Jan Sanjeevni Trust

Hands to Serve - Heart to Love

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	Nitin
GURDIAN	Parveen Kumar
D.O.B/ SEX	11/09/2014, Male
DISEASE NAME	Congenital Heart Disease
TREATMENT HOSPITAL	Sarvodaya Hospital (Faridabad)
REG. NO.	OP25-26-304956
DEPARTMENT NAME	PEDIATRIC CARDIOLOGY & CARDIAC SURGERY
TREATMENT COST	₹3,60,000/-
GURDIAN's OCCUPATION	Labour
ADDRESS	Garhi Kesri, Ganaur, Sonipat, Haryana - 131101

sarvodaya HEALTHCARE

SARVODAYA HOSPITAL
SECTOR-8, FARIDABAD | HELPLINE: 1800 313 1414

BILL ESTIMATE

Patient Name : MASTER. NITIN [SR1075596]

Age / Gender : 11 YR/M

Doctor Name: DR. ANUPAM DAS/ DR JAY RELAN

Contact No. :8685984139

Est Rate Category : PICU

Estimation Date : 08-07-2026

Est Billing Category : THF/ LMCF

Validity : 30 DAYS

Exp.Admit Dt. : 15-07-2026

Address : WARD NO 4 GARHI KESRI GANAUR SONIPAT HARYANA

Department : PEDIATRIC CARDIOLOGY AND CONGENITAL HEART DISEASE

Remarks : ANY OTHER COMPLICATIONS WILL BE EXTRA

Description	Rate	Quantity	Amount
HOSPITAL STAY CHARGES	8000.00	0	0.00
PACEMAKER IMPLANTATION	150000.00	1	150000.00
IMPLANT	210000.00	1	210000.00
Total Estimate Approx.			Rs. 360000.00

Total Estimate Approx : Rs.360000.00 - THREE LAKH SIXTY THOUSAND

ALL FIGURES ARE IN RUPEES (INR) ONLY

परिवार पहचान संख्या Parivar Pehchan Number	2DZA7124

प्रमाण पत्र संख्या Certificate Number	HRINCN/2026/325746

हरियाणा सरकार
GOVERNMENT OF HARYANA

आय प्रमाण पत्र
INCOME CERTIFICATE

वित्तीय वर्ष 2026-27 के लिए मान्य
VALID FOR FINANCIAL YEAR 2026-27

दिनांक 23 नवम्बर, 2021 की अधिसूचना संख्या एचपीपीए-1/10/21-03 के अनुसार परिवार के मुखिया श्री/सुश्री प्रवीन कुमार द्वारा प्रदान की गई जानकारी के आधार पर यह प्रमाणित किया जाता है कि श्री प्रवीन कुमार पुत्र श्री सत्यपाल निवासी H.No.-NA,Landmark -GARHI KESRI GANAUR, Vill/Town -GARHI KESRI, District -SONIPAT, Pin-131101, शहर गन्नौर, तहसील गन्नौर, जिला सोनीपत, राज्य हरियाणा के परिवार की वित्तीय वर्ष 2025-26 में सभी स्रोतों से रु. 140000 (एक लाख चालीस हजार) की वार्षिक आय है।

This is to certify that Annual Income of the Family of Mr. PARVEEN KUMAR son of Mr. SATYPAL resident of H.No.-NA,Landmark -GARHI KESRI GANAUR, Vill/Town -GARHI KESRI, District -SONIPAT, Pin-131101, City GANAUR MC, Tehsil GANAUR, District SONIPAT in the State of Haryana, is Rs. 140000 (One Lakh Forty Thousand) from all sources in the financial year 2025-26, based on the information provided by Mr./Ms. PARVEEN KUMAR, head of the family, in accordance with notification No. HPPA-1/10/21-03 dated 23rd November, 2021.

