

Narayana Hrudayalaya Charitable Trust



Dr. MEENA J. RAO
 MBS, MD, DM (Pediatric Oncology)
 Associate Consultant and
 Pediatric Oncology
 GMC / R / 0109
 Narayana Hrudayalaya
 Superspecialty Hospital

Socio Economic Assessment Form

1.	MRN No.	15050000149785
2.	Patient Name	Aaditya Singh
3.	Gender (Male/Female)	Male
4.	Date of Birth	17. 10. 2020
5.	Nationality	Indian
6.	Religion	Hindu
7.	Marital Status	—
8.	Qualification	—
9.	Parent/Guardian name (relationship with patient)	Ravi Kumar (father)
10.	Address & Contact No.	76 New Mohanpuri pili building civil line Meerut-250003 (U.P.) <u>Correspondence Address</u> - G-10 Police line Meerut. (U.P.)

11. Family details:
8791800619

Name	Relation with Patient	Age	Qualification	Occupation	Monthly Income
Aaditya Singh	self	27rs	—	—	—
Ravi Kumar	father	39	B.A	Private job	4500/-
Mamta	mother	35	B.A	House wife	—
Pratham	son	14	10th	student	—

11/04/23

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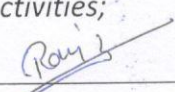
12.	Personal Information about patient and family background:	<p>Aaditya Singh 27x51M suffering from B. cell ALL and treatment going under Dr. Megha Saroha at DMSH Delh.</p> <p>child's father belong to poor family, his father is working in private firm as a helper and his mother is a house wife. family monthly income is RS. 5000/- Need support for the treatment.</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:	B- Acute lymphoblastic leukemia
17.	Treatment details:	Newly diagnosed, started on ICICLE protocol chemotherapy.
18.	Intent of treatment	Curative/ palliative
19.	Expected 5 yrs. survival rate %	80%.
20.	Admission Date	7/4/2023
21.	Surgery Date	NA
22.	Discharge Date	
23.	Total estimated cost of treatment	9.68,600/-

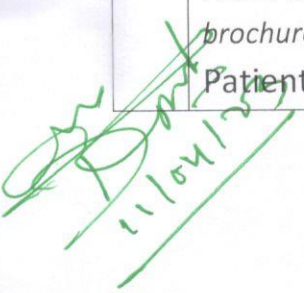
Narayana Hrudayalaya Charitable Trust

24.	Patient contribution	1,00,000/-	
25.	Source of Patient Contribution	<input checked="" type="checkbox"/> Savings- <input type="checkbox"/> Borrowings- <input type="checkbox"/> Sale of an asset- <input type="checkbox"/> 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
		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
		<input checked="" type="checkbox"/> Elementary occupation	2
		Unemployed	1
29	Education of Head	Profession or Honours	7
		<input checked="" type="checkbox"/> 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

11/04/23
 [Signature]

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 - (Birth certificate of the child) - 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 - 4,666/-	
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	Arvind yeelar	
	Contact No.	9717927572	
	Email ID		
	Date and Signature	11.04.2023	
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: 		


 11/04/23



Patient Information

MRN Number	15050000149785	Name	AADITYA SINGH	Age	2
Gender	M	Primary Number	8791800619	Admission Advice Type	Observation
Risk Type		Specialty	Pediatric Medicine	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	INVESTIGATION ON ACTUAL	85,000
Bed Charge	each cycle 1 day stay required (6300*12)	75,600
Procedure Charge	chemotherapy each cycle cost 45000*12 doses	5,40,000
Consolidated Charge	VISITING + SUPP SERVICES + OTHERS	75,000
Final Estimated Service Charge:		7,75,600

Material Cost		
Special Consumables Charge		68,000
Drugs & Consumable Charge	ON ACTUAL	1,25,000
Final Estimated Material Charge		1,93,000

Grand Total : 9,68,600

NINE LAKHS SIXTY EIGHT THOUSAND SIX HUNDRED ONLY

International Patients: A maximum cash of \$5000 can be deposited (with patient passport endoresment 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

