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 Miss. Kavita D.O.B. 26 Apr 1995

Sex Female Reg. No. D.O.A. 24/11/12

Mother Tongue : Hindi

Previous Education : ITI from Jijabai College

Residential Address 403 Indira Camp Road no. 3

Andrews Ganj New Delhi - 110049

Phone No.

Father's Name : Mr. Asha Ram Occupation : Private Job.

Office Address : —

Phone No. : — Mother's Name Mrs. Savita

Occupation : Housewife

Office Address : —

Phone No. : — Alternative Contact Name : Mr. Ramu

Address : H-786 Mahawan Nagar Kotla Mubarkpur N.D.

Tel : Relation with student : Aunty

Medical Summary :

Diagnosis :

Associated Condition :

Height Weight Blood Group

	NAME	AGE	EDUCATION	OCCUPATION	INCOME P.M
FATHER	Mr. Asha Ram	46	-	Private Job	4500/-
MOTHER	Mrs. Savita	32	2nd class pass	Housewife	—
BROTHER	—	-	—	—	—
SISTER	1) Manisha 2) Geetanjali	17 6	12th class 2 class	— -	—

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

YES.✓.... NO..... Parent Initials आशाराम

Photo / Media Releases : Permission is granted to photograph my child for promotional and educational Purposes. YES..✓.... NO..... Parent Initials आशाराम

Deceleration :

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

Place & Date: New Delhi
24/11/14

Signature: Parent / Guardian

आशाराम

Signature:

Approved By :

PROJECT OF
GIGGLES WELFARE ORGANISATION
for INDIA REHAB CENTRE

Authorised Signatory
Health Administrator

सेवा मे,

श्रीमान व्यवस्थापक जी
एग्लिकन वेलफेयर ऑर्गेनाइजेशन
साउथ एक्स पार्ट - II नई दिल्ली

विषय: मेरी बेटी के पैरों की सर्जरी के इलाज मे पैसे की सहायता के लिए

सविनय निवेदन यह है कि मेरी बेटी कविता उम्र 20 वर्ष की है मैं आशाराम, म.न. 403 इन्दिरा कैम्प रोड न. 03 एण्ड्रयूज गंज मे रहता हूँ बेटी को पैर मे सर्जरी के इलाज के लिए पैसे की जरूरत है। इसका नाम इण्डिया रिहेब सेन्टर मे इलाज करा रहा है जिसमे इसको सर्जरी की तुरन्त जरूरत है जिसमे लगभग 20-25000/ Rs का खर्चा आएगा। अतः कृपा करे मदद करे।

धन्यवाद

आशाराम

To AGWO
Patient is poor and
needy require immediatly
surgical intervention.
Thanks

A GWO'S WELFARE ORGANISATION
PROJECT India Rehab Centre
Coordinator & Health Administrator
18/12/15

case kavita

ABHISHEK DUTT
Municipal Councillor
(Andrews Ganj, Ward No. 159)

D.O NO/SDMC/159/824 Date: 18th December 2015

To,

Dr.Yogesh Chauhan
Giggles Welfare Organisation
South Extn Par-2
New Delhi

Sub: Request for Medical Assistance

Respected Sir,

Ms.Kavita d/o Sh.Asha Ram, r/o Juggi No.403, Road No.3, Indira Camp Andrews Ganj, New Delhi is suffering from leg problem and is in serious condition.

I would be very grateful, if you could kindly help her and do the needful with the same as per the rules & regulations.