श्री प्रवीन कुमार और/या उनका परिवार सामान्यतया H.No.-NA,Landmark -GARHI KESRI GANAUR, Vill/Town -GARHI KESRI, District -SONIPAT, Pin-131101, शहर गन्नौर, के तहसील गन्नौर, जिला सोनीपत, राज्य हरियाणा में रहता है।

Mr. PARVEEN KUMAR and/or his family ordinarily reside(s) in H.No.-NA,Landmark -GARHI KESRI GANAUR, Vill/Town -GARHI KESRI, District -SONIPAT, Pin-131101, City GANAUR MC, Tehsil GANAUR, District SONIPAT of the Haryana State.

प्रवीण कुमार

जारीकर्ता (Issued by)

Place: SONIPAT
स्थान: सोनीपत

अतिरिक्त उपायुक्त-सह
जिला नागरिक संसाधन सूचना अधिकारी
जिला: सोनीपत

Dated: 10/05/2026
दिनांक: 10/05/2026

Additional Deputy Commissioner-cum-District
Citizen Resources Information Officer
District: SONIPAT

This certificate is electronically generated and authenticity of this certificate can be verified from https://edisha.gov.in//d.aspx?r=41B218C9

OPD SHEET

Date : 12-02-2026 09:27 AM

MRN : SR1075596

MASTER. NITIN

AGE	: 11 YR / MALE	ADDRESS	: WARD NO 4 GARHI KESRI GANAUR, SONIPAT, HARYANA, INDIA, 131101
MOBILE NO.	: 8685984139	REG. NO	: OP25-26-304956
CATEGORY	: NATIONAL HEALTH MISSION	DEPARTMENT	: PEDIATRIC CARDIOLOGY & CARDIAC SURGERY
CONSULTANT	: DR. JAY RELAN		

COMPLAINTS

C/o difficulty in breathing on exertion

PRESENTING COMPLAINTS

Diagnosed with CHB 1-2 years back

No h/o dizziness, syncope.

No h/o pedal edema, palpitations.

No h/o previous admission

Studying in Class 6.

H/o maternal joint pain+

DIAGNOSIS

Congenital Complete Heart Block

GENERAL EXAM

General condition : Fair

Pulse sitting : 46/min

LOCAL EXAM

Chest - B/L Air entry equal, no added sounds

CVS - S1 - N, short systolic murmur

P/A - No hepatomegaly

Echo - Structurally Normal heart, No PAH, Normal biventricular function, Dilated cardiac chambers.

ECG - Narrow complex QRS, Complete heart block, QTc 426ms, HR 46/min.

TREATMENT ADVISED

SR.	MEDICINE	DOSAGE INSTRUCTION	DUR. / ROUTE
1.	NOS FERONIA XT *ELEMENTAL IRON 30 MG+FOLIC ACID 500 MCG /5ML* *150 ML (150ML)*	5ml every Day 12-02-2026 - 12-05-2026	3 months

SARVODAYA HOSPITAL
• Sector - 8, Faridabad
• Sector - 19, Faridabad
• Gaur City 2, Gr. Noida West

SARVODAYA HEALTH CLINIC
• GK Enclave 1, New Delhi
• Sector - 87, Greater Faridabad
• Krishna Nagar, Mathura

SARVODAYA IMAGING CENTRE
• Charak Palika Hospital, Moti Bagh, New Delhi
• NRCH Connaught Place, New Delhi

