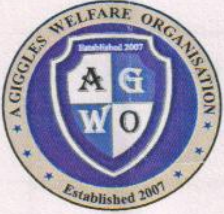




During Treatment





A Giggles Welfare Organisation

(Project - India Rehab Center)

Registered Office: A 17, Flatted Factory, Near Okhla Mandi, Okhla Phase-3, New Delhi-110019
 Functional Office: C-63 Basement, South Ex-2, New Delhi-110049, Contact: - 011-26250001/41010774
 Website : www.agwo.org

REGISTRATION FORM

Name: Master. Deepak Kumar. D.O.B.: 23 July 1997

Age/Gender: Male Reg. No.: _____ D.O.A.: 27/11/12

Mother Tongue: Hindi

Previous Education: 11th class in normal school.

Residential Address: A/25 Sanwal Nagar Near
Sadiq Nagar New Delhi - 110049

Phone No: 9990554100, 24352018 (office)

Father's Name: Late Mr. Mahendra Kumar Occupation: _____

Office Address: _____

Phone No: _____

Mother's Name: Late Mrs. Mamta. Occupation: _____

Office Address: _____

Phone No: _____

Alternative Contact Name: Mr. Pramod Kumar.

Address: A/25 Sanwal Nagar Near Sadiq Nagar, New Delhi - 49

Phone No 9990553100, 9990554100 Relation with Patient: Uncle

Medical Summary :

Diagnosis: Bilateral Genu Valgum (Knock Knee Deformity)

Associated Condition: _____

Height: _____ Weight: _____ Blood Group: _____



Relation	Name	Age	Education	Occupation	Income P.M
Father	late Mr. Mahendra Kumar	-	-	-	- ✓
Mother	late Mrs. Mamta	-	-	-	- ✓
Brother	Master - Himanshu Kumar	11	6 th class	-	- ✓
Sister					

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: ☐

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

Yes: ☒ No: ☐

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 27/11/12

[Signature]
Parent's/Guardian's Signature

Approved By: [Signature]

Authorised Signatory:

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre

[Signature]
Coordinator & Health Administrator

शेरा से,

श्रीमान व्यावस्थापक सहाय

रू गिगलस वेलफेयर ओरगेनाइजेशन

C-63 बेसमेंट साउथ खरन पार्क-2 नई दिल्ली

विषय :- घुटने की सर्जरी के सम्बन्ध में

सहाय,

संबिन्ध निवेदन है कि मैं रास सिंह A-28
साँवल नगर नयी दिल्ली-43 में रहता हूँ।
मेरा बाली दीपक कुमार का इलाज इंडिया
रिहैब सेन्टर में दूर सघने से चल रहा
है। मेरे बच्चे के घुटने में काफी परेशानी
रहने के कारण चल नहीं पाता हूँ। डा० ने
बताया है कि घुटने की सर्जरी करवानी
पड़ेगी। मेरी आर्थिक स्थिति ठीकी नहीं
होने के कारण इसके घुटनों की सर्जरी
नहीं करा पा रहा हूँ।

अतः श्रीमान से प्रार्थना है

कि मुझे घुटने की सर्जरी करवाने की
रुपा प्रदान करें

धन्यवाद,

दिनांक

13/3/14

प्राची

रास सिंह सज्जल

To,
Aawo
Kindly help for
the same

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre

Coordinator & Health Administrator
13/3/14

9718779736

आय
INCOME

एस.जे.एच./SJH-25

बाह्य रोगी विभाग पंजी. संख्या
O.P.D. Reg. No.सफदरजंग अस्पताल, नई दिल्ली
SAFDARJANG HOSPITAL, NEW DELHI
(बाह्य रोगी का निर्देश पत्र)
(OUT-PATIENT'S REFERENCE CARD)ORTHO III-B
10/11
10/11शल्य चिकित्सक/ चिकित्सक का नाम
Name of Surgeon/Physician

34199/11

विभाग

Deptt.

