

IRC/2014/07/A0167



A Giggles Welfare Organisation

(Project - India Rehab Center)

Functional Office: C-63 Basement, South Ex-2, New Delhi-110049, Contact: - 011-26250001/41010774
Website : www.agwo.org

REGISTRATION FORM

Name: Kishan Kumar Gupta D.O.B.: _____

Age/Gender: Male Reg. No.: IRC/2014/07/A0167 D.O.A.: 10/07/2014

Mother Tongue: Hindi

Previous Education: Nursery

Residential Address: F-2 Khirabad Gaon

New Friends Colony New Delhi-25

Phone No: 9990500250

Father's Name: Raj Kumar Gupta Occupation: Auto Driver

Office Address: No Any

Phone No: _____

Mother's Name: Soni Kumari Occupation: Housewife

Office Address: Nil

Phone No: _____

Alternative Contact Name: Rajesh Kumar

Address: B-85 Khirabad Gaon New Friends Colony

Phone No: 9891098376 Relation with Patient: Cousin (Chacha)

Medical Summary :

Diagnosis: B/L Profound Hearing loss.

Associated Condition: Speech & Language Delay.

Height: _____ Weight: _____ Blood Group: _____



Relation	Name	Age	Education	Occupation	Income P.M
Father	Rajiv Kumar Gupta	30	5 th class	Auto Driver	6000/-
Mother	Soni Kumari	25	5 th class	Housewife	—
Brother	—	—	—	—	—
Sister	Rani Kumari	2 1/2 yrs	—	—	—

Field Trips/Projects/Events: Permission is granted for the child to participate in field trips and projects/ Events during the session he/she attends in centre.

Yes: ☒ No: ☐ 2103 303611

Photo/Media Releases : Permission is granted to photograph my child for promotional and educational purposes.

Yes: ☒ No: ☐ 2103 303611

Deceleration:

I hereby delegate my authority to management and staff of the centre to take immediate action in event of any medical emergency and that I will not hold the centre responsible for any unfortunate incident.

Place & Date: New Delhi
10/07/2014

2103 303611
Parent's/Guardian's Signature

Approved By: ☒

Authorised Signatory:

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre

Coordinator & Health Administrator



सत्यमेव जयते

INDIA NON JUDICIAL

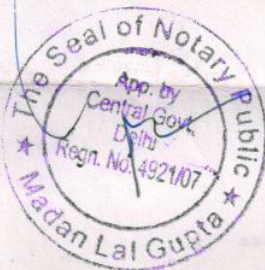
Government of National Capital Territory of Delhi

e-Stamp

Certificate No.	: IN-DL20423510283186M
Certificate Issued Date	: 09-Oct-2014 04:43 PM
Account Reference	: IMPACC (IV)/ dl915403/ DELHI/ DL-DLH
Unique Doc. Reference	: SUBIN-DL91540337708709486063M
Purchased by	: RAJU KUMAR GUPTA
Description of Document	: Article 4 Affidavit
Property Description	: NA
Consideration Price (Rs.)	: 0 (Zero)
First Party	: RAJU KUMAR GUPTA
Second Party	: AS APPLICABLE
Stamp Duty Paid By	: RAJU KUMAR GUPTA
Stamp Duty Amount(Rs.)	: 10 (Ten only)



Please write or type below this line



Rajy

Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at "www.shcilestamp.com". Any discrepancy in the details on this Certificate and as available on the website renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

AFFIDAVIT

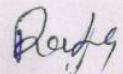
I, RAJU KUMAR GUPTA S/O SH. RAM PRASAD GUPTA R/O H.NO-E-2, KHIZRABAD, NEAR NEW FRIENDS COLONY, NEW DELHI-110025, do hereby solemnly affirm and declare as under:-

1. That I am Indian Citizen.
2. That I am residing presently at H.NO-E-2, KHIZRABAD, NEAR NEW FRIENDS COLONY, NEW DELHI-110025 from many years.
3. That KISHAN KUMAR GUPTA is my son and his correct & exact date of birth is 01.02.2009.
4. That his mother name SMT. SONI GUPTA.
5. That my total income from all source of Rs. 48, 000/- (Rupees Forty Eight Thousand Only) per annually.
6. I take oath solemnly declaration/affirm that the particulars furnished by me above are correct and that I have not concealed or misrepresented any facts.
7. That this is my true statement.


