



# Jan Sanjeevni Trust

*Soch Hamari Suraksha Aapki*

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJO816E

Jan Sanjeevni Trust Website : [www.jansanjeevnitrust.org](http://www.jansanjeevnitrust.org)

Jan Sanjeevni Trust E-mail : [contact@jansanjeevnitrust.org](mailto:contact@jansanjeevnitrust.org)

PATIENT NAME	<u>Shivam Kumar</u>
PATIENT FATHER NAME	<u>Manoj Kumar</u>
D.O.B. AND SEX	<u>10-May-2009 , Male</u>
DISEASE NAME	<u>Acute Lymphoblastic Leukemia</u>
TREATMENT HOSPITAL	<u>All India Institute Of Medical Sciences , New Delhi - 110029</u>
UHID NO	<u>107252618</u>
DEPARTMENT NAME	<u>Department Of Hematology</u>
TREATMENT COST	<u>12 Lakhs</u>
PATIENT FATHER OCCUPATION	<u>Farmer</u>
PATIENT ADDRESS	<u>Hathras , Uttar Pradesh</u>



DEPARTMENT OF HEMATOLOGY  
हिमेटोलोजी विभाग  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अखिल भारतीय आयुर्विज्ञान संस्थान  
ANSARI NAGAR, NEW DELHI - 110029  
अरारी नगर, नई दिल्ली-110029  
TELEPHONE : 011-26594670

Date .....

दिनांक .....

TO WHOM IT MAY CONCERN

This is to certify that

Patient Name SHIVAM

Age 134 Gender M

SoD/Wic 107252618

OPD/CR No. \_\_\_\_\_

is suffering from Diagnosis ACUTE LYMPHOBLASTIC LEUKEMIA

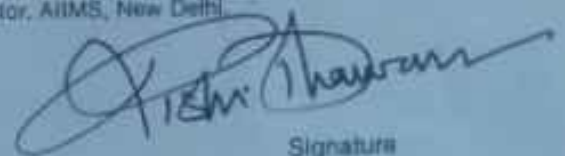
and is under treatment from department of Hematology, AIIMS

It is proposed to treat the patient with Chemotherapy/Immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amounts to Rs. ₹ 12 lakh. An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1. Chemotherapy	<u>₹ 5,00,000</u>
2. Antithymocyte globulin	<u>₹ 1,00,000</u>
3. Antibiotics	<u>₹ 1,00,000</u>
4. Blood component kits and tests	<u>₹ 50,000</u>
5. Growth factors	<u>₹ 3,50,000</u>
6. Room charges for isolation	<u>₹ 1,00,000</u>
7. Post Transplant Immune suppression	<u>₹ 12,00,000</u>
8. Miscellaneous charges	
9. Total	

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Director, AIIMS, New Delhi.

  
Signature

Date : \_\_\_\_\_

पात्रता सूची का पूर्ण विवरण

1.	डिजिटाइज्ड राशन कार्ड संख्या	214420315637
2.	कार्ड का प्रकार	अस्थायी राशन कार्ड
3.	दुकानदार का नाम	प्रीति देवी
4.	दुकान संख्या	20130015
5.	धारक का नाम	श्रीमती प्रेमवती देवी/PREM VATI DEVI
6.	धारक के पिता/पति का नाम	Mrs. रामजीलाल/Mr. RAMAJILAL
7.	धारक की माता का नाम	श्रीमती कलाबती देवी/KALABATI DEVI
8.	सदस्यों की कुल संख्या	3

सदस्यों का पूर्ण विवरण

क्रम संख्या	सदस्य का नाम	लिंग	धारक से सम्बन्ध	पिता का नाम
1.	प्रेमवती देवी/PREM VATI DEVI	महिला	स्वयं	रामजीलाल/RAMAJILAL
2.	मनोज कुमार/MANOJ KUMAR	पुरुष	बेटा	रामजीलाल/RAMAJILAL
3.	शिवम कुमार/SHIVAM KUMAR	पुरुष	बेटा	मनोज कुमार/MANOJ KUMAR



Jan Sanjeev

254

24

Low Count not in

# ज० मा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL बहिरंग रोगी विभाग / Out Patient Department

रोगी नाम



UHID: 107252618  
Dist No: 2024024012668

रोगी / Room

C-505

Hematology Screening OPD

रोगी का पता

Mon-YWed: 10:00 AM-12:00 PM  
SADU/2024

Queue: 744



OPR-6  
H126668/2024  
P.D. Regn. No.

रोगी / Address

रोगी / Name

SHIVAM KUMAR

उपनाम (if any)  
रोगी का पता  
आर. हेम. रोगी विभाग (अप) बहिरंग रोगी विभाग  
प. डी. रोगी विभाग  
मा. अ. 2024/02/40 - 2024

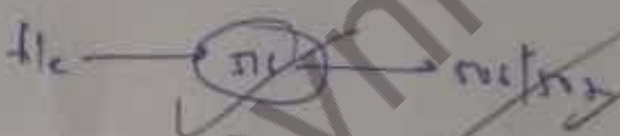
Diagnosis

Date

B ALL

उपचार / Treatment

*[Handwritten signature]*



84 / ~~118~~ / ~~118~~

B-cell ALL

WBC - normal E count ok  
Hb - 7.7 g/dl, 10/11-1-110/1  
PLT - 42 x 10<sup>9</sup> - 10K

- tab Methylpred 30mg od
- tab Acyclovir 400mg bid
- tab Flucon 200mg od
- tab Levoflox 500mg od
- tab Gfronops 1 tab EOD

+ Admission for further  
H+

1 kg.



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अंसारी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029



Private Admissions

Receipt No.: ACCOUNTS-18-194958/202314 AMT. RS. 60000

NON-MLC

H-555526-24

Private Ward - III

वाह/दि (Seventh Floor) 707  
WARD / BED NO.

24/01/2024  
DATE

05:37 pm

MIR SHIVAM KUMAR

S/O MANOJ KUMAR

14 Y 0 M 12 D

IP/SEX

पिता/माता / FATHER / HUSBAND NAME:

उम्र/AGE:

राष्ट्रियता/NATIONALITY:

Hindu

धर्म/RELIGION:

Single

रोगी स्थिति/HOSPITAL STATUS:

रोगी आईडी/REGISTRATION NO.:

9760344125

संपर्क नं./CONTACT NO.:

आधार नं./AADHAR NO.:

माता/पिता/OTHER NAME:  
Other

व्यवसाय/OCCUPATION:

स्थानीय पता अथवा निकटवर्ती रिश्तेदार का पता  
LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS:

स्थायी पता/PERMANENT ADDRESS:

VEER NAGAR ARTI HATRASH

राज्य/STATE:

IN/IN

देश/INDIA: null INDIA

IN/IN

विभाग/DEPARTMENT DETAILS

विभाग/DEPARTMENT:

Hematology

विभागाध्यक्ष/CHIEF HEAD:

Dr. PRADEEP KUMAR

परामर्शदाता/CONSULTANT:

रोगी आईडी/OPD CASUALTY NO.:

UHID No. 107252618



दिनांक/DATE:

आवेशन तिथि/DATE OF ADMISSION:

निर्गत तिथि/DATE OF DISCHARGE: 24/01/2024

05:37 pm

05:37 pm

बहुते पर केवल डॉ.क.मा. स्टाफ के हस्ताक्षर  
SIGN. OF CAO STAFF ON DUTY:

CAO Mr. Bhaginder Kumar

डॉ. (ए.एन.सी.ए.)

