हृदय वक्ष विज्ञान केन्द्र
अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर नई दिल्ली ११००२६

CARDIO THORACIC SCIENCES CENTRE
All India Institute of Medical Sciences
ANSARI NAGAR, NEW DELHI - 110 029
TELEPHONES : 26588500, 26588700, 26589900
FAX : 91-11-26588663, 26588641
Website : www.aiims.ac.in, www.aiims.edu

08.04.11

To

DATE : .....

The President
Relief India Trust
A-369, Sec.19
Noida, UP

Sub: Request for financial assistance for Md Rizwan 9 M

Dear Sir/Madam,

This is the case of Md Rizwan 9 M / M CV No 23854/10 who is suffering from Heart disease VSD requires Rs 55,000/- for VSD Closure.

This patient belongs to a very poor family and can not arrange the amount. You are therefore requested to please provide the financial assistance i.e. Rs.55,000/- as required for the treatment and saving the life of the poor as soon as possible.

Thanking you

Yours faithfully,

DINESH KUMAR
Medical Social Service Officer (CTC)

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब. रो. वि .
अ. भा. आ. सं., नई दिल्ली-११००२९
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक Date

CV-23854/2010

Cardiology OPD
Afternoon 2:00 PM

विभाग Deptt. — Date 8/11/2010 MON.WED.FRI.CTVS
Charged Rs 10/-

उम्र Age

ब.रो.वि. : O.P.D. N — Name MD. RIZWAN — 9Months/M
Phone No. 9504552296
S.R. Room 11 — DR.BHOOPATHY
Consultant 9 — Prof. S. S. Kothari/DR.SAURABH
Registration Time : Old Case 8:00 AM TO 11:30 AM

लिंग Sex

ACHD (c→R, 2:1, Sev PAH
V.S.D.

Adv.

45 45
9/11/10
15
23657

℞ · Syp. Furoped 0.3ml BD
· Syp. Dixin Elixir 0.3ml BD.

℞ Tab Cifdar 10mg ½ BD
℞ · 2months F

Room no. 13
MSSO pls help
claims RPL(?)

दिनांक
Date

large VSD

R-9 (36)
17/11/10 plan → VSD closure

Adv.

Rec. vomiting
→ Hold Lasix/Digoxin
→ Syp. Domstal 1ml BD x 3days.

R-9 (20)
31/1/11
→ Adequate hydration
→ Attend Pediatric emergency if vomitings persists
→ R/v ~~after~~ in CTS Pedo ward on Thursday 10/02/11 9.30am for restarting Lasix/Digoxin

R9 (27)
7/2/11
→ Attend CTVS OPD/Room no 21 Dr. Sachin Talwar for surgery date

OHS 55000/-
40 L/60d.

10/02/11
No vomitings
Feeds well
Syp Furosped 0.3ml BD
Syp Digoxin 0.3ml BD
Danger signs explained
Review at Pedo Cardiology RBI
in case of emergency

राशन का... कियों का पूरा विवरण

क्रमांक		उम्र	कार्डधारी से संबंध
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कार्डधारी क...			

2737 आबिद हुसैन अंसारी 38 उमीर पुरुष स्वयं
2737 रेहानी नाज 33 आबिद हुसैन अंसारी महिला पत्नी
2737 हसन रजा 8 आबिद हुसैन अंसारी पुरुष पुत्र
2737 मेराज हसन 3 आबिद हुसैन अंसारी पुरुष पुत्र

...र्ड

...356

...: ✓

बी.पी.एल. क्रमांक 14601407

कार्डधारी का पूरा नाम आबिद अंसारी

पिता/पति का नाम उमीर

पेशा मजदूरी

आवासीय पता

मुहल्ला ______ वार्ड नं. 8 सर्किल नं. ______

जन वितरण प्रणाली के दुकानदार का नाम [illegible]

सर्किल नं. ______ वार्ड नं. ______

राशन कार्ड निर्गत की तिथि ______

प्रा० आ० प्रभारी प्र० आ० पदा०
(मुहर सहित)

प्रखंड विकास पदा०
(मुहर सहित)

