





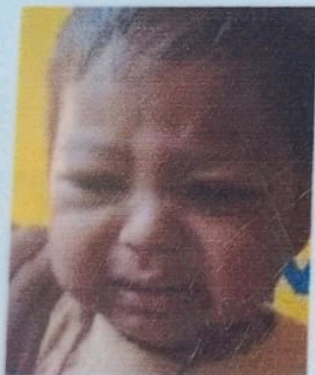


भारत सरकार
Government of India



बाल आधार

Aadhaar no. issued: 18/03/2024



Naitik Yadav
Naitik Yadav
जन्म तिथि/DOB: 15/06/2022
पुरुष/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth.** It should be used with verification (online
authentication, or scanning of QR code / offline XML).

4226 7320 150

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

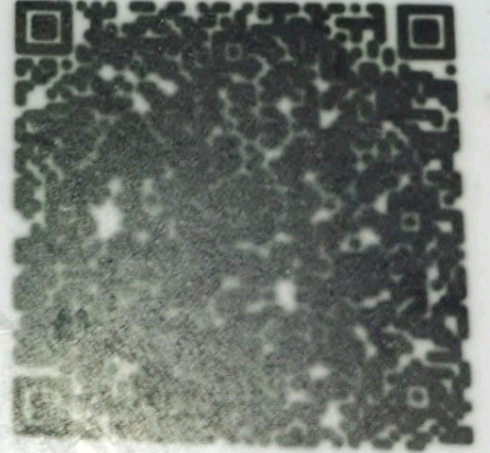


पता:

S/O:: राम शंकर, बछना, बछना, कानपुर नगर,
उत्तर प्रदेश - 209202

Address:

S/O: : Ram Shankar, Bachhana,
Bachhana, Kanpur Nagar, Uttar Pradesh
- 209202



2997 5711 2600



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



Issue Date: 01/04/2020



जसवंत सिंह
Jasbant Singh
जन्म तिथि / DOB : 01/01/1988
पुरुष / MALE

Download Date: 24/11/20

2997 5711 2600

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

S/O पुष्पंजलि, बछना, बछना, बछना, कानपुर नगर,
उत्तर प्रदेश - 209202

Address:

S/O Pushpanjali, Bachhna, Bachhna, PC
Bachhna, DIST: Kanpur Nagar,
Uttar Pradesh - 209202



4226 7320 8050

VID : 9102 2968 4823 6497



1947



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Details as on: 03/06/2024



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



OPR-6

बाल चिकित्सा विभाग
UHID: 108124286
ABHA:
nallik_2023202320@ebdm
Dept No: 20250030004480

कमरा / Room
C-206
Queue /
संख्या F23
Unit-I, Paediatric,

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

पता / Address

Nallik

S/O JASWANT SINGH
1Y 6M 21D / M (पुरुष)
VILL + PO BACHHANA, DIST KANPUR,
UTTAR PRADESH, INDIA
General Rs. 0
Follow Up Patient

सोम, गुरु, Mon, Thu (सोम, गुरु)



Reporting: 09:45:23
03/03/2025

आयु
Age

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

12-15

Flucloxacillin

H/o facial puffiness. ⊕ / 4 days.

H/o abd. distension ⊕ /

Albumin infusion - 24/2/25 - carnalaty.
26/2/25 } day care.
27/2/25 }

No bun / loose stools / vomity. on omnacortid 8ml

Ort, child puffy.

pedal edema ⊕ / P / I / C / C / L.

CVS / NAD.

HA - distended.

fluid Thill +

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)



Lab:

27/2/25

ur/m - 41/0.2.

uric Acid - 4.

Ca/PO₄ - 7/6.1.

Na | K - 135/4.3.

TB/DB - 0.05/0.04.

ALT/AST/ALP - 8/21/163.

TP/Alb - 6.4/1.7.

8.3 $\frac{16,290}{79 | 16.}$ 9.31 L.

full dose steroids : 12/2/25.
, edema ⊕, mild hyponatremia.

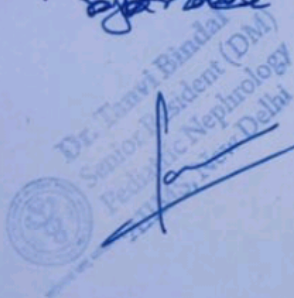
Adm

25% albumin some IV over 2 hours Fibrosis
congestive

signs anasarca some OD the remission Ab
some AD

~~Signs~~ Review on 6/3/25

• Smiled some OD





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

बाल चिकित्सा विभाग
UHID: 108124286



Dept No: 20250030004480

Naitik

S/O JASWANT SINGH
1Y 8M 14D / M (पुरुष)
VILL + PO BACHHANA, DIST KANPUR,
UTTAR PRADESH, INDIA
General Rs. 0
Follow Up Patient

कमरा / Room
C-206

Queue /
संख्या F27

Unit-I, Paediatric,

OPR-6

यंत्रोपकरण संज्ञा / O.P.D. Regn. No.