Kind Regards

[Abhishek Dutt]

SOUTH DELHI MUNICIPAL CORPORATION

Office: L-7, LGF, Lajpat Nagar-III, New Delhi-110024.

e-mail: abhishekdutt159@gmail.com **website**: www.abhishekdutt.com

मण्डल सं0 | आ0 ई0 वर्ग | खाद्य श्रेणी | ऊर्जा श्रेणी | कार्ड सं0
(04) | झुग्गी | गेहूँ | मिट्टी का तेल | 04240019

मुखिया का नाम : आशा राम
पिता/पति का नाम : श्री कन्हैया प्रसाद
पता : झु0 न0 403, रोड न0 3
इन्द्रा कैम्प एण्ड्रयूज गंज
नई दिल्ली -49

इकाइयाँ : अनाज 7 चीनी 4 मिट्टी का तेल 4

उ.द.दु.स. 0424

उ.द.दु. का नाम व पता : मै0 सोनू स्टोर
सी-383 मोहन गली, नानक चंद बस्ती,
कोटला मुबारक पुर, नई दिल्ली

मिट्टी के तेल के डिपो का लाइ0 न0 2905 / 85

मिट्टी के तेल के डिपो का नाम व पता : मै0 शिव कैरोसीन ऑयल
पी/39-ए, नई दिल्ली एस ई-2
नई दिल्ली

28 / 08 / 2007
जारी करने की तिथि

चन्द्र मोहन
खाद्य संभरण अधिकारी

REVIEWED

Card No : 04240019 FPS No : 8202
CircleNo : 42 KOD No : 2905
Name : आशा राम
Father's Name : श्री कन्हैया प्रसाद
Mother's Name : चेदामा देवी
Reviewed On : 06-Jan-2010
Serial No : 442AAY00337
EPIC No : UJF0882712
UID No : 42

Sign of FSO
(SUBHASH)

OFFICE OF THE MEDICAL SUPERINTENDENT

PT. MADAN MOHAN MALAVIYA HOSPITAL

GOVT. OF NCT OF DELHI
MALVIYA NAGAR, NEW DELHI-110017

No.F.14/59/2868 /Pt.MMMH/877 Dated: 18/11/2011

CERTIFICATE

FOR THE PERSONS WITH DISABILITIES

This is certify that ~~Shri/Smt/Kum~~ Kavita
~~S/o W/o~~ / D/o Asha Ram
aged 17 years ~~Male~~ / Female with Registration No. 128095 is a case of physical disability / ~~visual disability~~ / ~~speech & hearing disability~~ and has 60% (Sixty percent) ~~permanent~~ (physical impairment / ~~visual impairment~~ / ~~speech & hearing impairment~~) in relation to his / her

B/L Lower Limb

DS This condition is ~~progressive~~ / ~~Non-progressive~~ / Likely to improve / ~~Not likely improve~~. 3 years
Re-assessment is ~~not recommended~~ / is recommended after a period of .....

MEMBER
DISABILITY BOARD
Dr. MANISH SHARMA
Specialist and Head
Department of Orthopedics Surgery
Pt. Madan Mohan Malaviya Hospital
Govt. of NCT of Delhi
Malviya Nagar, New Delhi - 110017

MEMBER
DISABILITY BOARD
Dr. ANITA R. SHARMA
Senior Specialist (Eye.)
Pt. M.M.M. Hospital
GNCT of Delhi

MEMBER
DISABILITY BOARD
Dr. ANSHU GOEL
Junior Specialist (Medicine)
Pt. M. M. Malaviya Hospital
Malviya Nagar, Govt. of NCT of Delhi

Recent attested photograph showing disability

Kavita
Signature/Thumb impression of patient

Counter signature of Disability Board Chairman :
Dr. S.K. Varma, Consultant /ENT

Dr. S. K. VARMA
M. S. (E.N.T.)
Consultant E.N.T.
Chairman, Disability Board
Pt. M. M. M. Hospital
Govt. of N.C.T. of Delhi
Malviya Nagar, New Delhi-110017

Date : 18/11/2011

9958483625

ORTHOSTAR
(The Orthopedic Hospital)

06/07/13

RELIEF & CARE
ORTHO, PHYSIO, X-RAY CENTRE
- 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

DR. SACHIN YADAV
MBBS (MAMC), MS Ortho (SJH), Mch (USA)
Arthroscopy, Spine & Joint Replacement Surgeon
Appointment :9268826745,46,47
E-mail : reliefandcare@gmail.com
Website : www.reliefandcare.com

Kavita 18/F 2001- Payal

03-08-2013 - 18/F.

