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

(Office)

_____ Phone No: _____

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	6th 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

Parent's/Guardian's Signature

Approved By:

Authorised Signatory:

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

सेवा में,

श्रीमान व्यवस्थापक महोदय

ए गिगल्स वेलफेयर सोसाईटी नाईसेशन

C-63 बे सक्सेन्ट स्काइप स्क्वेस पार्ट-2 नई दिल्ली

विषय :- घुटने की सर्जरी के सम्बन्ध में

महोदय,

सविनय निवेदन है कि मैं राम सिंह A-29 सॉवल नगर नयी दिल्ली-43 से रहता हूँ। मेरा नाती दीपक कुमार का इलाज इंडिया रिहैब सेन्टर में छः महीने से चल रहा है। मेरे बच्चे के घुटने में काफी परेशानी रहने के कारण चल नहीं पाता है। डा० ने बताया है कि घुटने की सर्जरी करवानी पड़ेगी। मेरी आर्थिक स्थिति अच्छी नहीं होने के कारण इसके घुटनें की सर्जरी नहीं करवा पा रहा हूँ।

अतः श्री मान से प्रार्थना है कि इसे घुटने की सर्जरी करवाने की कृपा प्रदान करें

धन्यवाद,

दिनांक
13/3/14

भवदीय
राम सिंह

To, Acwo
Kindly Help Him the same

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

एस.जे.एच./SJH-25

आय
INCOME

बाह्य रोगी विभाग पंजी. संख्या
O.P.D. Reg. No.

S9529

सफदरजंग अस्पताल, नई दिल्ली
SAFDARJANG HOSPITAL, NEW DELHI
(बाह्य रोगी का निर्देश पत्र)
(OUT PATIENT'S REFERENCE CARD)

ORTHO III-B

10/10

आदेश्य चिकित्सक/ चिकित्सक का नाम
Name of Surgeon/Physician

34199/11

विभाग
Dept

नाम Name	पिता/पति का नाम Father's / Husband's Name	आयु Age	लिंग Sex	पता Address
Deepak		14	M	

निदान
Diagnosis B/c genu valgum

दिनांक Dated		उपचार Treatment
08/10/11	Advt serum Ca^{++}, PO_4^{--}, Alk PO_4 ase.	
	– orthoscan gram B/c knee.	
	– Tab CM plus P/o	BD
5A/61	– R/A 4 days in ath.	OPD on
	bed/sl at 9 a.m	
19/10/11		
6/9	Advt – Phosita sachet P/o	OD x 10 days.
	– Tab CM plus. P/o	BD
	R/A 10 days in ath.	OPD on
	bed/sl at 9 a.m	

MGIPF—457 SJH (ND)/2010—4.3.2011—2,00,000 Cards.

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 Genu valgum - deformity - B/L Surg. Planned : Corrective Surgery

PREOPERATIVE CHECK LIST c/o.
HISTORY - (Tick the relevant points)

Systemic illness : CVS RESP Endocrine
GIS CNC Others
Significant Details of the above if any
– deformity in B/L knee occasionally ? pain
No H/o trauma.

Pregnancy – Others –

CURRENT DRUGS : **ALLERGIES** –
Bronchodilators
Antihypertensive Nil
Antidiabetic
Any Other
Smoking –
Alcohol

PAST HISTORY : ANAESTHETIC IF ANY – Nil.

GENERAL CONDITION : Anaemia ∅ Cyanosis ∅
BP : Pulse 110/min Jaundic ∅ Oedema ∅ Ascites ∅

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 KIDNEY N P OTHERS

CNS :

INVESTIGATION :

Hb% 12 URINE ALB / SUGAR / Micro Na/K 136/4.7 B.UREA B.SUGAR F PP S. Creat 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 DGH
4. Referred to
5. Reviewed Later

Signature :

Name :

General

₹10

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

OPD 26/4/12 3/8/12 29/7/12 1 PM OPD 8

एकक/Unit 2012/008/0018822 UHID: 20120169243

विभाग/Dept. Orthopedics (अस्थिरोग विभाग) Unit-II O.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/अभि०/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	C/o deformity in B/L knee x 4-5yrs. No H/o trauma H/o fever. H/o wt. loss O/E:- B/L Knee - (R) Side - no swelling. - No Tenderness. - B/L Genu Valgum deformity - around 20° - Deformity is obliterated on knee flexion. - Intermalleolar distance is around 20cm. - No DNVD

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

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 :***

Patient's/Parent's Consent- Procedure/Surgery form

The nature and purpose of the operation/procedure necessary for my/my child's treatment has been explain to me by the centre/organisation after advised by the concern doctor. I am aware that the practice of medicine and surgery is not exact science and no guarantee about outcome can be made. I have been informed of the medically significant risk and consequences associated with operation/procedure stated above. I have been informed of any reasonable alternative course of treatment and the risk and consequences of these alternative courses of treatment. I have also been informed of the risk and consequence of no treatment is rendered.

My signature below means:

1. I have and understand this consent form.
2. I have been given all the information I asked for about the procedure,(s) risk and other options.
3. My all question were answered.
4. I agree to everything explained above.
5. I will not hold the centre/organisation responsible for any unfortunate incident during procedure and post procedure.

