CARE PROMISE WELFARE SOCIETY (REGD)

APPLICATION FOR FINANCIAL HELP TO CANCER-HEPATITIS PATIENTS

Photo of the patient

NAME – Baby Khushi

FATHER'S/HUSBAND NAME – Mr. Pardeep Mehto

AGE – 12 Years SEX – Female

PRESENT ADDRESS – New Yadav Enclave – Prem Nagar – III – Gali No. 4 House No. – 265

PARMANENT ADDRESS – Delhi

FINANCIAL STATUS – Poor.

MONTHLY INCOME – Poor

OCCUPATION – Labour

DESCRIPTION OF THE DISEASE – Leukemia – Blood Cancer

INTRODUCED BY – Principal Of GGSSS – Nithari Village Delhi

It should be verified by any of these persons: a Gazetted Officer, M.L.A, Municipal Councilor or M.P. In case of student it should be verified by the Principal of the school.

M. Upadhyay
21/12/18
H.O.S.
Govt. G S S
Nithari Village.

Please enclose the following documents with the application:

1. Two Photos (attested)
2. Proof of Residential address
3. Age proof certificate/ID
4. Photocopies of – medicine Bills, copies of the prescriptions.
5. Approximate expense of the treatment, letter from hospital.
6. Photocopy of first page and last 6 months statement from bank.
7. An application from patient stating the circumstances leading to disease and his/her financial position and the size of the family with proof of income.
8. In case the patient unable to come to collect the help then give the name of the authorized person: Mr. Pardeep Mehto

For Care Promise Welfare Society

Secretary

Passed by

Secretary
Signature and Name

Director
Signature & Name

कैंसर पेसेंट खुशी की केस हिस्टरी

कैंसर पेसेंट खुशी जो ब्लड कैंसर से पिड़ित है। माह अगास्त से उनके शरीर मे बुखार, खाँसी और कमजोरी बहुत महसुस हो रही थी दवाई देने पर बुखार ठिक हो जाता थी और फिर दो दिनो के बाद बुखार चढ़ जाता था फिर आपने डॉक्टर के सलाह पर अपनी बच्ची की ब्लड की जाँच करवाई तब डॉक्टर ने कहा किसी अच्छे अस्पताल मे ले जाओ फिर खुशी के पिता ने अपनी बेटी को महावीर अस्पताल - सैनिक विहार - दिल्ली मे ले गए उसके बाद महावीर अस्पताल ने कहा कि आप अपनी बच्ची को कलावती अस्पताल - नई दिल्ली मे ले जाओ फिर उन्होने एक हफ्ते ईलाज करने के बाद AIIMS मे भेज दिया फिर AIIMS ने कहा कि आप सफदरजंग ले जाओ फिर हम सफदरजंग ले गए उसके बाद उन्होने कहा कि आप कहि और ले जाओ फिर हमने दिल्ली कैंसर संस्थान - शाहादरा - दिल्ली ले गए और अभी तक वहि ईलाज चल रहा है।

प्रदीप महेता

केयर प्रॉमिस वेलफेयर सोसाइटी (रजि०)
संत नगर ईस्ट कैलाश दिल्ली 65

निवेदन है कि मेरी बेटी दिल्ली के सरकारी स्कूल में कक्षा VI-C में पढ़ती है और वो काफी समय से कैंसर से पीड़ित है। मैं बहुत गरीब आदमी हूँ। जिसके इलाज में काफी पैसा खर्च चुका हूँ। आपकी सोसाइटी से प्रार्थना करता हूँ कि मेरी कुछ मदद करने की कृपा करें जिससे मैं अपनी बेटी का इलाज सही से करा सकूं।

प्रार्थी

धन्यवाद

छात्रा का नाम खुशी
कक्षा
पता

DELHI STATE CANCER INSTITUTES (EAST)

centres par excellence in the service of humanity
(An autonomous institution under the Govt. of NCT of Delhi)
Dilshad Garden, Delhi 110095
EPABX: +91-11-2213 5200, 2213 5700 Extn. 2043
Website: www.dsci.nic.in E-mail: dsci.delhi@yahoo.co.in

Patient's Name: Miss Khushi **Age/Sex:** 12/F **CR No:** 24426/18

Date of Admission: 19/2/19 **Date of Discharge:** 27/2/19

Diagnosis: ANL **Consultant I/C:**

Presenting Complaints & Brief History:

Admitted for: Chemotherapy

Investigations:

1 Hemogram	Date:	4 S. Electrolytes	Date:
HB (gm%)	9.2	Na^+ (mmol/L)	135
TLC (/µlit)	3.06	K^+ (p563 mmol/L)	4.5
PLT (/µlit)	283	Cl (mmol/L)	100
2 KFT		5 S. Protein	
Urea (mg/dl)		Total (g/dl)	
Creatinine(mg/dl)		Albumin p(g/dl)	
3 LFT		Globulin (g/dl)	
AST (U/L)			
ALT (U/L)			
ALP (U/L)			

Treatment Given: C3 consolidation Chemo + Supportive care

Advice on Discharge:

Medication	Dose	Frequency	No. of Days	
Tab. Emeset	8 mg	* * * (TDS)	3	उल्टी के लिए
Tab. Pantoprazole	40mg	* (OD)	3	गैस के लिए
Tab. Tramadol	100mg	SOS	-	दर्द के लिए
Tab. Paracetamol	500mg	SOS	-	बुखार के लिए
Tab. B-Complex		* (OD)	10	
Tab. Iron/Folic acid		* (OD)	-	रक्त के लिए
Syp. Lactulose		HS	-	कब्ज के लिए
T. Amoxyclav	625 mg	1/2 tab BD	3	
Inf. Aptishayne	1 kg	OD.		