अंचल कार्यालय, बहादुरगंज

आय प्रमाण-पत्र

क्रमांक 66 दिनांक 23/2/11

1. आवेदक का नाम मो॰ शाबीद अंसारी पिता स्व॰ मो॰ जमील अंसारी
पता बहादुरगंज थाना बहादुरगंज जिला किशनगंज

2. आवेदक के नाम जमीन हो तो उसका पूर्ण विवरण — सिंचित / असिंचित — प्रति एकड़ आय — खाता 19 खेसरा नं॰ 296 मौजा बहादुरगंज रकबा 0.89

3. आवेदक को संयुक्त परिवार की भुसम्पदा में अंश हो तो उसका पूर्ण विवरण और उससे आवेदक या अभिभावक को होने वाला प्रतिवर्ष आय.....

4. अगर आवेदक के नाम या उसके अभिभावक या संयुक्त परिवार में किसी सदस्य के नाम से कोई व्यवसाय हो तो जिसमें अभिभावक का हिस्सा या ...से होने वाले प्रतिवर्ष का आय का आकड़ा ..... नहीं

5. आवेदक या उसके अभिभावक या संयुक्त परिवार में किसी भी किस्म की आयकर या वाणिज्य कर लगता हो जिसमें आवेदक या अभिभावक का ...हिस्सा हो उसका पूर्ण विवरण..... नहीं

6. आवेदक या अभिभावक को ट्रैक्टर/ट्रक हो तो उसका उल्लेख हो साथ-साथ होने वाला आय की भी.....

7. आवेदक के अभिभावक या संयुक्त परिवार में कोई सदस्य अगर सरकारी सेवा निजी सेवा में हो तो उससे होने वाली प्रतिवर्ष आय उल्लेख..... मजदूरी से 22000/-

8. इसके अतिरिक्त आय का स्त्रोत.....

9. उपरोक्त बिन्दुओं पर जाँच के आधार पर यह प्रमाणित किया जाता है कि श्रीमति/श्री.....
मो॰ नाजमील पिता मो॰ शाबीद अंसारी पिता स्व॰ मो॰ जमील अंसारी
ग्राम बहादुरगंज पो॰ बहादुरगंज थाना बहादुरगंज
को सभी स्त्रोतों की वार्षिक आय रूपया 22000/- रुपये (अक्षरों में)..
बाईस हजार रुपया मात्र है।

अंचलाधिकारी
बहादुरगंज
23/2/11

दीपक प्रिंटिंग प्रेस, बहादुरगंज

DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. CENTRE, ANSARI NAGAR, NEW DELHI - 110029

Dated : 11/2/2011

ESTIMATE CERTIFICATE

Name of Patient Mr/Ms. Mohd Rizwan

Age 1yrs Sex M C.V. No. / CTVS No. 23854/2010

Nature of Disease VSD

Nature of Surgery required VSD Closure

Units of Blood required for operation 4 units

Amount required for Surgery Rs 55,000/-

The above mentioned amount must be deposited in advance by bank draft drawn in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/Govt. Undertaking beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

11/2/2011

(Signature & Rubber Stamp of Consultant)

Dr. Sachin Talwar
Associate Professor
Deptt. of C.T.V.S.
A.I.I.M.S., Ansari Nagar,
New Delhi-110 029

DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
A.I.I.M.S.: ANSARI NAGAR, NEW DELHI - 110029
DISCHARGE SUMMARY

C.R.NO: 34164/11

BODY WEIGHT:	6 KG BLOODGROUP: BPOS				
NAME:	MOHD RIZWAN	AGE:	16 MONTHS	SEX:	MALE
S/O	MD . ABID	C.V.NO:	23854/10	C.T.V. NO:	66912
ADDRESS:	BAHADUR GUNJ	DOA	26/0511		
	DIST KRISHAN GANJ	DOP	27/05/11		
		DOD	2/06/11		
PINCODE:					
STATE:	BIHAR				
PHONE NO:					