POLYOSTOTIC FIBROUS DYSPLASIA c BIL NOF
PATHOLOGICAL # c (L) TIBIA SHAFT c
FLEXION DEFORMITY (L) HIP

SURGERY

Correction of Tibial Defect +
Bone grafting

Dr. SACHIN YADAV
MBBS, MS, Mch (USA)
Jangpura : 6-8pm (Mon, Wed, Fri)
Lajpat Nagar 2-4pm Daily

ORTHOSTAR
(The Orthopedic Hospital)

RELIEF & CARE
ORTHO, PHYSIO, X-RAY CENTRE
- 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 Jai Vihar Round about, Delhi-24

DR. SACHIN YADAV
MBBS (MAMC), MS Ortho (SJH), Mch (USA)
Arthroscopy, Spine & Joint Replacement Surgeon
Appointment : 9268826745,46,47
E-mail : reliefandcare@gmail.com
Website : www.reliefandcare.com

29/10/13

Mr Kavita 19/-
300/Paid

ORTHOSTAR

A unit of RELIEF & CARE orthopaedics centres

* F 86 Jawahar Park, Devli rd, nr Cambridge school :ND 62
*L-85 Lajpat Nagar II, near Jalvihar Roundabout: ND -24
*417/2 Jangpura Road, near Sahi Hospital: ND-14
PHONE : 92688267 45 , 46 , 47
Website ww.w.reliefandcare.com Email:reliefandcare@gmail.com

DISCHARGE SUMMARY

NAME : MS. KAVITA D.O.A : 25/10/2013

AGE/SEX :18Y/F D.O.D : 25/10/2013

DIAGNOSIS : LEFT TIBIAL DEFECT (?POLYOSTOTIC FIBROUS DYSPLASIA)

TREATMENT/SURGERY : CURRETTAGE WITH BONE GRAFTING UNDER SPINAL ANAESTHESIA ON

25.10.2013 BY DR. SACHIN YADAV ET AL

INVESTIGATIONS: Enclosed

ADVICE ON DISCHARGE :

T- AMCORD CV 625 mg	1 BD
T- FIXTRUE 200 mg	1 BD
T- POTA DSR	1 BBF
T- DYNAPAR	1 BD
T- COSTROVA –M	1 OD
LE + ATM	

Review After 5 Days

RMO

CONSULTANT

ORTHOSTAR

A unit of RELIEF & CARE orthopaedics centres
* F 86 Jawahar Park, Devli rd, nr Cambridge school :ND 62
*L-85 Lajpat Nagar II, near Jalvihar Roundabout: 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

BILL /INVOICE NO 144\10\2013

26/10/13

NAME:- KAVITA **AGE/SEX : 18/F**

SURGEON FEE -	5,000
ROOM RENT -	1,000
ANAESTHETIST FEE -	2,000
IMPLANT -	-----
O2 CHARGES-	-----
CONSUMABLES -	5,000
CAST CHARGES-	2,000
TOTAL-	15,000

Dr. SACHIN YADAV
MBBS, MS, Mch
DIRECTOR
ORTHO STAR HOSPITAL
F-8[illegible] Jawahar Park, Devli Road,

5+3

ICICI Bank

Sector - 18 Noida Branch
K-1, Senior Mall, Sector 18, Noida, U.P. - 201 301
RTGS/NEFT IFSC Code : ICIC0000031

VALID FOR THREE MONTHS ONLY

2 2 1 2 2 0 1 3
D D M M Y Y Y Y

Pay or Bearer

Pay ... or

Dr Sachin Yadav

Rupees ...

Eifteen Thousand only

₹ 15000/-

A/c No.

003101220395

SB TAS SOCTY CRS
PERSONAL BANKING SAVINGS ACCOUNT
Payable at par at all branches of ICICI Bank Limited in India.

