

Narayana Hrudayalaya Charitable Trust



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Dr. MEGHA SAROHA
MBBS, MD, FRM (Pediatric Oncology)
Associate Consultant
Pediatric Oncology
DMC / R / 01159
Dharamshi Narayana
Super Speciality Hospital

Socio Economic Assessment Form:

1.	MRN No.	15050000134231
2.	Patient Name	Aarna Kushwaha
3.	Gender (Male/Female)	Male
4.	Date of Birth	05.04.2018
5.	Nationality	Indian
6.	Religion	Hindu
7.	Marital Status	Unmarried
8.	Qualification	—
9.	Parent/Guardian name (relationship with patient)	Ramjeet Kushwaha (Father)
10.	Address & Contact No.	D - 64/151 Nagar Nigam Srigra Varanasi (U.P.) 8800657187

11. Family details:

Name	Relation with Patient	Age	Qualification	Occupation	Monthly Income
Aarna Kushwaha	Self	4 yrs	—	—	—
Ramjeet Kushwaha	Father	37	Post Graduate	Private job	4500/-
Smriti	Mother	36	Post Graduate	Housewife	—

Handwritten notes:
22/01/18

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12.	Personal Information about patient and family background:	<p><u>Aarona Kushwaha 4yrs/F suffering from</u> <u>Ca - ALL and treatment going under Dr.</u> <u>Megha Saroha at DNSH Delhi.</u> <u>she belongs to poor family, her father</u> <u>working a private job and her mother is a</u> <u>house wife and her Annual income is RS-54000.</u> <u>we have are trying to apply for PMRF.</u> <u>Need support for the treatment.</u></p>
13.	Medical History if any:	—
14.	Referred by and contact person (Camp, Other Hospital, NGO, staff or others)	Hospital
15.	Admitting Consultant	Dr. Megha Saroha.
16.	Diagnosis:	<u>B- Acute Lymphoblastic Leukemia</u>
17.	Treatment details:	<u>started on chemotherapy (intensive</u> <u>protocol), IGICIE, high risk. Currently</u> <u>on interim maintenance. Post Induction</u> <u>in remission (MRD Negative).</u>
18.	Intent of treatment	Curative/ palliative
19.	Expected 5 yrs. survival rate %	
20.	Admission Date	
21.	Surgery Date	
22.	Discharge Date	
23.	Total estimated cost of treatment	<u>RS- 6,60,000</u>


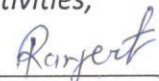
23/01/20

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24.	Patient contribution	1,00,000/-	
25.	Source of Patient Contribution	Savings- <input checked="" type="checkbox"/> Borrowings- Sale of an asset- Any other -	
25.	Support from other Scheme/Foundation/Crowd funding		
26.	Nature of accommodation (Owned/rented house, quarters)	Rented.	
27.	Other Asset detail		
MODIFIED KUPPUSWAMY SCALE			
28	Occupation of Head	Legislators, Senior Officials and Managers	10
		Professionals	9
		Technicians and Associate Professionals	8
		Clerks	7
		<input checked="" type="checkbox"/> Skilled workers and Shop and Market sales workers	6
		Skilled agricultural and fishery workers	5
		Craft and Related trade works	4
		Plant and Machine operators and assemblers	3
		Elementary occupation	2
		Unemployed	1
29	Education of Head	<input checked="" type="checkbox"/> Profession or Honours	7
		Graduate	6
		Intermediate or diploma	5
		High School Certificate	4
		Middle School Certificate	3
		Primary School Certificate	2
		Illiterate	1
30	Monthly Family Income	>78,062	12
		39,033-78062	10
		29200-39032	6
		19516-29199	4

23/11/23

Narayana Hrudayalaya Charitable Trust

		11708-19515	3
		✓ 3908-11707	2
		<3908	1
31	Score as per Modified Kuppuswamy scale	Upper	26 to 29
		Upper middle	16 to 25
		✓ Lower middle	11 to 15
		Upper lower	5 to 10
		Lower	<5
32.	Copy of any of following ID Proof of the patient: <ul style="list-style-type: none"> - ✓ Aadhar Card - ✓ BPL Card (income certificate) - Driving License - PAN Card - Ration Card - Voter ID 		
33.	Copy of documents stating monthly/annual income or economic background like certificate from gram panchayat, BPL Card, Ration Card etc.	Rs - 4500/- monthly.	
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	Arvind yedav	
	Contact No.	9717927572	
	Email ID		
	Date and Signature	21-01-23	
35.	Patient Declaration: <i>The information given above is true and complete;</i> <i>I am not in a position to afford the expense for the treatment described above;</i> <i>I have no objection to the use of the name, photo and information of my child in the brochures, website and for fund raising activities;</i> Patient/Family member Signature: 		