नाम
Name

Deepak

पिता/पति का नाम
Father's Name
Husband'sआयु
Ageलिंग
Sexपता
Address

14/M

निदान

Diagnosis

B/c genu valgum

दिनांक
Datedउपचार
Treatment08/10/11 Advt serum Ca⁺⁺, P₀₄⁻⁻⁻, Alk P₀₄ ase.

- orthoscanogram B/c knee.

- Tab CM plus P/O B/D.

5A

61

- R/A 4 days in alt. OPD on
Wed/Sl at 9:00 am

19/10/11

6

9.

Advt - Phosite oalhet P/O OPD x 10 days.

- Tab CM plus. P/O B/D

- R/A 10 days in alt. OPD on
Wed/Sl at 9:00 am

Yours Sr. No. is.....25.....

Room No. 5054
MON / WED / FRI at 2.00 P.M.

ANAESTHESIA CLINIC
DEPARTMENT OF ANAESTHESIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI

PAC Regn. No.

4081/12

Date

3/8/12

नाम
Name

Deepak kr

आयु / लिंग
Age / Sex

14 / m

पता
Address

Ht/Wt

निदान/Diagnosis

Green valgum
deformity - B/L

Surg. Planned :

Corrective Surgery

PREOPERATIVE CHECK LIST

HISTORY - (Tick the relevant points)

NO.

Systemic illness :

CVS

RESP

Endocrine

GIS

CNC

Others

Significant Details of the above if any

deformity in B/L knee occasionally 2 pain
No H/O trauma

Pregnancy

Others

CURRENT DRUGS :

Bronchodilators

Antihypertensive

Antidiabetic

Any Other

Nil

ALLERGIES

Smoking

Alcohol

PAST HISTORY : ANAESTHETIC IF ANY

GENERAL CONDITION :

Anaemia

Cyanosis

BP :

Pulse

Jaundic

Oedema

Ascites

110/min

A S A Grading :- 1

Mallampatti Grading 1

Teeth - WNL

Neck Movements WNL

UPPER AIRWAYS : OBSTRUCTION NIL Intubation Simple/Difficult ✓
RESPIRATORY SYSTEM : Dyspnoea Grade Auscultation :
Cough / Sputum NIL : Breath Holding Time

CARDIOVASCULAR SYSTEM :

Findings if any Neck veins Not raised Murmurs NIL
Heart sounds S1 S2 Normal

ABDOMEN : LIVER Not palpable SPLEEN N.P KIDNEY N.P OTHERS
CNS :

INVESTIGATION :

Hb% 13 URINE $\left\{ \begin{array}{l} \text{ALB} \\ \text{SUGAR} \\ \text{Micro} \end{array} \right.$ Na/K 136/4.7 B.UREA B.SUGAR S. Creat
F PP R

TLC: P L: M: E: B:

ECG

ECHO

X-RAY CHEST

PFT

LFT: T. Protein: A/G: 4.7/2.5 OT/PT 26/17 Alk Po₄: 604 S: Bill. 1.2

Special Investigations Ca²⁺ - 8.7

SPECIAL PROBLEMS :

INSTRUCTIONS AND ADVICE

1. ✓ Date can be given for Operation
2. Admit-Days Prior to Surg.
3. Further Advice. May be posted for OT DGA
4. Referred to
5. Reviewed Later

Signature :

Name :



ORTHOSTAR

A unit of RELIEF & CARE Orthopedics Centers

* F 86 Jawahar Park, Devli rd, nr Cambridge school, ND 62

*L-85 Lajpat Nagar II, Near Jal Vihar Round about, ND -24

*417/2 Jangpura Road, near Sahi Hospital, ND-14

PHONE: 9818545399 , 92688267 45 , 46, 47

Website www.reliefandcare.com Email:reliefandcare@gmail.com

NAME:- Mr. DEEPAK KUMAR

16/M

Date: 26/03/2014

(C/O A Giggle Welfare Organization)