Dr. MANAN SHAH
Senior Resident
DMC No. 76480
Delhi State Cancer Institute

To review in OPD on 15/3/19 with CBC, LFT, KFT & S.Elec reports

To report to Emergency Ward or DSCI in case of any untoward symptom

Date of next Planning + 4th Doses 11/MM

REFERRAL (If any):

14/3/19

Senior Consultant

Dharamshila Narayana Superspeciality Hospital
A Unit of Dharamshila Cancer Foundation and Research Centre

Patient Name :

DHARAMSHILA HOSPITAL AND RESEARCH CENTRE
OPD PRESCIRPITON

Date :	Patient Name : Age / Sex :
CR. No.:	Weight : (Kg)
Investigations 25 FEB 2019	Diagnosis : Dr KMP
	Treatment :

20

→ CBC, RFT.

11/3/19

DHARAMSHILA HOSPITAL AND
OPD PRESCIRI

Date :	Patient Name :
CR. No.:	
Investigations	Diagnosis :
	Treatment :

DELHI STATE CANCER INSTITUTES (EAST), DILSHAD GARDEN

UHID:20180924426

PHONE NO : 011-22135200/22135700

CONSULTING ROOM NO : Emergency Room EMAIL: director.dsci@nic.in

CLINIC: Emergency First Floor TOKEN NO: 16

TOKEN NO: MON,TUE,WED,THU,FRI,SAT

VISIT NO : 7

LAST VISIT DATE : 13-02-2019

OUT PATIENT RECORD

EHR ID :20180902129375628

Name : MISS. KHUSHI (REVISIT)

Department : Clinical Oncology (CO)

Dept No. : 2018/075/0021657

Date of Registration : 13-03-2019 12:32:16 PM

Unit : CLINICAL ONCOLOGY (OPD)

Billing Type : GENERAL-SR

Mobile No. : ********117

Address : C-1/285, NEW YADAV ENCLAVE, PREM NAGAR-3 KIRARI SULEMAN NAGAR, DELHI EAST DELHI PIN:110086, DELHI, INDIA

Fam : # 0

Sex : Female

D/O : MR PRADEEP MEHTO

Age : 17Y 4M 21D

Email

Occupation : OTHER

Patient Type : NON MLC Prepared By : Ms.Richa Sharma

Emg - 16

Patient Consent : I, the holder of the above mentioned mobile number, hereby give my consent to share my electronic health information with 'MyHealthRecord', an initiative of Govt. of India. I understand that I can revoke/ withhold this consent through site (https://myhealthrecord.nhp.gov.in)

Dharamshila Narayana Superspeciality Hospital

Department of LABORATORY MEDICINE

Lab Report : HAEMATOLOGY

MRN	15050000033436	Department	RADIATION ONCOLOGY
Name	Miss KHUSI SHUKLA	Specimen	WHOLE BLOOD
Age / Sex	13 Year(s) 8 Month(s)/FEMALE	Visit Type	OP / OP-024
Sample No	L21902250147	Collected On	25/02/2019 15:14
Consulting Doctor	Dr Kanika Sharma	Referring Doctor	Dr Kanika Sharma
Patient Address	VILL - MUSKARA, TEHSIL-MOHDAHA, DIST-HAMIR PUR, Jhansi, Uttar Pradesh, PIN: 0000000	Received On	25/02/2019 15:47
		Reported On	25/02/2019 16:10

Test Name	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (HB%) (SLS METHOD / CYANMETHEMOGLOBIN)	11.36 L	gm/dl	12.0-15.0
RED BLOOD CELL COUNT (DC DETECTION / FLOWCYTOMETRY)	3.96	million/cmm.	3.8-4.8
PCV (PACKED CELL VOLUME) / HEMATOCRIT (CALCULATED)	33.2 L	%	36.0-46.0
MCV (MEAN CORPUSCULAR VOLUME) (CALCULATED)	84	fl	83.0-101.0
MCH (MEAN CORPUSCULAR HAEMOGLOBIN) (CALCULATED)	28.71	pg	27.0-32.0
MCHC (MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION) (CALCULATED)	34.22	%	31.5-34.5
RED CELL DISTRIBUTION WIDTH (RDW)	19.3 H	%	11.6-14.0
PLATELET COUNT	179	Thous/µL	150.0-450.0
TOTAL LEUKOCYTE COUNT (TLC)	3.63 L	Thous/µL	4.0-11.0
DIFFERENTIAL LEUKOCYTE COUNT (DLC)			
Neutrophils	65.9	%	2.0-7.0 thous/µL [40-75%]
Lymphocytes	16.5 L	%	1.0-3.0 thous/µL [20-40%]

Dr Kanika Sharma, MBBS, MD (Pathology)
Sr Consultant - Pathology and Transfusion Medicine

Patient	Miss KHUSI SHUKLA 13 Year(s) 8 Month(s)/FEMALE 15050000033436	Sample No	L21902250147
Generated By	Wilsy Thomas / Wilsy Thomas, 802096	Generated On	26/02/2019 10:50

Dharamshila Narayana Superspec
A Unit of Dharamshila Cancer Foundatio
Vasundhara Enclave, Near New Ashok Nagar Metro Stati
Tel: +91 11 4306 6666. Web