DIAGNOSIS: ACHD , INC Qp, SA VSD ,SEV PAH , NORMAL LV FUNCTION

ECHO: MV-THICKENED, AML LARGE REDUNDENT , NO MS/MR,AoV- NORMAL , PV- N ,TV- NORMAL,,LA/ LV - ENLARG RA/RV - NORMAL , SS, LC, AV- VA CONCORDANCE , NRGA, SVC/IVC- RA, 3PV- LA , 9 mm LARGE S/A VSD , PREDOMINANT L-R =25 MMHG, NO PDA/ASD/CoA

DATE: 27/05/11

PROCEDURE: TRANS RA DACRON PATCH VSD CLOSURE

OPERATIVE FINDINGS: STERNUM NORMAL, THYMUS +, INNOMINATE VEIN +, PERICARDIAM NORMAL, NO PE, SS, LC, 3PV'S TO LA, SVC/IVC TO RA, AV-VA CONCORDANCE , Ao - PA - N ,, LVH + SINGLE 1 CM VSD ,

OPERATIVE NOTES: MEDIAN STERNOTOMY, THYMUS RETRACTED, RT PERICARDIOTOMY, PERICARDIAL STAY, HEPARIN+, AO BICA CANNULATION, CPB ON, , SVC/IVC LOOPED, AOXCL, CBC, HEART ARRESTED, SVC/IVC SNUDGGED,RA OPENED AND STAYS TAKEN,LA VENTED THROUGH IAS, VSD IDENTIFIED, CLOSURE OF VSD WITH DACRON PATCH .TRICUSPID VALVE CHECKED, NO TR+,PFO CLOSED, RA DEAIRED AND CLOSED , AOXCL OFF, ROOT VENT ON, WEANED OFF, DECANNULATION, PACING WIRTES, HEMOSTASIS, DRAINS, PERICARDIUM CLOSED, ROUTINE CHI CLOSURE .

AOX-CLTIME: 28 MIN CPB TIME: 54 MIN LOWEST TEMPERATURE: 32 C

POST OP COURSE: UNEVENTFUL

CLINICAL:

CINEFLUROSCOPY:

ECHO:

DISCHARGE MEDICATION

T. Sorbitrate 1mg TDS
C. Phenory 1mg TDS
Dy Lasep 5mg PO BD

Syp Alex 2ml TDS
Syp Crocin 90mg 9 6h
Syp Bricanyl 3ml TDS
Syp ZSD 5ml OD x/14 d.

INSTRUCTIONS:

1) FOLLOW DIET RESTRICTIONS
2) REPORT IMMEDIATELY IF –
   A) FEVER MORE THAN 2 DAYS
   B) BLEEDING / DISCHARGE FROM WOUND
   C) DECREASE URINE OUTPUT
   D) WORSENING OF SYMPTOMS
3) VISIT OPD AT ONE WEEK, ONE MONTH, THREE MONTHS, SIX MONTHS, ONE YEAR AND YEARLY.
4) FOLLOW UP IN CTVS OPD, MONDAY/WEDNESSDAY/FRIDAY 2.00P.M. AFTER 7 DAYS WITH CXR
5) STITCH REMOVAL IN CNCENTER, R.NO 2, MONDAY/ FRIDAY, 12.00P.M. AFTER 7 DAYS
6) CONTACT DOCTOR ON E-MAIL/PHONE VIA WEBSITE "AIIMS.EDU"
7) REPORT ANY HOSPITAL ADMISSION / VISIT OUTSIDE AIIMS.

F/u in Paed OPD if loose stools.

CONSULTANT
DR. SACHIN TALWAR

SENIOR RESIDENT
DR RAJAT/DR PRAVEEN

RELIEF TRUST

FUNCTIONAL OFFICE: A-369, Basement, Sector-19, Near Max Hospital
Noida, Gautam Bhudha Nagar, U.P. 201301 Reg. No. - 3696
Phone No. +91-120-4258313 / 4307906, Toll Free -18001031777
Website: - www.reliefindiatrust.org. Email - contact@reliefindiatrust.org

Ref No :-

Date:- 25/5/2011

To,

The Account Department (CTC)

Cardio Thoracic science center

All India Institute of medical sciences

New Delhi – 110029

Subject: - Reference case of MD. RIZWAN MCV No 23854/10.