DEPONENT


VERIFICATION

Verified at New Delhi on this 09th day of October 2014 that the contents of the above affidavit are true and correct to the best of my knowledge and belief.



DEPONENT




ATTESTED


Madan Lal Gupta
Notary Public, Delhi-India

- 9 OCT 2014


 भारत निर्वाचन आयोग
 पहचान पत्र
 ELECTION COMMISSION OF INDIA
 IDENTITY CARD
 NWD0086967

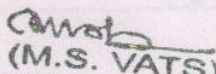



मतदाता का नाम : राजू कुमार गुप्ता
 Elector's Name : Raju Kr Gupta
 पिता का नाम : राम प्रसाद गुप्ता
 Father's Name : Ram Prasad Gupta
 लिंग / Sex : पुरुष / Male
 1.1.2008 को आयु
 Age as on 1.1.2008 : 22

NWD0086967

पता :
ई-2, खिजराबाद गांव नियर फ्रेंड्स कालोनी , दिल्ली
-110025

Address:
E-2, KHIZRABAD VILLAGE NEAR
FRIENDS COLONY , DELHI - 110025


 (M.S. VATS)

Date: 26/10/2008

54-ओखला विधानसभा निर्वाचन क्षेत्र के
 निर्वाचक रजिस्ट्रार अफिसरी
 के हस्ताक्षर की अनुकृति
 Facsimile Signature of the
 Electoral Registration Officer
 for 54-OKHLA Assembly Constituency

ठेका बदलने पर, नये पते पर अपना नाम निर्वाचक
 नामावली में दर्ज करवाने तथा उस पते पर इसी
 नम्बर का कार्ड पाने के लिए सम्बंधित फार्म में यह
 कार्ड नम्बर अवश्य लिखें।
 in case of change in address, mention this Card
 Number in the relevant Form for including your name
 in the roll at the changed address and to obtain the
 card with the same number.

008/9646

मेरा मैं

श्री मान लंछा संन्यास

रिजिस्ट्रार रिजिस्ट्रार से-ए

C.63 वेसमिन्स लाइव्स एन्ड पोस्ट-ए नॉन रिजिस्ट्रार
विषय: बच्चे का नाम के मशीन के खर्च है,
महाशिव

मिसेशन यह है कि मैं नाम 21 जुलाई 2014
34 30 वर्ष है। मैं 42 खोलाबाद गांव
के से-ए लाइव्स के पास रहता हूँ, मैं एक
गरीब व्यक्ति हूँ। मेरी मासिक आय 5000/-
रु है। मेरे बच्चे का नाम विशाल कुमार गुप्ता
है। यह पाँच साल का है। इसका इलाज
रिजिस्ट्रार रिजिस्ट्रार से-ए में फिजल एक साल से चल रहा
है। इसका इलाज अभी मैं नहीं कर रहा हूँ।
मेरे बच्चे का नाम से मुनाई नहीं देता है।
मुनाई नहीं देने के कारण बीमारी नहीं पाता
है। जो कि नाम में मशीन लगाने की सलाह
दी है। मैं एक गरीब व्यक्ति हूँ। मशीन का
किराया 92,000/- रु है। मेरी आय, रिजिस्ट्रार मशीन
एक के लाइव्स मशीन खरीदने में सक्षम है।