DIAGNOSIS:- B/L GENU VALGUM

SURGERY PLANNED:- B/L CORRECTIVE OSTEOTOMY

ESTIMATE FOR SURGERY

SURGEON	FEE -	-	25,000
ASSISTANT FEE	-	-	10,000
ANAESTHETIST	FEE -	-	5,000
O.T CHARGES	-	-	15,000
IMPLANT	-	-	25,000
CONSUMABLES -	-	-	15,000
ROOM RENT -	-	-	5,000 (2500 X 2)

TOTAL-

1, 00000



अ० भा० आ० स० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

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

28/05/12 29/7/12 1 PM

एक/ Unit 2012/008/0018822

विभाग/ Dept. Orthopedics (अस्थिरोग विभाग) Unit-II

UHD: 20120169243
व्यक्तिगत सं/ O.P.D. Regn. No.

नाम/ Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता/ Address
DEEPAK KUMAR	S/O: LT SH MAHENDER KUMAR	M पुरुष	14Y / वर्ष	A 25 SANWAL NAGAR, DELHI

निदान/ Diagnosis

दिनांक/ Date

उपचार/ Treatment

Registration Time : 8:00 AM TO 10:30 AM
Room No. 11, First Floor
23/05/2012 10:26:04 AM

90 deformity in B/L knee x 4-Sys.
No H/O trauma
H/O fever.
H/O wt. loss

O/E: B/L knee

- (H) skin
- no swelling.
- No tenderness.

- B/L Genu Valgum deformity -
around 20°

- Deformity is obliterated on knee flexion.
- Intermalleolar distance is around 20cm.
- No DNRD.

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 patients

Deepak Kr.

15 yrs.

Physiotherapy / occupational therapy assessment

CHIEF COMPLAINTS Difficulty in standing and

PROBLEM IN DETAILS walking.

MEDICAL HISTORY :

A. PRE NATAL CONDITION

(N)

B. PERI NATAL CONDITION

(N)

C. POST NATAL CONDITION

(N)

cer

D. TREATMENT HISTORY

E. FAMILY HISTORY

worker

DEVELOPMENTAL MILESTONES

DELAYED BY

Sitting (7 Month)

(N)

Creeping (9 Month)

(N)

Standing (1 Year)

(N)

Walking (14 Month)

(N)

Speaking (18 Month)

(N)

Deepak Kr.

15 yrs.

Physiotherapy / occupational therapy assessment

CHIEF COMPLAINTS Difficulty in standing and

PROBLEM IN DETAILS walking.

MEDICAL HISTORY :

A. PRE NATAL CONDITION

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(N)

C. POST NATAL CONDITION

(N)

cer

D. TREATMENT HISTORY

E. FAMILY HISTORY

worker

DEVELOPMENTAL MILESTONES

DELAYED BY

Sitting (7 Month)

(N)

Creeping (9 Month)

(N)

Standing (1 Year)

(N)

Walking (14 Month)

(N)

Speaking (18 Month)

(N)

ON EXAMINATION


General Appearance:

- a) Head shape & Size : (N)
- b) Higher function:
- I. Cognition/perception (size, shape, depth, fig-ground): _____
 - II. Orientation: (N)
 - III. Attention: (N)
 - IV. Memory: (N)
- c) Muscle tone: hypertonic/hypotonic/fluctuating
- d) Muscle power:
- | | | |
|------------|-----------|-----------|
| Upper Limb | <u>Lt</u> | <u>rt</u> |
| | <u>5</u> | <u>5</u> |
| | | |
| Lower Limb | <u>Lt</u> | <u>rt</u> |
| | <u>4+</u> | <u>4+</u> |
| | <u>5</u> | <u>5</u> |
- e) Reflex Maturation:
- I. Spinal Level Reflexes (0-2 months) (N)
 - II. Brain-Stem Reflexes
 - III. Cortical Reflexes
 - Equilibrium Reaction
 - Prone (6 months on wards)
 - Supine (6 months onwards)
 - Quadruped (10 months onwards)
 - Sitting (8 months onwards)
 - Standing (14 months onwards)
- f) Neuromotor Disturbances
- | | | |
|---------------|-----------------|-------------|
| I. Spasticity | III. Flaccidity | V. Rigidity |
| II. Ataxia | IV. Atonia | VI. Tremor |
- g) Distribution
- | | | |
|------------------|-----------------|---------------|
| I. Monoplegia | III. Hemiplegia | V. Paraplegia |
| II. Quadriplegia | IV. Diplegia | |
- h) Posture (Sitting, Standing, Lying) Knock knee in standing.
- i) Gait (Describe) _____
- j) Orthotic / Prosthetic and postural aids Presently Using: _____