Patient / Relative signature

Estimate Issuance Date : 11-04-2023 11:37

Contact Number-----

Form-2023-04-07-00065

Estimate Given By:-367679 - Bhavesh Krishan Varshney

Megha Saroha

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



H - 2008 - 0023
Nov 21, 2020 - Nov 20, 2023
Since Nov 21, 2008

Dharamshila Narayana Superspeciality Hospital

(A Unit of Dharamshila Cancer Foundation and Research Centre)
(Hospital Reg. No.: DHS/NH/144 | PAN No.: AAATD0451G | GST No.: 07AAATD0451G1Z7)

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

Tel +91 11 6904 5555 | www.narayanahealth.org | info.dnsh@narayanahealth.org

Appointments

1800-309-0309

Emergencies

73700-73700

ई-डिस्ट्रिक्ट के अन्तर्गत जारी..



उत्तर प्रदेश शासन

कार्यालय तहसीलदार द्वारा प्रदत्त आय प्रमाण पत्र

जिला मेरठ
तहसील मेरठ
आवेदन क्र० 211380010130916
प्रमाणपत्र क्र० 073211069658

जारी दिनांक: 22/09/2021

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

पुत्र/पुत्री

माता का नाम

मकान नम्बर

मोहल्ला

ग्राम

तहसील

जनपद

रवि कुमार

राजेश कुमार

महेन्द्री देवी

Q 10

पुलिस लाईन

मेरठ

मेरठ



उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर Q 10 ग्राम मोहल्ला पुलिस लाईन तहसील मेरठ, जनपद मेरठ उत्तर प्रदेश है। परिवार की समस्त स्रोतों से मासिक आय अंकों में रु 4666.67 व शब्दों में रु. Four Thousand Six Hundred And Sixty Six And Sixty Seven Paise है। जिसके अनुसार कुल वार्षिक आय रु. 56000 व शब्दों में रु. Fifty Six Thousand है। आय का स्रोत मजदूरी है। यह प्रमाण पत्र जारी होने की दिनांक से तीन वर्ष तक मान्य रहेगा।



जारी कर्ता केन्द्र: रेखा रानी, नेकटान जन सेवा केंद्र
पद: रेखा रानी, केन्द्र प्रभारी
स्थान: इन्चौली, मेरठ, इन्चौली, रजपुरा, मेरठ
दिनांक: 22/09/2021
हस्ताक्षर एवं मुहर

AVNEESH KUMAR
Digitally Signed by
AVNEESH KUMAR
O=GOVERNMENT OF
UTTAR PRADESH,
OU=REVENUE
DEPARTMENT, S=UTTAR
PRADESH

सक्षम अधिकारी/तहसीलदार
डिजिटल हस्ताक्षरित
मेरठ, मेरठ
दिनांक: 22/09/2021

यह प्रमाण पत्र इलेक्ट्रॉनिक डिलिवरी सिस्टम द्वारा तैयार किया गया है तथा डिजिटल सिग्नेचर से हस्ताक्षरित है। सम्बन्धित केन्द्र के अधिकृत कर्मियों 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।

Handwritten signature and date: 22/09/2021

Ph. : 0121-2648882

SUSHILA JASWANTRAI MATERNITY HOSPITAL
(JASWANTRAI CHURAMANI TRUST)

115, Civil Lines,
MEERUT.

Dated 20-10-2020

BIRTH CERTIFICATE

1. Reg. No. 39
2. Date & Time 17-10-2020 at 9:20
3. Male or Female M. Child for
4. Mother's Name Smt. Namta
5. Father's Name Shri Ravi Kumar
6. Caste Hindu
7. Address H No. 10, Police Line Meerut

Sufan
Medical Officer

Sushila Jaswantrai Maternity Hospital
Meerut.

[Handwritten signature]
11/04/2020

भारत सरकार
Government of India

रवि कुमार
Ravi Kumar
जन्म तिथि/ DOB: 18/04/1984
पुरुष / MALE

8957 3377 1791

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: राजेश कुमार, क्यू-10, गेट न-5,
पुलिस लाइन, मेरठ, मेरठ, मेरठ,
उत्तर प्रदेश - 250003

Address:
S/O: Rajesh Kumar, q-10, gate
no-5, police line. meerut,
Meerut, Meerut,
Uttar Pradesh - 250003

8957 3377 1791

1947

help@uidai.gov.in

www.uidai.gov.in

11/04/23