भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

आधार

E-Aadhaar Letter

नामांकन क्रमांक/ Enrolment No.: 1104/50030/03238

Date: 23/04/2013

Neelam (नीलम)
D/O Rakesh, C-1724 BLOCK C M C D COLONY
JAHANGIR PURI, AAJAD PUR, N.S.Mandi, North West Delhi
Delhi, 110033

आपका आधार क्रमांक/ Your Aadhaar No.:

9420 9126 9361

आधार - आम आदमी का अधिकार

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

नोट:बच्चे 5 वर्ष की उम्र होने पर बायोमेट्रिक विशिष्टताएं दर्ज कराएं.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

Note: Children on attaining 5 year of age need to provide biometric information.

Signature valid
Digitally signed by Kharakwal Amitabh
Date: 23/04/2013

1947 | help@uidai.gov.in | www.uidai.gov.in | P.O. Box No.1947, Bengaluru-560 001

- आधार देश भर में मान्य है.
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है.
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज कराएं. इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहूलियत होगी.

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.

भारत सरकार
GOVERNMENT OF INDIA

नीलम
Neelam
जन्म वर्ष/YoB:2008
महिला Female

9420 9126 9361

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
D/O राकेश, सी-१७२४ ब्लाक
सी एमसी डी कॉलोनी
जहांगीर पूरी, आजाद पुर, एन
एस मंडी, नॉर्थ वेस्ट दिल्ली
दिल्ली, 110033

Address:
D/O Rakesh, C-1724 BLOCK C M C D COLONY JAHANGIR PURI, AAJAD PUR, N.S.Mandi, North West Delhi
Delhi, 110033

Aadhaar - Aam Aadmi ka Adhikar

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : Neelam

UHID : 105919751

Diagnosis : CML-CP

भारत सरकार

GOVERNMENT OF INDIA

निशा

Nisha

जन्म तिथि/ DOB: 30/08/1985

महिला / FEMALE

3095 0192 5300

आधार-आम आदमी का अधिकार

सेवा में,

अंग केयर ट्रस्ट
कृष्णा नगर ईस्ट दिल्ली

विषय : बच्चे के इलाज के लिए

महोदय

सविनय निवेदन इस प्रकार है कि राजेश जहाँगिरपुरी दिल्ली का रहने वाला है मेरी बच्ची बिमार है जिसका नाम निलम है जिसकी उम्र 14 वर्ष है उसे ब्लड कैंसर नाम की बिमारी है जिसके इलाज में 2,50,000 रु का खर्चा आ रहा है और पेशे से मैं एक मजदूर हूँ जिसके कारण मुझे अपने बच्चे का इलाज करवाने में समर्थता नही है इसलिये मैं आपसे विनती करता हूँ की मेरे बच्चे के इलाज करने में मेरी सहायता करे आपकी अति कृपा होगी।

धन्यवाद
आपका आभारी
राजेश

LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room 414, G.F. Room 8 Dr. BRAIRCH, AIIMS, New Delhi, Tel : 5414, 3358, 5048

Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

MATERIAL SENT

(a) Bone marrow aspiration No. _____ Site _____
(b) BM touch preparation No. _____ Site _____
(c) Peripheral smear _____
(d) Blood (ml) _____
(e) Any other _____

SPECIAL REQUEST (IF ANY) _____

(For Lab Use Only)

Lab. Ref. No. _____

Received on _____

at _____ AM/PM _____

Patient's Name

(block capitals) NEELAM Age 14yrs Sex F

Registration No. 105919751 Ward / Bed No. POC Clinic

Clinical Unit Ped-HL Consultant-in-Charge Prof N Seth

Name (Block caps) & signature of resident doctor Dr Prashant

CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

A case of CML-CP

↓

P.C for work for hematological remission

|

Prashant
Resident

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.) _____

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.) _____

REDIOLOGICAL DATE _____

CLINICAL DIAGNOSIS _____

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग
(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन सं (Emergency No): 2022/030/0027741 दिनांक DATE: 14/04/2022 समय TIME: 10:19:58 PM

UHID No:105919751

NON-MLC

नाम NAME: MISS. NEELAM .
D/O : RAKESH
पता ADDRESS:
मकान संख्या H.NO: C-1724
शहर/प्रखंड CITY/BLOCK: JAHANGIRPURI
राज्य STATE: DELHI
मोबाइल MOBILE NO: 8860267804
गली / मुहल्ला STREET/MOH: C BLOCK
पिन PIN: 110033
दूरभाष सं PHONE NO:
स्थान Location: Paediatrics Emergency
Criticality: Red / Yellow / Green

आयु AGE: 14 years (81) लिंग/SEX: F

द्वारा BROUGHT BY: Relative : MOTHER-NISHA

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %
Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

Pain abdomen x 4-5days. LUQ, dull, aching.
Subjective weakness (+) but not doc.
Fever since 1day - Mod grade
Melena x 1 day.
No H/O jaundice, bloodborne, alt sensorium

Primary Assessment (ABCDE) : Assessment Pentagon

Airway

Open & stable : Yes/No
If No.....