ON EXAMINATION


General Appearance:


- a) Head shape & Size : (N)
- b) Higher function: _____
- I. Cognition/perception (size, shape, depth, fig-ground): _____
- II. Orientation: (N)
- III. Attention: (N)
- IV. Memory: (N)
- c) Muscle tone: hypertonic/hypotonic/fluctuating
- d) Muscle power:
- Upper Limb Lt rt
- 5 5
- Lower Limb Lt rt
- 4+ 4+
- 5 5
- e) Reflex Maturation: _____
- I. Spinal Level Reflexes (0-2 months) (N)
- II. Brain-Stem Reflexes
- III. Cortical Reflexes
- Equilibrium Reaction
- Prone (6 months on wards)
- Supine (6 months onwards)
- Quadruped (10 months onwards)
- Sitting (8 months onwards)
- Standing (14 months onwards)
- f) Neuromotor Disturbances
- I. Spasticity III. Flaccidity V. Rigidity
- II. Ataxia IV. Atonia VI. Tremor
- g) Distribution
- I. Monoplegia III. Hemiplegia V. Paraplegia
- II. Quadriplegia IV. Diplegia
- h) Posture (Sitting, Standing, Lying) Knock knee in standing.
- i) Gait (Describe) _____
- j) Orthotic / Prosthetic and postural aids Presently Using: _____


Election Commission of India
 भारत निर्वाचन आयोग

HMD0766931

IDENTITY CARD
 पहचान पत्र





Elector's Name : **PRAMOD KUMAR**
 निर्वाचक का नाम : प्रमोद कुमार

Father's Name : **RAM SINGH**
 पिता का नाम : राम सिंह

Sex : **Male** लिंग : पुरुष

Age as on 1.1.2002 : 19 years
 1.1.2002 को आयु वर्ष

*True copy.
 Self Attested
 [Signature]*

Address : HMD0766931

A-25, A-BLOCK SANWAL NAGAR , NEW DELHI

पता :
 ए-२५, ए-ब्लॉक सानवल नगर, नई दिल्ली

Electoral Registration Officer
A.C.-4 (KASTURBA NAGAR)

Electoral Registration Officer
 निर्वाचक रजिस्ट्रेशन अधिकारी

KASTURBA NAGAR Assembly Constituency
 कस्तूरबा नगर विधानसभा निर्वाचन क्षेत्र

Place : **NEW DELHI** Date: **11/06/2002**
 स्थान : नई दिल्ली दिनांक

This Card may be used as an Identity Card
 under different Government Schemes.
 इस पत्र का विभिन्न सरकारी योजनाओं के अन्तर्गत
 पहचान पत्र के रूप में प्रयोग किया जा सकता है

Parents / Guardian's feedback:

मेरा बेटा दीपक एम्स में इलाज करा रहा है।
वहीं से हमें इंडिया रिहैब सेंटर के बारे में पता चला
जिसके बाद हम यहाँ पर आये। हमें एम्स में सर्जरी
के लिए बोला गया है और हम सर्जरी करने में
आपकी मदद चाहते हैं।

Date: 26/2/13

Laxmi

Signature of Parents / Guardian:

Patient Progress Sheet:

Name: Deepak

RegistrationNo.IRC/2012/11/A0030

Date of Admission: 27/11/2012

Diagnosis: Rickets (B/L Genu Valgum)

Case Summery:

15 year old boy having no specific history regarding problem but this problem arise at the age of 13 onset of knocked knees.