A GIGGLES WELFARE ORGANIZATION

Authorised Signatory

"875699" 110229005" 220395" 31

Bill invoice No. 144 / 10/2013

99584196 20

ORTHOSTAR
(The Orthopedic Hospital)

RELIEF & CARE
ORTHO, PHYSIO, X-RAY CENTRE
- 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

DR. SACHIN YADAV
MBBS (MAMC), MS Ortho (SJH), Mch (USA)
Arthroscopy, Spine & Joint Replacement Surgeon
Appointment : 9268826745,46,47
E-mail : reliefandcare@gmail.com
Website : www.reliefandcare.com

3-1-14

M/s Kavita   18/f   200/- Doe

2 month post op C/o Osteofibrous dysplasia

Cabbeltage TBK done for (B) tibia defect → BK incorporated

f/c ... ...   Adv - LE ...

O/E NAD

- C ... 100 (20d)

- C ... 100 (M) ×5

- R/F

Dr. SACHIN YADAV
MBBS, MS, Mch (USA)
Jangpura : 6-8pm (Mon, Wed, Fri)
Lajpat Nagar : 2-4pm Daily

A Giggles Welfare Organization

Registered Office: E-74, 3rd Floor, Bharat Nagar, New Friends Colony, ND - 110025
Functional Office: C - 63, Basement, South Extension Part-2, New Delhi - 110049
Registration No: 59154, Registered under the Society Act 1860
Ph. : 011-41010774, 011-26250001
Website: www.agwo.org, Email ID: corporate@agwo.org

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

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.

Surgery Should performed on 2/01/2016

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: Kavita Age/Gender: 19/F

Advised Procedure: bone graft & curettage procedure Concern Doctor's Name: Dr. Sachin Yadav

Patient's /Parent's Consent:

Patient's Signature & Date signed: 31/12/15

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

Legally Responsible Person: yes

Relationship to Patient: Father

Parent's Signature and Date Signed: _____

Coordinator's Signature:

A GIGGLES WELFARE ORGANISATION
PROJECT India Rehab Centre
29/12/15
Coordinator & Health Administrator

Kaushal's

ORTHOSTAR HOSPITAL

An ISO Certified 9001 : 2008
(The Orthopedic & Multi Speciality Hospital)

Kavita
DOC.

RELIEF & CARE

ORTHO, PHYSIO, X-RAY CENTRE

- 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

DR. SACHIN YADAV
MBBS (MAMC), MS Ortho (SJH), MCh (USA)
Arthroscopy, Spine & Joint Replacement Surgeon
Faculty : Jamia Millia Islamia
Helpline No.(24 x 7) : 9268826745,46,47
E-mail : reliefandcare@gmail.com
Website : www.reliefandcare.com

C/o Dr yogesh

Name : MS kavita Age/Sex 21/F Regn. No. :

Paid 300/-
16/10/15

△ FU C/o multiple F9 ⓛ knee leg

b/l Pain + swelling ⓡ leg

X-ray shows ⓐ proximal tibia

Consultation + BG

Adv

(1) Tab T. Inf BD Co-Amoxiclav
(2) - C Cal / Respell Fx. 1 BD
(3) - C Parley 1 BD
(4) - T Pantop 1 OD

DR. SACHIN YADAV
Director
Ortho Star Hospital
Ph:- 9268826745, 46, 47

19/12/15

AGWO

K/L10 Polycystic fibrous dysplasia

[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible] [illegible]

-Hb.