Sir/madam,

In reference to your letter dated 8th April 2011 regarding request for financial help in case of MD RIZWAN MCV No 23854/10 who is suffering from Heart diseases TOF which requires Rs 55,000/-

Relief trust hereby intent to help this poor patient by providing fund for the same.

You are requested to please accept the payment for the patient's treatment and kindly issue the utilization of the amount at the earliest.

Thanking you in anticipation.

With regards,

Uttam Kumar.

RELIEF TEAM

All India Institute of Medical Sciences (CTNS)

AIIMS C.T. Patient A/C

PP

Surg-c/11-12.

96426

Receipt No

Book No.

Date 25.5.11

Received with thanks from Shri/Smt./Dr./Mr./Kumari Relief Trust.

sum of Rupees Seven Thousands only.

/ Cash*/Cheque/DD/*IPO/Call deposit receipt No.

Axis Bank Ltd (Gurgaon)

account of Medical of Md. Rizwan.

7000-00

Pm.

ubject to encashment Accounts Officer/F & CAO Cashier/Asstt. Cashier

---

सामान्य रसीदों हेतु चालान

CHALLAN FOR THE GENERAL RECEIPTS

अखिल भारतीय आयुर्विज्ञान संस्थान

ALL INDIA INSITUTE OF MEDICAL SCIENCES

अन्सारी नगर, नई दिल्ली-110029

Ansari Nagar, New Delhi-110029

PP

Surg/c/11-12

दिनांक/Dated 25.5.11

खजांची कृपया श्री/डा./कु./श्री मती/सर्व श्री.....

Cashier may please receive the sum of Rs. 7000/-

..... हेतु रू0 .....

पये/ .....) की धनराशि नकद/चैक/बैंक द्वा

upees Seven thousand only

) ..... द्वारा प्राप्त करें।

om Shri/Dr/Km./Smt./M/s. Relief Trust -

account of Medical of Md. Rizwan ...in cash vide cheques/Bank Dra

o. 822243 dt 10/5/11

ोद संख्या .....

eceipts No. 96426 25/5/11

) .....

r Rs. 7000/-

तांची/सहायक खजांची

ashier/Asstt.Cashier M

C-23524/10

अनुभाग/विभाग प्रभारी अधिकारी

Officer-in-charge Section/Dep

दिनांक/Dated.....

All India Institute of Medical Sciences (CTNS)

AIIMS C.T. Patient A/C

965 PP

96425

SM/CT/11-12 Receipt No.

Book No. Date 25.5.11

Received with thanks from Shri/Smt./Dr./Mr./Kumari Relief Trust

a sum of Rupees Seven thousand only.

by Cash*/Cheque/DD/*IPO/Call deposit receipt No. 288039 dt 8-3-11

IMOPC. (Surya Kiran Building)

on account of UHID CR01 of Md. Rizwan.

Rs. 7000 -

*Subject to encashment Accounts Officer/F & CAO Cashier/Asstt. Cashier

सामान्य रसीदा हेतु चालान

CHALLAN FOR THE GENERAL RECEIPTS

अखिल भारतीय आयुर्विज्ञान संस्थान

ALL INDIA INSITUTE OF MEDICAL SCIENCES

अन्सारी नगर, नई दिल्ली-110029

Ansari Nagar, New Delhi-110029

P.P

SM/CT/11-12

दिनांक/Dated 25.5.11

खजांची कृपया श्री/डा./कु./श्री मती/सर्व श्री.....

Cashier may please receive the sum of Rs. 7000/-

..... हेतु रू0 .....

रुपये/ .....) की धनराशि नकद/चैक/बैंक ड्रा

upees Seven thousand Only

0 ..... द्वारा प्राप्त करें।

om Shri/Dr/Km./Smt./M/s. Relief Trust

n account of UHID CR01 of Md. Rizwan in cash vide cheques/Bank Dra

lo. 288039 dt 8/3/11

सीद संख्या 25/5

teceipts No. 96425

0 .....

or Rs. ...7000/-

ाजांची/सहायक खजांची

Cashier/Asstt.Cashier

अनुभाग/विभाग प्रभारी अधिकारी

Officer-in-charge Section/Dep

दिनांक/Dated.....