पेईंग रोगी  
PAYING PATIENT

रोगी/ANESTHESIA:

अपेक्षित प्रक्रिया/OPERATIVE PROCEDURES:

द्वितीयक निदान एवं जटिलताएं  
SECONDARY DIAGNOSIS & COMPLICATIONS:

रोगी नं./CASE NO.:

रोगी का नाम/NAME OF PATIENT:

रोगी परीक्षा का/परीक्षा

H-555526-24

UHI/24-107252618

अखिल भारतीय आयुर्विज्ञान संस्थान, अंसारी नगर, नई दिल्ली-११००२९  
प्राइवेट वार्ड हेतु नाखिला पर्ची

प्राइवेट वार्ड/प्राइवेट वार्ड-III में कम से ..... को दिनांक ..... में ..... विभाग में डॉ. ....  
को अर्जित उपचारित हो/सुखी ..... को आवंटित किया जाता है (साथ 6 अडे तक मान्य)।

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**ANSARI NAGAR, NEW DELHI-110029**  
**ADMISSION SLIP FOR PRIVATE WARDS**

Room No. 707 (NWS)-III in Pvt. Ward/Pvt. Ward-III has been allotted to Mr. NAME Shubham Kumar  
Dr. Pradeep Kumar in Deptt. of Hematology w.e.f. 24/1/24 (Valid upto 6.00 P.M.)

Please deposit an advance of Rs. 30000/6000/NIL through Cash/Debit/Credit Card/Bank Draft in favour of Director, AIIMS with the Cashier in Central Admission Office (Near New Pvt. Ward Block)/Pvt. Ward-III and get the admission paper made.

Transfer to 24/1/24 MAS 251

प्रभारी अधिकारी / Officer incharge  
प्राइवेट वार्ड / Private Wards

**विभाग का विवरण / DEPARTMENT DETAILS**

विभाग / DEPARTMENT: Hematology  
यूनिट का हेड / UNIT HEAD: Dr. PRADEEP KUMAR  
कंसल्टेंट / CONSULTANT: Dr. PRADEEP KUMAR  
UHIID No. 107252618

प्रवेश का दिनांक / DATE OF ADMISSION: 24/01/2024  
निकास का दिनांक / DATE OF DISCHARGE: 24/01/2024  
समय / TIME: 05:37  
SIGN OF CAO STAFF ON DUTY: [Signature]

**रोग का वर्णन / DIAGNOSIS & OTHERS**

प्राथमिक निदान / PROVISIONAL DIAGNOSIS:  
द्वितीयक निदान एवं जटिलताएं / SECONDARY DIAGNOSIS & COMPLICATIONS:  
मृत्यु का कारण / CAUSE OF DEATH:  
रोग परीक्षा: हां/नहीं / AUTOPSY: YES/NO

**पेड़ैंग रोगी**  
**PAYING PATIENT**

उपचार के परिणाम: ठीक हुए/बढ़ावा में सुधार/बेहतर नहीं/अनुत्तर करने पर मृत्यु की गई/जमा/बचल/पकैर/मृत्यु होना।  
RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED  
रिजिडेंट का नाम एवं हस्ताक्षर / NAME & SIGN. OF SR. RESIDENT:  
परामर्शदाता का हस्ताक्षर / SIGN. OF CONSULTANT:



# भाग / DEPARTMENT OF HAEMATOLOGY

एन.पी.जी. अस्पताल, नया प्राइवेट वार्ड बिल्डिंग, अ.प्रा.अ.सं., नई दिल्ली-110029  
1st Floor, New Private Ward Bldg., AIIMS, New Delhi-110029

## HAEMOGRAM / BONE MARROW / B.M. BIOPSY REQUISITION FORM

Name Suman Kumar Age/Sex N/M Date 16/1/24

Hospital UHID. No. 101253618 Lab No. \_\_\_\_\_

Referring Doctor Dr. K. K. K. Ward/OPD/Clinic \_\_\_\_\_

Clinical Summary 1 month h/o of high grade fever (38.5) daily / h/o an acute hypercalcemia

No. of Blood transfusion  PRBC  PRP Date of last BT:  PRBC  PRP

### Examination findings

Pallor  Fever   
Bleeding manifestations  Jaundice   
Liver 3cm Spleen 10cm  
Lymph nodes bx removed Sternal tenderness   
Others

Range of diff. WBC  
Sm. Study

### Provisional Clinical Diagnosis

Leukemia  
Myeloid

### Radiological Findings

outside flow s/o B-ALL  
Bm biopsy requested  
16

### Other Investigations

### Treatment History

### Recent Haemogram

Haemoglobin 6.3 T.L.C. 145.78 Platelets 30k

### Previous Bone Marrow

Signature [Signature]  
Name of Doctor  
Contact Tel. No.

Samples accompanying incomplete forms will not be accepted and should reach the laboratory by 11.00 A.M. on all days and 10.30 A.M. on Saturdays. BM Slides without PS will not be accepted.

PHYSICAL EXAMINATION

Temp.                      Pulse                      Resp.                      B.P.                      Weight

Important

→ Acute Leukemia (? B-cell)

2 Hypereukytosis

2 Platelets

1) tab. Allopurinol 300mg/d

4) tab. Acyclovir 400mg bid

2) tab. Ceftriaxone / tabs. oral

4) iv Depo-medrol 40mg B  
30mg in second  
NS

twice weekly

5) iv Mergon 2gm 12hrs

1 Kufi

अखिल  
ALL INDIA IN

no

परिचाल  
केंद्र

Jan Sanjeevani Trust



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

उम्र Age      सेवा Service      तिथि Date      यू.एच.आई.डी. नं. UHID No.

Notes written by \_\_\_\_\_

CLINICAL NOTES

Flow → CD19 ⊕, 79α ⊕, HLA DR ⊕ / CD81 ⊕ (CD22 ⊕ /  
CD38 ⊕ / CD10 ⊕)

13/33 / 34/111 / 11/14/64 ⊕

12/01/2024

9/1/2024

15/3600 → 12K  
15/3/4

66 } 15701 } 31K  
Dist → 90+

Blatt → 93%

Urea/Lcrea → 22/0.9

Urea Crd → 2.1

Na/K/Cl cot/taup → 2.5 / 2.5 /

130/5.5

DR (T101J) → 0.9 / 0.5 / 4

ET/PT/ALT → 42/102/136

PLT/M(G) → 6.5 (3.9/2.6)

PHYSICAL EXAMINATION

Temp	Pulse	Resp.	B.P.	Weight
------	-------	-------	------	--------

HT - —  
 WT - 41.4 Kg  
 BSA

P ① I ① C ① L ① V ① E ① S

1  
 All clear  
 Section 11/1  
 ①  
 11/11m

All are entry ①, NUS

S/Syndrome, no distal oedema

All are entry ①, NUS

Spleen - 11cm  
 Liver - 11cm

no peripheral oedema ①

अखिल  
 ALL INDIA

Dr. Jyoti  
 Desai MD

Flow

Jan Sanjeevni Trust

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

उम्र Age      सेवा Service      तिथि Date      यूएचआई. नं. UHID No.

Notes written by \_\_\_\_\_

CLINICAL NOTES

Text

- ? Anabolic Steroids / health supplement supplements

Blood transfusion - no history

- no past medical history  
no previous consents

- no family history

Family



PHYSICAL EXAMINATION

Temp. Pulse Resp. B.P. Weight

✓ no to blood

no jaundice

no his of abdominal distention

no wheezes rales

no fast heart

Developmental history - (P)

vaccination  
normal r- for age (P)

nutritionally decent (P)

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317  
ALL INDIA

Card  
MEDIC

Talk



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

Shivam Kumar  
Age 14/11/18  
187252618

वर्ग  
Service

दिनांक  
Date

पु.सं.आई.सी. सं.  
UHID No.