— C [illegible] 100 [illegible]

— C Fentanyl OD 100 [illegible]

— C [illegible] 100 [illegible]

— C [illegible] 600 [illegible]

[illegible]

7 [illegible] 150

Surgery planned on 2.1.16

2nd

1st [illegible]

2/1/2[illegible] 15

Dr. Yogesh

ORTHOSTAR HOSPITAL

An ISO Certified 9001 : 2008
(The Orthopedic & Multi Speciality Hospital)

RELIEF & CARE

ORTHO, PHYSIO, X-RAY CENTRE

- 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

DR. SACHIN YADAV

MBBS (MAMC), MS Ortho (SJH), MCh (USA)
Arthroscopy, Spine & Joint Replacement Surgeon
Faculty : Jamia Millia Islamia
Helpline No.(24 x 7) : 9268826745,46,47
E-mail : reliefandcare@gmail.com
Website : www.reliefandcare.com

Name : Ms. Kavita Age/Sex : 21/F Regn. No. : 7

ORTHOSTAR HOSPITAL
01 JAN 2016
Rs. 200/-

F/u C/o Polyostotic fibrous dysplasia

c̄ hyp lesion ® [illegible]

[illegible] – [illegible] + [illegible]

T/C/o 2/1/16
– at [illegible]
– NPO

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

DR. A. LALCHANDANI PATHOLOGY LABORATORIES

II-J/36, Central Market, Lajpat Nagar, New Delhi-110024 (Phones: (C) 2984-9764, 4172-1982)

COLLECTION CENTRE AT
ARYA SAMAJ KASTURBA NAGAR,
(Opp. Defence Colony, New Delhi-03, Ph. : 24623189)

Sample Collection 9.00 Am. To 1.00 Pm.
Report Collection 9.00 Am. To 1.00 Pm.
(Next Day)

(Charges at Reduced & Charitable Rates)

Date	: 28/12/2015	Panel Company	:
Name of Patient	: Ms. KAVITA(16611	Lab Request ID	: 1015151
Age/Gender	: 20 Yrs Female	Sample Collection Date	: 28/12/2015 14:46:00
Reffered by	:	Specimen Drawn on	: 28/12/2015 14:46:01
Mobile No.	:	Test Reported On	: 28/12/2015 18:40:07
Sample type	: EDTA		

Test Name	Value	Unit	*Biological Ref Interval*
	HAEMATOLOGY		
HAEMOGLOBIN (Hb) Method : PHOTOMETRY	12.0	gm/dl	11.7 - 15.7

*** End of Report ***

Dr. A. LALCHANDANI
M.D. (Pathology)

Dr. A. LALCHANDANI
M.D. (PATHOLOGY)

LAB Equipped with Johnson's fully automatic biochemistry analyzer VITROS 250, DT 60, DTSC, DTE, Immun assay system AXSYM from Abbot's for all hormones, drug assays, Cancer makers, SWELAB AC 920 for blood cell counter and many more.

Sunday Closed

Govt Approved Regn. No. : DHS/NH/12S2

(An ISO Certified 9001 : 2008 Company)

ORTHOSTAR HOSPITAL

(A Unit of Relief and Care Centers)

ORTHOPEDICS & MULTI SPECIALITY HOSPITAL

F- 86, Jawahar Park, Devli Road, Near Canara Bank, New Delhi-110062

Phone : 9268826745,46,47,

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

DISCHARGE SUMMARY

NAME:- MS. KAVITA AGE/SEX:- 21Y/F

D.O.A:- 02/01/15 D.O.D:- 02/01/16

DIAGNOSIS:- POLYOSTOTIC FIBROUS DYSPLASIA WITH DEFECT IN TIBIA RIGHT

TREATMENT/SURGERY:- CURRETAGE+BONE GRAFTING UNDER SPINAL ANAESTHESIA ON 02/01/15 BY DR. SACHIN YADAV ET AL.