All India Institute of Medical Sciences (CTNS)

AIIMS C.T. Patient A/C

965 96424

Book No. SUHCT/11-12 Receipt No.

Date 25.5.11

Received with thanks from Shri/Smt./Dr./Mr./Kumari Relief trust

a sum of Rupees Pray thankfully a/y.

by Cash*/Cheque/DD/*IPO/Call deposit receipt No. 285503 at 25/11

Axis bank (Mayur Vihar)

on account of VAD Clg of Md. Rizwan

Rs. 40000/-

*Subject to encashment Accounts Officer/F & CAO Cashier/Asstt. Cashier

PM.

सामान्य रसीदों हेतु चालान

CHALLAN FOR THE GENERAL RECEIPTS

अखिल भारतीय आयुर्विज्ञान संस्थान

ALL INDIA INSITUTE OF MEDICAL SCIENCES

अन्सारी नगर, नई दिल्ली-110029

Ansari Nagar, New Delhi-110029

P.P

SUH/CT/11-12

दिनांक/Dated 25/5/11

खजांची कृपया श्री/डा./कु./श्री मती/सर्व श्री.....

Cashier may please receive the sum of Rs. 40,000/-

से ..... हेतु रू0 .....

(रूपये/ .....) की धनराशि नकद/चैक/ड्रैफ्ट द्वा

Rupees forty thousand only

सं0 ..... द्वारा प्राप्त करें।

from Shri/Dr/Km./Smt./M/s. Relief Trust -

on account of VAD Clg. of Md. Rizwan in cash vide cheques/Bank Dra

No. 285503 dt. 25/5/11

रसीद संख्या 25/5/11

Receipts No. 96424

रू0 .....

for Rs. 40,000/-

खजांची/सहायक खजांची

Cashier/Asstt.Cashier PM.

अनुभाग/विभाग प्रभारी अधिकारी

Officer-in-charge Section/Dep

दिनांक/Dated.....

All India Institute of Medical Sciences (CTNS)

AIIMS C.T. Patient A/C

965

SurCT/11-12

Receipt No 96427

Book No.

Date 25-5-11

Received with thanks from Shri/Smt./Dr./Mr./Kumari Relief Trust

a sum of Rupees one thousand only

by Cash*/Cheque/DD/*IPO/Call deposit receipt No. 536347 dt 19-5-11

HDFC Bank (Udyog Vihar)

on account of VVIP Clg of Md. Rizwan

Rs. 1000-

*Subject to encashment

Accounts Officer/F & CAO

Cashier/Asstt. Cashier

सामान्य रसीदों हेतु चालान

CHALLAN FOR THE GENERAL RECEIPTS

अखिल भारतीय आयुर्विज्ञान संस्थान

ALL INDIA INSITUTE OF MEDICAL SCIENCES

अन्सारी नगर, नई दिल्ली-110029

Ansari Nagar, New Delhi-110029

SurCT/11-12

दिनांक/Dated 25/5/11

खजांची कृपया श्री/डा./कु./श्री मती/सर्व श्री.....

Cashier may please receive the sum of Rs. 1000/-

से ..... हेतु रु0 .....) की धनराशि नकद/चैक/ड्रैफ्ट

(रूपये/ .....

Rupees one thousand only

सं0 ..... द्वारा प्राप्त करें।

from Shri/Dr/Km./Smt./M/s. Relief Trust -

on account of VVIP Clg of Md. Rizwan in cash vide cheques/Bank Dra

No. 536542 dt 19/5/11

रसीद संख्या 25

Receipts No. 96427

रु0 .....

for Rs. 1000/-

खजांची/सहायक खजांची

Cashier/Asstt.Cashier

अनुभाग/विभाग-प्रभारी अधिकारी

Officer-in-charge Section/Dep

दिनांक/Dated.....