SARVODAYA DIALYSIS CEN
Faridabad | Palwal | Hisar
Greater Noida | Ghaziabad

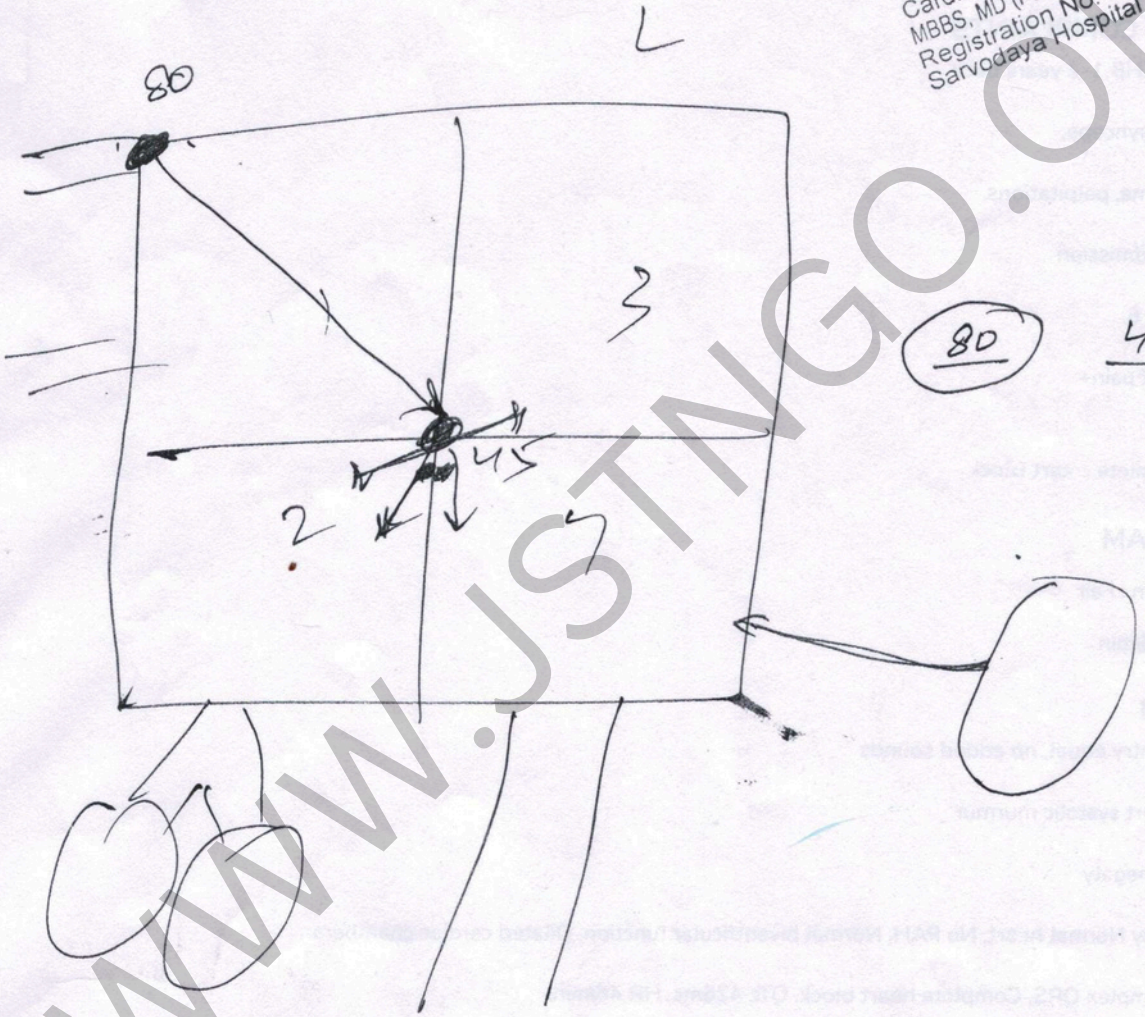
INSTRUCTIONS

Needs Permanent pacemaker Implantation in view of symptoms on exertion.

Authorised E

Dr. JAY RELAi
Senior Consultant Pediatric Cardiology &
Congenital Heart Disease
MBBS, MD (Pediatric)
DM (Pediatric Cardiology)
Regn No: HN30441

Dr. Jay Relan
Senior Consultant-Pediatric Cardiology & Congenital Heart Disease
MBBS, MD (Pediatrics), DM (Pediatric Cardiology)
Registration No: HN 30441, Mobile No:- 8929688823
Sarvodaya Hospital & Research Centre



MASTER. NITIN [SR1075596]

11 Yr | Male Ph : 8685984139

Reg by	: Dr. JAY RELAN	**Token**	: CL16
Reg ID	: OP25-26-304958	**Status**	: Finalized

Request : 12-02-2026 09:28 AM **Reported :** 12-02-2026 11:43 AM

Address : Ward No 4 Garhi Kesri Ganaur , Ganaur, Sonipat, Haryana, India, 131101

Pediatric ECHO

Observation :

