वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली110029-
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi–110029
बाल रोग विभाग
Department of Pediatrics
Division of Pediatrics Hematology & Oncology

सत्यमेव जयते

TO WHOM IT MAY CONCERN

DATE: 30.10.2025

This is to certify that

Patient Name ARYAN **Age** 5years **Gender** Male

S/o/D/o/W/o Jasveer Singh

OPD/ CR No – 20259805 3

Is suffering from Diagnosis Refractory High Risk B-ALL

And is under treatment from Department of Pediatrics, Division of Pediatrics Hematology & Oncology, VMMC & SJH, New Delhi.

The child is planned for allogenic Hematopoietic stem cell transplantation. This treatment is potentially lifesaving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amounts to Rs. 10 Lakhs/- An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1. Chemotherapy – 5,000,00
2. Post transplant immunosuppression – 3,000,00
3. Miscellaneous + Supportive care – 2,000,00

10,000,00/-

This certificate is being issued to avail financial assistance from government institutions only.

Date 30.10.2025 **Signature**

Dr. Prashant Prabhakar
M.D. DM (Pediatrics)
Assistant Professor
Dept. of Pediatrics
VMMC & Safdarjung Hospital

30/10/25
PROF. PRADEEP KR. DEBATA
M.D. Pediatrics, DM Neonatology
Professor, Consultant & HOD (Pediatrics)
VMMC & Safdarjung Hospital
New Delhi - 110029

0-1/S.J.H.-1

VMMC SJH

UHID :20251392047
Admit On : 2025-10-23 10:02 am
Master ARYAN , Age : 5 Year
S/O JASBIR SINGH
MAINPURI ,DELHI,South
Delhi,INDIA

IPD : 2025154220

NON-MLC Case

Dept./Unit : Paediatrics - 1
Ward : 21(Pediatrics)

Bed No: Floor

बoरोoविo पंजीकृत स

O.P.D. Regn. No......

विभाग/Deptt Paeds एकक/UNIT W21 unit1 आय/Income ......

नाम/Name	पिता/पुत्र/पत्नी/पति/पुत्री E/S/W/H/D of	लिंग/Sex आयु/Age	पता/Address
Aryan		5yr / male	

निदान/Diagnosis Boall ALL (Refractory)

तारीख Date	उपचार/Treatment
23/10/25	Advice - Admit ↓ W21 unit1

DR. SABHARISREE
Senior Resident
Department of Paediatrics
Safdarjung Hospital
New Delhi - 110029

मृत्यु का कारण (साफ अक्षरों में) Cause of Death (In Block Letter)	I. प्रत्यक्ष कारण DIRECT CAUSE (क)...... (a) की वजह से अथवा (परिणामस्वरूप)	II. अन्य महत्वपूर्ण स्थिति OTHER SIGNIFI मृत्यु की वजह बीमारी

धुम्रपान व तम्बाकू सेवन दंडनीय अपराध है ।

SMOKING/TOBACCO CHEWING IS PUNISHABLE OFFENCE

स.ज.अ. (वि.रि.व.सं.–2)
S.I.H. (M.R.D. NO.-2)

वी. एम. एम. सी. एवं सफदरगंज अस्पताल, नई दिल्ली

V.M.M.C. & SAFDARJANG HOSPITAL, NEW DELHI

Total No. of Pages :

दाखिला और छुट्टी का सारांश रिकार्ड/ADMISSION AND DISCHARGE RECORD

Sig. of Sr. Resident

रोगी का / Pasient's

वि. रि. व. सं./MRD No. वार्ड/Ward यूनिट/Unit CGHS Bed No

नाम/Name आयु लिंग/Age & Sex न. है/Civil Status

धर्म/Religion व्य./Occupation

पिता/पति का नाम/Father's/Husband Name आय/Income

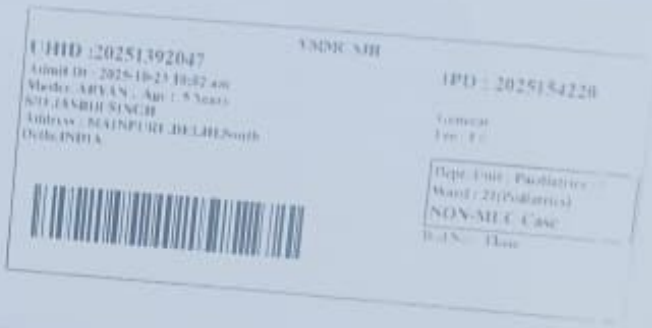
म. नं. गली/H. No. St. गांव Village टेलीफोन/Tele. Res./ Office

