





अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



बिना सिगरेट के प्रवेश करना है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES

www/Room

Pro-212 OPR-6

एकक/Unit
विभाग/Dept.

नाम

अकाश कुमार
AKASH KUMAR
B/M/D / M/P/P
SOPHIAN KUMAR
Add: MALADH BOHARD, JHARWAD
Pin-2, INDIA
Mob: 9303488438

C-211
Unit/1
Paediatric
Queue No: N14
12/08/2023

बुध, राति
Wed, Sat (बुध, राति)



New Patient General F0 Reporting: 10.00 AM-11.00 AM

सं/O.P.D. Regn. No.

पता/Address

6369468439

निदान/Diagnosis

Δ ? LCM

दिनांक/Date

L14

उपचार/Treatment

S-616

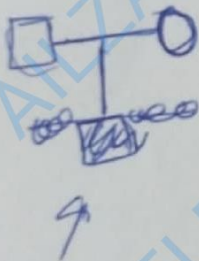
Child was apparently well till 4 Am age

Cl - Fever + cough for past 3-4 months

- Runtish patches over forehead

- Nail infuncti

- Facial bluness
Bw 5 Kg



No loose stools

No oily stools

Admitted outside for the above complaints

Chronic antibiotic requirements (+)



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

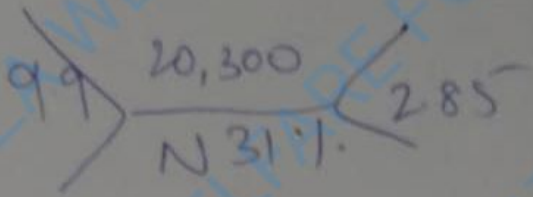
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



मेरा अस्पताल
My Hospital
meraaspatal.nhp.gov.in

CBC:



Imp: Reunt pneumonia
 + skip pills +
 FIT + Anycelone

- ? PID
- ? HIV

d/w to NABUWA.

1. HIV

2. CBC + PS

3. CXR

4. Start

MDI + spacer + mask } shuff puff
 kit
 00 00
 - BUDECORT 100mg 2puff BA

after - SALBUTAMOL 100mg 2puff 6haly.

5. R/wc Repts. on Wednesday 16/08/2023
 no 21d.





अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान नवा है। SMOKING IS PROHIBITED IN HOSPITAL PREMISES



एकीकृत चतुर्थांश

वार्ड विभागा विभाग
UHD: 106934008
Dept No. 20230030022684

ward/Room

OPR-6

एकक/Unit
विभाग/Dept.

C-212
Unit
Passing
Queue No: F3

जा रोग/O.P.D. Regn. No.

पता/Address

अकाश कुमार
AKASH KUMAR
Bh 9140 / MURK
SOPANAN KUMAR
Aad: MAHENDI BOHARO, JHARKHAND
Pin 8, INDIA

16/08/2023

बुध, वणि
Wed, 9AM



Mob: 9389488430 Follow Up... General: F0 Reporting: 8:00 AM-8:00 AM

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

2

5-5/8

child was apparently well till 4 months of age

late prematurity
BW 2800 gm
CIAB, Hospital
delivery.

Ch. Fever + cough for past 4-5 months

EBF for 6 months.

Recurrent ^{skin lesions} pustules over forehead, hands, feet, scalp
- Nail infection
- n/o ear discharge (yellowish)

n/o loose stools
only stools.

Last CBC:

9.9 / 20300 / 2.85
NSI%

? PID ? HIV

- Both parents HIV negative

(E) Multiple papulopustular lesions on back, chest
Seborrheic dermatitis on scalp
Blackish greenish nail discoloration (fingers, toes)



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)



meraaspatal.nhp.gov.in



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



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

शरीरवाचक सन्तु धर्मसाधन

बाल चिकित्सा विभाग
UHD: 106934008
Dept No: 20230030022684

Ward/Room

OPR-6

एकक/Unit

विभाग/Dept.

नाम

अकाश कुमार
AKASH KUMAR
JAN 9M TD / MUMBAI
SOPHIAN KUMAR
Add: MAVADEH BOYARO, JHARUWADI
PIN 0, INDIA
Mob: 9309488438

C-211
URIN
Patient
Queue No: F9
19/08/2023

बुध, प्रति
Wed, Sat (बुध, प्रति)



Reporting: 8:00 AM-9:00 AM

सं./O.P.D. Regn. No.

पता/Address

निदान/Diagnosis

Suspected LCH

दिनांक/Date

उपचार/Treatment

3

SJK

Shin, leg, Nail involvⁿ clinically.