*If English is not my first language, an interpreter and or translation service were offered and provided to me during the informed consent process. Yes_____ No_____ NA_____

Patient Name: Deepak Kumar Age/Gender: 17/M

Advised Procedure: B/L corrective Osteotomy Concern Doctor's Name: Dr. Sachin Yadav (Orthopedic Surgeon)

Patient's /Parent's Consent:

Patient's Signature & Date signed: _____

If the patient is not able to consent herself/himself complete the following

Legally Responsible Person: Mr Pramod Kumar (A-25, Samrat Nagar, Near Sadik Nagar Delhi-49)

Relationship to Patient: (Mama) Uncle

Parent's Signature and Date Signed: 27/6/17

Coordinator's Signature :

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre
Coordinator & Health Administrator
27/6/2017

- **FACILITIES :**
  - PHYSIOTHERAPY
  - OCCUPATIONAL THERAPY
  - SPEECH THERAPY
  - SPECIAL EDUCATION
  - PSYCHOLOGY COUNSELING
  - MEDICAL CONSULTATION FACILITIES
  - PARENTS COUNSELING
- **SPECIAL REHABILIATION PROGRAMS FOR :**
  - PHYSICAL DISABILITIES
  - DEVELOPMENTAL DISORDERS
  - MUSCULAR DYSTROPHY
  - CEREBRAL PALSY
  - SPINE BIFIDA
  - AUDITORY PROCESSING
  - DISORDER
  - ATTENTION DEFECT &
  - HYPERACTIVE DISORDER
  - BEHAVIOURIAL DISORDER

ORTHOSTAR HOSPITAL

A UNIT OF RELIEF & CARE

F-86-89, Jawahar Park, Devli Road, Khanpur, Delhi-62
417/2A, Jangpura Road, Near Bhogal Gurudwara, Delhi-14
L-85, Lajpat Nagar-II, Near Jal Vihar Round about, Delhi-24
Appointment : 9268826745,46,47, 24177767
E-mail : reliefandcare@gmail.com Website : www.reliefandcare.com

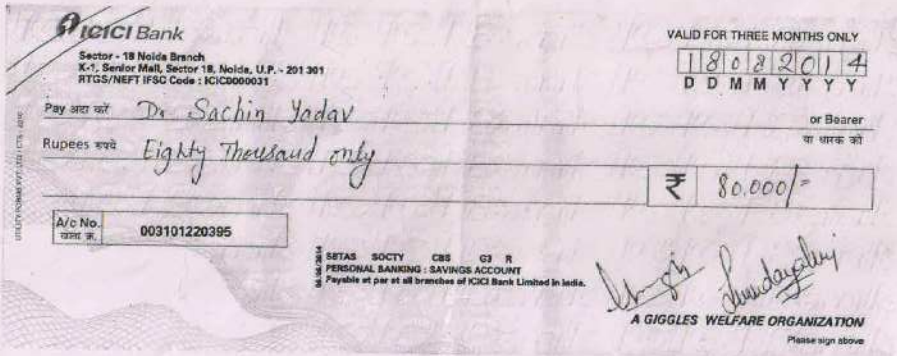
BILL/INVOICE NO.2014/7/51

NAME:- MST. DEEPAK KUMAR (17/M) (C/O A giggle welfare organization)
D.O.A: 30/06/14 D.O.D: 01/07/14
DIAGNOSIS:- B/L GENU VALGUM
SURGERY PLANNED:- B/L CORRECTIVE OSTEOTOMY

SURGEON FEE - -	25,000
ASSISTANT FEE -	10,000
ANAESTHETIST FEE - -	5,000
O.T CHARGES -	15,000
IMPLANT -	35,000
CONSUMABLES -	5,000
ROOM RENT - -	5,000 (2500 X 2)
TOTAL-	1,00000
DISCOUNT 20%	- 20,000
PAYABLE AMOUNT	80,000

Dr. SACHIN YADAV
MBBS, MS, MCH
DIRECTOR
ORTHO STAR HOSPITAL
F-86, Jawahar Park, Devli Road,

Consultant



ICICI Bank

Sector - 18 Noida Branch
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RTGS/NEFT IFSC Code : ICIC0000031

VALID FOR THREE MONTHS ONLY

1 8 0 8 2 0 1 4
D D M M Y Y Y Y

Pay अदा करें Dr. Sachin Yadav or Bearer

Rupees रुपये Eighty Thousand only ₹ 80,000/-

A/c No. खाता क्र. 003101220395

SETAS SOCTY CBS G3 R
PERSONAL BANKING : SAVINGS ACCOUNT
Payable at par at all branches of ICICI Bank Limited in India.

A GIGGLES WELFARE ORGANIZATION

Please sign above

⑈261808⑈ ⑆102290051⑆ 220395⑈ 31

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

Xerox copy.
Self attested
[signature]

Address : HMD0766931

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

पता :

ए-२५, ए-ब्लॉक सॉवल नगर , नई दिल्ली

Electoral Registration Office
A.C.-4 (KASTURBA NAGA

Electoral Registration Officer
निर्वाचक रजिस्ट्रीकरण 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