Sr. Hematologist

Notes written by \_\_\_\_\_

CLINICAL NOTES

Asymptomatic since 11 months

As complaints of fatigue

Started at  
1st day

gradual  
holly from  
11 months  
Clonal population

no other manifestations  
Symptoms

Investigation was found  
to have MCL

BM done so

Acute lymphoblastic leukemia



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



अस्पताल में अग्नि दहन मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

<p>लिनक 10725818 Date No. 2019/04/18</p> <p>हैमेटोलॉजी स्क्रीनिंग OPD</p> <p>वै.सू.सू. Main Inpt. Pt. (वै.सू.सू.) 1201.0024 Queue: NCT</p> 	<p>OPR-6</p> <p>व्यक्तिगत पहचान सं./O.P.D. Regn. No. _____</p> <table border="1"> <tr> <th>वय Age</th> <th>पता/Address</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	वय Age	पता/Address		
वय Age	पता/Address				

Diagnosis

दि./Date	उपचार/Treatment
76	<p>? B-cell ALL in hyperleuk</p> <p>1</p> <p>Refer to emergency - AIIMS for the 40 Acute leukemia, No beds in E Refer pt. requires prolonged admission.</p> <p>Dr. MEHAK TREHAN MBBS, FC, Internal Medicine Senior Consultant DM Clinical Hematology AIIMS, New Delhi-110029</p> <p><i>Mehak</i> <i>SR</i></p>





प्रयोगशाला कार्यविधि विभाग  
DEPARTMENT OF LABORATORY MEDICINE  
एम्बिका भवन

Hematology  
अखिल भारतीय आयुर्विज्ञान संस्थान, अंमारी नगर, नई दिल्ली-110029  
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

MRN	1101240748	Sex	Male
Patient Name	Mr SHIVAM KUMAR	Sample Received Date	12/01/2024 09:34 PM
Age	14 years	Department	DEPT. OF EMERGENCY MEDICINE
Sex	Male	Unit Discharge	Dr. Present Approval
Lab Name	Hematology	Lab Sub Center	Hematology (Flow)
Reg. Date	11/01/2024 10:29 AM	Sample Collection Date	12/01/2024 07:42 PM
Report Generated Date	11/01/2024 12:29 am	Dept / DRCD No	0220/00001479
Recommended By	Dr. AMBICA BHOSLE	Lab Reference No	662

Sample Details : HSW-1201240748

Report

Test Name	Result	Comment	Normal Range
HbCV (Chemistry)	6.6 g/dL		+ 11 - 17 g/dL
HCT (DirectMeasure)	20.5 %		+ 30 - 38 %
RBC COUNT (Impedance)	2.21 $10^6/\mu\text{L}$		+ 4.3 - 5.5 $10^6/\mu\text{L}$
TLC (Fluo flowcytometry)	107.01 $10^3/\mu\text{L}$		+ 4 - 10 $10^3/\mu\text{L}$
PLATELET COUNT (Impedance)	31 $10^3/\mu\text{L}$		+ 150 - 410 $10^3/\mu\text{L}$
MCV (Calculated)	90.3 fL		+ 83 - 101 fL
MCH (Calculated)	29.1 pg		+ 27 - 32 pg
MCHC (Calculated)	32.2 g/dL		+ 31.3 - 34.5 g/dL
NEUTRO (Fluo flowcytometry)	— %		+ 40 - 80 %
LYMPHO (Fluo flowcytometry)	— %		+ 20 - 40 %
MONO (Fluo flowcytometry)	— %		+ 2 - 10 %
EOBINO (Fluo flowcytometry)	0.0 %		+ 1 - 6 %
BASE (Fluo flowcytometry)	— %		+ 0 - 1 %
NUCLEATED RBC	0.1		

History of B-ALL RBC- Sparsely distributed, mild anisocytosis, predominantly normocytic normochromic. TLC- as given, hyperleucocytosis seen. DLC- Blast- 90%, Neutrophils- 0%, Lymphocytes- 8%. Platelet- reduced. No Hemoparasites seen in the smear examined. Impression: Overall blood picture is suggestive of Acute leukemia ? Lymphoid differentiation. Advise: 1) Immunophenotyping by flowcytometry 2) Cytochemistry 3) Bone marrow examination 4) Molecular and cytogenetic analysis. Kindly correlate clinically

Authorized Signature  
Dr. Tushar Sehgal

Signed By  
Dr. Tushar Sehgal



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

ID: 107252418 Sex: Male  
 Patient Name: Mr. SHIVAM KUMAR Sample Received Date: 12/01/2024 08:11 PM  
 Age: 14 years Department: DEPT. OF EMERGENCY MEDICINE  
 Lab Name: Dept-1 Unit Incharge: Dr. Piyush Aggarwal  
 Lab Name: Lab Medicine Lab Sub Centre:  
 Reg Date: 12/01/2024 10:29 AM Sample Collection Date: 12/01/2024 08:29 PM  
 Report Generated Date: 12/01/2024 11:21 pm Dept / BCH No: 20340300003438  
 Recommended By: Dr. AMRITA SINGH Lab Reference No: 708

Sample Details : WC-1201240759

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	22 mg/dL		• 15 - 46 mg/dL
Creatinine (Creatine amidase hydrolase; Enzymatic method)	0.8 mg/dL		• 0.60 - 1.25 mg/dL
Uric Acid (Uricase Method)	9.7 mg/dL		• 3.5 - 8.5 mg/dL
Calcium (Arsenazo III method)	8.5 mg/dL		• 8.4 - 10.2 mg/dL
Phosphorus (p-methylumbelliferol sulfate)	2.5 mg/dL		• 2.5 - 4.5 mg/dL
Sodium (Potentiometric)	140 mmol/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	3.5 mmol/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	98 mmol/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	0.9 mg/dL		• 0 - 1.4 mg/dL • 0.2 - 1.3 mg/dL • 1 - 10.5
Direct Bilirubin (Calculated)	0.50 mg/dL		• 0 - 0.6 mg/dL • 0 - 0.3 mg/dL • 0 - 0.3 • 0 - 0.6
Indirect Bilirubin (Caffeine sodium benzoate method)	0.4 mg/dL		• 0.02 - 1.1 mg/dL • 0.6 - 10.5 mg/dL • 0 - 1.1 • 0.6 - 10.5
ALT(UV with pyridoxal 5 phosphate method)	42 U/L		• < 50 U/L • < 35 U/L
AST(UV with pyridoxal 5 phosphate method)	106 U/L		• 17 - 59 U/L
ALP	136 U/L		• 38 - 126 U/L
Total protein (Brom reaction)	6.5 gm/dl		• 6.3 - 8.2 gm/dl
Albumin (BCG Method)	3.9 gm/dl		• 3.5 - 5 gm/dl
Globulin (Calculated)	2.6 g/dL		• 3 - 3.7 gm/dl
A/G ratio (Calculated)	1.50		• 0.8 - 2

Over All Comment :

Kindly correlate result clinically

Authorized Signature:  
 Dr. Shyam Prakash

Verified By:  
 sharma





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

UHID: 107252618 Sex: Male  
Patient Name: Mr SHIVAM KUMAR Sample Received Date: 12/01/2024 09:44 PM  
Age: 14 years Department: DEPT. OF EMERGENCY MEDICINE  
Unit Name: Unit-I Unit Incharge: Dr. Praveen Aggarwal  
Lab Name: Hematology Lab Sub Centre: Hematology PT  
Reg Date: 12/01/2024 10:29 AM Sample Collection Date: 12/01/2024 06:29 PM  
Report Generated Date: 12/01/2024 11:18 pm Dept / IRCH No: 20240300003458  
Recommended By: Dr. AMBICA SINGH Lab Reference No: 367

Sample Details : HPT-1201240340

Report

Test Name	Result	Comment	Normal Range
PROTHROMBIN TIME(PT) (Photo-optical)	12.800 sec		• 12.7 - 16.1 sec
Activated partial thromboplastin time ( APTT) (Photo-optical)	31.100 sec		• 33.9 - 46.1 sec
International normalised ratio (INR) (calculated )	1.092		• 0.9 - 1.1 Non anticoagulated • 2 - 3 Anticoagulated.