To,
AGWB
Kindly help
for same

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre

Coordinator & Health Administrator
7/10/14

अतः श्री मान से प्रार्थना है कि
अभिजित महाशिव प्रदान करें।

प्रार्थी
शुभ कुमार गुप्ता
Only



Prime Clinic

Prime Clinic

C 140 Defence Colony, N. Delhi 24
Tel: 011-46564950, 46564964

Center for Hearing, Vertigo, Tinnitus and
Speech

eMail: contact@primehearing.com

Web: www.primehearing.com

Kishan Kumar Gupta
Patient Id : P2145
+919990500250

Male, 5 Years

By: **Dr. Kshitij Malik**

Date: **07 Oct, 2014**

Complaints	<ul style="list-style-type: none">Decreased hearing noted at age 4 years
Investigations	<ul style="list-style-type: none">Pure Tone Audiogram shows B/L Profound Hearing Loss, B/L
Diagnoses	<ul style="list-style-type: none">(?Congenital) Severe to profound Sensorineural hearing loss
Notes	<ul style="list-style-type: none">Child will benefit from a High Powered Digital Hearing Aid.



Prime Clinic

Prime Clinic

C 140 Defence Colony, N. Delhi 24
Tel: 011-46564950, 46564964

eMail: contact@primehearing.com

Center for Hearing, Vertigo, Tinnitus and
Speech

Web: www.primehearing.com

Kishan Kumar Gupta
Patient Id : P2145
+919990500250

Male, 5 Years

By: **Dr. Kshitij Malik**

Treatment Plan / *no solution*

Date: **07 Oct, 2014**

Treatment	Notes	Cost INR	Discount INR
Hearing Aid Fitting	Unitron Max 6 SP hearing aid	111,000.00	22,200.00
Ear Moulds		1,200.00	0.00
Speech Therapy	One Session	2,500.00	500.00

Estimated Amount: 114,700.00 INR

Total Discount: 22,700.00 INR

Grand Total: 92,000.00 INR

*Taxes as applicable

Pure Tone Audiogram



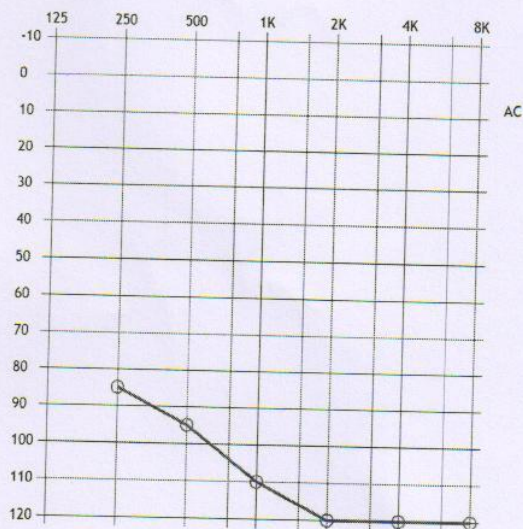
Patient name: Kumar, Kishan,
Address:

Soc. Sec. No.:

Date of birth:

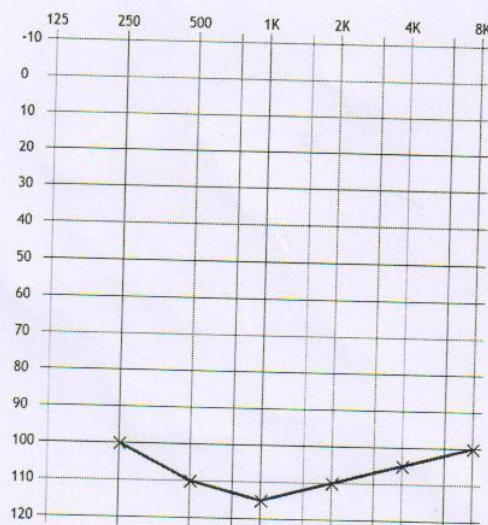
Test date:

10/7/2014



Legend

R B L
○ | ×



Report comments:

Signature:

Dr Kshitij Malik

Date of Report:

10/7/2014

Kishan Kumar **SPECIAL EDUCATION ASSESSMENT FORM**
 5 year / ~~Female~~ male

SELF HELP SKILLS

Meal Time Activities:

A) Eating Independent

B) Drinking Independent

Toilet habits

☒ Trained/ ☐ untrained/ ☐ Need help/ ☐ can indicate

Brushing:

☒ Independent/ ☐ Dependent/ ☐ Needs help (specify)

Bathing:

☒ Independent/ ☐ Dependent/ ☐ Needs help

Dressing/ undressing: Independent

Wearing shoes/Slippers/specify) Wearing shoes with out laces

Grooming N.A.

