 80 ng/ml (Normal)

Over All Comment :

Authorised Signatory

Dr. Surabhi Gupta

Verified By

marymathew



CLINICAL MICROBIOLOGY DIVISION
DEPARTMENT OF LABORATORY MEDICINE
E-mail:sarman.singh@gmail.com,Ph:26594357(Lab.),26594977(Off.)
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

UHID: 100645366 Reg Date : 14/11/2014 12:27 PM
Patient Name : Mr. CHANDAN KUSHWAHA
Sex : Male Age : 4 years 6 months 10 days
Department : Paediatrics Unit Name : Unit-II
Unit Incharge : Dr RAKESH LODHA Sample Collection Date: 24/02/2018 08:06 AM
Lab Name: Clinical Microbiology Lab Sub Centre: Clinical Microbiology (HIV AND VIRAL MARKER)
Sample Received Time: 26/02/2018 12 29 PM Report Generated Date: 10/03/2018 10:02 AM
Dept / IRCH No: 20180090010238 Recommended By: Dr. MADHULIKA KABRA
Lab Reference No: 7200

Sample Details : CVM-240218017 (Blood)

Test Name	Observation Result	Normal Range	Verification Comment(s)
ANTI HAV IGM ANTIBODIES	Negative		
HBS ANTIGEN	Negative		
ANTI HCV ANTIBODIES	Negative		

Authorized Signatory

+ AMBEY MEDICINE CORNER +

37-A/S, GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE, NEW DELHI-29, Ph.: 26193664

Bill No. :

GST INVOICE

Date :

Patient :

Time :

Address :

118364
CHANDAN

20/07/18
02:26 PM

Prescribed by :



INDIAN PAPERS Ph.: 25274765, 25274766

QTY	PARTICULARS	HSN	GST%	BATCH	EXPIRY	AMOUNT
2	TENDFERON-DROP.15ML	30045010	12.0	8010	02/19	138.00

Taxable 5%	CGST 2.5%	SGST 2.5%	
Taxable 12%	CGST 6%	SGST 6%	
Taxable 18%	CGST 9%	SGST 9%	0.00
Taxable 28%	CGST 14%	SGST 14%	7.40
Taxfree %	CGST 0%	SGST 0%	0.00
			0.00
CGST Total	0.00	MRP TOTAL	
SGST Total	7.40	DIS. AMT.	138.00
	7.40	PAID AMT.	
ORDER:- AMAN			138.00

GSTIN : 07AGHPB6470A1ZV D.L. No. : S(1117)13R,

Note : Cutting strips & fridge items (without ice) will not be returned
Medicine will not return after Ten Days

FOR : AMBEY MEDICINE CORNER

JAI KALKA MAI

RETAIL INVOICE / CASH MEMO

+ BHUTANI INTERNATIONAL MEDICOS +

38-S & 39-S, SAFDARJUNG HOSPITAL GATE NO. 2, OPP. AIIMS, NEW DELHI-110 029

CREDIT CARD
ACCEPTED

PHONE : 26175739

ALL DAYS
OPEN

D.L. No. : S(1127)13-R,

TIN : 07600278532

★ In case you find any inadvertent error in the price charged.
Please bring this Retail Invoice for refund of difference.

ANTAR FORMS
AF
2014

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	VAT	AMOUNT
1	FUFOFED-30ML SYRUP,	SP1503	08/17	5.0	423.00
1	TONOFERON-PED SYF.	5038	08/16	5.0	78.00
5	TONOFERON-PED SYF.	5041	09/16	5.0	388.00

Printed by Antarpol Continuous Forms # 9811114510, 9136443320

BILL NO. : NO RETURN DATE: CUTTING & FRIDGE ITEM
VAT PAID

PATIENT Ms/Mr. : 107834 21/02/2016
ADDRESS : CHANDAN KUSHWAHA

OPR: RAJESH KUMAR
894.00
VAT @ 5% @ 4.92 % 43.98
VAT @ 12.5% ON 809.54 40.49

Pres. by Dr. : AIIMS Sign. VAT Free
Grand Total

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only.