224
19/1/19

DELHI STATE CANCER INSTITUTES (EAST), DILSHAD GARDEN

PH.ONE NO: 011-22135200/22135700

CONSULTING ROOM NO: Emergency Room [illegible]

225
4/1/19

OUT PATIENT RECORD

Name: MISS. KHUSHI

Department: Gynaecology (GO)

Visit No.: [illegible]

Date of Registration: [illegible]

Unit: CLINICAL ONCOLOGY (GPO)

Billing Type: GENERAL SR

Bill No.: [illegible]

Address: C/ 204, NEW YADAV ENCLAVE, PREM NAGAR KHIRAKI SULEMAN NAGAR, DELHI EAST DELHI PIN 110086, DELHI, INDIA

Date: [illegible]

Sex: Female

D/O: MR PRADEEP MEHTO

Age: 12Y

Email:

Occupation: STUDENT

Patient Type: NON MLC (Regular)

By: Vinaya Bhatt

44
20/1/18

7 DEC 2018

Dr. SAURABH [illegible]
Senior Resident [illegible]
DMC: [illegible]
Delhi State Cancer Institute

Dharamshila Narayana Superspeciality Hospital

A Unit of Dharamshila Cancer Foundation and Research Centre

DEPARTMENT OF PATHOLOGY
LAB REQUISITION FORM

M-257

Patient Name : Khush Chhabra

Patient MRN/Tumor Board No : 33436 Age : 14 Gender : F

Bed No : _____ Department : _____

Affix patient label here

Relevant Clinical Information _____

Date & Time of Specimen Collection _____ Date & Time of Receiving _____

Relevant Drug History _____

Specimen Collected By _____ Specimen Received By _____

Name & Signature of M.O. _____ LAB No. _____

CODE	HEMATOLOGY	CODE	BIOCHEMISTRY	CODE	SEROLOGY
DPB137 ✓	HAEMOGRAM (HB, TLC, PLTS, RBC, HCT, MCV, MCH, MCHC)	DPB134	P-GLUCOSE (FASTING)	DPB248	BLOOD GROUP (ABO) & Rh
		DPB130	P-GLUCOSE - PP (2HRS.)	DPB250	CROSS MATCH
DPB049	RETICULOCYTE COUNT	DPB037	P-GLUCOSE (FASTING & PP)	DPB243	COOMBS TEST DIRECT
DPB279	BLEEDING TIME (BT)	DPB025	P-GLUCOSE RANDOM	DPB249	COOMBS TEST INDIRECT
DPB122	CLOTTING TIME (CT)	DPB029	P-GLUCOSE TOLERANCE TEST (GTT)	DPB085	RPHA (VDRL)
DPB005	BLEEDING & CLOTTING TIME (BT&CT)	DPB136	P-GLUCOSE CHALLENGE TEST (GCT)	DPB231	HBsAG - CMIA
DPB047	PT WITH INR	DPB174	S - UREA	DPB141	HCV (CMIA)
DPB043	PARTIAL THROMBOPLASTIN TIME (APTT/PTTK)	DPB050	S - CREATININE	DPB142	HIV (CMIA)
DPB030	HEMOGLOBIN (HB)	DPB061	S - ELECTROLYTES	DPB082	URINE PREGNANCY TEST
DPB023	DIFFERENTIAL LEUCOCYTE COUNT (DLC)	DPB037	LIVER FUNCTION TEST - LFT (BILIRUBIN TOTAL, DIRECT, INDIRECT, SGOT, SGPT, ALK, TPR, ALB, GLOBULIN RATIO)	DPB012	C.R.P. QUANTITATIVE
DPB044	PERIPHERAL BLOOD SMEAR EXAMINATION	DPB153	RFT (RENAL FUNCTION TEST) / KFT (KIDNEY FUNCTION TEST) (UREA CREAT, Na^+, K^+, Ca^{++}, P, URIC ACID) ✓	DPB281	ASO
DPB280	PERIPHERAL SMEAR FOR MP			DPB039	MALARIA ANTIGEN
DPB071	TOTAL LEUCOCYTE COUNT (TLC)	DPB062	S - URIC ACID	DPB050	RHEUMATOID FACTOR TEST (RA)
DPB045	PLATELET COUNT	DPB149	S - PROTEIN - TOTAL	DPB060	WIDAL TEST
DPB040	PACKED CELL VOLUME (PCV) HEMATOCRIT	DPB052	S - ALBUMIN	DPB052	DENGUE SEROLOGY
DPB171	TRBC	DPB133	S - GLOBULIN	DPB146	PCT-Q
DPB147	PERIPHERAL BLOOD SMEAR FOR MICROFILARIA	DPB072	S - TOTAL PROTEIN, ALB, GLOB, A:G RATIO	DPB130	DENGUE NS1AG
		DPB103	S - BILIRUBIN (TOTAL)	DPB173	TYPHI DOT IgM & IgG
DPB024	E.S.R. (ERYTHROCYTE SEDIMENTATION RATE)	DPB163	S - BILIRUBIN - DIRECT	CODE	TUMOUR MARKERS
DPB092	ABSOLUTE NEUTROPHIL COUNT (ANC)	DPB164	S - BILIRUBIN - INDIRECT	DPB048	PSA - TOTAL
DPB001	ABSOLUTE EOSINOPHIL COUNT (AEC)	DPB101	S - BILIRUBIN (TOTAL / DIRECT / INDIRECT)	DPB004	BETA HCG
DPB018	COMPLETE BLOOD COUNT (HB, TLC, DLC, PLTS, RBC, HCT, MCV, MCH, MCHC, ESR)	DPB052	S - SGOT (AST)	DPB099	ALPHA FETOPROTEIN, SERUM (AFP)
		DPB053	S - SGPT (ALT)	DPB015	CARCINOEMBRYONIC ANTIGEN (CEA)
		DPB002	S - ALKALINE PHOSPHATASE	DPB014	CA 125
		DPB059	S - CHOLESTEROL TOTAL	DPB013	CA 19.9
		DPB032	S - HDL CHOLESTEROL		HORMONES
		DPB164	S - VLDL CHOLESTEROL	DPB008	T_3
		DPB034	S - LDL CHOLESTEROL	DPB070	T_4
		DPB074	S - TRIGLYCERIDES	DPB075	TSH
				DPB008	T_3, T_4, TSH