Over All Comment :

Authorised Signatory

Verified &  
delivered

Jan Sanjeevni Trust

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

नाम Shivam  
Kumar  
प्रोफेसर द्वारा  
Professor IC

उम्र  
Age 14y / male  
सेवा  
Service

दिनांक  
Date

यूएचआईडी नं.  
UHD No.  
107252618

Notes written by SR. Hematology

### CLINICAL NOTES

01/24

Reviewed by Hematology SR

• Myeloma

• Joint pains x 1 month

• Progressive generalised weakness x 2 wks

• Intermittent fevers  
with occasional rigors / 3 days.

• No H/W:

- bleeding from any site

- bone pains

- any lump, neck / groin / abdomen

- cough / wheezing / expectoration.

• Evaluation outside

PLC: 1.78L

Bm Asp: IPT 40 c/s, 20% pre B cell ALL  
myeloid markers negative.

• Clinically:

- conscious, alert

- Pulse: 112/min

- BP: 106/66 mmHg

- RR: 24/min

- SpO<sub>2</sub>: 98% @ RA

PFs

# AIIMS - DEPTT OF EMERGENCY MEDICINE

**SHIVAM**  
Male

Last Name: **Agar**  
Age: **17Y-06M**

Patient ID: **107232618**  
Date of Analysis: **12-01-2024 17:18**

Para	Result		Unit
1 WBC	154.09	H	10 <sup>9</sup> /L
2 Hem	****		10 <sup>9</sup> /L
3 Lymph	****		10 <sup>9</sup> /L
4 Mon	****		10 <sup>9</sup> /L
5 Eos	0.00	L	10 <sup>9</sup> /L
6 Bas	0.00		10 <sup>9</sup> /L
7 HbA1c	****		10 <sup>9</sup> /L
8 Neut%	****		%
9 Lymph%	****		%
10 Mon%	****		%
11 Eos%	0.0	L	%
12 Bas%	0.0		%
13 HbC%	****		%
14 RBC	2.98	L	10 <sup>12</sup> /L
15 HGB	6.9	L	g/dL
16 HCT	22.4	L	%
17 MCV	90.3		fL
18 MCH	27.8		pg
19 MCHC	30.8	L	g/dL
20 RDW-CV	0.147		fL
21 RDW-SD	48.3		fL
22 PLT	35	L	10 <sup>9</sup> /L
23 MPV	102		fL
24 PDW	17.8		fL
25 PCT	0.036		%
26 P-CELL	0.1		10 <sup>9</sup> /L
27 P-CELL	0.1		%
28 NRBC	0.0		10 <sup>9</sup> /L
29 NRBC%	0.0		%

12/1/14  
6:30 pm

9/1/14 Dr. Nagaraj 22.00-1 & 24.00-1

9/1/14 B-ALL (ad 2 days back)

e/o pain in ll. wrist  
e/o pain in R. great toe } since 2 days  
- Migratory polyarthralgia since 1 month  
joint pain

e/o SOB : 3 days

e/o fever : 2 days - undocumented

No h/o chest pain, heaviness, abdominal pain  
No h/o rashes, sore throat

O/L

A - patient

RR - 18/min

SpO<sub>2</sub> - 97% on RA

HR - 102 bpm

BP - 112/63 mmHg

Peripheral pulses palpable

Euvolemic

R/C pupils equal & reactive

E - 10/10 vision B/L F

CNS Conscious Oriented  
S.S. heard  
Respi - 100% air entry @  
No crackles heard  
- soft, non-tender  
- Splenomegaly @

To do

- VAG
- CBC
- LFT
- RFT
- PT-INR
- Coag
- Peripheral smear

out of  
COPD

To do

E.C.G - done at 5:35 pm  
Supern SA Hemat  
at 6:05 pm

Give PCM 1gm IV stat

200 ml RLE 150 ml/hr

Hydrocortisone 1gm IV TDS

K<sup>+</sup> Monitoring 1 Hly

NO Blood Transfusion as TLC 71,500

Jan Saneerh Trust

Normal ECG

1-1 ms

PR

QRS

1-2 ms

QT

1-2.46

ms

ms

AIIMS  
EMERGENCY  
PASS ISSUE

(DEPT. OF EMERGENCY MEDICINE)

*D. Mayuri*



UHID No: 107252618

आपातकालीन विभाग (Emergency No): 20249309003448

दिनांक DATE: 12/01/2024

समय TIME: 03:51:24 PM

NOX-MLC

*D. CHAKRABORTY*

NAME: MR SHEVAM KUMAR

आयु AGE: 14 years

लिंग/SEX: M

ADDRESS: *MANO KUMAR*

पता संख्या H NO:

VEER NAGAR ARTI BHARASHI

पत्ती / मुख्य STREET/ROAD:

खण्ड/BLK CITY/BLOCK:

पिन PIN:

0

राज्य STATE:

UTTAR PRADESH

दूरभाष सं. PHONE NO:

9760344125

मोबाइल MOBILE NO:

9760344125

समय Location:

EMI

BY BROUGHT BY: Father - FATHER

Criticality: Red / Yellow / Green

Stage: Responsive / Unresponsive

HR 79 /min

BP 107/61

mmHg RR 18 /min

SpO2 97%

Admitted to Paeds/ Matn/ New Emergency

? B-cell ALL

Presenting Complaints

C/C: generalised body aches  
SOB

4-day

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/Wheezes/Crackles

SpO2 on Room air.....

Circulation

HR.....min

↓ FT.....sec

BP.....mmHg

Peripheral pulse: Poor/Good

Central pulse: Poor/Good

Skin temp: Warm/cool

Others

Disability

GCS.....

Pupil size.....mm

Pupillary Reactions.....

Motor activity:

Normal &  
Symmetrical/Asymmetrical/  
Posturing/Flaccidity/Seizure

Blood Sugar.....mg/dl

Exposure:

Temp.....

Colour: Normal/pallor/cyan  
(mottled)

Any other skin lesions.....

Diagnosis

TLC: 2,38,800

Hyperleucocytosis

9/1/24



## सहमति प्रपत्र / CONSENT FORM

मैं स्वयं/मेरे रोगी \_\_\_\_\_ की अस्पताल में भर्ती रहने के दौरान उपयुक्त चिकित्सा/शल्यक मूल्यांकन आवश्यक समझी जाने वाली किसी प्रकार की शारीरिक जांच, नैदानिक मूल्यांकन, बायोप्सी, अस्थान आदि को निष्पादित एतद्वारा, सहमति देता/देती हूँ।

I hereby give my consent for the performance of any physical examination, diagnostic evaluation, Biopsy, Transfusion be deemed necessary in the proper medical/surgical evaluation & treatment for me/my patient \_\_\_\_\_ while the patient is in Hospital.

**शिक्षण एवं अनुसंधान हेतु नैतिक चिकित्सा उपचार के भाग के रूप में एकत्रित किए गए आंकड़ों/प्रतिबिंबों/जैविक नमूनों के बचे हुए भागों के प्रयोग हेतु सहमति**

### CONSENT FOR USE OF REMNANT DATA/IMAGES/BIOSPECIMENS COLLECTED AS PART OF ROUTINE MEDICAL CARE FOR TEACHING & RESEARCH

मैं, एतद्वारा, किसी भी प्रकार की सामग्री (आंकड़ों, प्रतिबिंबों, जैविक नमूनों/सूक्ष्म जीवविज्ञान नमूनों) को/आवृत्त के नैतिक उपचार (जांच, निदान, उपचार, इलाज आदि) के भाग के रूप में एकत्रित किए गए हैं तथा जिनका उपयोग हेतु भविष्य में किसी प्रकार की उपयोगिता नहीं है और जिसका प्रयोग शिक्षण एवं अनुसंधान हेतु केंद्र के संस्थान, नई दिल्ली द्वारा भंडारित/संग्रहित/नष्ट करने के लिए किया जाएगा, के प्रयोग हेतु सहमति देता/देती/नहीं देता/देती हूँ। मैं समझता/समझती हूँ कि इस सामग्री का प्रयोग संस्थान की नीति समिति के विधायित्व से अनुमोदन से, उपाध्यक्ष-निर्देशी एवं मानक प्रक्रियाओं के अनुसार किया जाएगा। मुझसे न तो भविष्य में कोई भी वित्तीय आश्वासन और न ही मुझ से किसी प्रकार की वित्तीय वधनबद्धता होगी।