शहर/डाकखाना/Town P.O. जिला/District राज्य/State

दाखिले की तिथि और समय/ Date of Admission & Time

पता : निकट सम्बधी/Next of Kin's Address

स्थानीय पता/Local Address



छुट्टी की तारीख और समय Date & Time of Discharge		अस्पताल दिन Hospital days	

171
23-10

अन्तिम निदान Provisional Diagnosis		
अन्तिम निदान (साफ अक्षरों में) Final Diagnosis (In block Letters)		कोड ICD Code
द्वितीयक निदान (साफ अक्षरों में) Secondary Diagnosis Complication (In block Letters)		
शल्य क्रियायें (साफ अक्षरों में) Operative Procedure (In block Letters)		

परिणाम Result	रूखसत किया – जीवित Discharge - Alive	मर गया Died	शव परीक्षा Autopsy
	☐ डाक्टर की सलाह से with Medical Advice ☐ डाक्टर की सलाह के विरुद्ध LAMA ☐ लापता Absconded	☐ 48 घंटे से कम Under 48 hours ☐ 48 घंटे से अधिक Over 48 hours	☐ हां Yes ☐ नही No

मृत्यु का कारण (साफ अक्षरों में) Cause of Death (In Block Letter)	I. प्रत्यक्ष कारण DIRECT CAUSE (क)..... (a) की वजह से अथवा (परिणामस्वरूप) due to (or as a consequence of पूर्ववृत कारण ANTECEDENT CAUSES (ख)..... (b) की वजह से अथवा (परिणामस्वरूप) due to (or as a consequence of (ग)..... (c)	II. अन्य महत्वपूर्ण स्थिति OTHER SIGNIFICANT CONDITIONS मृत्यु की वजह बीमारी अथवा वह कारण जो बीमारी की स्थिति से सम्बन्धित नहीं है । Contributing to the death, but not related to the disease or conditions causing it. ....

हस्ताक्षर Signature	जू.रेजी./Jr. Resident	सी.रेजी./Sr. Resident	से/यू. प्रमुख/Head of Ser./Unit	

दूसरी ओर : प्राधिकार आदि Reverse : Authorisation etc.

बo रोo वि o पं

O.P.D. Regn.

विभाग/Deptt ..E

नाम/Name

Shras

निदान/Diagnosis

तारीख Date
17/10

Hematology Analysis Report

Sample ID: 3
Mode: WB-CBC+DIFF
Patient ID: ARYAN 149569
Time of Analysis: 17-10-2025 09:25

Parameter		Result	Unit
WBC	L	1.80	10^9/L
Neu#	L	0.82	10^9/L
Lym#	L	0.59	10^9/L
Mon#		0.35	10^9/L
Eos#		0.04	10^9/L
Bas#		0.00	10^9/L
Neu%	L	45.1	%
Lym%		32.3	%
Mon%	H	19.8	%
Eos%		2.4	%
Bas%		0.4	%
RBC	L	2.65	10^12/L
HGB	L	7.4	g/dL
HCT	L	22.2	%
MCV		83.9	fL
MCH		28.0	pg
MCHC		33.4	g/dL
RDW-CV		15.3	%
RDW-SD		50.5	fL
PLT	L	47	10^9/L
MPV		10.0	fL
PDW		16.2	
PCT	L	0.47	mL/L
P-LCC	L	15	10^9/L
P-LCR		30.9	%

WBC Message
Immature Cell?
Leucopenia
Neutropenia
Lymphopenia

ाल, नई दिल्ली
ITAL, NEW DEL

O.P.D. RECORD

ा०स्वा०यो० टोकन नं०
IS Token No. .....