850.00

For: Bhutani International Medicos

30 & 3

RETAIL INVOICE/CASH MEMO

ORIGINAL

SOUTHDELHI MEDICOS

HOP NO- 37 S, SAFDARJUNG HOSP. GATE, OPP. AIIMS AUROBINDO MARG. NEW DELHI- 16

Ph. 26164570,08447806754,09818896348

Page No: 1

07060131389

D.L.No.: 5/1116113M/R

H MEMO NO.: 54,516

DATE : 06/07/2015

By: CHANDAN KUSHWAHA

Pr.By: Dr. AIIMS

Address:

QTY	PACK	DESCRIPTION	BATCH	EXPIRY	VAT%	RATE	AMOUNT
4	100ML	TONDIFERON PAED SYP	4056	12/15	5.0	73.90	295.62
6	30 ML	FUROPED SYP	FP13	02/17	5.0	93.33	560.00

850/-

Note :- Returning Time 2 PM To 5 PM.

TOTAL AMT: 855.62

Add VAT : 42.78

Net Amt. (R/O): 898.40

Words: Eight Hundred Ninety Eight and Fourty Paise Only

Disputes are subject to Delhi Jurisdiction.

E & O.E.

Goods once sold will not be taken back.

User Name: VINEET

(Computer Generated Invoice)

J K M

RETAIL INVOICE / CASH MEMO

+ AMBEY MEDICINE CORNER +

37-A/S, GATE NO. 2, SAFDARJUNG HOSPITAL, OPP. AIIMS MAIN GATE
NEW DELHI-110 029, PHONE : 26193664

CREDIT CARD
ACCEPTED

D.L. No. : S(1117)13R,

TIN : 07140282762

ALL DAYS
OPEN

★ In case you find any inadvertent error in the price charged.
Please bring this Retail Invoice for refund of difference.

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	VAT	AMOUNT
1	TONOFERON-PED SYP.	6020	03/17	5.0	78.00

CUTTING STRIPS & FRIDGE ITEMS

BILL NO. : (WITHOUT ICE) WILL NOT BE RETURNED
 VAT PAID DATE: 23/09/2016 Total OPR: AMAN
 PATIENT Ms/Mr. : 168799 78.00
 ADDRESS : CHANDAN VAT @ 5%
 Pres. by Dr. : AIIMS Sign. VAT @ 12.5% 74.29 3.71
 VAT Free
Grand Total 78.00
 1. No Return, No Exchange
 2. All Disputes are subject to Delhi Jurisdiction only.
 For : AMBEY MEDICINE CORNER

E. & O.E.

Ph: 25274765, 25274766

TAX INVOICE

Page No: 1 of 1

SOUTH DELHI MEDICOS ORIGINAL

SHOP NO 37 B, SAFDARJUNG HOSP. GATE, OPP. AIIMS AUROBINDO MARG, NEW DELHI- 110029
 GST No: 07AERP610330126 Ph. 26164570, 08447806754, 09910912619
 D.L.No.: 20(117276), 20B(117277), 21(117278), 21B(117279)

CASH MEMO NO.: 89593 DATE : 07/09/2018
 NAME: CHANDAN Pr. By: Dr. AIIMS
 ADDRESS:

Sr.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	HSN	GST%	RATE	AMOUNT
1.	1	15ML	TONDFERON DROP	8012	03/19	3004	12	69.00	69.00

Note - Returning Time 2 P.M to 4 P.M

INCL. GST DETAILS

61.61 X 12 % = 7.40
 CGST : 3.70
 SGST : 3.70
 TOTAL AMT: 69.00
 Net Amt. (R/O): 69.01

All disputes are subject to Delhi Jurisdiction.

Goods once sold will not be taken back.

NO RETURNING OF CUTTING STRIPS

E. & O.E.

(Computer Generated Invoice)

For SOUTH DELHI MEDICOS



Ph.: 011-26175037

RETAIL INVOICE / CASH MEMO

Pioneer Medicos

CHEMISTS & DRUGGIST

Shop No. S/52, Gate No. 2, Safdarjung Hospital, New Delhi-110029

TIN : 07660156667, DL No. : S(1119) 13R

QTY.	PARTICULARS	BATCH NO.	EXP.DT.	VAT%	AMOUNT
1	EUROPER ORAL SOLUTION	EPOR	07/16	5.0	98.00
1	TONGEFFRON DROPS	4024	09/15	5.0	62.30

Fridge ITEMS Will Not Be Returned or Changed
Used medicine can be returned with bill
between 2to5pm with in two to three days.

PLEASE CONSULT YOUR DOCTOR
BEFORE STARTING THE MEDICINE

THANKING YOU!

