



Jan Sanjeevni Trust

Soch hamari suraksha aapki

Reg. No. 1061

PAN No. AADTJ0816E

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJ0816E

Jan Sanjeevni Trust Website: www.jstngo.org

Jan Sanjeevni Trust E-mail : we@jstngo.org

PATIENT NAME	<u>Hardik Sharma</u>
GURDIAN	<u>Roshan Lal Sharma</u>
D.O.B/ SEX	<u>2 Years, Male</u>
DISEASE NAME	<u>Acute Lymphoblastic Leukemia</u>
TREATMENT HOSPITAL	<u>All India Institute of Medical Sciences, New Delhi-110029</u>
UHID NO	<u>108226937</u>
DEPARTMENT NAME	<u>Hematology</u>
TREATMENT COST	<u>Ten Lakhs</u>
GURDIAN's OCCUPATION	<u>Labour</u>
ADDRESS	<u>Agra, UttarPradesh</u>



@jansanjeevnitrust



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DEPARTMENT OF HEMATOLOGY
हिमेटोलोजी विभाग
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अखिल भारतीय आयुर्विज्ञान संस्थान
ANSARI NAGAR, NEW DELHI - 110029
अंसारी नगर, नई दिल्ली-११००२९
TELEPHONE : 011-26594671
Date : 25/04/25
दिनांक :

TO WHOM IT MAY CONCERN

This is to certify that

Patient Name Hardevk Sharma

Age : 2 year Gender : Male

S/o/D/o/W/o Roshni Lal Sharma

OPD/CR No. 108226937

is suffering from Diagnosis Acute lymphoblastic leukemia - Chemotherapy
and is under treatment from department of Hematology, AIIMS.

It is proposed to treat the patient with Chemotherapy/Immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amount to Rs. ten lakh only. 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
2. Antithymocyte globulin
3. Antibiotics
4. Blood component kits and tests
5. Growth factors
6. Room charges for Isolation
7. Post Transplant Immunosuppression
8. Miscellaneous charges
9. Total

Rs. 10 Lakh FOUR LAKH ONLY 4,00,000/-
TWO LAKH ONLY 2,00,000/-
ONE LAKH ONLY 1,00,000/-
ONE LAKH ONLY 1,00,000/-
TWO LAKH ONLY 2,00,000/-
TEN LAKH ONLY 10,00,000/-

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Director, AIIMS, New Delhi.

Date : 25/04/25

IKal

Signature

અ૦ મા૦ આ૦ વિ૦ સં૦ અસ્પતાલ
A.I.I.M.S. HOSPITAL
PRESCRIPTION SLIP

Pt. જી 8th

811

19/7/25

Name :-

Haridik 24/1/25

UHID No.

158226939

O.P.D./Ward

Rx.

Syringe 10ml - (20)

5ml - (10)

T. Acivir 200mg - 15 tab

IV Set - (5)

Syp Mucaine gel - (1)

Zytee gel - (1)

IVF 500ml Bacter bag - (3)
(0.9-1)

IVF 100ml Bacter bag - (3)
(0.9-1)

19/7/25

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :- Hardik Sharma

108226936

UHID No.

O.P.D./Ward 811

Rx.

18/7/25

N/S [500ml] Baxter Bag — (4)

q. Sodabi carb 25ml — (6)

q. KCl — (3)

N/S [100ml] Baxter Bag — (5)

अ० भा० आ० वि० सं० अस्पताल

A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :-

Harshil sharma

UHID No.

O.P.D./Ward

PT 34/811

Rx.

Syp. 6 MP — (1) box

Picc line Tegaderm — (1)

MS swant (Boydton) — (4)

17/7/25

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :-

Hardik Sharma

UHID No.

108226937

O.P.D./Ward

11/07/25

Rx.

pH strips - (1)

3 way - (3)

LP needle 23G - (1)

Tegaderm - (2)

Ly: Metformin 15mg - (1)

NS 500ml (Baxter) - (6)

NaHCO₃ - 1 box.

Ly: KCl - (10)

W set - (3)

Ly: Leucovorin 50mg - (4)

Tab. Aciclovir 200mg - (10)

Syr. Gleimax - (1)

Syringe 50ml - (2)

PMO line - (1)

Syringe 10ml - (10)

5ml - (10)

10ml - (5)

Inf NS 100ml - (5)

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL
PRESCRIPTION SLIP

Name :-

UHID No. _____

O.P.D./Ward

Rx.

Handik.

811

Sy: Midaz. — ①

IV set —

Piccl line Set 4F — ①

Inj. Heparin, 10ml — ②

Surgical Suture 3.0 — ①

Piccline Tegaderm - 1685 — ①

Max Baed 'O' Needlens Connector — ①

Micropuncture set — ①

811.

अ० भा० आ० वि० सं० अस्पताल
A.I.I.M.S. HOSPITAL

PRESCRIPTION SLIP

Name :-

Hardik.

UHID No.

O.P.D./Ward

Rx.

NS 500ml, Baxtee - (5)

~~Trasex~~ -

T. Javis 200mg - 1 strip.

WWW.JSTNG.O.P.D.

Procity date
A.I.I.M.S. HOSPITAL

Subject : Private Ward booking / registration

Patient's Name : H. S. Dule

Treating Faculty : Dr. M. Mahapatra

Department : Neurology

Dear Sir / Madam,

Ref. advice / recommendation of your treating faculty regarding private ward inpatient hospitalization, it is informed that your name has been booked/ registered for admission on 11/7/2025. Every effort will be made to admit you on the given date. However, albeit rarely, at times due to circumstances beyond control, it may not be possible to allot you the private ward on given date. In that case, you will be accommodated at the earliest possible.

Payment can be deposited by Cash/Debit or Credit Card / Demand Draft for Rs. ~~33,000/-~~ or Rs. ~~66,000/-~~ (for B Class / A Class room respectively) in favour of Director, AIIMS, New Delhi towards room rent advance of 10 days & hospitalization charges on the given date and please contact telephonically at Tel. No. 26594708 for getting the admission slip from Room No. 6A, M.S. Office, AIIMS Hospital between 12:30 p.m. to 1:00 p.m. The patient may not come personally and instead an attendant can come to obtain the admission slip. The patient may be brought within 4 hours of getting admission slip & completing admission formalities.

Thanking you,

revised room...

"B" Class - Rs. 33000/- for 10 days
or
"A" Class - Rs. 63000/- for 10 days

P.S. to Medical Supdt.