SOCIALIZATION

-She regards face and make eye contact, Yes

-Expressed his/ her needs Yes

-She shows likes and dislikes for certain objects and people Like watch the T.V.

-She shows a wide variety of emotion like fear, joy etc. Yes

-Greets familiar person when reminded makes choice when asked Yes

-play with 2-3 children cooperatively Yes

-Can bring object from another room on direction Yes

-Mobility in neighbourhood. Yes mobility

COGNITIVE:

Level of disability (Reported by) Learning Impairment Dated: _____

Identification of familiar objects: Yes Identification of familiar objects.

Use of familiar objects: Yes Use of familiar objects.

Following simple instructions: Yes following simple instruction.

Awareness of dangers & hazards: Yes Mobilit Awareness.

(Concept formation Indicate ability of match, identify and name)

a) Color : Not

b) Size : Big and Small

c) Sex : Not

d) Shape : Not

e) Number : Not

f) Time : N.A.

g) Money : Not

ACADEMIC

1. Reading: Reading Skill are not Improve
2. Writing: Writing Skill are Improve Only pen holding.
3. Arithmetic: Arithmetic Skill are not Improve.

SENSORY STATUS: Not. Sensory problem.

BEHAVIOR:

1. Attention span : Yes
2. Child's co-operation during assessment: Yes Cooperative
3. Any problem behavior reported by parents: Urtion. Anger
4. Problem behavior observed by Educator: Hearing Impairment.

RELATIONSHIP BETWEEN (as reported by parents)

1. Child - Father
2. Child - Mother
3. Child - Siblings
4. Child - Other members
5. Father - Mother
6. Among other members

- good

likes and dislikes of the child like Watch the T.V.

special ability (if any) _____

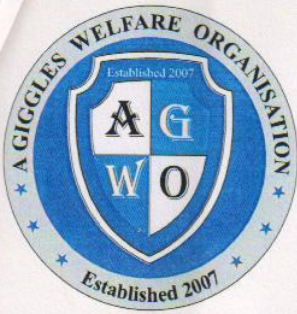
conclusion: Kishan is 5 year old boy hearing Impairment

Recommendation for the placement in - Refer to IQ. Assessment

- speech Therapy.
- special Education.

Signature _____
(Special Educator)

Name _____



A Giggles Welfare Organisation

(Project - India Rehab Center)

Registered Office: E-74, 3rd Floor, Bharat Nagar, New Friends Colony, ND - 110025

Functional office: C - 63, South Extension - Part 2, New Delhi - 49

Registration No: 59154, Registered under the Society Act 1860

Ph.: 011-41010774, 011-26250001

Website: www.agwo.org, Email ID: contact@agwo.org

Ref. No.: Kishan. Kumar Gupta,

Age 5

Date: 18/7/2014

Re Kishan. iser. hearing Impairment child.
And he can not speak but some
time - Babbling.
given ++.