Dharamshila Marg, Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096 Sept 2016 Version : 3 Format No : F/LS/02-01A

25/02/2019 10:50

186-0208-0208

Dharamshila Narayana Superspeciality Hospital

A Unit of Dharamshila Cancer Foundation and Research Centre

Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096

Dharamshila Narayana Superspeciality Hospital
A Unit of Dharamshila Cancer Foundation and Research Centre

DEPARTMENT OF RADIATION ONCOLOGY
TREATMENT SUMMARY

Name : Baby Khushi Shukla			
Age : 13 Years	Sex : Female	MRN : 35436	Tumour Board No : M26855
		RT No. : 4303/19	Treating Consultant : Dr. Kanika Sharma
Diagnosis (Pathology) : Ewing's Sarcoma of right hip with metastases, post 7 cycles of chemotherapy (poorly differentiated).			Site : Right Hip

The patient was planned for radical radiotherapy by external beam radiotherapy to Right Hip. Orfit abdomen and pelvis region was prepared in the treatment position to ensure immobilization of the target region during the simulation and actual treatment at each session. A simulation CT scan was undertaken with the cast in position and the CT images were transferred to the treatment planning system for the relevant treatment planning. CT scan was done only for radiotherapy planning purpose (report not issued). The treatment plan was transferred to Linear Accelerator with 6MV photon.

The patient received external beam radiotherapy by 6 MV photons from Linear Accelerator.

SITE : Right Hip
PLANNED DOSE : 55Gy/27 fractions/5.5 weeks to PTV
RECEIVED DOSE : 55Gy/27 fractions/5.5 weeks to PTV
TECHNIQUE : Conventional
START DATE : 22-01-2019
END DATE : 27-02-2019
COURSE OF TREATMENT : Patient tolerated the treatment moderately well.
ADVICE : Review on 11-03-2019 in RT OPD with CBC and KFT.

MEDICATION :

Form	Medicine + Strength	Route	Relation to food	Doses	Days
Tab	PAN 40 mg	Per orally	Before food	1-0-0	10 days
Cap.	TOCOFIL	Per orally	After food	1-0-0	10 days
Syp.	COMBIFLAM 5 ml	Per orally	After food	SOS	For pain
Ointment	BETNOVATE	LA	----	1-0-1	15 days

Dr. Kanika Sharma
DMC – 31107
Clinical lead and Sr. Consultant

Dr. Aditi Tanwar
DMC-63991
Jr. Consultant

Dr. Manisha Himthani
DMC –R/7278
Sr. Resident

Dr. Vamsi Mohan
DMC – R/16303
DNB Resident

Dr. Amita Prakash
DMC – 81564
DNB Resident

Dr. Sobhana. V
DMC – R/21480
DNB Resident

DELHI STATE CANCER INSTITUTE

(an autonomous institution under the Govt. of NCT of Delhi)

Dilshad Garden, Delhi 110 095 (India)

DRUG FORM

CR No. 24426 DATE: 12/12/18

PATIENT'S NAME: Baby Khushi

Sl. No.	NAME OF MEDICINE	DOSE/	DURATION	DAYS
1.	TAB ONDENSETRON	8MG	TDS	3
2.	TAB RANTIDINE/ PANTAPRAZOLE	20MG	O.D	5
3.	TAB. DICLOFENAC+ SERRITIOPEPTIDASE		T.D.S	5
4.	CAP TRAMADOL/ULTRACET	50MG / 100MG	T.D.S	5
5.	TAB AMOX. CLAVUNATE	625MG	T.D.S	2 days
6.	TAB CEFIXIME	200MG	B.D	TO CONT.
7.	BETADINE MOUTH WASHES		O.D	TO CONT.
8.	SYP MUCAINE GEL	2TSP	B.D	TO CONT.
9.	SYP MULTIVITAMINS	2TSPG	T.D.S	TO CONT.
10.	LIGNICAINE JELLY	L/A	T.D.S	TO CONT.
11.	CAP BECOSOULES/ MULTIVIT.		O.D	TO CONT.
12.	SYP BROMEX / NOSCAPINE	2TSP	T.D.S	TO CONT.
13.	T. PARACETAMOL	500mg	SOS	
14.	T. Septran 1tab BD		(5)	
15.	Lignocain oint	L/A.		