MRP TOTAL 159.99
PAID AMT. 160.00

DATE 16/12/2014

INVOICE No. : 187487

PATIENT Ms./Mr. : CHANDAN

ADDRESS

Time: 4:26PM

PRESCRIBED BY Dr. :

Terms & Conditions : Goods once sold will not be returned or exchanged.
In case of any error in the price charged please bring this cash memo for refund of difference.

SIGNATURE

Printer's By : EXOTIQUE COMPUTER FORMS PVT. LTD., F.I.E., Palparganj, Delhi-110092 Ph. : 011-22152316, 9810634133

RETAIL INVOICE/CASH MEMO

ORIGINAL

SAI MEDICOS

KIOSK NO.48/S, SAFDERJUNG HOSPITAL, NEW DELHI

Ph. 9818896348

Page No: 1

TIN: 07190467374

D.L.No.: S(1850)14/R

CASH MEMO NO.: 20,207

DATE : 15/12/2014

NAME: CHANDAN

Pr.By: Dr. AIIMS

ADDRESS:

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	VAT%	RATE	AMOUNT
1.	1	30 ML	FUROPED SYF	FP09	08/16	5.0	93.33	93.33

Plz Note :- Returning Time 2 PM To 5 PM.

TOTAL AMT:	93.33
Add VAT :	4.67
Net Amt.(R/O):	98.00

Rupees: Ninety Eight Only

All disputes are subject to Delhi Jurisdiction.

Goods once sold will not be taken back.

NO RETURNING OF CUTTING STRIPS

(Computer Generated Invoice)

E.& D.E.

RETAIL INVOICE/CASH MEMO.

SOUTHDELHI MEDIC ORIGINAL

SHOP NO- 37 S, SAFDARJUNG HOSP. GATE,OPP. AIIMS AUROBINDO MARG, NEW DELHI- 16

Ph. 26164570,08447806754,09910912619

Page No: 1

TIN: 07060131389

D.L.No.: S(1116)13W/R

CASH MEMO NO.: 75.946

DATE : 16/08/2016

NAME: CHANDAN KHUSHWAHA

Pr.By: Dr. .AIIMS

ADDRESS:

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	VAT%	RATE	AMOUNT
1.	2	100ML	TONOFERON PAED SYP	6001	01/17	5.0	74.29	148.57
2.	2	30 ML	FUROPED SYP	FP-1506	03/18	5.0	101.90	203.81

TOTAL AMT: 352.38

Add VAT : 17.62

Net Amt.(R/O): 370.00

RETURNING TIME 2 TO 5 PM

Rupees: Three Hundred Seventy Only

All disputes are subject to Delhi Jurisdiction.

E.M D.E.

Goods once sold will not be taken back.

NO RETURNING OF CUTTING STRIPS

(Computer Generated Invoice)

RETAIL INVOICE/CASH MEMO**ORIGINAL****SAI MEDICOS**KIOSK NO.48/5, SAFDERJUNG HOSPITAL, NEW DELHI
Ph. 9818896348

Page No: 1

TIN: 07190467374

D.L.No.: S(1850)14/R

CASH MEMO NO.: 94,295

DATE : 30/03/2015

NAME: CHANDAN

Pr.By: Dr. AIIMS

ADDRESS:

S.NO	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	VAT%	RATE	AMOUNT
1.	1	180ML	VITCOFOL SYP	HQP4113	04/16	5.0	69.05	69.05
2.	2	180ML	VITCOFOL SYP	HQW4111	04/16	5.0	76.67	153.33
3.	4	30ML	WAL D3 D5 DROP	76515007	07/16	5.0	52.38	209.52

Plz Note :- Returning Time 2 PM To 5 PM.

TOTAL AMT: 431.90

Add VAT : 21.60

Net Amt. (R/O): 453.50

Rupees: Four Hundred Fifty Three and Fifty Paise Only

All disputes are subject to Delhi Jurisdiction.

E.& O.E.

Goods once sold will not be taken back.