I hereby give/ do not give my consent for the use of any remnant material (data, images, biological specimens) that have been collected as a part of my/my child's/ward's routine care (investigation, diagnosis, treatment, medication) and that to not have any further utility for such care but would be otherwise stored/archived/discarded to be utilized in the Institute of Medical Sciences, New Delhi for teaching and research. I understand that this material will be utilized in accordance with the accepted guidelines, standard procedures and duly approved by the Institutional Ethics Committee. I may neither be constrained nor will there be any financial commitment in this regard.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient \_\_\_\_\_  
(Relative only if patient is unable to sign.)  
नाम (स्पष्ट शब्दों में) / Name (Capital letters) श्रीमती सुनील कुमार

पता/ Address श्रीमती सुनील कुमार  
शिववीरनगर पोस्ट शाही रोड हाथरस

संबंध/Relationship पति

रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature \_\_\_\_\_

नाम (स्पष्ट शब्दों में) Name (Capital letters) \_\_\_\_\_

पता/ Address \_\_\_\_\_

### परामर्श के विरुद्ध छुट्टी लेने पर जिम्मेदारी से मुक्ति RELEASE FROM RESPONSIBILITY FOR DISCHARGING AGAINST ADVICE

मैं, उपचार कर रहे चिकित्सक की सलाह के विरुद्ध अ.भा.आ.सं. अस्पताल, नई दिल्ली से रोगी को ले जा रहा हूँ। मुझे इसमें सम्मिलित जोखिम के बारे में सूचित कर दिया गया है एवं मैं, एतद्वारा, उपचार कर रहे डॉक्टर एवं इस प्रकार की छुट्टी के परिणामस्वरूप हो सकने वाले किसी प्रकार के दुष्प्रभावों की जिम्मेदारी से मुक्त करता/करती हूँ।  
I am leaving/taking away the patient from the AIIMS Hospital, New Delhi against the advice of the Attending Physician. I acknowledge that I have been informed of the risk involved and hereby release the Attending Physician and myself from all responsibility for any ill effects which may result from such discharge.

रोगी के हस्ताक्षर (रिश्तेदार केवल तभी जब रोगी हस्ताक्षर करने में असमर्थ हो)

Signature of Patient \_\_\_\_\_  
(Relative only if patient is unable to sign.)

नाम (स्पष्ट शब्दों में) / Name (Capital letters) \_\_\_\_\_

पता/ Address \_\_\_\_\_

संबंध/Relationship \_\_\_\_\_

रिश्तेदार/गवाह के हस्ताक्षर Relative/Witness Signature \_\_\_\_\_

नाम (स्पष्ट शब्दों में) Name (Capital letters) \_\_\_\_\_

पता/ Address \_\_\_\_\_





अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अंसरी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029  
चेहरेपत्र (प्रवेश एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



FULL Receipt No. ACCOUNTS-18-187453/202324 AMT. RS. 350

Emergency Admissions

रोगी का नाम / PATIENT NAME	रोगी का कमरा / WARD / BED NO.	दिनांक / DATE	समय / TIME
H-550708-24	NON-MIC NEW EMW/7	13/01/2024	11:53 am
पिता का नाम / FATHER'S NAME	पति का नाम / HUSBAND NAME	राष्ट्रियता / NATIONALITY	धर्म / RELIGION
MR SHIVAM KUMAR	S/O MANOJ KUMAR	INDIA	HINDU
पिता का पता / LOCAL ADDRESS OF FATHER WITH ADDRESS	पति का पता / LOCAL ADDRESS OF HUSBAND WITH ADDRESS	वैवाहिक स्थिति / MARRITAL STATUS	व्यवस्थापक / OCCUPATION
		Single	
संपर्क नंबर / CONTACT NO.	संपर्क नाम / CONTACT NAME	पता / STATE	पता / STATE
9760344125			

विभाग / DEPARTMENT	देश / COUNTRY
Hematology	INDIA
उपविभाग / SUB-DEPARTMENT	प्रवेश तिथि / DATE OF ADMISSION
Hematology	
डॉ. का नाम / DR. NAME	छुट्टी तिथि / DATE OF DISCHARGE
Dr. SR Hematology	

रोगी का नाम / PATIENT NAME	वैद्यकीय इतिहास / HISTORY	रक्तचाप / BLOOD PRESSURE
	Hb = 17g/cm	120/80
रक्तचाप / BLOOD PRESSURE	रक्तचाप / BLOOD PRESSURE	रक्तचाप / BLOOD PRESSURE
120/80	120/80	120/80
रक्तचाप / BLOOD PRESSURE	रक्तचाप / BLOOD PRESSURE	रक्तचाप / BLOOD PRESSURE
120/80	120/80	120/80
रक्तचाप / BLOOD PRESSURE	रक्तचाप / BLOOD PRESSURE	रक्तचाप / BLOOD PRESSURE
120/80	120/80	120/80

Jan Sanjeevni Trust





A copy

All India Institute of Medical Sciences, New Delhi  
Department Of Hematology

Name : Mr Shivam Kumar	Age/sex : 14 yrs/ male	CR no: H-550708-24
UHID NO: 107252618	Ward/Bed: EM3/7	Date of admission: 13/1/24
Address: Hatrash	Date of discharge: 20/01/2024	PH NO: +9760344125
Ht	179cm	Hemato 107252618
Wt	62 kg	
BSA	1.76 m <sup>2</sup>	

**Diagnosis:** B cell acute Lymphoblastic leukemia

Hyperleukocytosis (resolved): No TLS

BCR-ABI awaited

Steroid prephase from (14/1/24)

CTG/FISH : awaited

Testis not involved/CNS assessment to be done.

**Brief History:** Our Patient a 14 year old male presented to a outside hospital with the complaints of fever and generalized bony pain from the last 1 month and on evaluation was found to have raised TLC counts and was evaluated in a private hospital in Delhi to have B ALL on flow cytometry from peripheral blood. The patient subsequently came to AIIMS and further treatment in the emergency.

**Examination:**

Pulse- 110 beats per minute

Blood Pressure- 116/70 mm of Hg

Respiratory Rate - 16 cycles per minute

Spo2- 96% on room air Afebrile

Pallor-+ No icterus/cyanosis/clubbing/pedal-edema/b/l lymphadenopathy present.

No sternal tenderness/gum hypertrophy



All India Institute of Medical Sciences, New Delhi  
Department Of Hematology

Per Abdomen: Soft, non tender. Hepato-splenomegaly present Liver – 4cm Spleen 8 cm. Bowel sounds normally heard.

Respiratory system: Normal Vesicular Breath sounds heard. No added sounds.

Cardio-Vascular System- S1 S2 heard. No murmur appreciated.

Nervous System- NFND.

No musculoskeletal abnormalities

**Baseline evaluation**

HB/TLC/PLT:: 8.5/236800/72K

Urea/ creatinine Uric acid : 22/0.9/9.7

Na/K/Po4/Ca:: 130/5.5/8.5/2.5

Bil (T) /Protein (T/A/G): .9\*6.5/3.9/2.6

BM Biopsy:: Provisional :66% B lymphoid blasts in the bone marrow

Procal :6.88

BCR-ABL awaited

CTG/FISH awaited

**COURSE DURING ADMISSION**

The patient was admitted with the above mentioned complaints and the patient underwent a bone marrow study which was suggestive of B ALL. The patient was started on fluids and anti tumor lysis measures. The patient was afebrile after the admission and was on broad spectrum antibiotics during the stay. The patient was started on steroid prephase after blood cultures were sterile and the X ray did not show any evidence of infection. The patient improved during the course of stay in the hospital with the resolution of hyperleukocytosis and is being discharged with stable vitals and advice to follow up in the OPD or any other hospital of choice for further therapy. The patient is being discharged according to the Hospital policy of stay on the emergency bed.