Cardiac Position
Abdominal Situs: Solitus
Levocardia

Cardiac Segments
Atrial Situs: Solitus
AV Concordance
NRGA VA Concordance
Great artery relationship: Normal

Veins & Atria
Systemic Venous Drainage: Normal
Pulmonary Venous Drainage: Normal
Interatrial septum: Intact
RA Size: Normal
LA Size: Normal

Atrioventricular Canal
Mitral valve: Normal
Tricuspid valve: Mild TR (21+RAP)

Ventricles
Left ventricle: Dilated
LVIDd-41mm , LVIDs-26mm
Right ventricle: RV Basal 37mm
Interventricular septum: Intact

Conotruncus
Left ventricular outflow tract and aortic valve: Normal
Right Ventricular outflow tract and pulmonary valve: Normal

Great Arteries
Ascending Aorta, arch and descending aorta: Normal
No PDA/COA
Confluent branch pulmonary arteries.

Function
Normal RV Function
Normal LV Function (LVEF=65%)

Coronaries
Normal Coronary arteries

No pericardial effusion

Impression :

Normal study

Ms. SHUCHI THUKRAL

Dr. JAY RELAN
Senior Consultant Pediatric
Cardiology &
Congenital Heart Disease
MBBS, MD (Pediatric
DM (Pediatric Cardiology)
Regn No:-HN30441
Dept Contact No:- 8929688233

sarvodaya HEALTHCARE

SARVODAYA HOSPITAL
Sector - 8, Faridabad | 1800 313 1414

ADMISSION DETAILS

MR. No : SR1075596 IP No : IP372270

Name : MASTER. NITIN
Age/Sex : 11 Yr / M Marital Status : Single
Address : Ward No 4 Garhi Kesri Ganaur, Sonipat, Haryana, India, 131101
Mobile Number : 8685984139
Kin : MR PARVEEN (FATHER) Ph.:

Admission Date : 27-07-2026 10:44 AM
Doctor : Dr. JAY RELAN/DR ANUPAM DAS
Department : PEDIATRIC CARDIOLOGY AND CONGENITAL
Payment Mode : Credit
Billing Category : THF/ LMCF
Insurance/TPA : THF/ LMCF
Rate Category : CTVS-PICU

Ward : 3F-DISCHARGE LOUNGE Bed No : 5
Admission Purpose : Surgical

Admitted By : Mr. TUSHAR

OPD	EMERGENCY
MLC	NON MLC

ADMITTING DIAGNOSIS

CO-CONSULTANT (IF ANY)

DISCHARGE DETAILS

TRANSFER DETAILS (IF ANY)

Consultant:

Date & Time:

Consultant:

Date & Time:

ICD CODE: _____

Prepared by (Sign. & Emp. ID): _____

CONSENT

The under signed patient and/or responsible relative hereby consents to and authorizes Sarvodaya Hospital medical personnel, to perform medical examination, conduct investigations and provide appropriate treatment. The above mentioned patient information has been verified and is correct to the best of my knowledge.

Attendant Details:

Name: _____ **Signature:** _____

Relation: _____ **Date & Time:** _____

ADMISSION DETAILS

MR. No : SR1075596 IP No : IP372270

Name : MASTER. NITIN

Age/Sex : 11 Yr / M Marital Status : Single

Address : Ward No 4 Garhi Kesri Ganaur, Sonipat, Haryana, India, 131101

Mobile Number : 8685984139

Kin : MR PARVEEN (FATHER) Ph.:

Admission Date : 27-07-2026 10:44 AM

Doctor : Dr. JAY RELAN/DR ANUP MIRAJ

Department : PEDIATRIC CARDIOLOGY AND CONGENITAL

Payment Mode : Credit

Billing Category : THF/ LMCF

Insurance/TPA : THF/ LMCF

Rate Category : CTVS-PICU

Ward : 3F-DISCHARGE LOUNGE Bed No : 5

Admission Purpose : Surgical

Admitted By : Mr. TUSHAR

DISCHARGE SUMMARY

MASTER. NITIN | 8685984139 | MRN SR1075596

DOB / AGE : 11-09-2014 / 11 YR / M REG NO : IP372270
ADDRESS : WARD NO 4 GARHI KESRI GANAUR, SONIPAT, HARYANA, INDIA, 131101
NEXT OF KIN : MR PARVEEN (FATHER)
CATEGORY : THF/ LMCF
WARD : 2203/GENERAL CATEGORY/2F-KANTA WING
DISCHARGE TYPE : REGULAR DISCHARGE
DISCH. CONDITION : STABLE
ADMISSION DATE : 27-07-2026 10:44 AM DISCHARGE DATE : 30-07-2026
DEPARTMENT : PEDIATRIC CARDIOLOGY AND CONGENITAL HEART DISEASE
CONSULTANTS : DR. JAY RELAN/DR ANUPAM DAS [MBBS, MD(PED.), DM(PEDS CARDIOLOGY)]

DOCTOR TRANSFER DETAILS

DATE	DEPARTMENT	CONSULTANT
27-07-2026 10:44 AM	PEDIATRIC CARDIOLOGY AND CONGENITAL HEART DISEASE	Dr. JAY RELAN/DR ANUPAM DAS

FINAL DIAGNOSIS

DIAGNOSIS	ICD CODE

DIAGNOSIS:
Congenital CHB

PROCEDURE :
Permanent Pacemaker Implantation

PRESENTING COMPLAINTS

C/o difficulty in breathing on exertion

Diagnosed with Congenital complete heart block 2 years back

No h/o dizziness, syncope.

No h/o pedal edema, palpitations.

No h/o previous admission

Studying in Class 6.

H/o maternal joint pain+

Child was currently admitted for PPI
No pre-admission fever, cough, coryza.

EXAMINATION

General condition : Fair
Pulse sitting : 46/min

Chest - B/L Air entry equal, no added sounds

CVS - S1 - N, short systolic murmur

P/A - No hepatomegaly

Height - 140 CM

Weight - 27.5 KG

COURSE DURING HOSPITAL STAY

A 11-year-old male presented with h/o DOE II. On evaluation, he was found to have Complete heart block (Ventricular rate 40-50/min) with narrow QRS complex (likely Congenital CHB). Therefore, in view of symptoms due to chronotropic incompetence, he was planned for endocardial dual-chamber permanent pacemaker implantation. Patient was thoroughly examined, investigated and evaluated. All relevant investigation were done (Reports attached):

ECG - Narrow complex QRS, Complete heart block, QTc 426ms, HR 46/min.
Diagnosis - Congenital Complete Heart Block

Echo - Structurally Normal heart, No PAH, Normal biventricular function, Dilated cardiac chambers.

After all pre-op work up, PAC and consents, patient was taken up for Endocardial Permanent pacemaker implantation under GA.

PROCEDURE: ENDOCARDIAL PERMANENT PACEMAKER IMPLANTATION UNDER GA
PHYSICAL EXAMINATION: Saturation 100%, CVS: S1 N, S2 loud, Liver n.p., weight: 27.5kg
ECHOCARDIOGRAPHY: Structurally normal heart, good ventricular function. Normal systemic venous anatomy.
PROCEDURE:
Access: Left subclavian vein
Antibiotics: IV Augmentin, Levofloxacin
Duration of Study: 45 mins
Fluoroscopy Time: 10 mins
Contrast used: 8ml
INTERVENTION:
Under aseptic precautions, a left infraclavicular approach was used. Horizontal incision was given a finger below the clavicle. A pre-pectoral pocket was created after identifying the fascia over the pectoralis mother using blunt dissection. The left subclavian vein was cannulated twice and sheaths for lead delivery were inserted. Active-fixation pacing leads (Abbott Tendril STS Model 2088TC, bipolar, steroid-eluting leads) were positioned in the right atrial appendage and right ventricular apex under fluoroscopic guidance. Alpha loop in the RA was given to the ventricular lead to compensate for future somatic growth. Adequate sensing, pacing thresholds and lead impedance were confirmed. The leads were connected to a dual-chamber pulse generator (St. Jude's Endurity MRI PM2172) and secured within a left prepectoral pocket. The wound was closed in layers and a sterile compression dressing applied.
Device Parameters
Mode: DDD
Atrial threshold: 1.0 V P-wave: 2.1 mV Atrial impedance: 841 Ω
Ventricular threshold: 0.4 V R-wave: 21.3 mV Ventricular impedance: 609 Ω
Maximum tracking rate: 150 bpm, Pulse width: 0.4 ms
DIAGNOSIS: Congenital complete heart block, S/P Dual chamber pacemaker implantation
RECOMMENDATION
• Serial monitoring for any complication.
• Regular interrogation as per protocol.