NO RETURNING OF CUTTING STRIPS

(Computer Generated Invoice)



File No :2348/ANGIO/18-19
Depositor Name :BINOD KUSHWAHA

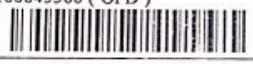
CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

Phones } 26594235
26593824

260/201819
ANGIOGRAPHY PT

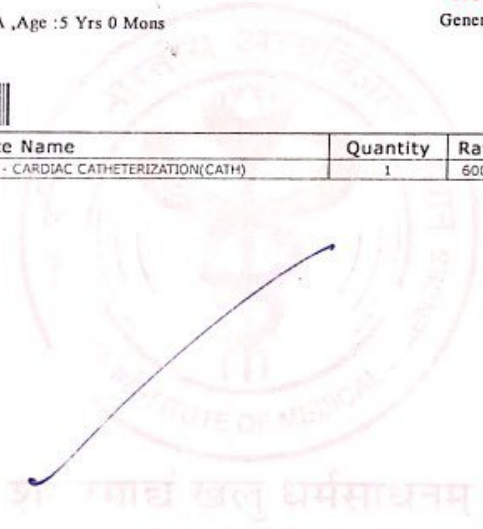
Dated : 06/09/2018
Patient Type :
Room No. :
General

ON ACCOUNT OF MR. CHANDAN KUSHWAHA ,Age :5 Yrs 0 Mons
23 Days
100645366 (OPD)



Sl No.	Service Name	Quantity	Rate	Net Amount
1	CARDIAC ANGIOGRAPHY PACKAGE - CARDIAC CATHETERIZATION(CATH)	1	6000	6000

Printed on 06 Sep 2018 15:43:27 PM



Payment Mode:
INR (Rs.) :
Rs. in Words

Debit Card Card Holder's Name : BINOD KUSHWAHA , Approval No : 400827
6000.0
Rupees Six Thousand Only

MR.ABDUL ANSARI



CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi-110029

Phones } **26588500**
26588700

Receipt No.:

Received From:

OPD/ MRD No.: ACCOUNTS-18109886/201819

ON ACCOUNT OF

MIR. CHANDAN KUSHWAHA, Age :5 Yrs 0 Mons 23

Days

100645366 (OPD 1



06/09/2018

Dated :

Patient Type :

Room No. :

Sl No.	Service Name	Quantity	Rate	Net Amount
	ADVANCE - SHORT ADMISSION	1	60	60

Printed on 06 Sep 2018 19:30:02 PM

Payment Mode:

INR (Rs.) :

Rs. in Words

Cash

60,0

Rupees Sixty Only

MR. BIJENDER SINGH WINDOWS



Unique Identification Authority of India, Government of India / भारतीय विहित पहचान प्रणालिका, भारत सरकार
Acknowledgement/ Consent for enrolment / पंजीयन / मंजूर कर देना



Enrolment No./ नामांकन संख्या: 2189/53658/02606 ***This is not the Aadhaar Number*** Date/ तिथि: 24/07/2017 18:28:46

R Ropt No: Not Given

handan Kushwaha (Male)

चन्दन कुशवाहा (पुरुष)

/O: Vinod Kumar

अश्विन कुमार

Address:

पता:



Fingerprint quality

Address:

Handan Bazar,
Kushari Chhapra, Kushinagar, Uttar Pradesh- 274305

हण्डन बाजार,

कुशारी छप्र, कुशीनगर, उत्तर प्रदेश- 274305

Relationship to HOF: Father

पिता (पिता)

Date of Birth/जन्मतिथि: 01/01/2013(DECLARED)

Mobile/मोबाइल: 9005363774

Email/ईमेल: Not Given

Proof of Relationship to HOF: PDS Card

Fingerprints are not captured for minors.

Information Sharing Disclosure/जानकारी साझा करने के प्रकटीकरण: Yes/हाँ.

Biometrics Captured:
Face

Location: ****



उत्तर प्रदेश शासन

Only for Content Verification. Click PRINT button for Certificate Print.

कार्यालय उप जिलाधिकारी द्वारा प्रदत्त सामान्य निवास प्रमाण पत्र

जिला
तहसील
आवेदन क्र०
प्रमाणपत्र क्र०

कशीनगर
पडरौना
59002140086840
590121423823

जारी दिनांक: 26/11/2014

सम्बन्धित लेखपाल की जांच आख्या दिनांक 26/11/2014 के आधार पर एतद् द्वारा प्रमाणित किया जाता है कि

पुत्र/पुत्री
मकान नम्बर
मौहल्ला/पोस्ट/मजरा
ग्राम
थाना
तहसील
जिला

- विनोद कुशवाहा
श्री रामपति



मौहल्ला- सुखारी छपरा पो0 पिपरा बाजार

पडरौना
कशीनगर

उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर ग्राम मौहल्ला/पोस्ट/मजरा मौहल्ला- सुखारी छपरा पो0 पिपरा बाजार तहसील पडरौना जनपद कशीनगर उत्तर प्रदेश है।