Skeletal survey not done.

Poor compliance

PET-CT d/f 26/8/23

Viral markers
NR

Adv

Urgent Skin OPD review for skin biopsy.
(PNC, please give an urgent appoint)

Skeletal survey

PET-CT as d/f 26/8/23

USG Abdomen

N/V Peds III OPD - 23/8/23

Cont. MDI Budecont / Salbutamol

[Signature]



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)



My Hospital
meraasptal.nhp.gov.in

Dr. Manisha Ma'am

Urgent date please

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029
DEPARTMENT OF RADIODIAGNOSIS
NEW DELHI - 110029

FLUOROGRAPHY REQUISITION FORM

नाम विकिरण विभाग
 UHID: 106934008
 Dept No: 20230030022664
 Room / Room
 C-211
 UNIT-03
 PACS/DR
 Queue No: F9
 19/08/2023
 हुआ मिति
 Wed, Sat (दुप, राति)
 अकाश कुमार
 AKASH KUMAR
 3M 3M TD / M 3M 3M
 SOPAN KUMAR
 Add: MAHAVISH BOWARO, JHARKHAND
 PIN: 835 001
 Mob: 9388489435 Follow Up General F 0 Reporting 8:00 AM-8:00 AM

Ref. Deptt./Unit :

Date :

OPD No. / UHID No. :

LMP :

Examination Required :

- Ultrasound Abdomen Doppler (Arterial / Venous) Interventional Procedure
- CT HRCT Dual Phase CT CT Angiography

Clinical History and Examination :

Suspected CCH (Skin) Lung / Nail (nails)

USG Abdomen for organ involvement

Clinical / Working Diagnosis :

Likely Mucro Systemic LCH

Any Previous Studies (Please provide No. if available) :
 Blood Urea / Serum Creatinine (for CT patients only) :
 Any h/o allergy or asthma :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

BM 12
 NPAAK
 21.8.23
 9am
 Manisha

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :



PET SCAN FORM

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
नाभिकीय चिकित्सा एवं पीईटी विभाग / Department of Nuclear Medicine & PET
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029
Tel. : 91-11-26593210

Physician request form for Position Emission Tomography (PET) Scan
(Please Note : Scan will not be done if form is not properly filled)

Name : AKASH KUMAR Age : 94 Yrs. Sex : M M F

Referred by : Dr J.P Meena Requisition Date : 16/8/23

UHID No. / Clinic / Dept. : 106934008

Brief Clinical History : _____

90% cough / rest distress x 3m
skn rash x 3m
↓
? LCN

Treatment History :

What you expect from PET / CT Scan :

Past History DM HT TB Renal Failur Previous Malignancies

Investigations :

Bld. Sugar Fasting PP Random Date :

Ultrasound/ECHO/CT/MRI/Plain/Contrast :

30
17/8/23

Screened
by FDG

DM
CT
PT
ST
3R/Nov

Earliest possible date

Previous Nuclear Medicine / PET : No. & Date

Indication of PET/CT : Initial Dx / Staging / Treatment Resp. Monitoring / Restaging / Prognostication

Desired Study : Whole Body PET (Eyes of thighs) Brain only Cardiac only

विकिरण नैदानिक विभाग
अ० मा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

pl3 exam
1
Shor

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : AKASH Age/Sex : 9 months / m Ref. Deptt./Unit : Dr. Jagdish Prasad Meena
Indoor (Bed No.) / Outdoor / Casualty Date : 16-8-23
UHID No. : 106934008 LMP :

Examination Required :

Clinical History and Examination : Xray skull & long bone & pelvis
(Skeletal survey)
c/o LCH, to look for lytic lesion

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date : [Signature]

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date : [Signature] / 16/8/23

Your appointment is on : 10:48 hr Room No. : 15B
Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X-Ray No. : Size / No. of Films

Date : Kvp/mAS:

Sign. of Radiographer :



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 106934008 Sex: Male
Patient Name: Mr AKASH KUMAR Sample Received Date: 14-Aug-2023 18:24 PM
Age: 9m 5d Department: Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 14-Aug-2023 11:54 AM Sample Collection Date: 14-Aug-2023 09:33 AM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2312790216

Sample Details : LC1408230853

Sample Type : Serum

Report

SEROLOGY

Test Name (Methodology)	Result	UOM	Reference
HIV Combo (HIV 1, 2) (ECLIA)	0.19	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
Anti HAV IgM (ECLIA)	0.28	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
HBs Ag (ECLIA)	0.42	COI	< 1.0 Non Reactive ≥ 1.0 Reactive
Anti HBs (ECLIA)	2.00	IU/L	< 10.00 Non Immune ≥ 10.00 Immune
Anti HCV Ab (ECLIA)	0.04	COI	< 1.0 Non Reactive ≥ 1.0 Reactive