Unith ..... आय/Income .....

/पुत्री f	लिंग/Sex आयु/Age 7Mth/F

/Treatment

WL Unith

वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली110029-
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi-110029
बाल रोग विभाग
Department of Paediatrics
Division of Paediatrics Haematology & Oncology

DOPR

Name	ARYAN SON OF JASVEER	Time/Date of admission	29/09/25
Age/Gender	6 YEARS / MALE	Time/Date of discharge	06/10/25
MRD no	25141285	Hematology no	
Weight Height	18 KG 110CM	BSA Blood group	0.73M^2 B(NEG)
Attending faculty	Dr. Prashant Prabhakar, Dr. Sumit Mehndiratta, Dr. Sangmitra Ray, Dr. Nidhi Chopra, Dr. Rita Moni C Baruah		

Diagnosis	REFRACTORY B-CELL ALL ON AUGMENTED BFM PROTOCOL INTENSIFICATION BLOCK 3 COMPLETED (5/10)

PRESENTING COMPLAIN: child admitted for chemotherapy

HOSPITAL COURSE:
Child was admitted for chemotherapy. On Day 1-4- child received dexamethasone, HD cytarabine was given on day 1and day2. Child received Etoposide on Day 3,4,5. On day 6 PEG lunase was given. As per protocol. IT was not done. Child tolerated chemotherapy well, no complications, were noticed. Currently child is vitally and hemodynamically stable and is being discharged.

INVESTIGATIONS-

DATE	HB	TLC	ANC	PLT	T BIL	GOT/GPT	ALP	BUN	CRET	NA/K	OTHER
29/10	11.5	5560	3580	179k	0.7	76/91	203	7.2	0.8	139/4	UA-111 TP/ALB-6.6/4.7

Advice at discharge (explained to parents by doctor/nurse)-

1. *Plenty of fluids, diet as advised, neutropenic diet*
2. *Betadine gargles, candid mouth paint, sitz bath TDS*
3. *Continue T. SEPTRAN (80/400) ½ tab PO BD on Sat and Sun*
4. *Danger signs explained.*
5. *Next visit-after 1 week in ~~Wednesday~~ OPD 13/10/25*

Tues - 7/10 → 9 CSF (4 dap) x

MONDAY DAYCARE

(CBC) – TIT | CSF | MRD |
HLA typing once recovery

Monizq

Dr. MONIZA
PG Res
Dept. of P
VMC & Safd

Follow up in pediatric hematology oncology clinic in room number 228/229, Wednesday 2PM (SIGNATURE)
In case of emergency call Pediatric oncology helpline number 8800282755
Danger signs explained:
Lethargy/ persistent vomiting/fever/fast breathing/ loose stool/ seizure or any new symptom which patient perceive to be alarming

CBC 10/10/25

22/10/15

To AIIMS (emergency)
New Delhi

Respected sir/maam

Pt Aryan 5yr/Male Hello Bcell ALL (Refractory)

Pt is plan for Bone marrow transplantation

Kindly make UHID for this pt.

Thanks you

SABHARISREE
Senior Resident
Department of Pediatrics
Safdarjung Hospital

Government of India

आधार

Aadhaar no. issued: 02/05/2025

Aryan

Aryan

जन्म तिथि/DOB: 06/05/2020

पुरुष/ MALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6279 8811 5465

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

आधार

पता:
S/O जसवीर सिंह, 123, विलेज नगला अहिर, पोस्ट उचा इस्लामाबाद, ऊँचा इस्लामावाद, ऊँचा इस्लामाबाद, मैनपुरी, उत्तर प्रदेश - 206302

Address:
S/O Jasveer Singh, 123, village nagla ahir, post uncha islamabad, Uncha Islamabad, PO: Uncha Islamabad, DIST: Mainpuri,
Uttar Pradesh - 206302

Details as on: 03/05/2025

6279 8811 5465

VID : 9147 8139 9921 5740

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