



A Giggles Welfare Organisation

(Project - India Rehab Center)

Functional Office: C-63 Basement, South Ex-2, New Delhi-110049, Contact: - 011

Website : www.agwo.org



REGISTRATION FORM

Name: Aman Sadana D.O.B.: 26-Oct-1999

Age/Gender: 15-M Reg. No.: DI/2015/05/A0241 D.O.A.: _____

Mother Tongue: Hindi

Previous Education: 9th class

Residential Address: A-90 Jain Park Street No. 7.

Offam nagan. New Delhi-59.

Phone No: _____

Father's Name: Mukesh Chander Occupation: Auto parts Service

Office Address: 2093/38 Nai wala Karol Bagh.

Phone No: _____

Mother's Name: Rajni Sadana Occupation: Housewife

Office Address: _____

Phone No: _____

Alternative Contact Name: Ravi Sadana

Address: _____

Phone No: 9136198634 Relation with Patient: Uncle

Medical Summary :

Diagnosis: b/c hearing loss

Associated Condition: speech & language delay

Height: 5 Weight: _____ Blood Group: _____

Relation	Name	Age	Education	Occupation	Income P.M
Father	Mukesh Kumar Sadana	48	10 th	Service	
Mother	Rajani Sadana	47	10 th	—	
Brother					
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: _____

Rajni

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

Yes: _____ No: _____

Rajni

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: _____

h. Sadana
Parent's/Guardian's Signature

Approved By: YKS

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Ctr

Authorised Signatory:
Coordinator & 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 :

Mr. Aman Sardhane - 15/11

C/o B/L Hearing loss

Refers to Dr. Kshitij Malik
The Prime clinic
C-140 Defence colony
New Delhi - 110024.
04-46564950
011-46564964.

Kindly provide hearing test and
Trial of this patient.

Thanks. (Payment will be paid by,
AGWO)

For INDIA REHAB CENTRE

Dr. Yogesh K. Chauhan (PT)
Health Administrator

Dr. Yogesh

> 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
- SPINA BIFIDA
- AUDITORY PROCESSING
- DISORDER
- ATTENTION DEFECT &
- HYPERACTIVE DISORDER
- BEHAVIOURAL DISORDER

सेवा में,

एगिग्लस वैलफेयर आरोग्यसुशोधन
C-63, साठव्य स्लैब पार्क-2
नई दिल्ली,

गृहोपल

विषय - कान की सुनवाई की मशीन उदाव करने के सम्बन्ध में।

सविनय निवेदन यह है कि मैं राजनी सदाना, A-90, जैन पार्क गली
नं० 7, उत्तर नगर में रहती हूँ। मेरा जेला जिसका नाम अमनसदाना
उत्तर 15 फेब्रुवरी को सुनेन में परेशानी है।
हमने इंडियन रिहैब सेंटर में बेटे को दिखाया जहाँ पर कान
की गाँच हुई और पता चला कि सुनेन के लिए कान की
मशीन की जरूरत है जिसकी कीमत 64000/- RS है
अतः आपसे निवेदन है कि हमें कान की मशीन दिलाने
की कृपा करें।

धन्यवाद

TO



4460
Kindly provide the
Assistance in
Hearing malha.

AGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre
Coordinator & Health Administrator

21/7/2015



A Giggles Welfare Organisation

(Project - India Rehab Center)

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

Ref. No. :

Date :

To,

Dr. Kshiti Malik

The Prime Clinic

C-140, Defence colony
New Delhi

Kindly provide suggested Hearing
Aid to Patient "Aman Sadana (A giggles
welfare organisation).

A GIGGLES WELFARE ORGANISATION
PROJECT - India Rehab Centre
Coordinator & Health Administrator

(Phonak Wanda Hearing)
Aid

Direction for speech
therapy in Vikas puri
and conduction Discomfort.

FACILITIES :

- PHYSIOTHERAPY
- OCCUPATIONAL THERAPY
- SPEECH THERAPY
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- CEREBRAL PALSY
- SPINE BIFIDA
- AUDITORY PROCESSING DISORDER
- ATTENTION DEFECT & HYPERACTIVE DISORDER
- BEHAVIOURAL DISORDER



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

A Giggles Welfare Organisation
Patient Id : P3219 (Aman Sadana)
+919250958771

15 Years 6 Months

By: **Dr. Kshitij Malik**

Date: **25 May, 2015**

Complaints

- Diagnosed with hearing loss 10 years ago
- Used hearing aids for two months.