-----End of Report-----

Dr. Sudip Kumar Datta
(Biochemistry & Immunoassay)

Dr. Tushar Sehgal
(Hematology & Coagulation)

Dr. Suneeta Meena
(Serology)

Dr Suneeta Meena MD
(Microbiology)
14-Aug-2023 21:02



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute Of Medical Sciences, New Delhi

UHID: 106934008 Sex: Male
Patient Name: Mr AKASH KUMAR Sample Received Date: 14-Aug-2023 11:11 AM
Age: 9m 5d Department: Paediatrics
Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block
Reg Date: 14-Aug-2023 11:11 AM Sample Collection Date: 14-Aug-2023 09:33 AM
Recommended By: Dr. S. K. KABRA Lab Reference No: 2312789551

Sample Details : LH1408230553

Sample Type : Whole Blood

Report

HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	8.60	g/dL	11.1 - 14.1
Hematocrit (Direct Measure)	36.00	%	30 - 40
RBC count (Impedance)	5.18	$10^6/\mu\text{L}$	4.1 - 5.3
WBC count (Fluo. flow cytometry)	13.37	$10^3/\mu\text{L}$	6.0 - 18.0
Platelet count (Impedance)	508.00	$10^3/\mu\text{L}$	200 - 550
MCV (Calculated)	69.50	fL	68 - 84
MCH (Calculated)	16.60	pg	24 - 30
MCHC (Calculated)	23.90	g/dL	30 - 36
RDW-CV (Calculated)	20.70	%	11.6 - 14
Neutro (Fluo. flow cytometry)	59.90	%	20-40%
Lympho (Fluo. flow cytometry)	30.30	%	37-73%
Eosino (Fluo. flow cytometry)	0.90	%	1-4%
Mono (Fluo. flow cytometry)	8.50	%	2-10%
NRBC	0	%	
Baso (Fluo. flow cytometry)	0.40	%	0-1%
Neutro - Abs (Calculated)	8.01	$10^3/\mu\text{L}$	1.0-6.0
Lympho- Abs (Calculated)	4.05	$10^3/\mu\text{L}$	4.0 - 12.0
Eosino - Abs (Calculated)	0.12	$10^3/\mu\text{L}$	0.1 - 1.0
Mono - Abs (Calculated)	1.13	$10^3/\mu\text{L}$	0.2 - 1.2
Baso - Abs (Calculated)	0.06	$10^3/\mu\text{L}$	0.02 - 0.1
PS for (Others)	(!)		

Remarks: RBC- Normocytic normochromic to microcytic hypochromic. PLT- As given. DLC- As given. No Atypical cells seen. No Hemoparasite seen, Impression: Microcytic Hypochromic blood picture. Advice: 1. Iron studies. 2. Reticulocyte count. 3. Stool examination for ova and cyst. 4. Hemoglobin HPLC (To rule out Beta Thalassemia / other Hemoglobinopathy if clinically indicated). Kindly correlate clinically

-----End of Report-----

Form ID: 2023081618930



Print

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi,

Radiology Observation Scheduling Receipt ## 321313/2023
ACKNOWLEDGMENT

UHID No: 106934008

Name: AKASH KUMAR

Age: 9 months 4 days

Address: MAWADIH BOKARO PIN-0

Sex: Male

Observation Type:	CTSCAN	Observation Name:	CECT CHEST
Part Name:		Scheduling Date:	5/9/2023 08:30:00
Room No:	CTS GE OPD RAK BLOCK	Queue No:	24
Recommended by:	Dr. SR Paediatrics 10	Department:	Paediatrics

Note:-

PATIENT TO BRING THE FOLLOWING/रोगी निम्नलिखित लानेकी:

1. NON IONIC CONTRAST :50ML XENETIX 350/300 IOMERON(400)/IOPAMIRO(300) OMNIPAQUE (300)/ULTRAVIST(300)	1. नोइयानिक कॉन्ट्रास्ट:50मी ली [जेनेटिक्स/इओमेरोन(400) /इओपामीरो(300)/ओनिपाक्यू(300)/ उल्ट्राविस्ट(300)र
2. FASTING FOR 6 HOURS BEFORE INVESTIGATION	2. जांचसे 6 घंटे पहले तक कुछन खाओ
3. BLOOD UREA,SERUM CREATININE REPORT	3. रक्त युवरीया क्रियेटिनिन की रिपोर्ट
4. PLEASE PAY RS 750/-	4. कृपया भुगतान रुपये 750 / -
5. BRING ALL OLD X RAYS AND OTHER INVESTIGATIONS ON THE DAY OF INVESTIGATION	5. सभी पुराने एक्सरेऔरअन्य जांचला ने टेस्ट के दिन
6. PLEASE BRING ONE ATTENDANT WITH YOU	6. मरीजअपने रिश्तेदार केसाथ आइए