Date of Assessment: 27/11/2012

Symptoms /condition	Treatments /Therapy	Improvements
<ul style="list-style-type: none">• Extreme bilateral knocked knee more than 20 degree angle• Pain in the lower back• Pain both knee while walking• Difficulty in running• Muscular weakness in knee joint	<p>Orthopedic consultation Physiotherapy</p>	<ul style="list-style-type: none">• Decreased pain in knees and lower back• Increase in muscle power

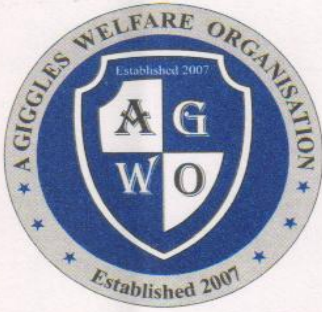
Recommendations: follow-up Orthopedic Consultation, Opinion for Corrective Surgery, Continue with Physiotherapy.

For INDIA REHAB CENTRE

Date: 21/02/19

Signature: 

Health Administrator



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.:

Date: 31 Jan 13

Depak kr.

15 yrs/M

Knock knees.

↳ Strengthening Ex's.

- Quad's Ex's

- Ham Ex's.

- Repeat the same ↳

Conti the same

Ritu

18/2/13

Sign: Physiotherapist

PROJECTS India Rehab Centre

A GIGGLES WELFARE ORGANISATION

Ritu

26/2/13

Sign:

Physiotherapist

PROJECTS India Rehab Centre

A GIGGLES WELFARE ORGANISATION

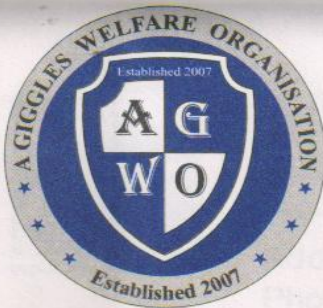
> FACILITIES :

- 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



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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.: 31 Jan 2013 Deepak kr 15yr/M Date:-

Diagnoses: Knock knees

Rx :- strong thigh Ex's
Quad's Ex's
Hams' Ex's] isometrics [10 times x 2 set]

Rishi
01/11/13
Physical Therapist
INDIA REHAB CENTRE

Rx Repeat the same

Rishi
18/12/13
Physical Therapist
INDIA REHAB CENTRE

Rx conti the same Ex's

Rishi
26/2/13
Sign:
Physiotherapist
PROJECTS India Rehab Centre
GIGGLES WELFARE ORGANISATION

► FACILITIES :

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

► SPECIAL REHABILITATION PROGRAMS FOR:

- PHYSICAL DISABILITIES
- DEVELOPMENTAL DISORDERS
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- CEREBRAL PALSY
- SPINE BIFIDA
- AUDITORY PROCESSING
- DISORDER
- ATTENTION DEFECT &
- HYPERACTIVE DISORDER
- BEHAVIOURAL DISORDER



सत्यमेव जयते

INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

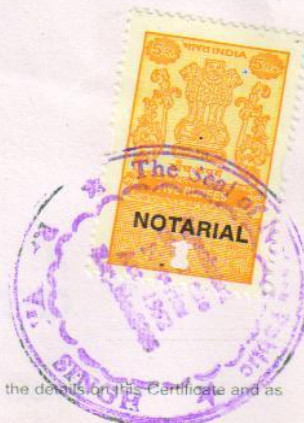
e-Stamp

Certificate No.	: IN-DL83749096154753L
Certificate Issued Date	: 01-Nov-2013 03:19 PM
Account Reference	: IMPACC (IV)/ dl775903/ DELHI/ DL-DLH
Unique Doc. Reference	: SUBIN-DLDL77590365517361707404L
Purchased by	: PRAMOD KUMAR
Description of Document	: Article 4 Affidavit
Property Description	: Not Applicable
Consideration Price (Rs.)	: 0
	(Zero)
First Party	: PRAMOD KUMAR
Second Party	: Not Applicable
Stamp Duty Paid By	: PRAMOD KUMAR
Stamp Duty Amount(Rs.)	: 10
	(Ten only)



.....Please write or type below this line.....