Investigation

- Pure Tone Audiogram:
Right: Profound Hearing Loss
Left : Profound Hearing Loss

Diagnosis

- Profound hearing loss

Notes

- Expectation with hearing aids discussed.
- Good sound detection noted with hearing aids. Discrimination will take time and effort, as has been explained to the parents.


PRIME CLINIC
C-140 Defence Colony
New Delhi - 110024
Ph: 011-46564950

AUDIOLOGIC EVALUATION

AUDIBEL.

Master Aman

8/2/2011

18/04/08

Mfg. _____

Model _____

Worn: R L Bin.

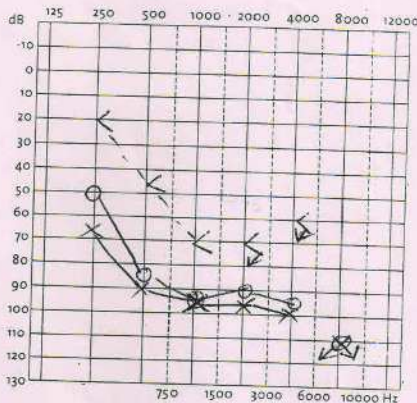
Duration _____

Ser # _____

Impedance

Tympanogram R

Tympanogram L



	R	L
.5kHz		
1kHz		
2kHz		
3kHz		
4kHz		

	125	250	500	1000	2000	3000	4000
RIGHT EAR							
LEFT EAR							

RIGHT EAR

IPSILATERAL

CONTRALATERAL

LEFT EAR

IPSILATERAL

CONTRALATERAL

.25 .5 1 2 4

SL	R	L
dB		
dB		
dB		
dB		

	PTA	SRT	MCL	PB@MCL	MASK	PB/SR	TD
R	90dB						
L	93dB						
SF							
AIDED							

AC unmasked	*
AC masked	*
BC unmasked	*
BC masked	*
Stapedial Reflex	*
Tone	N
Noise	N

MUSIC _____
SPEECH _____

GOOD ☒
FAIR _____
POOR _____

Bilateral profound sensorineural hearing loss.

Audiologist

Bijan Saikia

Qualitone.

३१० जे० ए० साहू

विभागाध्यक्ष

Prof. J. K. Sahu

H. O. D.

प्रपत्र/Form-8

दूरभाष सं/Tel. No. : 23363728

लेडी हार्डिंग मेडिकल कॉलेज एवं श्रीमती सुचेता कृपलानी अस्पताल, नई दिल्ली

LADY HARDINGE MEDICAL COLLEGE & SMT. SUCHETA KRIPLANI HOSPITAL,
NEW DELHI

विभाग

ब० रो० वि० कार्ड

ब० रो० वि० पंजीकृत सं०

Department

O. P. D. CARD

O.P.D. Regn. No.

नाम Name	पिता/पुत्र/पत्नी/पति/पुत्री F/S/W/H/D of	लिंग Sex	आयु Age	पता Address
Amrta		M	05	

निदान

Diagnosis

दिनांक

Date

उपचार

Treatment

26/9/65
S. S. Ch. & Long S. Ch.

HERA

✓ Tonsils to be removed S. Ch.

OAE

Oochia's leaves

AR

Hearing Aid trial

Speech & Language training

Impedance

Type A

Carne

Abnormal before

डा० ए० कृष्णमोह

1. 124, डा० बाबाय, नाग-कान-नगर विभाग
2. 11 के 4 लेख एवं श्रीमती सु. कृ. अस्पताल
3. 11 के 110 001.

NO SMOKING

Kindly bring this card on your follow up visits and DO NOT FOLD

NO SPITTING

USE DUSTBINS

लेडी हार्डिंग मेडिकल कॉलेज एवं श्रीमती सुचेता कृपलानी अस्पताल, नई दिल्ली
Lady Hardinge Medical College & Smt. Such'eta Kriplani Hospital, New Delhi

नाम/नाम/आयु-लिंग/सं-स्वर/Age-Sex-C.S. बी०आर० नं०/C.R. No. 15586

पिता/पति का नाम Aman गी०जी०एच०एस० कक्ष/एकक

Father's/Husband's Name Syn. M C.G.H.S. Ward/Unit

दिनांक 26/09/2005 रोग संबंधी त्रिलोकन
Date Notes of the case

PURE TONE AUDIOMETRY

	Right Ear	Left Ear	BC
250	30	30	15
500	60	55	50
1000	80	80	75
2000	110	110	80 (NR)
4000	120 (NR)	120 (NR)	75 (NR)
8000	90 (NR)	90 (NR)	