INVESTIGATIONS ENCLOSED :-

ADVICE ON DISCHARGE:-

LE+ATM

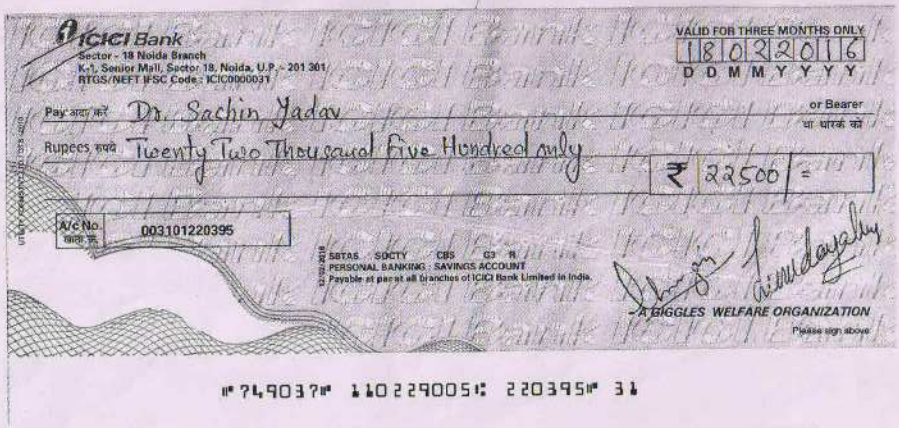
NWB

T- RESTFLAM SP	1 BD
T- ROSTRUZIN	1 OD
T- LINECA	1 BD
T- ROSTRUM –D	1 BBF

R/A 5 DAYS

CONSULTANT
Dr. SACHIN YADAV
MBBS, MS, Mch
Director
ORTHO STAR HOSPITAL
F-86 Jawahar Park, Devli Road

Cheque Payment
to Kavita
Surgery


ICICI Bank
Sector - 18 Noida Branch
K-1, Senior Mall, Sector 18, Noida, U.P. - 201 301
RTGS/NEFT IFSC Code : ICIC0000031

VALID FOR THREE MONTHS ONLY
18 03 2016
D D M M Y Y Y Y

Pay अदा करें Dr. Sachin Yadav or Bearer या धारक को

Rupees रुपये Twenty Two Thousand Five Hundred only ₹ 22500 /=

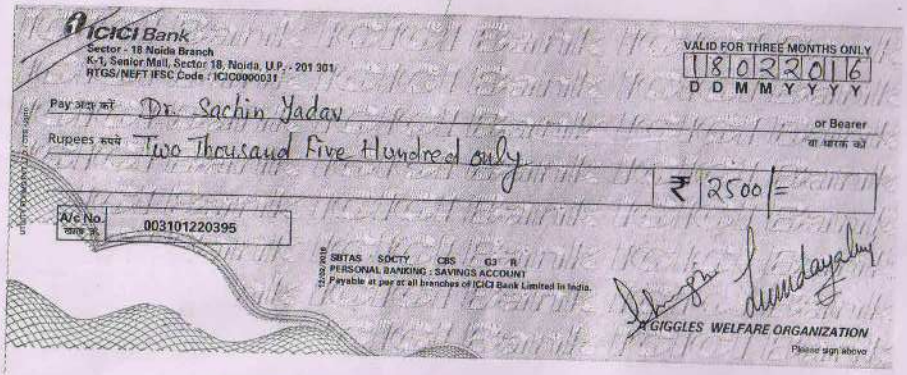
A/c No. खाता सं. 003101220395

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

A BIGGLES WELFARE ORGANIZATION
Please sign above

⑈ 749037⑈ ⑆102290051⑆ 220395⑈ 31

Cheque payment for plaster & removal



ICICI Bank
Sector - 18 Noida Branch
K-1, Senior Mall, Sector 18, Noida, U.P. - 201 301
RTGS/NEFT IFSC Code : ICIC0000031

VALID FOR THREE MONTHS ONLY
1 8 0 2 2 0 1 6
D D M M Y Y Y Y

Pay भुगतान करें Dr. Sachin Yadav or Bearer

Rupees रुपये Two Thousand Five Hundred only

₹ 2500/=

A/c No. खाता नं. 003101220395

SBITAS SOCTY CBS G2 R
PERSONAL BANKING : SAVINGS ACCOUNT
Payable at par at all branches of ICICI Bank Limited in India.