आथ
फाई लानी है

CONSENT: I HAVE BEEN EXPLAINED THE COMPLICATIONS AND RISKS ASSOCIATED WITH IONIC/NON IONIC CONTRAST MEDIUM INJECTION. I HERE BY GIVE MY CONSENT FOR INJECTION OF IONIC/NON IONIC CONTRAST MEDIA BY ANY ROUTE.

सहमति: मुझे इयानिकऔर नोइयानिक कॉन्ट्रास्टमीडीया इंजेक्शन से सम्बन्धित जटिलताओं, जोखिमोंके बारे में समझायागया है। मैं एतद्वारा किसी भी मार्ग द्वारा इयानिकऔरनोइयानिक कॉन्ट्रास्ट मीडिया का इंजेक्शन के लिए अपनी स्वीकृति देता / देती हूँ।

SIGNATURE OF PATIENT OR ATTENDANT:

NAME AND DATE:

MOBILE NUMBER:

NB: We recommend you to buy the contrast from Amrit Pharmacy which is situated within AIIMS campus.

हम आपको अमृत फार्मसी से कंट्रास्ट खरीदने की सलाह देते हैं जो एम्स परिसर के भीतर स्थित है।

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली- 110029

DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: ALASH

Age/Sex: 9 month / m

Ref. Deptt./Unit: Paed 3

Date: 16-8-22

Indoor (Bed No.) / Outdoor / Casualty

OPD No. / UHID No.: 106934008

LMP:

Examination Required:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Doppler (Arterial / Venous) | <input type="checkbox"/> Interventional Procedure |
| <input checked="" type="checkbox"/> CT <u>CSECT chest</u> | <input type="checkbox"/> HRCT | <input type="checkbox"/> Dual Phase CT |
| | | <input type="checkbox"/> CT Angiography |

Clinical History and Examination:

- Skin rash
- Ear discharge
- Runny nose
- Seborrhea
- 6 months

CXR - s/o hyperinflation & cystic change
likely LCH

Clinical / Working Diagnosis:

Any Previous Studies (Please provide No. if available):
 Blood Urea / Serum Creatinine (for CT patients only):
 Any h/o allergy or asthma:

Signature of Referring Physician / Date: [Signature]

Consent:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date:

Pl book only as requested
Thanks
Manish

US / CT Number: 1

Signature of Radiographer / Date:

No. of Films used:
 प्राध्यापक/Professor
 विकिरण निदान एवं इंटरवेंशनल
 रेडियोलॉजी विभाग
 Department of Radio-diagnosis &
 Interventional Radiology
 अ० भा० आ० सं० दिल्ली-29 / A.I.I.M.S. New Delhi-29



नकदी रसीद / CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

असि नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

APPOINTMENT SLIP निपुक्ति पर्ची / रसीद सख्या / Receipt No.:

New Patient / Cross Referral



Print Appointment Slip Dated:

जमाकर्ता / Reserver / OTHER DEO SWEC

General ₹ 0.0

Appointment Date: 30/08/2023 / Patient Type:

ओपीडी / OPD / UHID No.:

Reporting Time: 08:00 AM-09:00 AM सख्या / Room No.:

Department Name: Skin/Skin / ON ACCOUNT OF

Appointment Request date	19/08/2023	Appointment No	2023081906187
Name of Patient	MR AKASH KUMAR	Age	9 months 7 days
Sex	Male	Request Mode	other
Contact Details	Mobile: XXXXXXXX439		

Remarks:

Your UHID is : 106934008.

Book Online appointment from : <https://ors.gov.in> Developed by NIC

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP



नकदी रसीद / CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

असि नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

APPOINTMENT SLIP निपुक्ति पर्ची / रसीद सख्या / Receipt No.:

Follow-up Patient / Advance



Dated:

जमाकर्ता / Reserver / OTHER DEO SWEC

General ₹ 0.0

Print Appointment Slip / Patient Type:

ओपीडी / OPD / UHID No.:

Appointment Date: 23/08/2023 / Room No.:

Department Name: Paediatrics/Paediatric

Reporting Time: 8:00 AM-9:00 AM

Appointment Request date	19/08/2023	Appointment No	2023081906217
Name of Patient	MR AKASH KUMAR	Age	9 months 7 days
Sex	Male	Request Mode	counter
Contact Details	Mobile: XXXXXXXX439		

Remarks:

Your UHID is : 106934008.