**OUTLINE OF THERAPY**



All India Institute of Medical Sciences, New Delhi  
Department Of Hematology

IV Fluids

Inj Magnax 2 gm tds

Inj Liposomal Ampho B 300 mg od twice weekly

Tab Acyclovir 400 mg bd

Tab Allupurinol 300 mg od

Tab Septran DS 1 tab EOD

Tab Wysolone 50 mg in morning 40 mg od in the evening

Tab Shelcal 1 tab bd

Tab Pantop 40 mg od

Condition at Discharge

Patient is afebrile, vitally stable and fit for discharge.

HB/TLC/Plt : 7.9/12.38/49k

Advice:

To follow up in Hematology OPD (5<sup>th</sup> floor, new RAK OPD) with CBC reports on Wednesday 24/1/2024

Admission in private ward at AIIMS or any hospital of patients choice for further therapy.

Tab Acyclovir 400 mg bd

Tab Allupurinol 300 mg od

Tab Septran DS 1 tab EOD

Tab Levoflox 500 mg od

Tab Flucan 200mg od

Tab Shelcal 1 tab bd

Tab Pantop 40 mg od

Tab PCM 650 mg sos for fever

Tab Tranexa 1 gm 1tab sos for bleeding

PICC LINE CARE : FLUSHING WITH 10 ML NS daily, Dressing every 1 weekly, stat lock

AIIMS FREE GENERIC PHARMACY  
✓ MEDICINE RECEIVED  
NAME: [Signature]  
DATE: 20/1/24  
SIGN: [Signature]

All India Institute of Medical Sciences, New Delhi  
Department Of Hematology

change every 28 days, remove report to the emergency in case of pus discharge, pain tenderness at the PICC line insertion site.

PLEASE CONTACT IN CASE OF ANY QUERIES

24 HOURS X 7: Duty SR on call **9868397237**, If Patient in Emergency ward during working hours (9 AM to 5 PM: Monday to Friday, 9 AM to 1 PM on Saturday). Emergency ward SR **9868397226**. The duty SR on call would be able to inform you about the consultant on call for that day.

Consultant in charge: Dr. M. Mahapatra/ Dr. Tulika Seth/ Dr. Rishi Dhawan  
Dr Pradeep Kumar / Dr. Mukul Agrawal

Senior resident in charge of patient: Dr. Kartikey Saini



*K. Saini*  
Signature of Senior Resident in Charge



DEPARTMENT OF HAEMATOLOGY, HEMOGRAM LAB, AIIMS, NEW DELHI

XN series

Sample No.: C-254 Rack: 2 Position: 3 2024/01/24 11:22:33  
 Patient ID: Ward: Doctor:  
 Name: *Shivani Kumari* Birth: Sex:  
 Sample Comment: *J-1-126608* Nickname: XN-2000-1-L

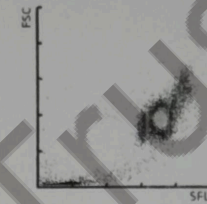
Positive  
 Diff. Morph. Count

WBC	19.55	[10 <sup>3</sup> /uL]
RBC	2.88	[10 <sup>6</sup> /uL]
HGB	8.4	[g/dL]
HCT	25.1	[%]
MCV	87.2	[fL]
MCH	29.2	[pg]
MCHC	33.5	[g/dL]
PLT	48	[10 <sup>3</sup> /uL]
RDW-SD	45.1	[fL]
RDW-CV	16.4	[%]
PDW	20.9	[fL]
MPV	12.0	[fL]
P-LCR	38.9	[%]
PCT	0.06	[%]
NRBC	0.04	[10 <sup>3</sup> /uL]
NEUT	1.26	[10 <sup>3</sup> /uL]
LYMPH	13.42	[10 <sup>3</sup> /uL]
MONO	4.75	[10 <sup>3</sup> /uL]
EO	0.00	[10 <sup>3</sup> /uL]
BASO	0.12	[10 <sup>3</sup> /uL]
IG	0.07	[10 <sup>3</sup> /uL]
RET	4.12	[%]
IRF	16.4	[%]
LFR	83.6	[%]
MFR	10.3	[%]
HFR	6.1	[%]
RET-He	32.3	[pg]

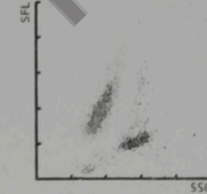
WBC	( 3.00 - 15.00)
RBC	( 2.50 - 5.50)
HGB	( 8.0 - 17.0)
HCT	( 26.0 - 50.0)
MCV	( 86.0 - 110.0)
MCH	( 26.0 - 38.0)
MCHC	( 31.0 - 37.0)
PLT	( 50 - 400)
RDW-SD	( 37.0 - 54.0)
RDW-CV	( 11.0 - 16.0)
PDW	( 9.0 - 17.0)
MPV	( 9.0 - 13.0)
P-LCR	( 13.0 - 43.0)
PCT	( 0.17 - 0.35)

0.2	[%]	NEUT%	( 37.0 - 72.0)
6.5	[%]	LYMPH%	( 20.0 - 50.0)
68.6	[%]	MONO%	( 0.0 - 14.0)
24.3	[%]	EO%	( 0.0 - 6.0)
0.0	[%]	BASO%	( 0.0 - 1.0)
0.6	[%]	IG%	( 0.0 - 72.0)
0.4	[%]	RET%	( 0.00 - 99.9)

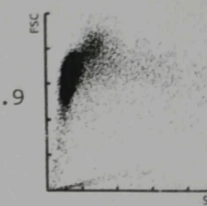
WNR



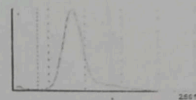
WDF



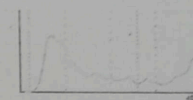
RET



RBC



PLT



WBC IP Message  
 WBC Abn Scattergram  
 Lymphocytosis  
 Monocytosis  
 Leukocytosis  
 Blasts/Abn Lympho?  
 Atypical Lympho?

RBC IP Message  
 Anemia

PLT IP Message  
 PLT Abn Distribution  
 Thrombocytopenia  
 PLT Clumps?

*RBC → normo to thrombocytopenia*  
*WBC → 19.4. Mast N11.4. L10.1*  
*RET → ↓↓*

Jan

ESCHMEILER COMBILINE

NAME :

# 1644260324  
DATE 16.44 26.03.24

BP 737  
TEMP 37.0  
HB 15.0  
HCT 45.0  
FI02 20.9  
RD 0.85

P02 25.4  
PCO2 26.0  
PH 7.439  
PK 31.7  
K 3.81  
NA 137  
CA 1.21  
CA 7.4 1.28  
CL 101

HC03A 19.6  
HC03S 24.8  
BE -0.1  
SBE -2.2  
TCO2 20.2  
BB 47.9  
O2SAT 53.7  
D2-CT 10.9  
P50 24.1  
AR002 89.2  
SHUNT 1.6  
A GAP 20.2

ACID / BASE STATUS

RESP. ALKALOSIS

प्रयोगशाला कायचिकित्सा विभाग  
DEPARTMENT OF LABORATORY MEDICINE

रूग्धर विज्ञान  
HEMATOLOGY

167252618  
107252618  
107252618

य आयुविज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029  
Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

आयु/Age लिंग/Sex

Consultant

Unit/Bed No.