Child was extubated on-table after the procedure. Post procedure child was shifted to CTVS ICU on POD 0 for observation and watch for procedure related complications. Post procedure period was uneventful and managed with IV antibiotics and other supportive treatment. Child remained hemodynamically stable throughout the stay. NBM was discontinued after 6 hours and patient was gradually started on liquid diet followed by normal diet.
On Day 1 he was stable and maintaining stable hemodynamics. Patient was shifted to CTVS HDU. Local site wound was clean and healthy.
On day 2 (29.07.2026): patient was comfortable with no fresh complaints. Dressing was changed. Now he is being discharged with follow up advise in OPD with Dr. Jay Relan after 1 week.
Parents have been counselled regarding the need for Pulse generator replacement in future.

DISCHARGE MEDICATION

SR.	MEDICINE	DOSAGE INSTRUCTION	DUR. / ROUTE	QTY
1.	TAB AUGMENTIN DUO 625MG TAB AMOXYCILLINE 500 MG +POTASSIUM CLAVUNATE 125 MG (625MG)	1 TAB two times a day after meal	7 days	14
2.	TAB LEVOFLOX 250MG .	1 TAB once a day after meal	1 week	7
3.	. PAN 40MG PANTOPRAZOLE 40MG (40MG)	1 tab every Day before breakfast	7 days	1
4.	TAB PARACETAMOL 500 MG PARACETAMOL 500 MG	1 TAB as required		1

Next Review Date : 06-08-2026

FOLLOW UP

Consult doctor in case of :-
Fever, Pain, Swelling, Breathlessness, Excessive cough, Any drug allergy, Soakage, Bleeding from wound site

Diet:-
Normal diet.
Avoid spicy, oily, fatty meals.
No tea, coffee on empty stomach.

Any other instructions:-
Do not stop any medication without doctor advice.
Avoid direct injury to the pacemaker, avoid jerky movement of Left upper limb.
To keep the dressing dry while bathing.
No collision/contact sports in future.
To report to the emergency SOS in case of dizziness/syncopal episodes.

Condition at discharge:-
Symptomatically better.
Accepting orally well.
No discharge from surgical site.

Follow up:-
Follow up date: 6.8.26
Consultant's name: Dr. Jay Relan (Room 1071, OPD)
Investigations: CBC / RFT/ INR / Chest X-Ray.

In case of any Emergency Call this Number 9643812254

Call CTVS Co-ordinator on 8209448398 one day prior to your visit to avoid waiting time and for appointment for CTVS OPD.

Continue your recovery with our Home Care Services.

We offer a range of healthcare services at your doorstep, including Nursing Care, Sample collection, Injections, Physiotherapy, Dressing Services, and Nutrition & Diet Counselling, ensuring quality care in the comfort of your home.