Book Online appointment from : <https://ors.gov.in> Developed by NIC

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP



AILZA WELFARE FOUNDATION

Mob : 7303714092, 8279578585

PAN No.: AAXCA7738H | Regd. No.: 835

सेवा में

श्रीमान प्रदीप मधोदय जी
Ailza welfare foundation 2/124 Trilokpuri (East-Delhi)
DELHI = 110091

मौहदय

मेरा नाम पवन कुमार S/o श्री ईश्वर रजक में वोकेश
टीसटीक (आश्वषुड) का रहने वाला हूँ। मेरा बच्चा
(अकारा-कुमार) जिसकी आयु = 9 महीने हैं। मेरे बच्चे
को दिमाक और शीने में बहुत दिक्कत हो गया है
जिसका इलाज आ० प्रा० अं० / AIIMS अस्पताल में चल
रहा है। उसकी हालत बहुत खराब है। मेरा रक ही
बच्चा है। और उसके इलाज के लिये बहुत मंहगी
दवाईया चाहिये। आदि जांच भी बहुत मंहगी है
मैं AILZA welfare foundation के पास अपने बच्चे
के इलाज में मदद के लिए आया हूँ।
मेरे बच्चे के इलाज में मदद करे अपनी अति कृपा होगी।



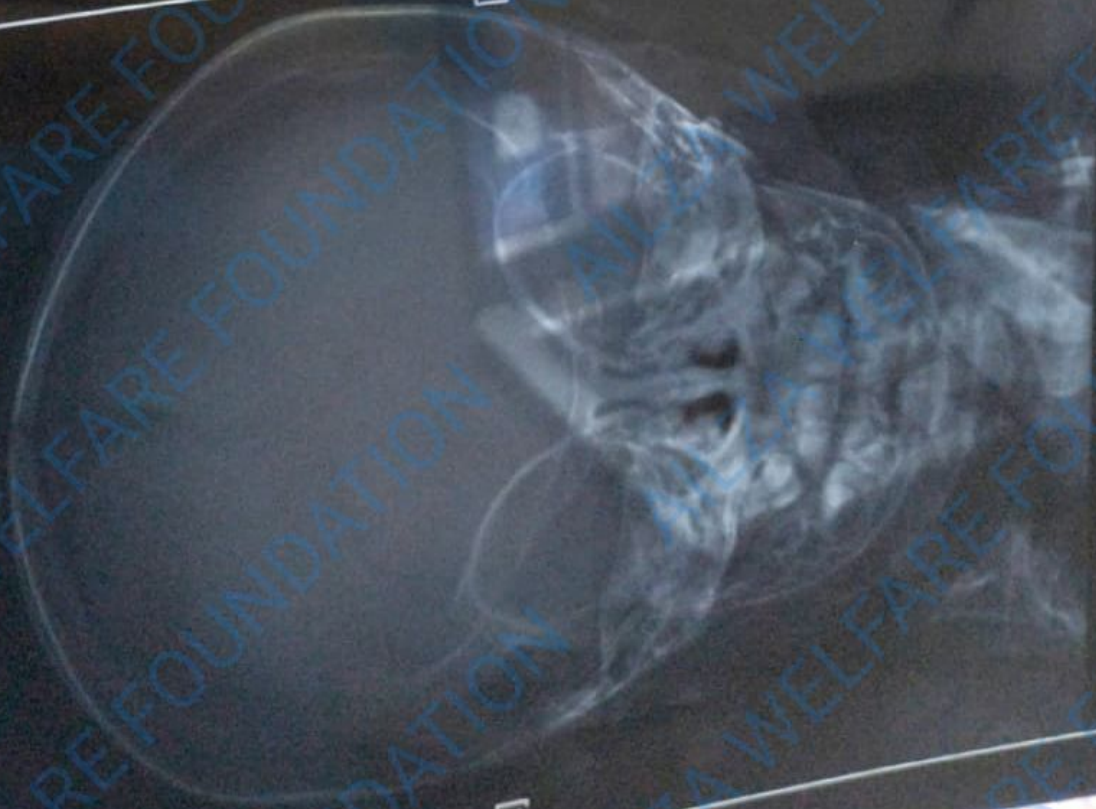
धन्यवाद

Pawan Kumar

Kumar
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