Rela Tax
11/11/2013



Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at "www.shoilestamp.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, Pramod Kumar S/o Sh. Ram Singh R/o A-25, Sanwal Nagar, New Delhi-110049, do hereby solemnly affirm and declare as under: -

1. That I am the legal guardian of "DEEPAK KUMAR" who is son of my Late Sister (Mamta Devi) and his father Mr. Mahender Kumar was already expired.
2. That my income from all source of Rs. 6,000/- (Rupees Six Thousand Only) per month which amount of Rs. 72,000/- (Rupees Seventy Two Thousand Only) per annum.
3. That no other documentary proof support of the said income.
4. That it is my true statement.


DEPONENT

VERIFICATION: -

Verified at New Delhi on this 11th day of Nov 2013 that the contents of the above said affavit are true and correct to the best of my knowledge belief and nothing material has been concealed therefrom.


DEPONENT



01 NOV 2013

ATTESTED

Notary Public Delhi



6

फॉर्म संख्या / FORM NO.

(नियम संख्या 41A (See Rule-8))

प्रमाण पत्र / CERTIFICATE

(जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969 की धारा)

के अंतर्गत दिया गया

(Issued under section of the Registration of Births and Deaths Act, 1969)

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

रजिस्टर में उल्लिखित है (स्थानीय क्षेत्र) के Central Zonal Office के Central Zone

which is register for (Local Area) of Central Zone of

दिल्ली नगर निगम के जिला के Central Zone of Delhi

Municipal Corporation of Delhi of District of Delhi

MAHENDER KUMAR

नाम / Name:

Male

लिंग / Gender:

death 27/09/2005

तिथि / Date of

death H NO 77 SUNLIGHT COLONY NO 2 NEW DELHI 110014

स्थान / Place of

11/10/2005

पंजीकरण की तिथि / Date of Registration:

पंजीकरण संख्या / Registration No.

मृतक के पिता का नाम / Name of father of deceased

SH NATHU RAM

19/10/2005

तिथि / Date:



Election Commission of India
भारत निर्वाचन आयोग

HMD0766931

IDENTITY CARD

पहचान पत्र



Elector's Name : **PRAMOD KUMAR**

निर्वाचक का नाम : प्रमोद कुमार

Father's Name : **RAM SINGH**

पिता का नाम: राम सिंह

Sex : **Male** लिंग : पुरुष

Age as on 1.1.2002 : **19** years

1.1.2002 को आयु **19** वर्ष

Address :

HMD0766931

A-25, A-BLOCK SANWAL NAGAR , NEW DELHI

पता :

ए-२५, ए-ब्लॉक सांवल नगर, नई दिल्ली

Electoral Registration Officer
A.C.-4 (KASTURBA NAGAR)

Electoral Registration Officer
निर्वाचक रजिस्ट्रार अधिकारी

KASTURBA NAGAR
कस्तूरबा नगर

Assembly Constituency
विधानसभा निर्वाचन क्षेत्र

Place : **NEW DELHI**

Date:

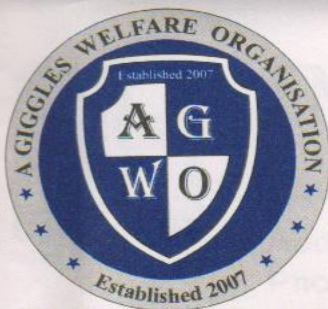
स्थान : नई दिल्ली

दिनांक

11/06/2002

This Card may be used as an Identity Card
under different Government Schemes.

इस पत्र का विभिन्न सरकारी योजनाओं के अन्तर्गत
पहचान पत्र के रूप में प्रयोग किया जा सकता है



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.:-

Deepak Kumar 15/m

Date:-

Bilateral genu valgum
predominantly distal femoral.

Evaluated at AIIMS

Advised corrective osteotomy.

X-rays May 2012 → physes still open.

Will benefit from surgical
Correction → guided growth/
Corrective osteotomy.

Please discuss.

Dr. Manoj Padman

9650462626

Dr. Manoj Padman
Senior Consultant
Paediatric Orthopaedic Surgeon

C-47 Southex

► 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