आयु
Age

पता / Address

सोम, गुरु, Mon, Thu (सोम, गुरु)



Reporting: 09:07:10
27/02/2025

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

20-11-25
onset - Oct '23
(6+6 weeks)
? AKI in Feb '24
SRNS in June '24
Bx - MCD
ATT - 6 months (Glomer TB
no micro evidence)
Tac (July - Aug)
? AKI O/E
Oct '24 - MMF x 2-3 days
no clarity of remission
PT is a f/u/c/o Nephrotic Syndrome on relapse.
he was sent to emergency on 24/2/25
c/o diarrhea & vomiting and anuria for 1 day
for few days
↓
was infused albumin
↓
seen in daycare in 26/2/25 → Albumin 25%
50 ml IV over 2 hrs
f/b Lixid 10mg IV.
currently, no c/o diarrhoea, vomiting since 2 days.
no h/o fever
no h/o ↓ urine o/p.
morning urine dipstick protein: +3
regular - good volume
vitals - HR: 118/6bpm
RR: ? child crying/firmable
distended
No evidence of dehydration.



AIMS (was stolen)

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

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

Full dose O.R. I.D. AIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraapatal.nhp.gov.in

- No diurnal variation
- No Hb hypochromia
- Received all from daycare on 26/2/25
- edema ⊕

Adv

- omnicoat 100mg Sml OD till up to mg 17 to x3d Plb
- (15mg Sml) 6ml AD

daycare ← 25% albumin 50ml IV over 2 hours Plb lesion
CBC / KFT / VBG 20mg IV stat.

• Zinc Sml OD x ~~week~~ → stop.

• To w/f steroid resistance

• Review in OPD on Monday 3/3/25

• RMC clinic → RMC photo be made (12pm, Thurs)



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग



UHID No:108124286

(DEPT. OF EMERGENCY MEDICINE)

दिनांक DATE: 24/02/2025

समय TIME: 02:21:26 PM

NON-MLC

आपातकालीन नं. (Emergency No): 2025/030/0020247

आयु AGE: 1 years 6 months 11 days

लिंग /SEX: M

नाम NAME: MR. NAITIK

S/O: JASWANT SINGH

पता ADDRESS:

मकान संख्या H.NO:

शहर/प्रखंड CITY/BLOCK:

राज्य STATE:

VILL + PO BACHHANA

DIST KANPUR

UTTAR PRADESH

गली / सड़क STREET/MOH:

पिन PIN:

स्थान Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative: MOTHER

Triage: Responsive/
Unresponsive

HR 127 /min

BP 116/76

mmHg RR 26 /min

spO2 98 %

Shifted to Paeds/ Main/ New Emergency

Referred from OPD

Presenting Complaints

40 nephrotic syndrome in relapse
loose stools 5-6/day
vomiting = 1 week
fever 2 days.
passing urine = mod.

Primary Assessment (ABCDE): Assessment Pentagon

Airway Open & stable: Yes/No If No..... Breathing: RR...../min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air..... wt- 10.5 kgs	Circulation HR...../min CFT.....secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others no 40 dehydration.	Disability GCS..... Pupil size...../min Pupillary Reactions..... Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions.....
---	--	---

Diagnosis D:- 40 nephrotic syndrome in relapse in relapse & ~~chronic~~ persistent
diarrhoea & eval.

BC, VBG
RFT/LFT

1) monitor for urine output 250-300 ml/day
2) Lign. fmetet 4mg IV SOS
3) R/w reports → CBC → hemocent + → SWF
4) Paeds nephro see to r/w
5) To give albumin once
passer urine.