Breathing: RR 16.../min
Efforts: Normal/Poor/increased
Auscultation:
Air entry:
Normal/poor/Differential

Added sounds:
None/Stridor/Wheeze/Crackles

SpO2 on Room air....97%

NA - 30kg.

Circulation

HR 92/min

CFT 2 secs.

BP.....mmHg

Peripheral pulse: Poor/Good

Central pulse: Poor/Good

Skin temp: Warm/cool

Others
Spleen - 10cm dcm
Liver not palp.

Disability

GCS 15/15

Pupil size 3 mm

Pupillary Reactions RTL.

Motor activity:
Normal & Symmetrical/ Asymetrical/
Posturing/ Flacidity/ Seizure

Blood Sugar mg dl
Exposure:
Temp
Colour: Normal/pallor/cyanosis/mottled
Any other skin lesions

Diagnosis

Fever & Splenomegaly / Melena.

?CML

Adv.
- CBC, PT/INR, USG abd, ~~APTT~~
- PS, LFT, RFT, VBG
- ~~Hemology f/u~~
- Sample for BGCM

Ashish

प्रयोगशाला अर्बुद विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
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:	105919751	Reg Date :	14/04/2022 10:19 PM
Patient Name :	Miss. NEELAM .		
Sex :	Female	Age :	14 years 14 days
Department :	Paediatrics	Unit Name :	Unit-III
Unit Incharge :	Dr S. K. KABRA	Sample Collection Date:	28/04/2022 08:58 AM
Lab Name:	Oncology Lab	Lab Sub Centre:	Lab Oncology (IRCH)
Sample Received Date:	30/04/2022 10:49 AM	Report Generated Date:	02/05/2022 11:26 AM
Dept / IRCH No:	20220030006062	Recommended By:	Mr. nitin .
Lab Reference No:	1641		

Sample Details : LOI-280422027-PS (Blood)

PS

WBC :

N 77 L 9 E 1 M 3 B 8 Meta Myelo 2 Pro

Blast Others

Cell Morphology

RBC: Ncyt + Nchrom + Aniso + Micro + Macro + Polk Elipto

Dacryo Schisto Acantho

Crenat Sphero Blister Bite Hypo + Target Polychr +

Anisochrom Nucleated RBC 2/100wbc

HJ Body Baso Stipl Cabot ring Parasite Rouleaux Agglutination Others

PLATELETS: adequate

Adv: Cytogenetic and molecular studies for BCR - ABL fusion gene.

Senior Resident: Dr Mita Patel

Consultant: Dr Ritu Gupta

Authorized Signatory

PEDS EMERGENCY MONITORING AND INVESTIGATIONS CHART

NAME OF THE PATIENT: Neelan AGE/SEX: UHID:

VITALS (DATE/TIME)	12am	2am	4am	8am			
HR	90	93	92	92			
RR	24	26	24	26			
SPO2	99%	100%	99%	99%			
BP	99/60	99/62	90/64	91/62			
PERIPHERIES	W	W	(D)	W			
PP/CP	++/++	++/++	++/++	++/++			
CRT	2	2	2	2			
GCS AND PUPILS	15/15	15/15	15/15	15/15			
IONOTROPES	-	-					
U.O (ml/kg/hr)	adequate						
INVESTIGATIONS(D/T)							
HB	11.6	8.4					
PLATELETS	1.02L	2.2L					
T.L.C(N/L/E/M/B)	-	6.1lac					
PH	7.345						
PCO2	36.8						
PO2	24.7						
HCO3	20.2						
LACTATE	3.3						
NA/K/Ca/PO4	133/4.1/9/2.5						
UREA/CR	12.8/0.5						
AST/ALT	61/13						
RBS							
INTERVENTIONS IF ANY	VA - 6.9 - Ranitidine @ 2.50am stat - Hydrocortisone						

Rajiv Gandhi Cancer Institute and Research Centre

RETAIL INVOICE/CASH MEMO

DL No.	: DL-RIT-117023 -(20) & 117024 -(21)		
GST No.	: 07AAATI0440C1ZD	**Doctor Ref.**	: Dr. Casuality
Bill No.	: POR/22-23/62819	**Date**	: 09/08/22 10:37 AM
Receipt No.	: PR/RGCI/22-23/60280	**Payment**	: Cash
Patient	: MR.UMANG CARE TRUST	**CR No.**	: EXTP373022
Prescriptionid	:		
Billing Cosultant	:		

S.No.	Item Code	Description	Batch	Expiry	Qty	MRP	Discount	Net
1	20203544	IMATIB 100MG TAB 10'S	IMB210311	Feb-23	20	44.13	185.35	697.25
					Total		**185.00**	**697.00**

Rate	Taxable Value	CGST	SGST	IGST	Total Tax	Total
0	0.0	0.0	0.0	0.0	0.0	0.0
5	0.0	0.0	0.0	0.0	0.0	0.0
12	622.55	37.35	37.35	0.0	74.71	697.25
18	0.0	0.0	0.0	0.0	0.0	0.0
28	0.0	0.0	0.0	0.0	0.0	0.0
Total	622.55	37.35	37.35	0.0	74.71	697