Ant : EDTA / Citrate / Heparin / Nil

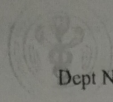
Signature of Doctor

Time of Receipt

FILLED FORM IS NOT ACCEPTABLE

Janjeevan Trust





नकदी रसीद / CASH RECEIPT

दूरभाष (265) / Phones (265)

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

Dept No: 20240240126668

ACCOUNTS-18/234484/202324  
[Original]Hospital Receipts  
MR SHIVAM KUMAR, Age :14 Yrs 2 Mons 11 Days  
107252618 ( OPD )

23/03/2024  
Patient Type :  
General Room No.  
Private -B  
Room No.106



SI No.	Service Name	Amount
1	ADVANCE - LONG ADMISSION FOR PRIVATE B WITH DIET	33000.00

Printed on 23 Mar 2024 12:22:50 PM

पेमेंट नंबर / Payment No.:

रुपये (Rs.):

Debit Card Card Holder's Name : Manoj Kumar , Approval No : 944834

33000.00(Including 0.0% GST on room rent only)

Rupees Thirty Three Thousand Only

MR.BHUPENDER KUMAR MRD BILLING

यह कंप्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मुहर की आवश्यकता नहीं है।

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JSP Page

<https://ehospital.aiims.edu/ehospitalbilling/billing/moneyrec>

Dept No: 20240240126668

Received From

व्यक्ति का नाम

MR SHIVAM KUMAR

ACCOUNTS-18/188526/202324

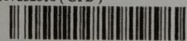
[Original]Hospital Receipts

MR SHIVAM KUMAR, Age :14 Yrs 0 Mons 3 Days

107252618 ( OPD )

15/01/2024

General



SI No.	Service Name	Quantity	Rate	GST	Net Amount
1	HAEMATOLOGY/COAGULATION/HAEMOLYTIC ANEMIA (NPW) - BCR-ABL1 (QUANTITATIVE) BY RQ-PCR	1	1500.00	0.00	1500.00

Printed on 15 Jan 2024 12:58:17 PM

Cash

GST:0.00

1500.00(Including GST)

Rupees One Thousand Five Hundred Only

MR.ARUN SAINTI

उत्तरी रबीर / CASH RECEIPT / <https://ehospital.aaims.edu/hospitalbilling/moneyrece>

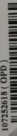
उत्तरी रबीर / ALL INDIA INSTITUTE OF MEDICAL SCIENCES / ANSARI NAGAR, NEW DELHI-110029

Dept No: 20240300126668

ACCOUNTS: 161856202324

MR SHIVAM KUMAR Age 14 Yrs 0 Mths 3 Days

10722618 (GPR)



Service Name

1. JAMNATOJIJI COLLEGE (ADMISSION CHARGE - ADVANCE)

Printed on 13 Jan 2024 12:58:17 PM

13/01/2024

General

Quantity	Rate	GST	Net Amount
1	1500.00	0.00	1500.00

Cash

GST 0.00

1500.00 (including GST)

Receipt One Thousand Five Hundred Only

MR ARUN SAINI

उत्तरी रबीर / CASH RECEIPT / <https://ehospital.aaims.edu/hospitalbilling/moneyrece>

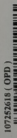
उत्तरी रबीर / ALL INDIA INSTITUTE OF MEDICAL SCIENCES / ANSARI NAGAR, NEW DELHI-110029

Dept No: 2024030003458

ACCOUNTS: 161856202324

MR SHIVAM KUMAR Age 14 Yrs 0 Mths 1 Days

10722618 (GPR)



Service Name

1. ADVANCE - CASUALTY LONG ADMISSION

ADMISSION CHARGE - ADMISSION CHARGE

Printed on 13 Jan 2024 10:34:05 AM

13/01/2024

General

Quantity	Rate	GST	Net Amount
1	350.00	0.00	350.00

Cash

350.00 (including 0.00% GST on room rent only)

Receipt Three Hundred and Seventy Five Only

MR ARUN VATS





रकबी रसीद / CASH RECEIPT  
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ऑसरि नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029  
फोन 26588  
Phones 26588

रसीद संख्या / Receipt No.  
उपकरण / Receivables ACCOUNTS/18/20234  
ऑ.सी.ए. संख्या / आ.सं. आयुर्विज्ञान संस्थान (ऑसरि) रसीद संख्या / Receipt No.:  
उपकरण / IN ACCOUNT MR SHIVAM KUMAR, Age: 14 Yrs 0 Mns 3 Days  
10725268 (OPD)

विवरण / Details  
रकबी रसीद / Patient Type  
ऑसरि नगर / Room No.  
General



SI No.	Service Name	Quantity	Rate	GST	Net Amount
1	GENERALIST CONSULT (OPD) - MEDICAL/GENERAL (ACT)	1	1350.00	0.00	1350.00

Printed on 15 Jan 2024 12:53:35 PM

Cash  
GST 10/0/0/0/0  
1350.00 (including GST)  
Rupees One Thousand Three Hundred Fifty Only  
MR PAWAN KUMAR MAINI

यह रसीद केवल ऑसरि नगर के लिए ही मान्य है और इसमें हस्ताक्षर और मोहर आवश्यक नहीं है।  
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रकबी रसीद / CASH RECEIPT  
अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ऑसरि नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029  
फोन 26588  
Phones 26588

रसीद संख्या / Receipt No.  
उपकरण / Receivables ACCOUNTS/18/20234  
ऑ.सी.ए. संख्या / आ.सं. आयुर्विज्ञान संस्थान (ऑसरि) रसीद संख्या / Receipt No.:  
उपकरण / IN ACCOUNT MR SHIVAM KUMAR, Age: 14 Yrs 0 Mns 3 Days  
10725268 (OPD)

विवरण / Details  
रकबी रसीद / Patient Type  
ऑसरि नगर / Room No.  
General



SI No.	Service Name	Quantity	Rate	GST	Net Amount
1	ADVANCE ADVANCE PAYMENT	1	30000.00	0.00	30000.00

Printed on 07 Feb 2024 11:14:23 AM

Room No: 60 MANOJ KUMAR VEER NAGAR ARTI HAVRA SHI, -703 Private - A  
07/02/2024

2658856  
2658870  
2658856  
2658870

2658856  
2658870  
2658856  
2658870

Debit No: 20240240126668  
शुद्धता के लिए सुनिश्चित करें / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
असरी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

Debit No: 20240240126668  
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असरी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

ACCOUNTS:1820731202324  
Original Hospital Receipts  
MR SHIVAM KUMAR, Age: 14 Yrs 1 Mon 1 Day  
10752618 (OPD)  
10752618 (OPD)

ACCOUNTS:1820731202324  
Original Hospital Receipts  
MR SHIVAM KUMAR, Age: 14 Yrs 1 Mon 1 Day  
10752618 (OPD)  
10752618 (OPD)

SI No. Service Name Amount  
ADVANCE- PATIENT FOR PT WARD 3 30000.00

SI No. Service Name Amount  
ADVANCE- FOR PRIVATE WARD 3 30000.00

Printed on 13 Feb 2024 09:58:23 AM

Printed on 26 Feb 2024 12:44:03 PM

Debit Card Holder's Name : MANOJ KUMAR , Approval No : 419714  
30000.00 including 0.0% GST on room rent only  
Rupees Thirty Thousand Only

Debit Card Holder's Name : MANOJ KUMAR , Approval No : 419714  
30000.00 including 0.0% GST on room rent only  
Rupees Thirty Thousand Only

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Debit No: 20240240126668  
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असरी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

Debit No: 20240240126668  
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असरी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

ACCOUNTS:18216024202324  
Original Hospital Receipts  
MR SHIVAM KUMAR, Age: 14 Yrs 1 Mon 1 Day  
10752618 (OPD)  
10752618 (OPD)

ACCOUNTS:18216024202324  
Original Hospital Receipts  
MR SHIVAM KUMAR, Age: 14 Yrs 1 Mon 1 Day  
10752618 (OPD)  
10752618 (OPD)