AIIMS FREE GENERIC PHARMACY
(V) MEDICINE RECEIVED

P.T.O

Dr. Kanakam Sai Saranya
Resident
Dept. of Pediatrics
AIIMS - New Delhi-110029

5) Sup. zinc (20/sml) Sml PO OD

6) WHO ORL ~ 100ml after every loose stool

SR pads

5:30 AM
24.02.2025

UDIW Rds Nephro SR

स्वास्थ्य पर निगरानी
Dietary
आयुर्वेदिक
Dept. of Emergency Medicine
AIIMS, New Delhi-110029

- Loose stool passing - (semi-solid - watery)
- Passed urine? → not sure as child pass stool & urine together
- O/E: Alert, no flr dehydration.
No edema

8.9 16430
57/32 10.08L
Hct 29.2%

No Hb haemoconcentrations

- last Alb - 14 g/dl
- up - 4+ not received Albumin

From
6:00 pm

Adv

iv fluid RL 500ml iv over 4 hrs

- Monitor u & p, CL RFT
- if passing it to give Albumin.

Chances

C/O/W Dr Vishnu Kir (Nephro on call)

1) 10% Albumin 50ml iv stat over 4 hours

2) 10% Kario 10mg iv mid Albumin transfusion @ the end of 4 hours if no further loose stools.

3) Sup patchlor 7.5ml po stat

for 1000
se pads

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department of Lab Medicine (Emergency and Ward)

UHID: 108124286 Sex: Male
Patient Name: Mr. Naitik Sample Received Date: 24/02/2025 06:05 PM
Age: 1 year 6 months 11 days Department: DEPT. OF EMERGENCY MEDICINE
Unit Name: Unit-I Unit Incharge: Dr. Rakesh Yadav
Lab Name: Lab Medicine Lab Sub Centre:
Reg Date: 13/02/2025 11:07 AM Sample Collection Date: 24/02/2025 03:57 PM
Report Generated Date: 24/02/2025 07:41 pm Dept / IRCE No: 20250300020247
Recommended By: Dr. AYUSHI OBG Lab Reference No: 732

Sample Details : WC-2402250780

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	58.2 mg/dL		• 15 - 46 mg/dL
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.36 mg/dL		• 0.66 - 1.25 mg/dL
Uric Acid (Uricase Method)	5.5 mg/dL		• 3.5 - 8.5 mg/dL
Calcium (Arsenazo III method)	6.9 mg/dL		• 8.4 - 10.2 mg/dL
Phosphorus (p-methylaminophenol sulfate)	7.9 mg/dL		• 2.5 - 4.5 mg/dL
Sodium (Potentiometric)	130 mmol/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	4.0 mmol/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	105 mmol/L		• 98 - 106 mmol/L
Total Bilirubin (Modified diazo method)	0.30 mg/dL		• 0 - 1 mg/dL
Direct Bilirubin (Calculated)	mg/dL		• 0 - 0.6 mg/dL
Indirect Bilirubin (Caffeine sodium benzoate method)	mg/dL		• 0 - 0.3
ALT (UV with pyridoxal 5 phosphate method)	11 U/L		• 0.6 - 10.5 mg/dL
AST (UV with pyridoxal 5 phosphate method)	27 U/L		• 0 - 1.1
ALP (PNPP, AMP Buffer-IFCC)	224 U/L		• 0.6 - 10.5
Albumin (BCG Method)	1.7 gm/dl		• < 50 U/L
Globulin (Calculated)	2.3 gm/dl		• < 35 U/L
A/G ratio (Calculated)	0.74		• 17 - 59 U/L
Total protein (Biuret reaction)	4.0 gm/dl		• 38 - 126 U/L

Over All Comment :

Kindly correlate results clinically.

Authorised Signatory
Dr. Shyam Prakash

Verified By
Chandanm

AIIMS - DEPTT OF EMERGENCY MEDICINE

NAITIK
Male

Last Name:
Age: 1 Year(s)

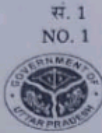
Patient ID: 108124286
Date of Analysis: 24-02-2025 16:10

Para.	Result		Unit
1 WBC	16.43	H	10 ⁹ /L
2 Neu#	9.48	RH	10 ⁹ /L
3 Lym#	5.41	R	10 ⁹ /L
4 Mon#	1.08	R	10 ⁹ /L
5 Eos#	0.41		10 ⁹ /L
6 Bas#	0.05		10 ⁹ /L
7 IMG#	0.03		10 ⁹ /L
8 Neu%	57.7	R	%
9 Lym%	32.9	R	%
10 Mon%	6.6	R	%
11 Eos%	2.5		%
12 Bas%	0.3		%
13 IMG%	0.2		%
14 RBC	3.85		10 ¹² /L
15 HGB	8.9	L	g/dL
16 HCT	29.2	L	%
17 MCV	75.8	L	fL
18 MCH	23.1	L	pg
19 MCHC	305	L	g/L
20 RDW-CV	18.5	H	%
21 RDW-SD	52.5		fL
22 PLT	1008	H	10 ⁹ /L
23 MPV	7.5		fL
24 PDW	15.2		
25 PCT	0.756	H	%
26 P-LCC	97	H	10 ⁹ /L
27 P-LCR	9.6	L	%
28 NRBC#	0.000		10 ⁹ /L
29 NRBC%	0.00		/100WBC