SIGNATURE OF DOCTOR

SIGNATURE OF PHARMACIST

DELHI STATE CANCER INSTITUTES (EAST)

"centres par excellence in the service of humanity"
(An autonomous institution under the Govt. of NCT of Delhi)
Dilshad Garden, Delhi 110095

Website: www.dsci.nic.in E-mail: dsci.delhi@yahoo.co.in

DISCHARGE SUMMARY/DOR

Patient's Name: Miss Khushi **Age/Sex:** 12/F **CR No:** 24426

Date of Admission: 23/10/18 **Date of Discharge:** 12/12/18

Diagnosis: AML **Consultant I/C:**

Presenting Complaints & Brief History:

Admitted for: Work up and management of Leukemia

Investigations:

1. Hemogram	Date:	4. S. Electrolytes	Date:
HB (gm%)	8.9	Na^+ (mmol/L)	
TLC (/µlit)	2.39	K^+ (mmol/L)	
PLT (/µlit)	103	Cl^- (mmol/L)	
2. KFT		5. S. Protein	
Urea (mg/dl)		Total (g/dl)	
Creatinine(mg/dl)		Albumin (g/dl)	
3. LFT		Globulin (g/dl)	
AST (U/L)			
ALT (U/L)			
ALP (U/L)			

Treatment Given: Chemotherapy (2nd induction) + BMA & Bx on 10/12/18 + supportive care.

Advice on Discharge:

Medication	Dose	Frequency	No. of Days	
Tab. Emeset	8 mg	• • • (TDS)	3	7 days
Tab. Pantaprazole	40mg	• (OD)	5	
Tab. Tramadol	100mg	SOS	-	
Tab Paracetamol	500mg	SOS	-	
Tab. B-Complex		• (OD)	-	
Tab Iron/Folic acid		• (OD)	-	
Syp. Lactulose	3tsf	HS	-	
T. Septran	1tab	1/2tab BD	(5)	
Betadine	for sitz bath.			
Lignocaine	oint	4/A		

To review in OPD on 20/12/18 with CBC, LFT, KFT & S.Elec reports & BMA & Bx report

To report to Emergency Section at DSCI in case of any untoward symptom

Junior Resident

Senior Resident

~~10ml pedocloryl~~

कलावती सरन बाल चिकित्सालय

KALAWATI SARAN CHILDREN'S HOSPITAL

बंगला साहिब मार्ग, नई दिल्ली–110001, Bangla Sahib Marg, New Delhi-110001

सूक्ष्म जैव विज्ञान विभाग

MICROBIOLOGY DEPARTMENT

Lab. Ref. No.

नाम/Name Khushi आयु/Age 12yr लिंग/Sex F Date 20/10

C.R.No 27934 Consultant Dr H. Pemela

Ward/OPD OPD Unit/Bed No.

Diagnosis/History

Investigation Required

Montelex. 8

Signature of the Doctor

20.10.18

22.10.18

विकिरण विभाग
X-RAY DEPARTMENT

क.स.बा.चि.-17
K.S.C.H.-17

कलावती सरन बाल चिकित्सालय, नई दिल्ली
KALAWATISARAN CHILDREN'S HOSPITAL, NEW DELHI

...ient's Name	आयु/Age	लिंग/Sex
	अं.रो.पे.सं./In Pat. Reg. No.	Khushi
...her's Name	एकक/Unit	
...ता/Address	डा. का नाम/Doctor's Name	
	राष्ट्र/Nationality	धर्म/Religion 12y/F
	परिवार सदस्य सं./F. P. Status	27934
	आय/Income	
	आपात/Emergency	U/C4.
व्यवसाय/Occupation CGHS	फोन नं./Tel. No.	दाखिला ता.
	समय/Date	Time of Admn. 20/10/18
	हस्ता./Initials	

उपचार विवरण
Clinical Notes

दिनांक/Date.....

Resp distress

विकिरण परीक्षा
X-Ray Examination of

Adv Chest X-Ray PA view.

रिपोर्ट
REPORT

विकिरण संख्या
X-RAY NO.

क्रम सं.
PLATE NO.

19725

22788-1

Cases Summary

Child was app. alright 5 days back when she developed high grade fever not a/w chills/rigor & not a/w blood in stool / vomiting.

a/w Painless swelling one left groin since 2 days.

On Presentation vitals HR-92/m
RR-42/m
T - 120/bpm
SpO2 - 98%

Pallor (+)

Bony tenderness (+)

O/E R/S NVB
CVS NAD
P/A soft

Procedure / Treatment: Inj Cefotaxim

Surgery Performed: Inj Levofloxacin

Surgeon: Inj Ceftriaxone

Operative Finding: Tab PCM

Investigations

15/10/18 Hb - 7.7gm%
PCV - 26.5%
TLC - 61,000/cmm
DLC - P-78% | L-20% | E-01% | M-01%
PLT - 33,000/cmm

17/10/18 - Hb - 7.1gm%
TLC - 67000/cmm
PLT - 21,000/cmm
MCV - 89.3fL
MCH - 27.6pg
MCHC - 31.0g/dL
RBC - 2.59 x10^6/mm

18/10/18 Hb - 6.9gm%
TLC - 61000/cmm
PLT - 30,000/cmm

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
भारत
Government of
National Capital Territory of Delhi
INDIA

दिल्ली नगर निगम B 1832892
Municipal Corporation of Delhi

AA000000000

फार्म संख्या/ FORM NO. 5
(नियम संख्या 8 देखिए)/(See Rule - 8)

प्रमाण पत्र/BIRTH CERTIFICATE

(जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969 की धारा 17 के अंतर्गत दिया गया)
(Issued under section 17 of the Registration of Births and Deaths Act, 1969)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल लेख से ली गई है जो कि
This is to certify that the following information has been taken from the original record of birth

रजिस्टर में उल्लिखित है (स्थानीय क्षेत्र) के क्षेत्र,
which is register for (Local Area) of Zone of
दिल्ली नगर निगम के जिला Najafgarh Zonal Office Najafgarh Zone के रा. रा. क्षेत्र, दिल्ली।
Municipal Corporation of Delhi of District South West of NCT of Delhi.