GIGGLES WELFARE ORGANIZATION

Please sign above

⑈ 749038⑈ ⑆102290051⑆ 220395⑈ 31

ORTHOSTAR HOSPITAL

F- 86 JAWAHAR PARK DEVLI ROAD NEAR CANARA BANK

BILL/INVOICE NO:- 020116001 DATE:- 02/01/16

PATIENT'S NAME:- MS. KAVITA AGE/SE:- 21/F

ADDRESS :-H. NO. 403, ROAD NO. 3 ANDREWS GANJ NEW DELHI

ADMISSION NO.:- 02011601

DATE OF ADMISSION:- 02/01/16 DATE OFDISCHARGE:- 02/01/16

CONSULTANT INCHARGE :- DR. SACHIN YADAV

DETAILS			AMOUNT	
ROOM RENT @ RS.	2000	PER DAY X 1	2000	
RENT @ RS.		PER DAY		
NURSING CHARGES				
O.T CHARGES	3000		3000	
O.T. CONSUMABLES CHARGES	2,500		2,500	
IMPLANT CHARGES				
SURGEON'S FEE	7,000		7,000	
ASSISTANT FEE	5,000		5,000	
ANASTHETIST FEE	3,000		3,000	
OXYGEN CHARGES	----------			
LAB TESTS				
PHARMACY CHARGES				
DAY CARE/SHORT DAY				
DOCTOR'S VISIT CHARGES @ RS		PER DAY		
1. DR.				
2. DR				
MISCELLANEOUS 1				
2				
3				

TOTAL	22,500
ADD. INTERIM BILL NO. .....IF ANY	
GRAND TOTAL	22,500
LESS ADVANCE	
PAYABLE	22,500

FOR ORTHOSTAR HOSPITAL

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

Auth. Sing.

Parents /Guardian's feedback:

तेजा में,

मेरी बेटी कविता का इलाज ए जिंदगल चेलफेयर ऑरगेनाइजेशन के प्रोजेक्ट डिंडिमा सिंड्रोम सेंटर में चल रहा था। मैं इसके पैर का सर्जरी नहीं करा सकती थी कि मेरी आर्थिक स्थिति अच्छी नहीं थी। मैंने यहाँ पर आकर सारी बातें बतायी तब ए जिंदगल चेलफेयर ऑरगेनाइजेशन ने मेरी स्थिति का पैर का सर्जरी करवा दिया और इसकी सर्जरी का सारा खर्च ए जिंदगल चेन के द्वारा और ऑरगेनाइजेशन ने उठाया है। इस कार्य के लिए मैं इस संस्था को धन्यवाद देती हूँ।

Date: 5/2/2016

Signature of Parents / Guardian:

सोनिया

mother

भारत निर्वाचन आयोग
पहचान पत्र
ELECTION COMMISSION OF INDIA
IDENTITY CARD

UJE0882712

मतदाता का नाम : आशा राम

Elector's Name : **Asha Ram**

पिता का नाम : कन्हैया प्रसाद

Father's Name : **Kanhiya Prasad**

लिंग / Sex : पुरुष / **Male**

1.1.2008 को आयु
Age as on 1.1.2008 : **32**

UJE0882712

पता :
403/टी, टी हट्स इंद्रा कैम्प रोड-3 एंड्रयूज गंज , दिल्ली -110049

Address:
403/T, T HUTS , INDRA COMP ROAD-3
ANDREWS GANJ , DELHI-110049

(BHUPINDER SINGH)

Date: 23/10/2008

42-कस्तूरबा नगर विधानसभा निर्वाचन क्षेत्र के
निर्वाचक रजिस्ट्रीकरण अधिकारी
के हस्ताक्षर की अनुकृति
Facsimile Signature of the
Electoral Registration Officer
for 42-KASTURBA NAGAR Assembly
Constituency

पता बदलने पर, नये पते पर अपना नाम निर्वाचक नामावली में दर्ज कराने तथा उस पते पर इसी क्रम्या का कार्ड पाने के लिए संशोधित फार्म में यह कार्ड संलग्न करें।
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.