PTA

83.3dB ERT. Ear

81.6dB ERT. Ear

Severe to Profound SN loss

26/09/05

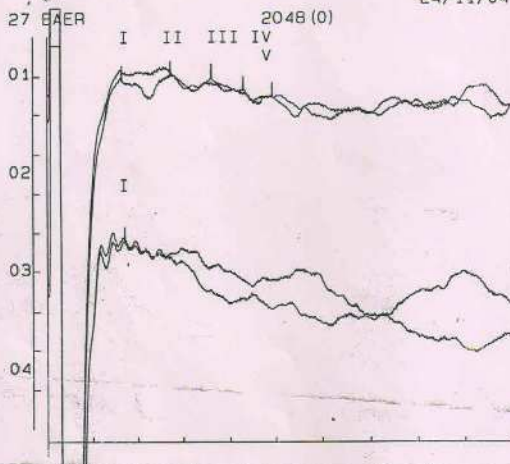
Aman. 5/c

Neuroelectrophysiol. Lab GBPH Medelec/Teca Premiere Plus

(E05/00)

24/11/04 16:10

I
CLICK 100µs
10pps



1 Right I II III IV V VI AMP
LAT ms 1.63 2.71 3.59 4.28 4.92 RATIO
ΔAMP µV

2 AMP
LAT ms RATIO
ΔAMP µV

3 Left I II III IV V VI AMP
LAT ms 1.70 RATIO
ΔAMP µV

4 AMP
LAT ms RATIO
ΔAMP µV

Aman Sadana

Free Hearing Aid

ICICI Bank

Sector - 18 Noida Branch
K-2, Senior Mail, Sector - 18, Noida, U.P. - 201 301
RTGS/NEFT IFSC Code : ICIC0000031

Pay order no.

Prime Clinic

Amount

Sixty four Thousand only

Ac No.

003101220395

SETTL. FCTY. COS. CT. FI.
Savings Account
Proprietary of payee in all branches of ICICI Bank Limited in India.
SINCE 1995 TO

VALID FOR THREE MONTHS ONLY

DDMMYY
23072015

or Bearer

या धारक या

₹ 64000/-

Signature
Aman Sadana

A GIGGLES WELFARE ORGANIZATION

Please sign above

IN 578080 1102290051 220395 31



Prime Clinic

Prime Clinic

C 140 Defence Colony, N. Delhi 24

eMail: contact@primehearing.com

Web: www.primehearing.com

Center for Hearing, Vertigo, Tinnitus and
Speech

Tin No. : 07076898831

A Giggles Welfare Organisation
Patient Id : P3219 (Aman Sadana)

15 Years 8 Months

By: Dr. Kshitij Malik

Invoice

Date: 21 Jul, 2015
Invoice Number: INV4247

#	Treatments & Products	Unit Cost INR	Qty	Total Cost INR
	Hearing Aid Fitting	32,000.00	2	64,000.00
	Date 21 Jul, 2015			
	Notes: Phonak Naida Hearing aids, serial nos. 1509X196D, 1509X196C.			
	Warranty for 24 months.			

Total Cost: 64,000.00 INR

Grand Total: 64,000.00 INR

Amount Received: 0.00 INR

Balance Amount: 64,000.00 INR


PRIME CLINIC
C-140 Defence Colony
New Delhi- 110024
Ph.: 011-45564950/64


 भारत निर्वाचन आयोग
 ELECTION COMMISSION OF INDIA
 IDENTITY CARD

WGO2863016




प्रत्याक्ष का नाम : राजनी सादना
 Elector's Name : RAJNI SADANA
 पति का नाम : मुकुश सादना
 Husband's Name : MUKESH SADANA
 लिंग / Sex : महिला / Female
 1.1.2012 की उम्र : 44 Years
 Age as on 1.1.2012 :



नाम : WGO2863016
 18-80, ए ब्लॉक जैन पार्क
 मटियाल, दिल्ली

Address
 A-90, A - BLOCK, JAIN PARK
 MATIALA, DELHI

Date : 09/10/2012
 भारतीय निर्वाचन आयोग की
 दिल्ली, दिल्ली
 Registration Officer for 34 MATIALA
 Assembly Constituency.

हम आपकी ओर से यह सूचना देते हैं
 कि यदि आपका पता बदल गया हो तो
 आपको इसे हमें सूचित करना होगा
 ताकि हम आपके पते पर सही ढंग से
 संचार कर सकें।
 If there is change in address, notify the same
 to us so that we can reach you at the correct
 address and to obtain the correct
 card with the same number. (30/34)

Rajni