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	Jiya
GURDIAN	Bhagwat Singh Mahara
D.O.B/ SEX	27/07/2018 (7 Years) Female
DISEASE NAME	Congenital Heart Disease (CHD)
TREATMENT HOSPITAL	Sarvodaya Hospital Sector - 8 Faridabad
SERIAL NUMBER	SR1070826
DEPARTMENT NAME	Pediatric Cardiology and Cardiac Surgery
TREATMENT COST	Two Lakhs Forty Thousand Only
GURDIAN's OCCUPATION	Goat Keeper
ADDRESS	Vill: Adhauda , Nainital , Tallital , Uttarakhand - 263002

sarvodaya HEALTHCARE

SARVODAYA HOSPITAL

SECTOR-8, FARIDABAD | HELPLINE: 1800 313 1414

BILL ESTIMATE

Patient Name : BABY JIYA.....

Doctor Name: DR. JAY RELAN

Est Rate Category : GENERAL WARD

Est Billing Category : PAYING

Bed No. : GENERAL CATEGORY/3F-REVATI WING

Panel Group : CASH

Address : FARIDABAD

Age / Gender : 7 YR/FEMALE

Contact No. :9999999999

Estimation Date : 12-01-2026

Validity : 7 DAYS

Exp.Admit Dt. : 19-01-2026

Department : PEDIATRIC CARDIOLOGY & CARDIAC SURGERY

Remarks : ANY COMPLICATION AND FURTHER STAY AS PER ACTUAL

Description	Rate	Quantity	Amount
HOSPITAL STAY CHARGES	3500.00	0	0.00
PDA CLOSURE	100000.00	1	100000.00
IMPLANT	140000.00	1	140000.00
Total Estimate Approx.			Rs. 240000.00

Total Estimate Approx : Rs.240000.00 - TWO LAKH FORTY THOUSAND

ALL FIGURES ARE IN RUPEES (INR) ONLY

7/1/26 Baby Jiya 7y/F. Peripheral OPD

Child referred I/v/o detection of murmur, suspicion of Congenital heart disease.

No C/o Syn-cope/Chest pain/Significant activity limit".

O/E Alert. HR ~ 95/min
Cy-Cl-

Chest Clear
CVS PSM @ LLSB
P/A Liver → 1.P.

Echo
Moderate upper muscular VSD
mm (LV side) (L→R) Δ 82.
mm (RV side)
PFO (L→R)
LA/LV dilated.
LV = 25/41 mm.
Levoventricular function.

Imp: Moderate VSD

Adv
→ Plan → VSD Device Closure ± Surgical backup.
→ Continue Syp. Furoped.

Dr. Jay Relan
Senior Consultant (Pediatric Cardiology & Congenital Heart Disease)
MBBS, MD (Pediatrics), DM (Pediatric Cardiology)
Registration No: DMC/R/8729
Sarvodaya Hospital & Research Centre

सं. 1
NO. 1

उत्तराखंड सरकार
GOVERNMENT OF UTTARAKHAND
चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग DEPARTMENT OF MEDICAL HEALTH AND FAMILY WELFARE
बी.डी. पांडेय (फीमेल) जिला अस्पताल नैनीताल
B.D. PANDEY (FEMALE) DISTRICT HOSPITAL NAINITAL

प्रपत्र-5
FORM-5

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तराखंड जन्म मृत्यु रजिस्ट्रीकरण नियम, 2003 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTARAKHAND REGISTRATION OF BIRTHS & DEATHS RULES 2003)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि बी.डी. पांडेय (फीमेल) जिला अस्पताल नैनीताल तहसील नैनीताल जिला नैनीताल राज्य/संघ प्रदेश उत्तराखंड, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR B.D. PANDEY (FEMALE) DISTRICT HOSPITAL NAINITAL OF TAHSIL/BLOCK NAINITAL OF DISTRICT NAINITAL OF STATE/UNION TERRITORY UTTARAKHAND, INDIA.

नाम / NAME: JIYA MAHARA

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:
27-07-2018
TWENTY-SEVENTH-JULY-TWO THOUSAND EIGHTEEN

जन्म स्थान/ PLACE OF BIRTH:
B.D. PANDEY (FEMALE) DISTRICT HOSPITAL NAINITAL

माता का नाम / NAME OF MOTHER:
BHAWANA MAHARA

पिता का नाम / NAME OF FATHER:
BHAGWAT SINGH MAHARA

आधार नंबर / MOTHER'S AADHAAR NO:

XXXXXXXX6149

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

TALLITAL, AGHORA, , NAINITAL, NAINITAL, UTTARAKHAND- 263002

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:

TALLITAL, AGHORA, NAINITAL, NAINITAL, UTTARAKHAND- 263002

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2018: 5-90343-000445

पंजीकरण तारीख / DATE OF REGISTRATION:
18-08-2018

टिप्पणी / REMARKS (IF ANY):
BOT 09.23 AM

जारी करने की तिथि / DATE OF ISSUE:
18-08-2018

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:
उप-रजिस्ट्रार (जन्म एवं मृत्यु)
SUB-REGISTRAR (BIRTH & DEATH)
बी.डी. पांडेय (फीमेल) जिला अस्पताल नैनीताल
B.D. PANDEY (FEMALE) DISTRICT HOSPITAL NAINITAL

UPDATED ON :
18-08-2018 14:58:05

"THIS IS A COMPUTER GENERATED CERTIFICATE. "
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"