SI No. Service Name Amount  
ADVANCE- FOR PRIVATE WARD 3 30000.00

SI No. Service Name Amount  
ADVANCE- FOR PRIVATE WARD 3 30000.00

Printed on 26 Feb 2024 12:44:03 PM

Printed on 26 Feb 2024 12:44:03 PM

Debit Card Holder's Name : Manoj Kumar , Approval No : 146958

Debit Card Holder's Name : Manoj Kumar , Approval No : 146958



https://ehospital.aims.edu/hospitalbilling/billing/money/receipts/

26588500  
26588700

नवदी रसोद / CASH RECEIPT  
संस्थान CASH RECEIPT INSTITUTE OF MEDICAL SCIENCES  
संस्थान ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi 110029

Printed on 11 Mar 2024, 10:30:04 AM

Due Paid Receipt After Bill Settlement of Settlement Id: 751859

INB: 49725610  
DMS: 11012924

AC NUMBER: 10/24357702324 (Original) Hospital Receipts

Sl No.	Service Name	Quantity	Rate	GST	Net Amount
1	CHICKEN - BRC CHEST	1	1000	0.00	1000.00
2	BLOOD BANK SERVICE FOR INT (MAIN HOSPITAL) - BRC PROCESSING CHARGES (TTC OR BRC (DONOR ISSUE))	2	575	0.00	1150.00
3	BLOOD BANK SERVICE FOR INT (MAIN HOSPITAL) - BRC PROCESSING CHARGES (TTC OR BRC (DONOR ISSUE))	3	550	0.00	1650.00
4	BLOOD BANK SERVICE FOR INT (MAIN HOSPITAL) - BRC PROCESSING CHARGES (TTC OR BRC (DONOR ISSUE))	5	550	0.00	2750.00
5	BLOOD BANK SERVICE FOR INT (MAIN HOSPITAL) - BRC PROCESSING CHARGES (TTC OR BRC (DONOR ISSUE))	6	550	0.00	3300.00
6	HAEMATOLOGY (HPT)/HISTOPATHY (HPH) - HEB ANALYSIS FOR B-ALL	1	3000	0.00	3000.00
7	ADMISSION CHARGE - BRC CHANGE FEE (FOR PRIVATE B)	1	10000	0.00	10000.00
8	ADMISSION CHARGE - BRC CHANGE FEE (FOR PRIVATE B)	49	10000	0.00	490000.00

Total Service Amount(Including GST as applicable above) Re: 197175.0

Payment Mode - Cash  
Donation Adjusted Re.: 0.0  
Advance Adjusted Re.: 156000.0  
Grant Adjusted Re.: 0.0  
Exempted Amount Re.: 0  
Total Due Amount Re.: 1175.0  
Payment Received Re.: 1175.0  
Balance Re.: NIL

₹ Rupees One Thousand One Hundred and Seventy Five Only

संख्या / अंक / No. in Words

MR. BIDDER SINGLE WINDOWS

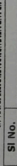
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Dept No: 2024024012668  
Received From:  
MR. MANU KUMAR  
ACCOUNT NO: 096202324  
CH / GH / Hospital Receipts

2401264

Room No. SD MANU KUMAR VEER NAGAR AT HATRASH, 30 Private-A



Sl No.	Service Name	Amount
1	ADVANCE - LONG ADMISSION FOR PRIVATE (INCLUDING GST WITH D	68000.00

Printed on 24 Jan 2024 17:33:13 PM

₹ Rupees Sixty Six Thousand Only  
₹ Rupees Sixty Six Thousand Only

MR. ARUN SAINI

Jan Sanjeevani Trust



संस्कृत / संस्कृत / CASH RECEIPT  
 अखिल भारतीय आयुर्विज्ञान संस्थान-नई दिल्ली  
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) - New Delhi  
 110029, Ansari Nagar, New Delhi - 110029  
 Phone: 22658871, 22658872, 22658873, 22658874, 22658875, 22658876, 22658877, 22658878, 22658879, 22658880, 22658881, 22658882, 22658883, 22658884, 22658885, 22658886, 22658887, 22658888, 22658889, 22658890, 22658891, 22658892, 22658893, 22658894, 22658895, 22658896, 22658897, 22658898, 22658899, 22658900

नियुक्ति पर्ची  
 APPOINTMENT SLIP  
 Done By: MR-SANJAY KUMAR DEO SWSC (New) General ₹ 0.0  
 Department Name: Central Collection Facility/Central Collection Facility New Opd Block  
 Reporting Time: 8:00 AM Appointment Date: 14/03/2024

Doctor Name: Dr. SR CCF New Opd Block Appointment Request date: 14/03/2024  
 Name of Patient: MR SHIVAM KUMAR Appointment No: 2024031121334  
 Sex: Male Age: 14 Yrs 11 Mo 3 Days  
 Contact Details: Mobile: XXXXXXXX123 Request Mode: OPD  
 Queue No: N254

Remarks:  
 Your OPD is 107252618.  
 Timings of Blood Collection Centre (Central Collection Facility) Lab no 27.

Monday to Friday	8:00 am to 3:30 pm (DATE)	8:00 am to 3:30 pm (DATE)
	Fasting timing: 8:00 am to 10:00 am	8:00 am to 3:30 pm (DATE)

JSP Page  
 संस्कृत / संस्कृत / CASH RECEIPT  
 अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 संस्कृत संस्कृत, नई दिल्ली-110029 Ansari Nagar, New Delhi - 110029  
 Dept No: 2024024012668  
 Receipt No: 1580/2024  
 Accounts: 162244520234  
 Account: 162244520234  
 Patient: MR SHIVAM KUMAR, Age: 14 Yrs 2 Mo 3 Days  
 107252618 (OPD)

SI No.	Service Name	Amount
1	ADVANCE - ADVANCE-INDIC	35.00

Printed on 15 Mar 2024, 09:26:33 AM

Cash  
 भुगतान का प्रकार / Payment: 35.00 (including 0.0% GST on room rent only)  
 रुपये / Rupee: (Rs.) : Rupees Thirty Five Only  
 MRS KAVITA KHERA



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

रक्षित / Dated:

Ansari Nagar, New Delhi 110029

Printed on 03 Apr 2024 10:33:54 AM

Due Paid Receipt After Bill Settlement or Settlement Id: 799517

UHD:10732508  
DATED: 03/04/2024

Receipt No: ACCOUNTS-181368/202435 (Hospital Receipts)  
Received From: MR SHIVAM KUMAR, Age 14 Yrs 2 Mths 22 Days  
Blank Type: General

Sl No.	Service Name	Quantity	Rate	GST	Net Amount
--------	--------------	----------	------	-----	------------

Total Service Amount(Including GST as applicable above) Rs.: 44275.0  
Payment Mode : POS

Donation Adjusted Rs.: 0.0  
Advance Adjusted Rs.: 33000.0  
Grant Adjusted Rs.: 0.0  
Exempted Amount Rs.: null  
Total Due Amount Rs.: 11275.0  
Payment Received Rs.: 11275.0  
Balance Rs.:NIL

Rupees Eleven Thousand Two Hundred and Seventy Five Only

MR.VIVEK KUMAR

उत्तरित या रकम / Payment Mode  
रकम / INR (Rs.)  
रकम शब्दों में / Rs. in Words

THIS RECEIPT IS VALID ONLY IF THE RECEIPTER SIGNATURE AND SEAL IS NOT REQUIRE SIGNATURE AND STAMP

DEPARTMENT OF HAEMATOLOGY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI-110029

CHALLAN FORM

Dated: 03/04/2024

Cashier may please receive a sum of Rs. 1500/- (Rupees)

From: Shivam Kumar

in account of: RRRR

Creditable to Dept. of Haematology Revolving Fund A/c.

Code No. : 307 - 06 .011  
Object head :- Thrombosis, Haemophilia and Lab Tests.

OFFICER INCHARGE SEC. / DEPTT.