- Articulation therapy.
- Use of hearing aid. (Bilateral)
- oral Ex
- language - therapy.
- Place of Articulation
- Manner of Articulation

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Center
Coordinator & Health Administrator

> FACILITIES :

- PHYSIOTHERAPY
- OCCUPATIONAL THERAPY
- SPEECH THERAPY
- SPECIAL EDUCATION
- PSYCHOLOGY COUNSELING
- MEDICAL CONSULTATION FACILITIES
- PARENTS COUNSELING

> SPECIAL REHABILITATION PROGRAMS FOR :

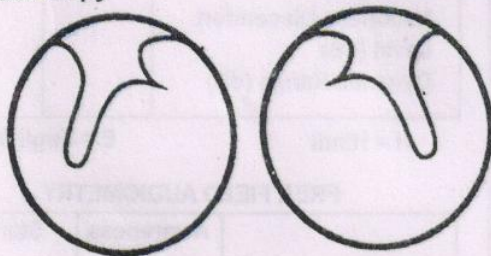
- PHYSICAL DISABILITIES
- DEVELOPMENTAL DISORDERS
- MUSCULAR DYSTROPHY

- CEREBRAL PALSY
- SPINE BIFIDA
- AUDITORY PROCESSING DISORDER
- ATTENTION DEFECT & HYPERACTIVE DISORDER
- BEHAVIOURAL DISORDER

DEPARTMENT OF OTOLARYNGOLOGY AND HEAD & NECK SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI 110029

Requisition form for audiometric evaluation

Name Pishan Kumar
 Age/Sex 4/M
 OPD Reg No./CR No. 34749/13
 Ward _____
 Otoscopy _____



Weber _____
 Rinne _____
 ABC _____
 DIAGNOSIS Cong SNHL

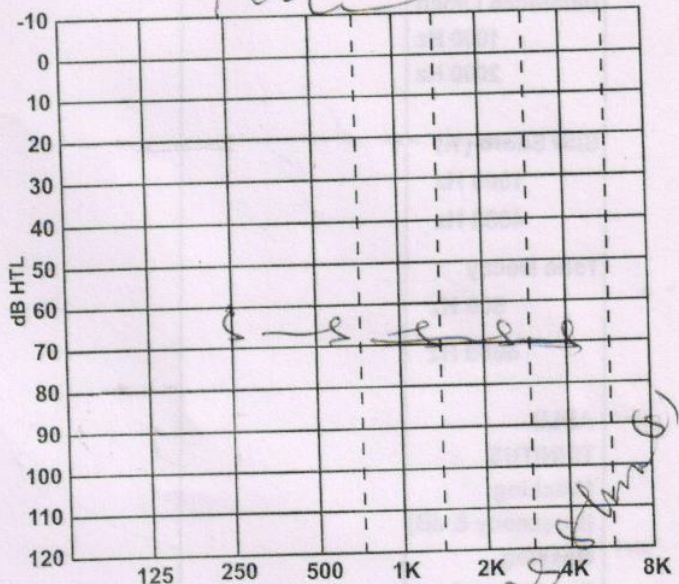
Requested by Dr. Sme
 Date 20/9/13

INVESTIGATION REQUIRED

Pure tone Audiometry	<input type="checkbox"/>
Speech Audiometry	<input type="checkbox"/>
Free Field Audiometry	<input type="checkbox"/>
Special Tests	
Difference Limen (DL)	<input type="checkbox"/>
SISI	<input type="checkbox"/>
Tone Decay	<input type="checkbox"/>
ABLB	<input type="checkbox"/>
Tinnitus Matching/Masking	<input type="checkbox"/>
Immittance	
Tympanometry	<input type="checkbox"/>
Stapedial Reflex (ipsilat/contralat)	<input type="checkbox"/>
Reflex Decay	<input type="checkbox"/>
BERA	<input type="checkbox"/>
Hearing Aid Trial	<input type="checkbox"/>
Real Ear Measurement	<input type="checkbox"/>
Others	<input type="checkbox"/>

Audiogram No. _____ Date _____
 Tested by Dr. Sme Audiometer _____
 Reliability/Remarks _____