Operated by:iser

Validated by:

Time of Printing: 24-02-2025 16:10



सं. 1
NO. 1

उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
सामुदायिक स्वास्थ्य केंद्र ककावन
COMMUNITY HEALTH CENTRE KAKAWAN

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि सामुदायिक स्वास्थ्य केंद्र ककावन तहसील बिल्हौर जिला कानपुर नगर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR COMMUNITY HEALTH CENTRE KAKAWAN OF TAHSIL/BLOCK BILHAUR OF DISTRICT KANPUR NAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME: ASTIK YADAV

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
15-06-2022
FIFTEENTH-JUNE-TWO THOUSAND TWENTY TWO

जन्म स्थान/ PLACE OF BIRTH:
CHC KAKAWAN

माता का नाम / NAME OF MOTHER:
PUSHPANJALI SINGH

पिता का नाम / NAME OF FATHER:
JASWANT SINGH

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
BACHHNA,
BACHHNA, BACHHANA, , BILHAUR , KANPUR NAGAR, UTTAR PRADESH

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:

BACHHNA,
BACHHNA, BACHHANA, BILHAUR , KANPUR NAGAR,
UTTAR PRADESH

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2023: 9-57618-000122

पंजीकरण तारीख / DATE OF REGISTRATION:
04-02-2023

टिप्पणी / REMARKS (IF ANY):
1

जारी करने की तिथि / DATE OF ISSUE:
04-02-2023

जारी करने वाला अधिकारी / ISSUING AUTHORITY:

प्राधिकृत अधिकारी (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
सामुदायिक स्वास्थ्य केंद्र ककावन
COMMUNITY HEALTH CENTRE KAKAWAN

UPDATED ON :
04-02-2023 12:39:28



"THIS IS A COMPUTER GENERATED CERTIFICATE."
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें " / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"





अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UHID: 108124286 Sex: Male
Patient Name: Mr. Naitik Sample Received Date: 24/02/2025 06:05 PM
Age: 1 year 6 months 11 days Department: DEPT. OF EMERGENCY MEDICINE
Unit Name: Unit-1 Unit Incharge: Dr. Rakesh Yadav
Lab Name: Lab Medicine Lab Sub Centre:
Reg Date: 13/02/2025 11:07 AM Sample Collection Date: 24/02/2025 03:57 PM
Report Generated Date: 24/02/2025 07:41 pm Dept / IRCH No: 20250300020247
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Over All Comment :

Authorised Signatory
Dr. Shyam Prakash

Verified By
Chandanm

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name Naitik उम्र Age 1y लिंग Sex M वैवाहिक स्थिति Marital Status यू.एच.आई.डी. नं. UHID No. 108124286
सेवा Service वाडं Ward बेड Bed व्यवसाय Occupation धर्म Religion

ALL INJECTIONS TO BE INITIALED BY PERSON ADMINISTERING

Date & Time	Medication & Treatment	Diet	Observation by the Nurse
4:30am	25/2/25 1uj. Albumin 50ml IV over 4 hr.		Child is conscious on Room Air &
6:30am	1uj. Lasix 10mg IV mid transfusion.		
5:30am	Syn Potchlor 7.5ml P/O Stat.		
1p	Syn Zinc (20/5ml) 5ml P/O OD		

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
All India Institute of Medical Sciences, New Delhi-110029

तारीख DATE 25/2/25
समय 8 बजे प्रातः
Time 8 A.M. every morning

सभी प्रविष्टियां मिली. में

All entries to be made in ml. (milli liters)

Naitik 1g/m

All entries to be made in ml. (mili liters)										
TIME PREVIOUS DAY TIME	INTAKE						OUTPUT			OTHERS
	ORAL		I.V.		OTHERS		URINE	SUCTION	DRAINAGE	
Type	Qty.	Type	Qty.	Type	Qty.					
8 A.M.										
9										
10										
11										
12 Noon										
1 P.M.										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Midnight										
1 A.M.										
2										
3										
4										
5										
6										
7										
TOTAL										

100ml
H₂O
ORS

RL
500ml
+
Albumin
50ml.

1 time
passed.