नाम /Name : KHUSHI

लिंग /Gender : Female

तिथि /Date of birth 18/07/2007

स्थान /Place of birth C1-205 PREM NG.-IIINAINGLOI ND

पंजीकरण की तिथि / Date of Registration : 18/08/2007

पंजीकरण संख्या /Registration No. : MCDOLR07179668

माता का नाम/ Name of mother SANGITA DEVI

पिता का नाम/ Name of father PARDEEP MAHTO

SUB-REGISTRAR BIRTH & DEATH NAJAFGARH ZONE M.C.D.

सील/Seal :

उप-रजिस्ट्रार/रजिस्ट्रार, जन्म व मृत्यु
दिल्ली नगर निगम
Sub-Registrar / Registrar of Birth & Death
Municipal Corporation of Delhi

तिथि /Date : 27/03/2008

ENGLISH VERSION

mcd Online
www.mcdonline.gov.in

AA01832892/3157805/1 /A/ meelank

Visit us at : www.mcdonline.gov.in

Indian Red Cross Society

(CONSTITUTED UNDER ACT XV OF 1920)

BLOOD BANK

(Licence No. 507)

RECEIPT

Document No. M/17/01/FR/06/11/BB
Certified by IS/ISO 9001:2008
Accreditated by NABL & NABH

National Headquarters
1, Red Cross Road,
New Delhi-110001

Receipt No. BB/ 7717

Date 17/8/18

Received with thanks from patient Khushi Blood Group O+ve

Admitted in Hospital (Govt./Pvt.) B.M.H

Towards processing charges of Blood/Blood Component : Packed Red Cell [ ] / Whole Blood [ ] / Fresh Frozen Plasma [ ] / Platelet Concentrate / PRP [✓] / Cryoprecipitate [ ] / Platelet Apheresis [ ] and **Specialized Test 3 Cell** : Antibody screening of Patient/Cross matching by Semi Automation / Phenotyping for extended Serology

Total units (4) P/C @ Rs.

Sum of Rupees one Thousand Two Hundred only/-

Total Cash Rs. 1200/-

On account of :

Authorized Signatory

a)
Delhi-110091

012)/13/133
28
12/2018

Amount (Rs.)
1400
2000
1250
4650
0
Rs. 4650

Jagriti Blood Bank

ed Signatory

Jagriti Blood Bank
Jeevan Amrit Hospital
Mayur Vihar, Phase-I,
Delhi-110091

1/1

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DELHI STATE CANCER INSITUTE
R014592

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14628
Date: 09/12/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Packed Red Blood Cells I.P.	1	1400	1400
2.	Platelet Concentrate I.P.	4	500	2000
3.	Cross Matching Charges	5	250	1250
	Total			4650
	Less-Discount/Free			0
	Grand Total			Rs. 4650
	Remark			
	Rs.Numbers	***		
	Billing Done By	**ARVIND**		

Received with thanks a sum of Rupees **Four Thousand Six Hundred Fifty Only**

For Mission Jan Jagriti Blood Bank

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

Mission Jan Jagriti Blood Bank
Jeevan Anmol Hospital
Mayur Vihar, Phase-I,
Delhi-110091

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

BABY KHUSHI
DELHI STATE CANCER INSITUTE
R014577

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14613
Date: 07/12/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Platelet Concentrate I.P.	4	500	2000
2.	Cross Matching Charges	4	250	1000
	Total			3000
	Less-Discount/Free			0
	Grand Total			Rs. 3000
	Remark			
	Rs.Numbers	*****		
	Billing Done By	**ARVIND**		

Received with thanks a sum of Rupees **Three Thousand Only** **For Mission Jan Jagriti Blood Bank**

NO REPLACEMENT DONOR REQUIRED

Mission Jan Jagriti Blood Bank
Jeevan Anmol Hospital
Mayur Vihar, Phase-1,
Delhi-110091

Authorised Signatory

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

HUSHI
DELHI STATE CANCER INSITUTE
R014565

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14601
Date: 06/12/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Packed Red Blood Cells I.P.	1	1400	1400
2.	Platelet Concentrate I.P.	2	500	1000
3.	Cross Matching Charges	3	250	750
	Total			3150
	Less-Discount/Free			0
	Grand Total			Rs. 3150
	Remark			
	Rs.Numbers	***		
	Billing Done By	**SHIV KUMAR**		

Received with thanks a sum of Rupees **Three Thousand One Hundred Fifty Only**

For Mission Jan Jagriti Blood Bank

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

Mission Jan Jagriti Blood Bank
Jeevan Anmol Hospital
Mayur Vihar, Phase-I,
Delhi-110091

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DELHI STATE CANCER INSTITUTE
R014556

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14592
Date: 05/12/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Platelet Concentrate I.P.	3	500	1500
2.	Cross Matching Charges	3	250	750
	Total			2250
	Less-Discount/Free			0
	Grand Total			Rs. 2250
	Remark			
	Rs.Numbers	***		
	Billing Done By	**SHIV KUMAR**		