Audiogram No. 6836 Date 24/9/13
 Tested by Dr. Sme Audiometer 2m

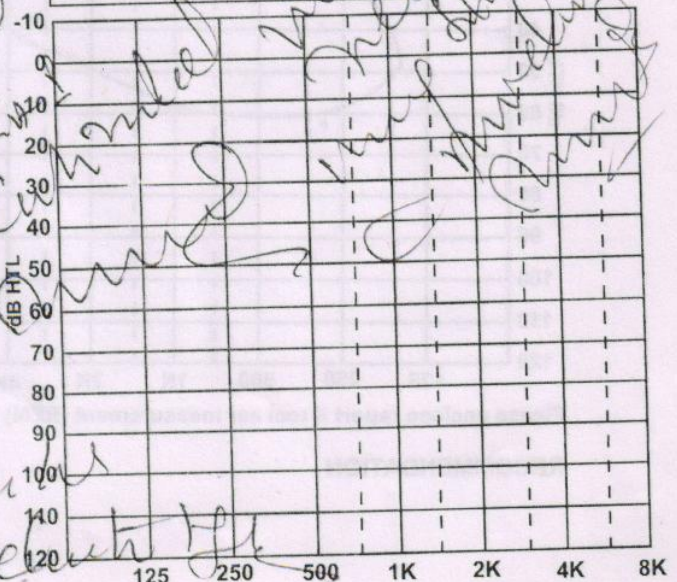


AUDIOMETRY KEY

A.C.	R	L
Unmasked	O	X
No response	O	X
A.C.		
Masked	Δ	Δ
No response	Δ	Δ
B.C. (Mastoid)		
Unmasked		
No response		
B.C. (Mastoid)		
Masked		
No response		

Reliability/Remarks

B.C. (Forehead)
 Unmasked V
 Free Field S

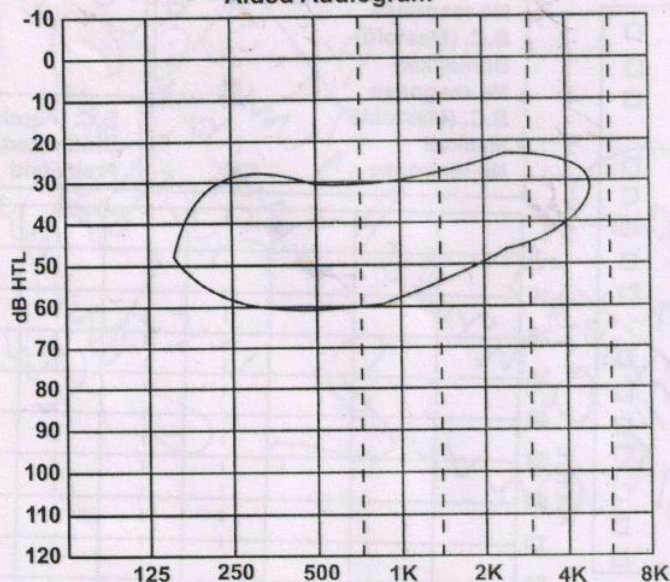


SPECIAL TESTS

Test	Observations	
	Right	Left
Difference Limen		
1000 Hz		
2000 Hz		
SISI Score (%)		
1000 Hz		
4000 Hz		
Tone Decay		
500 Hz		
4000 Hz		
ABLB		
TINNITUS		
Matching		
(frequency & dB)		
Masking		
(tinnitusgram)		

For ABLB and Tinnitusgram use audigram form.

HEARING AID TRIAL Aided Audiogram



Please enclose report if real ear measurement (REM) is done.

RECOMMENDATION

SPEECH AUDIOMETRY

	Right	Left
	H / E	H / E
Speech Awareness		
Threshold (dB)		
Speech Reception		
Threshold (dB)		
Speech Discrimination		
Score (%)		
Most Comfortable		
Level (dB)		
Loudness Discomfort		
Level (dB)		
Dynamic Range (dB)		

H = Hindi

E = English

FREE FIELD AUDIOMETRY

	Awareness	Startle
Speech		
Wide Band Noise		
Narrow Band Noise		
500 Hz		
1000 Hz		
2000 Hz		

AIDS TRIED

A1
A3

A2
A4

AIDED SPEECH AUDIOMETRY

	Right	Left
SAT / SRT		
A1		
A2		
A3		
A4		
SDS		
A1		
A2		
A3		
A4		

Tested by:

Date:

Reliability



4107
DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD AND NECK SURGERY

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

ANSARI NAGAR, NEW DELHI-110 029

Name Kishan Kumar Jutta UHID No.

