



CANCER CARE TRUST

Web.add : www.cancercaretrust.org

E.id : contact@cancercaretrust.org

Contact No. : 011-65881004

PATIENT APPLICATION FORM

PATIENT'S DETAILS



NAME:	SANAYA KHATOON
FATHER NAME:	KHURSHID ALAM
DATE OF BIRTH / AGE:	9 YEARS
SEX:	FEMALE
ADDRESS:	MENHDAWAL, SANT KABIR NAGAR, U.P.-272271
DISEASE:	HOLE IN HEART(T.O.F.)
TOTAL ESTIMATE COST:	RS. 60,000/-
HOSPITAL	AIIMS
DOCTOR	DR. V DEVAGOUROU
DEPARTMENT	CARDIOLOGY

For CANCER CARE TRUST

Authorized Signatory

Parent's Sign

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली - 110029
 Cardiothoracic & Neurosciences Centre, O.P.D.
 A.I.I.M.S., New Delhi-110029

बुधवार/शुक्रवार/सोमवार
 CARDIOLOGY/CTVS
 Monday/Wednesday/Friday

CV 2018/014/0036665	र०	Cardiology	CTVS-10185-
UHID: 104176055		CTVS (101857/2019)	
Date 28/01/2019	Mon		उम Age
Name SANAYA KHATOON		9Y 1M 18D /F	लिंग Sex
D/O KHURSID ALAM			
Phone No. 9953956379			
Consultant Room 4	Dr. V. DEVAGOUROU		
SR Room	**	Diagnosis	

Case
 R. 4 (6)
 28/1/19

As Adv. by Prof. V. Devagourou Sr.
 - Patient Accepted for ICR for RVD
 - Kindly deposit Rs. 60,000/- in "AI
 CT PATIENT ACCOUNT."
 - Arrange Units of Blood.
 - Bld grp Cross Match.
 - PDDA → 10/12/2019

[Signature]

22/12/18
22/12/18

हृदय

CHC-111218176 104176055

HBC-111218155 104176055

719200
7/11/18

अ० मा० आ०
Cardiothoracic
A.I.I.M.S.

0029
Centre, O.P.D.

SANAYA_KHATOON

दिनांक
Date

CV 2018/014/0036665

Cardiology
Paed. Cardiology

विभाग
Deptt.

SRID: 104176055
Date 10/12/2013 MON
Name SANAYA KHATOON

9Y /F

ब०रो०वि०सं०
O.P.D. No.

D/O KHURSID ALAM
Phone No. 9953956379
Consultant Room 21

General

Dr. S
RAMAKRISHNAN
DR. ASEEM

SR Room 14

निदान

Diagnosis

TOF physiology
Sept: 9/15 wide ~ 100 mm
[Ade] - ~~one~~ cipran (10 mg) → 1-1-1
- cap vit extol 2.5 ml OD.

B/L Corbuet PA (15 mg each)

CCO deap 1 TOF, mpx @
Cy @ a @
plus
- CTA

21(68)
14/12/18

wasm
7/15

R-21(4)
21/12/18

No. 5406/18 Date 26/12/18

FREE PHARMACY
MEDICINE LEGEND

31/12/18
30/11/19 (month)



Dept No: 20060140036665

शरीरमाहि खलु धर्मसाधनम्

File No :1860/CT/2019-20

Depositor Name :CANCER CARE TRUST

CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

Phones } 26593670
26546617
26593824

Receipt No: ACCOUNTS-13/2228/201920 [Original]CT

Received From: PATIENT ACCOUNT

OPD/ MRD No: MISS. SANAYA KHATOON ,Age :10 Yrs 0 Mons 8
ON ACCOUNT OF Days

18/12/2019 Dated :

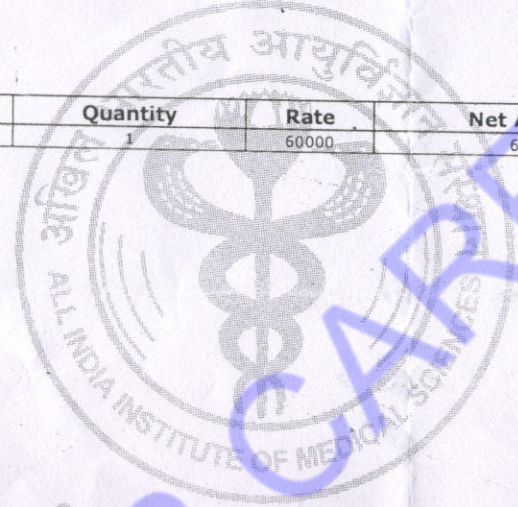
Patient Type : General
Room No. :

104176055 (OPD)



SI No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - ICR	1	60000	60000

Printed on 18 Dec 2019 14:35:23 PM



शरीरमाहि खलु धर्मसाधनम्

Payment Mode :

INR (Rs.) :

Rs. in Words

Demand Draft DD No :516836, Bank :ICICI Bank, Date :10/12/2019
60000.0

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

MR PRIYA RANJAN



A/C PAYEE ONLY

Drawee Branch
(07) CONNAUGHT PLACE, NEW DELHI
516836

VALID FOR THREE MONTHS ONLY

DATE 1 0 1 2 2 0 1 9
D D M M Y Y Y Y

DD No.

AIIMS CT PATIENT ACCOUNT**

ON DEMAND PAY

OR ORDER

SIXTY THOUSAND Only

RUPEES

₹ *****60,000.00

Purchaser Name: CANCER CARE TRUST
OL/6/5 · Not Above 60,000.00

FOR VALUE RECEIVED

1070DDCENPAY
NOIDA (SEC . 1)

Issuing Branch

Megha 424969
Authorized Signatory

Authorized Signatory
Please sign above

⑈ 516836 ⑈ 000229000⑈ 001070 ⑈ 16

UTILITY FORMS PVT. LTD. / CTS - 2010

UTILITY FORMS PVT. LTD. Ph. Delhi-46757575, Mumbai-28520972, Chennai-43542737, Kolkata-32619605 # 54966