Received with thanks a sum of Rupees **Two Thousand Two Hundred Fifty Only**

For Mission Jan Jagriti Blood Bank

Authorised Signatory

NO REPLACEMENT DONOR REQUIRED

05/12/2018, 14:09

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DELHI STATE CANCER INSTITUTE
R014546

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14582
Date: 04/12/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Platelet Concentrate I.P.	4	500	2000
2.	Cross Matching Charges	4	250	1000
	Total			3000
	Less-Discount/Free			0
	Grand Total			Rs. 3000
	Remark			
	Rs.Numbers	**		
	Billing Done By	**SHIV KUMAR**		

Received with thanks a sum of Rupees **Three Thousand Only** **For Mission Jan Jagriti Blood Bank**

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

04/12/2018, 15:02

LIONS BLOOD BANK-East Delhi

(A Unit of "Lions Clubs International District 321-A Trust")

(Licence No. : E (0016)15/BB)

369, IInd Floor, F.I.E. Patparganj Industrial Area, Delhi-110092

E-mail : lionsbloodbankeastdelhi@gmail.com

Receipt No. : 5720
Receipt Date : 2-Dec-2018

Patient Name : Khushi
Hospital Name : Delhi State Cancer Institute
Req. Received By :

S.No	Particulars	Qty.	Processing Charges	Amount
1	Platelet Concentrate B.P.	1 Nos	1,220.00	1,220.00
				1,220.00
	TOTAL			1,220.00
	GRAND TOTAL			

Received with thanks a sum of
Indian Rupees One Thousand Two Hundred Twenty

Narration : Bill No - 27309

For Lions Blood Bank-East Delhi

Authorised Signatory

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DELHI STATE CANCERHOSPITAL
R014515

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14551
Date: 30/11/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Packed Red Blood Cells I.P.	1	1400	1400
2.	Cross Matching Charges	1	250	250
	Total			1650
	Less-Discount/Free			0
	Grand Total			Rs. 1650
	Remark			
	Rs.Numbers	***		
	Billing Done By	**SHIV KUMAR**		

Received with thanks a sum of Rupees **One Thousand Six Hundred Fifty Only**

For Mission Jan Jagriti Blood Bank

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

f 1

30/11/2018, 14:35

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

BABY KHUSHI
DELHI STATE CANCER INSITUTE
R014494

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14530
Date: 26/11/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Packed Red Blood Cells I.P.	1	1400	1400
2.	Cross Matching Charges	1	250	250
	Total			1650
	Less-Discount/Free			0
	Grand Total			Rs. 1650
	Remark			
	Rs.Numbers			
	Billing Done By		**DEEPAK SAINI**	

Mission Jan Jagriti Blood Bank
Jeevan Anmol Hospital
Mayur Vihar, Phase-I,
Delhi-110091

Received with thanks a sum of Rupees **One Thousand Six Hundred Fifty Only**

For Mission Jan Jagriti Blood Bank

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

LIONS BLOOD BANK-East Delhi

(A Unit of "Lions Clubs International District 321-A Trust")
(Licence No. : E (0016)15/BB)
369, IInd Floor, F.I.E. Patparganj Industrial Area, Delhi-110092

E-mail : lionsbloodbankeastdelhi@gmail.com

Patient Name : Khushi
Hospital Name : Delhi State Cancer Institute
Req. Received By :

Receipt No. : 5346
Receipt Date. : 17-Nov-2018

S.No	Particulars	Qty.	Processing Charges	Amount
1	PRBC-CPDA	1 Nos	1,670.00	1,670.00
	TOTAL			1,670.00
	GRAND TOTAL			1,670.00

Received with thanks a sum of
Indian Rupees One Thousand Six Hundred Seventy

Narration : Bill No - 26934

Issued

For Lions Blood Bank-East Delhi

Authorised Signatory

LIONS BLOOD BANK-East Delhi

(A Unit of "Lions Clubs International District 321-A Trust")
(Licence No. : E (0016)15/BB)
369, IInd Floor, F.I.E. Patparganj Industrial Area, Delhi-110092

E-mail : lionsbloodbankeastdelhi@gmail.com

Patient's Name : Khushi
Receipt No.: C-8253
Hospital / Dr.: Delhi State Cancer Institute,Dr. Sheitybala Prasad
Date Time : 14/Nov/2018 7:47 pm

Sr.No.	Particulars	QUANTITY	Processing Charges	AMOUNT
1	PRBC	1	1670	1670
	Container Charges	0		0
	Grand Total			1670

Received with thanks a sum of
INDIAN RUPEES ONE THOUSAND SIX HUNDRED SEVENTY ONLY
Narration : bill no. 26846

For Lions Blood Bank-East Delhi

Authorised Signatory

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DELHI STATE CANCER INSITUTE
R014393

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14429
Date: 13/11/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Platelet Concentrate I.P.	4	500	2000
2.	Cross Matching Charges	4	250	1000
	Total			3000
	Less-Discount/Free			0
	Grand Total			Rs. 3000
	Remark			
	Rs.Numbers	*		
	Billing Done By	**DEEPAK SAINI**		

Received with thanks a sum of Rupees **Three Thousand Only** **For Mission Jan Jagriti Blood Bank**

Mission Jan Jagriti Blood Bank Jeevan Anmol Hospital Mayur Vihar Phase-I, Delhi-110091

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DELHI STATE CANCER INSITUTE
R014393