Total Amount	Total Discount	Amount Paid	Balance/Covered
882.60	185.35	697.00	0.00

Pharmacist: KARTIK_10536 **Amt In Words**:Six Hundred And Ninety-Seven Rupees only

Patient Signature

OPD Pharmacy RGCI&RC
Rohini, Delhi
DL No. RIT-117023-(20) & 117024-(21)

PAID

Rajiv Gandhi Cancer Institute and Research Centre

RETAIL INVOICE/CASH MEMO

DL No.	: DL-RIT-117023 (20) & 117024 -(21)	Doctor Ref.	
GST No.	: 07AAATI0440C1ZD	Date	
Bill No.	: POR/22-23/64881	Payment	: 13/08/22 01:49 PM
Receipt No.	: PR/RGCI/22-23/62241	CR No.	: Cash
Patient	: MS.NEELAM		EXTP373955
Prescriptionid	:		
Billing Cosultant	:		

S.No.	Item Code	Description	Batch	Expiry	Qty	MRP.	Discount	Net
1	20203547	IMATIB 400MG TAB 10'S	IMA220101	Dec-23	10	153.51	322.37	1212.73
					Total		322.00	1213.00

Rate	Taxable Value	CGST	SGST	IGST	Total Tax	Total
0	0.0	0.0	0.0	0.0	0.0	0.0
5	0.0	0.0	0.0	0.0	0.0	0.0
12	1082.79	64.97	64.97	0.0	129.94	1212.73
18	0.0	0.0	0.0	0.0	0.0	0.0
28	0.0	0.0	0.0	0.0	0.0	0.0
Total	1082.79	64.97	64.97	0.0	129.94	1213

Total Amount	Total Discount	Amount Paid	Balance/Covered
1535.10	322.37	1213.00	0.00

Pharmacist: MANSI_10417 **Amt In Words:** One Thousand Two Hundred And Thirteen Rupees only

Patient Signature

OP Pharmacy RGCI&RC
Rohini, Delhi
DL No. RIT-117023-(20) & 117024-(21)

PAID

एम.आर.-3 जनरल हिस्ट्री
M.R.- 3 General History

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

नाम Name: Neelam | उम्र Age: 14yrs / F | सर्विस Service: | दिनांक Date: 14/04/2022 | यू.एच.आई.डी. नं. UHID No.: 105919751

प्रोफेसर इंचार्ज Professor I/C

Med Notes written by .....

CLINICAL NOTES

Case discussed c Dr. S. P. Meena Sir.

CML c? Blast Crisis.

No Active bleeding.

TLC Intake (N)

6 lakh.

8.4 > 2.20 lakh.

Neut : 90%.

Hyper leucocytosis (Myelocytes → 5%)
Neutrophils → 45%).
Monocytes → 02%.

① Tab Hydroxyurea → 500mg PO TDS.

② Tab Allopurinol (100mg) 1 tab PO TDS

to Guard

Allow patient to go inside

Plenty of fluids.

To Review in Paediatric - Oncology OPD. on Saturday (16/04/2022)

10 days

15/4/22

ड्यूटी पर चिकित्सक
Doctor on Duty
Dept. of Emergency Medicine
A.I.I.M.S.

Neelam.

RATAN MEDICOS PVT. LTD.

SHOP NO. 9, LAGERSTROEMIA SHOPPING CENTRE
NEAR KAILASH HOSPITAL GREATER NOIDA-201308
Phone : 8448958997
E-Mail : RMPLGN@GMAIL.COM
Whatsapp No.: 9891649932

PATIENT NAME : UMANG CARE TRUST
PATIENT MOB.NO. : LAY
DOCTOR NAME :
DOCTOR REG NO. :
PATIENT ADDRESS :

GSTIN : 09AADCR4792E1Z5
D.L.No. : 32/20/21/GBN/2010
CIN NO. : U24231DL2006PTC146645

GST INVOICE

Invoice No. RL053155 Date 24-08-2022
BILL TIME : 12:59 USER NAME: PRAVEEN

SNO.	QTY	PRODUCT NAME	PACK	HSN	BATCH	EXP.	MRP	RATE	AMOUNT
1.	1:0	IMATIB TAB 400 MG	1*10	30042097	IMA210307	2/23	1535.06	1535.06	1535.06

GST 1233.53*6+6%=74.01SGST+74.01CGST,

SUB TOTAL	1535.06
DISCOUNT 10 %	153.51
GRAND TOTAL	1382.00

Terms & Conditions
PLEASE CONSULT DR.BEFORE USING THE MEDICINE.
MEDICINE IN CUTTING & WITHOUT BILL NOT BE TAKEN BACK.
MEDICINE WILL BE RETURN WITHIN A MONTH.
All disputes subject to G.B.NAGAR Jurisdication only.

For RATAN MEDICOS PVT. LTD.

Remark :

Authorised Signatory

Rs. One Thousand Three Hundred Eighty Two Only