For appointments and enquiries:
Contact No: 9990-911-911
Email: wecare@housepital.in

Consultant

Dr. ANUPAM DAS
Senior Consultant & Head CTVS
MBBS, MS(Gen Surgery), MCh(CTVS)
DNB (CTVS SURGERY)
MRCSEd, MEBCTS, FRCSEd, FACS,
FCCE, ECFMG

Consultant

Dr. JAY RELAN
Senior Consultant Pediatric Cardiology &
Congenital Heart Disease
MBBS, MD (Pediatric),
DM (Pediatric Cardiology)
Regn No:-HN30441
Dept Contact No:- 8929688233

Consultant

Dr. SHEIKH MOHD MURTAZA
Consultant- Cardiothoracic & Vascular Surgery
MBBS, MS (Gen Surgery), MCH (CTVS)

Consultant

Dr. ROHIT MALHOTRA
Senior Consultsnt
Adult & Pediatric Cardiac Anesthesia & Intensive Care
MBBS, MD (Anaesthesiology)
DM (Cardiac Anaesthesiology)

CONTACT HOSPITAL IN CASE OF EMERGENCY-18003131414
Patient Acknowledgement : I have received discharge summary and explained in detail about follow up medication as advised
Patient / Attendant Signature _____ Full Name/ Relation:_____ Mob No: _____
IT IS ADVISABLE TO TAKE PRIOR APPOINTMENT BEFORE COMING TO OPD, FOR APPOINTMENTS CONTACT:

REPORTS

INVESTIGATION NAME	DATE	VALUE
CRP (C-Reactive Protein)	27-07-2026 01:19 PM	0.21 mg/L
HCV By ECLIA	27-07-2026 01:46 PM	0.05
TSH (Thyroid Stimulating Hormone)	27-07-2026 01:44 PM	1.710 uIU/mL

INVESTIGATION NAME	DATE	VALUE
HBsAg By ECLIA	27-07-2026 01:46 PM	0.40
HIV 1 and 2 By ECLIA	27-07-2026 01:46 PM	0.27

CBC (HAEMOGRAM)		27-JUL 01:28 PM
Hb(Haemoglobin)	gm/dl	13.3
TLC(Total Leucocyte count)	gm/dl	6.07
D L C Ne	gm/dl	53.4
D L C Ly	gm/dl	35.4
D L C Mo	gm/dl	7.8
D L C Eo	gm/dl	3.1
D L C Ba	gm/dl	0.3
RBC	gm/dl	4.64
HCT	gm/dl	40.3
MCV	gm/dl	86.9
MCH	gm/dl	28.6
MCHC	gm/dl	33.0
RDW	gm/dl	13.2
Platelets	gm/dl	223
Absolute Neutrophils count	gm/dl	3.24
Absolute Lymphocytes Count	gm/dl	2.15
Absolute Eosinophils Count	gm/dl	0.19
Absolute Monocytes Count	gm/dl	0.47
Absolute Basophils Count	gm/dl	0.02

PROTHROMBIN TIME (PT) WITH INR		27-JUL 01:53 PM
Prothrombin Time(PT)	Sec.	13.100
Control	Sec.	11.7
INR	Sec.	1.125

LFT II		27-JUL 01:19 PM
SERUM BILIRUBIN - Total Bilirubin	mg/dl	0.33
SERUM BILIRUBIN - Direct Bilirubin	mg/dl	0.17
S B In Bi	mg/dl	0.16
SGPT(ALT)	mg/dl	19.1
SGOT(AST)	mg/dl	26.8
Alkaline Phosphate(ALP)	mg/dl	295
Total Protein	mg/dl	6.67
Albumin	mg/dl	4.31
Globulin	mg/dl	2.36
A/G Ratio	mg/dl	1.83

RFT II		27-JUL 01:19 PM
Blood Urea	mg/dl	12.5
Serum Creatnine	mg/dl	0.45
Sodium(Na+)	mg/dl	138.7
Potassium(K+)	mg/dl	4.13
Chloride(CL-)	mg/dl	103.8

ERYTHROCYTE AG TYPING AND AB SCREENING	27-JUL 01:49 PM
ABO	B
Rh D	Positive
I E A S	Negative

X-RAY CHEST PA	
27-07-2026 05:00 PM	NORMAL STUDY. ADVISE: HISTORY / CLINICAL CORRELATION.
X-RAY CHEST AP VIEW PORTABLE	
29-07-2026 09:52 AM	*No significant abnormality. Please correlate clinically.

Notes : Summary of Key Investigations during Hospitalization:As per Report Attached