ON
 23/01/23



Patient Information

MRN Number	15050000134231	Name	AARNA KUSHWAHA	Age	4
Gender	F	Primary Number	8800657187	Admission Advice Type	Procedure
Risk Type		Specialty	Pediatric Oncology	Admitting Consultant	Dr. Megha Saroha

Estimate Details

Estimate Type	Indicative	Payor Profile	Cash
Payor Profile Details		Probable Date of Admission	
Ward Requested / Required	General Ward	Procedure / Intervention advised	Other Others

Service and Material Charge Information

Service Cost		
Pre-Surgical / Pre-Cath Profile Charge	FOR MEDICAL MANAGEMENT	15,000
Procedure Charge	CHEMO CYCLE EACH CHEMO CYCLE COST 70000* 9 TIMES	6,30,000
Final Estimated Service Charge		6,45,000

Material Cost		
Drugs & Consumable Charge	FOR MEDICAL MANAGEMENT	15,000
Final Estimated Material Charge		15,000

Grand Total : 6,60,000

SIX LAKHS SIXTY THOUSAND ONLY

International Patients: A maximum cash of \$5000 can be deposited (with patient passport endorsement ONLY) and rest to be paid in foreign currency through online transfer / international card(debit/credit).

Domestic Patients: A maximum cash of Rupees 2,00,000 can be deposited and rest to be paid by online transfer / card (debit/credit).

Disclaimer: The estimate is valid for a period of two months from the date of issue and may be subject to change. The package does not include treatment of any unrelated illness or procedures other than for which this estimate has been prepared. Also, expenses for any extended stay at the hospital beyond the estimated stay period, owing to any unforeseen circumstances or emergencies, shall be payable over and above the estimate. The estimate is based on our best understanding of the patient's condition at the time of contact and is not the final amount payable and can vary at the time of actual billing or discharge.

I / We agree to the above package and the same has been explained to me / us in our own language.

Package Office


Estimate Issuance Date : 21-01-2023 14:39

Form-2022-09-13-00192

Estimate Given By:-802105 - SUCHI MALHOTRA

Patient / Relative signature

Contact Number-----


Dr. MEGHA SAROHA
MBBS, MD, DM (Pediatric Oncology)
Associate Consultant
Pediatric Oncology
DMC / R / 6169
Dharamshila Narayana
Superspeciality Hospital



H - 2008 - 0023
Nov 21, 2017 - Nov 20, 2020
Since Nov 21, 2008



MC- 2328

Dharamshila Narayana Superspeciality Hospital

Hospital Address: Dharamshila Marg, Vasundhara Enclave, Near New Ashok Nagar Metro Station, Delhi 110 096

Tel +91 11 4306 6666 | www.narayanahealth.org | info.dnsh@narayanahealth.org

Appointments
186-0208-0208

Emergencies
73700-73700

ई-डिस्ट्रिक्ट के अन्तर्गत जारी..



उत्तर प्रदेश शासन

कार्यालय तहसीलदार द्वारा प्रदत्त आय प्रमाण पत्र

जिला बनारस
तहसील बनारस
आवेदन क्र० 221970010242665
प्रमाणपत्र क्र० 672221135018

जारी दिनांक: 25/09/2022

यथा विभागीय (क्षेत्रीय भूलेख निरीक्षक तथा लेखपाल की) जांच/रिपोर्ट के आधार पर प्रमाणित किया जाता है कि

स्मृति श्रीवास्तव/SMRITI SRIVASTAVA

पुत्र/पुत्री

अरुन कुमार श्रीवास्तव

माता का नाम

मकान नम्बर

मोहल्ला

वियर नगर कॉलोनी चितईपुर नेरा पौडरीया बाबा मंदिर वाराणसी

ग्राम

तहसील

बनारस

जनपद

बनारस



उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर, ग्राम मोहल्ला वियर नगर कॉलोनी चितईपुर नेरा पौडरीया बाबा मंदिर वाराणसी तहसील बनारस, जनपद बनारस उत्तर प्रदेश है। परिवार की समस्त स्रोतों से मासिक आय अंकों में रु 4500 व शब्दों में रु. Four Thousand Five Hundred है। जिसके अनुसार कुल वार्षिक आय रु. 54000 व शब्दों में रु. Fifty Four Thousand है। आय का स्रोत मजदूरी है। यह प्रमाण पत्र जारी होने की दिनांक से तीन वर्ष तक मान्य रहेगा।