2. उपर्युक्त की पुष्टि प्रारूप - 1 में आवेदन एवं सत्यापनकर्ता द्वारा उपलब्ध कराई गई सूचना तथा इससे संतुष्ट हो जाने के उपरान्त अधोहस्ताक्षरी द्वारा उत्तर प्रदेश के इस जनपद का सामान्य निवासी होने विषयक प्रमाण पत्र निर्गत किया जा रहा है।



जारी कर्ता केन्द्र
पद:
स्थान:
दिनांक:
हस्ताक्षर एवं मूहर

जिला उप-जन सेवा केन्द्र
कशीनगर, पडरौना, नैबूआ नौरगिया, कशीनगर

Digitally Signed by
Sachin Kumar
Singh

(SN=1314AD513536965D8EC7)

सहाय्य अधिकारी/उप जिलाधिकारी
डिजिटल हस्ताक्षरित
पडरौना, कशीनगर
दिनांक: 26/11/2014

यह प्रमाण पत्र इलेक्ट्रॉनिक सिस्टम द्वारा तैयार किया गया तथा सहाय्य अधिकारी के डिजिटल सिग्नेचर से हस्ताक्षरित है एवं सम्बन्धित केन्द्र के अधिकृत कर्मी द्वारा प्रमाणित किया गया है। यह प्रमाण पत्र वेबसाइट <http://uonline.up.nic.in> पर सत्यापित किया जा सकता है।

पात्रता सूची का पूर्ण विवरण				
1.	डिजिटाइज्ड राशन कार्ड संख्या	218940421409		
2.	कार्ड का प्रकार	पात्र गृहस्थी		
3.	दुकानदार का नाम	विनोद		
4.	दुकान संख्या	20592757		
5.	धारक का नाम	श्रीमती रीना/RINA		
6.	धारक के पिता/पति का नाम	श्री विनोद/Mr. VINOD		
7.	धारक की माता का नाम	श्रीमती कैलाशी/KAILASHI		
8.	सदस्यों की कुल संख्या	3		
सदस्यों का पूर्ण विवरण				
क्रम संख्या	सदस्य का नाम	लिंग	धारक से सम्बन्ध	पिता का नाम
1.	रीना/RINA	महिला	स्वयं	जगदीश/JAGDISH
2.	विनोद/VINOD	पुरुष	सौहर / पति	रामप्रीत/RAMPRIIT
3.	नंदनी/NANDANI	महिला	बेटी	विनोद/VINOD
4.	चन्दन कुशवाहा	पुरुष	बेटा	विनोद 8990 5668 3438

प्रमाण पत्र

प्रमाणित किया जाता है कि चन्दन कुशवाहा 10 विनोद कुशवाहा क्रम-
 सुखारी धारा जो पिपरा बल्ला जगदश कुशीला के रहने
 निवासी है।
 मैं इसके माता आदि जागरा - पहचाना है
 इसके उपलब्ध अधिकाधिक का काम करता है।



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मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



चन्दन कुशवाहा

Chandan Kushwaha

जन्म तिथि: 01/01/2013

पुरुष / MALE



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मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unified Identification Authority of India

पता:

नामज: विनोद कुमार, सुखारो
छपरा, कुशीनगर,
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Address:

S/O: Vinod Kumar, Sukhar
Chhapra, Kushinagar,
Uttar Pradesh - 274305

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सेवा में

UTTHAN TRUST (DELHI)

विषय :- मेरे बच्चे के इलाज के सम्बन्ध में

प्रति,

मेरा नाम विनोद कुश्वाहा है जो एक पाँच साल का बच्चा है जिसे छिल में है। पिछले 4 साल से मैं AIIMS हॉस्पिटल में अपने बच्चे का इलाज करा रहा हूँ। बच्चे का नाम चन्दन है। उसकी माँ की इस दुर्भाग्य में रही है। मैं एक पञ्जाबी आदमी हूँ जो अपने बच्चे अपना पेट भरता हूँ। उत्तमान ट्रस्ट से मेरी希म्ने है कि मेरे बच्चे के इलाज में सहयोग किया जाये। मैं सब आभारों में।

विनोद कुश्वाहा
ग्राम - सुवारी धरम
जिला - कुश्वाहा
उत्तर प्रदेश
M.N ⇒ 639 0626491



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