Unit

Age/Sex 4 yrs / M

CR No. 30749/13

Date 24/9/13

Clinical Diagnosis 'cong SNHL'

Test Required ☒ ABR ☐ ASSR ☐ OAE

INSTRUCTIONS TO PATIENTS FOR UNDERGOING TEST

जाँच करवा रहे रोगियों हेतु निर्देश

1. The test is best undertaken with the child asleep. It can therefore be helpful if the child is woken up early in the morning and is sleepy at the time of conducting the test.
यह जाँच जब बच्चा सो रहा हो तभी बेहतर हो पाती है। इसके लिए बच्चे का सुबह जल्दी जगना सहायक हो सकता है तथा जाँच के समय तक बच्चा सोने की स्थिति में होता है।
2. Please do not apply any kind of oil/cream etc. on the head or face. If oil has been applied on the day of the test please wash the patient's head before coming for the test.
कृपया बच्चे को किसी प्रकार का तेल/क्रीम इत्यादि न लगाएं यदि जाँच के दिन सिर पर तेल लगा हुआ हो, तो कृपया जाँच के लिए आने से पहले रोगी का सिर धो दें।
3. The Patient may have a light breakfast. There is no need for fasting for the test.
रोगी हल्का नाश्ता ले सकते हैं। जाँच के लिए खाली पेट रहने की आवश्यकता नहीं है।
4. Sedation is usually required so that the child sleep well for the test. This shall be administered at the hospital under direct supervision. After this there is usually a waiting period of 30-90 minutes before the test can be conducted.
सामान्यतः प्रशामक की आवश्यकता होती है ताकि बच्चा जाँच के समय ठीक से सोया हुआ हो। यह प्रशामक अस्पताल में प्रत्यक्ष निगरानी में दिया जाता है। इसके पश्चात सामान्यतः जाँच होने से पहले 30-90 मिनट तक प्रतीक्षा की जाती है।
5. Following the test all children who have been sedated shall be required to wait for about 2 hrs for the effect of sedation to wear off before leaving the hospital.
जाँच के पश्चात सभी बच्चों को जिन्हें प्रशामक किया गया था उन्हें अस्पताल से जाने से पहले प्रशामक के प्रभाव की समाप्ति के लिए लगभग 2 घंटे इंतजार करना होगा।
6. After the test, you may apply oil/cream on the tested area for 2-3 days.
जाँच के पश्चात आपकी जिस जगह जाँच की गई है उस पर 2-3 दिनों तक क्रीम/तेल लगा सकते हैं।
7. Please bring Triclofos oral solution 30 ml for sedation purpose.
कृपया प्रशामक उद्देश्य हेतु ट्रिक्लोफोस 30 मि.ली. मुखीय दवा साथ लाएं।

Weight _____

Dosage _____

Referring Physician Name Dr. M. SURESH

Signature

Date & Time of Appointment

21/12/2013 at 10 AM (4107)

Address

Phone No.