जारी कर्ता केन्द्र: अहमर सिद्दकी, सहज जन सेवा केंद्र

पद: अहमर सिद्दकी, केन्द्र प्रभारी

स्थान: 80, Ahmer

Sadique, बनारस, वाराणसी, बनारस

दिनांक: 25/09/2022

हस्ताक्षर एवं मुहर

YOGENDRA
SHARAN
SHAH

Digitally Signed by
YOGENDRA SHARAN
SHAH O=PERSONAL,
S=UTTAR PRADESH

सक्षम अधिकारी/तहसीलदार

डिजिटल हस्ताक्षरित

बनारस, बनारस

दिनांक: 25/09/2022

यह प्रमाण पत्र इलेक्ट्रॉनिक डिलिवरी सिस्टम द्वारा तैयार किया गया है तथा डिजिटल सिग्नेचर से हस्ताक्षरित है। सम्बन्धित केन्द्र के अधिकृत कर्मों द्वारा प्रमाणित किया गया है। यह प्रमाण पत्र वेबसाइट <http://edistrict.up.gov.in> पर इसका पहले आवेदन क्र० फिर प्रमाणपत्र क्र० अंकित कर, सत्यापित किया जा सकता है।



सं. 1
NO. 1



उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH

चिकित्सा एवं स्वास्थ्य विभाग DEPARTMENT OF MEDICAL AND HEALTH
नगर स्वास्थ्य अधिकारी कार्यालय, मुख्य चिकित्सा अधिकारी नोएडा, जी. बी. नगर
NAGAR SWASTHYA ADHIKARI KARYALAYA, MUKHYA CHIKITSA ADHIKARI
NOIDA, G.B. NAGAR

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रेशन अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रेशन नियम, 2002 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 UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि नगर स्वास्थ्य अधिकारी कार्यालय, मुख्य चिकित्सा अधिकारी नोएडा, जी. बी. नगर तहसील दादरी जिला गौतम बुद्ध नगर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्ट्रार 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 NAGAR SWASTHYA ADHIKARI KARYALAYA, MUKHYA CHIKITSA ADHIKARI NOIDA, G.B. NAGAR OF TAHSIL/BLOCK DADRI OF DISTRICT GAUTAM BUDDHA NAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.)

नाम / NAME: AARNA KUSHWAHA

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:
05-04-2018
FIFTH-APRIL-TWO THOUSAND EIGHTEEN

जन्म स्थान/ PLACE OF BIRTH:
SHIVALIK MEDICAL CENTER NOIDA

माता का नाम / NAME OF MOTHER:
SMRITI SRIVASTAVA

पिता का नाम / NAME OF FATHER:
RANJEET KUSHWAHA

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:
XXXXXXXX9188

XXXXXXXX3878

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
PLOT NO-157 KH NO-327, KARAN ENCLAVE CHIPYANA, GHAZIABAD UP IND, CHIPYANA BUZURG, DADRI, GAUTAM BUDDHA NAGAR, UTTAR PRADESH

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:
KUSHWAHA D64/151 MADHOPUR, S/O PREM CHANDRA, SIGRA VARANASI CHHITUPUR VARANASI, VARANASI, VARANASI, VARANASI, UTTAR PRADESH- 221010

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2018: 9-56044-003680

पंजीकरण तारीख / DATE OF REGISTRATION:
19-04-2018

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
26-06-2019

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
नगर स्वास्थ्य अधिकारी कार्यालय, मुख्य चिकित्सा अधिकारी नोएडा, जी. बी. नगर
NAGAR SWASTHYA ADHIKARI KARYALAYA, MUKHYA CHIKITSA ADHIKARI NOIDA, G.B. NAGAR

Birth & Death Registration
NOIDA (Gautam Budh Nagar)

UPDATED ON:
19-04-2018 00:00:00



Checked by
K. K. Bhaskar
A.R.O

"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 *





भारत सरकार
GOVERNMENT OF INDIA



रंजीत कुशवाहा
Ranjeet Kushwaha
जन्म तिथि/DOB: 01/06/1984
पुरुष / MALE



5683 3984 9188

MEERA AADHAAR, MERI PEHCHAN



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address

S/O: प्रेम चन्द्र कुशवाहा, डी
64/151, माधोपुर, सिगरा,
वाराणसी, छित्तपुर, वाराणसी,
उत्तर प्रदेश - 221010

S/O: Prem Chandra
Kushwaha, D 64/151,
MADHOPUR, SIGRA,
VARANASI, Chhitupur,
Varanasi,
Uttar Pradesh - 221010



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help@uidai.gov.in
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P.O. Box No. 1947,
Bengaluru-560 001

Handwritten signature and date: 23/01/23