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14429
Date: 13/11/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Platelet Concentrate I.P.	4	500	2000
2.	Cross Matching Charges	4	250	1000
	Total			3000
	Less-Discount/Free			0
	Grand Total			Rs. 3000
	Remark			
	Rs.Numbers	*		
	Billing Done By	**DEEPAK SAINI**		

Received with thanks a sum of Rupees **Three Thousand Only** **For Mission Jan Jagriti Blood Bank**

Mission Jan Jagriti Blood Bank
Jeevan Anmol Hospital
Mayur Vihar Phase-I,
Delhi-110091

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

GAR-6
(See Rule 22(I))
IR-5
(Treasury Rule 35)

गुरू तेग बहादुर अस्पताल
GURU TEG BAHADUR HOSPITAL
(Govt. of N.C.T. of Delhi)

सं. No. 469090

रसीद
Receipt

दिनांक Date 08/11/2018

श्री Received from Khushi

के पत्र सं. with letter No. —

दिनांक Dated 08/11/2018

रू. the sum of Rupees One thousand fifty only की बाबत

in नकद/Cash चैक/Cheque No. ..... Dated ..... on account of .....

से प्राप्त किए in payment of (1) B/C

Rs. 1050/-

हस्ताक्षर तथा पद
Signature & Designation

LIONS BLOOD BANK-East Delhi

(A Unit of "Lions Clubs International District 321-A Trust")

(Licence No. : E (0016)15/BB)

369, IInd Floor, F.I.E. Patparganj Industrial Area, Delhi-110092

E-mail : lionsbloodbankeastdelhi@gmail.com

Patient's Name : Khushi

Hospital / Dr.: Delhi State Cancer Institute,Dr. Sheitybala

Receipt No.: C-8115

Date Time : 09/Nov/2018 8:23 pm

Sr.No.	Particulars	QUANTITY	Processing Charges	AMOUNT
1	PRBC	1	1670	1670
2	PLC	4	1220	4880
	Container Charges	0		0
	Grand Total			6550

Received with thanks a sum of

INDIAN RUPEES SIX THOUSAND FIVE HUNDRED FIFTY ONLY

Narration : bill no. 26716

Issued

For Lions Blood Bank-East Delhi

Authorised Signatory

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DSCI
R014362

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14398
Date: 07/11/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Platelet Concentrate I.P.	4	500	2000
2.	Cross Matching Charges	4	250	1000
	Total			3000
	Less-Discount/Free			0
	Grand Total			Rs. 3000
	Remark	**		
	Rs.Numbers	**		
	Billing Done By	**KISHAN**		

Received with thanks a sum of Rupees **Three Thousand Only** **For Mission Jan Jagriti Blood Bank**

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

Mission Jan Jagriti Blood Bank
Jeevan Anmol Hospital
Mayur Vihar, Phase-I,
Delhi-110091

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DELHI STATE CANCER INSITUTE
R014352

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14388
Date: 06/11/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Packed Red Blood Cells I.P.	1	1400	1400
2.	Platelet Concentrate I.P.	4	500	2000
3.	Cross Matching Charges	5	250	1250
	Total			4650
	Less-Discount/Free			0
	Grand Total			Rs. 4650
	Remark			
	Rs.Numbers	**********		
	Billing Done By	**ACHAL**		

Received with thanks a sum of Rupees **Four Thousand Six Hundred Fifty Only**

For Mission Jan Jagriti Blood Bank

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

Mission Jan Jagriti Blood Bank
(In the Memory of Late Shri Noresh Tasha)
Jeevan Anmol Hospital,Mayur Vihar, Phase-1, New Delhi-110091

Website: www.missionjanjagriti.org

KHUSHI
DSCI
R014314

Mfg Lic No: **E(0012)/13/133**
Receipt No: 14350
Date: 02/11/2018

S. No.	PARTICULARS	Qty.	Service Charge/ Unit	Amount (Rs.)
1.	Platelet Concentrate I.P.	4	500	2000
2.	Cross Matching Charges	4	250	1000
3.	Container charge	1	40	40
	Total			3040
	Less-Discount/Free			0
	Grand Total			Rs. 3040
	Remark	**		
	Rs.Numbers	**		
	Billing Done By	**KISHAN**		

Received with thanks a sum of Rupees **Three Thousand Forty Only**

For Mission Jan Jagriti Blood Bank

NO REPLACEMENT DONOR REQUIRED

Authorised Signatory

Mission Jan Jagriti Blood Bank
Jeevan Anmol Hospital
Mayur Vihar, Phase-I,
Delhi-110091

LIONS BLOOD BANK-East Delhi

[A Unit of "Lions Clubs International District 321-A Trust"]
(Licence No. : E (0016)15/BB)
369, IInd Floor, F.I.E. Patparganj Industrial Area, Delhi-110092
PHONES:011-43009747,42828091-92-93, Mobile : 9717897507, 9717897509
E-mail : lionsbloodbankeastdelhi@gmail.com

Patient's Name : Khushi
Receipt No.: C-7867
Hospital / Dr.: Delhi State Cancer Institute,Dr Rohan
Date Time : 28/Oct/2018 7:39 pm

Sr.No.	Particulars	QUANTITY	Processing Charges	AMOUNT
1	PRBC	2	1670	3340
	Container Charges	1		40
	Grand Total			3380

Received with thanks a sum of
INDIAN RUPEES THREE THOUSAND THREE HUNDRED EIGHTY ONLY
Narration : BILL.NO 26458

For Lions Blood Bank-East Delhi

Authorised Signatory