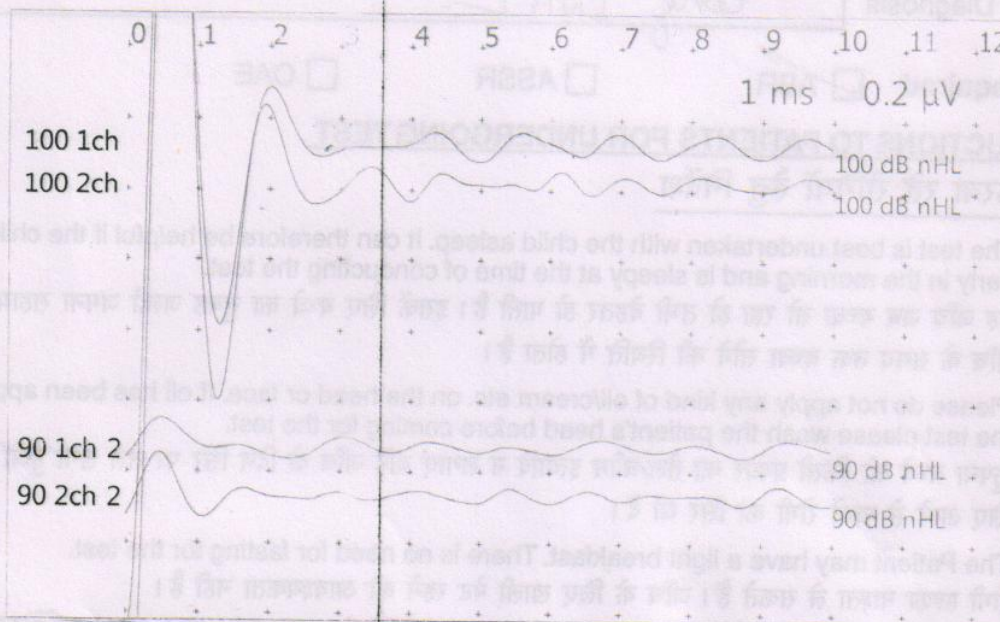
Technician Signature

DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD & NECK SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, ANSARI NAGAR, NEW DELHI-110029

BRAINSTEM EVOKED RESPONSE AUDIOMETRY

Patient ID	1518/13	Patient Name	KISHA KUMAR GUPTA
Age	4 years 4 month	DOB	8/12/2009
Doctor	DR SURESH	Time	12:05 PM
Sex	Male	Date	Saturday, December 21, 2013

(CHANNEL 1= LEFT) (CHANNEL 2=RIGHT)



All- no significant wave at 100 dB nHL

R Kumar

General

Others

आ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL



ENT OPD

बहिरंग रोगी विभाग / Out Patient Department

TUES

शुक्रवार

8.30 से 11 बजे तक

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

OPR-6

4105

एकक/Unit

2013/009/0034749

विभाग/Dept.

(नाक कान गला विभाग) ENT

ब० रो० दि० पंजीकृत सं० / O.P.D. Regn. No.

UHD:

20130546544

पता/Address

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/Address
(किशन कुमार गुप्ता) KISHAN KUMAR GUPTA	S/O : (आर.के. गुप्ता) R.K. GUPTA	पुरुष M	4 वर्ष/ Y 6 महिना/ M	E-2, KHIJRABAD GAON, NEW FRIENDS COLONY, ND-25, DELHI M: 9990500250

निदान/ Diagnosis

दिनांक/ Date

उपचार/ Treatment

Registration Time : 8:00 AM TO 10:30 AM

Done By: RAK OPD/155

Please visit ENT counter for room allotment (Fourth Floor (चौथी मंजिल))

20/09/2013 09:48:43 AM

40 inability speak & hear since birth.

1st child

FTNVB
(Home)

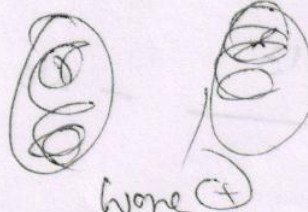
CIAB

No H/O NUT/
seizure

No developmental delay

012

Ear



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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patient

A/R 

OCC 

16836
24/11/15
24/9

Adv

BIC Tum SIC

Q106B FFA

FFA - 70 dB.

Adv

✓ Q107 BERA

✓ Power

24/12/13

- NO significant wave at 100 dB HL.

↓
Hearing aid

↓ cochlear Implant

Adv

- hearing aid trial.