Please attach the recent photo of the patient

Socio Economic Assessment Form:

1.	MRN No. BASY			AHANA Y	Y AHANA PRAVIN		
2.	Patient Name		15060000133724.				
3.	Gender (Male/Female)		female.				
4.	Date of Birth		a	10312017			
5.	Nationality		INDIAN				
6.	Religion		MUSLIM				
7.	Marital Status		uva	MARRIED			
8.	Qualification		1				
9.	Parent/Guardian name (relationship with patient)		MR. ABDUL KALAM AJAD				
11.	Family details:		W.B. 732124. Thana - Gazole Nayapara Fulbari. Orjunpur Malda				
Name		Relation with Patient	Age	Qualification	Occupation	Monthly Income	
Abdul Kalam falher		35	12th Pass.	Drwer	20,000		
		mother	33.	10th Pass	Kouewje		
		I when we want	142			APELIA!	

	Ahana Pravir is Syears. Her father is working as drivers					
	Mother is a housewife. Ahana has been complaining of swelling in right Brown since 5 months.					
13.	Medical History if any:	- N/A-				
14.						
	(Camp, Other Hospital, NGO, staff					
	or others)					
15.	Admitting Consultant	Dr. Vekas kapur.				
16.	Diagnosis:					
	Right Engunal Herria					
. ·	and some and that is on the					
	Charles of the Carlotter and the Carlotter of the Carlott					
17.	Treatment details:					
	Diagnostic laproscopy	(1) Laproscopic Right Inguiral al Herristomy.				
- 5	Alleniotomy (1) Uptanguin	al Herristomy.				
		<u> </u>				
18.	Intent of treatment	Curative/ palliative				
19.	Expected 5 yrs. survival rate %	100 '/.				
20.	Admission Date	14/05/2013.				
21.	Surgery Date	14105/2023.				
22.	Discharge Date	16/05/2023.				
23.	Total estimated cost of treatment	R& 1,22,8601-				

24.	Patient contribution	- NIL :-		
25.	Source of Patient Contribution	Savings-		
		Borrowings- Sale of an asset- Any other -		
25.	Commant frame at how	Ally other -		
23.	Support from other Scheme/Foundation/Crowd funding	-W/A -		
26.	Nature of accommodation (Owned/rented house, quarters)	Rented.		
27.	Other Asset detail			
	MODIFIED KU	JPPUSWAMY SCALE		
28	Occupation of Head	Legislators, Senior Officials and Managers	10	
		Professionals	9	
		Technicians and Associate		
		Professionals	8	
	and A street, and	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	
		Elementary occupation	2	
		Unemployed	1	
29	Education of Head	Profession or Honours	7	
		Graduate	6	
		Intermediate or diploma	5	
		High School Certificate	4	
		Middle School Certificate	3	
		Primary School Certificate	12	
20	Manthelia Fassilia Isaassa	Illiterate	1	
30	Monthly Family Income	>78,062	12	
		39,033-78062	10	
		29200-39032	6	
		19516-29199	31	

		11708-19515	Jeni orași			
		3908-11707	3			
31	Score as nor Madisi- I	<3908	2			
21	Score as per Modified	Upper	26 + 20			
	Kuppuswamy scale	Upper middle	26 to 29			
		Lower middle	16 to 25 11 to 15			
		Upper lower	5 to 10			
32.	Copy of any of following ID Proof	Lower	<5			
	of the patient:					
	- Aadhar Card					
	- BPL Card	- Aadhar Car	ud-			
	- Driving License					
19-01	- PAN Card					
	- Ration Card					
	- Voter ID					
33.	Copy of documents stating					
	monthly/annual income or					
	economic background like	- amoone Pa	- Income Proof -			
	certificate from gram panchayat,					
	BPL Card, Ration Card etc.					
34.	Recommendation by assessor:					
	Name of Assessor	Dr Vekas kapur	,			
	Contact No.					
	Email ID	wikas kapun	de Que de la constante de la c			
	Date and Signature	11/05/2028.	er @ rangyanaheal			
35.	Patient Declaration:					
	The information given above is true and complete;					
	I am not in a position to afford the expense for the treatment described above;					
	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;					
	Patient/Family member Signature					
		/				

Haemoglobin (Hb)

Comment

Hemoglobin is the major protein of erythrocytes that transports oxygen from the longs to peripheral tissues.
 Measured on automated instruments after hemolists of red cells and conversion of all hemoglobin to
 Measured on automated instruments after hemolists of red cells and convention for Standardization in Hematology).

Baby Ahama Ravin 5yn, F



CO Swelling Right Gran OIE Right Inguinal Hernic

Diagnostic Leparoscopy Lep. Right Inquist
Herniotomy & Left Inquist CBC, Virel Morker

ppe

Pradap - M. Niharika

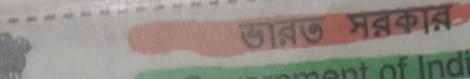
Narayana Superspeciality Hospital

Registered Office: 258/A. Bommasandra Industrial Area, Anekal Tatus, Bangalore 560089 Hospital Address: Plot 3301, Block - V. DLF Phase - III, Sector 24, Gurugram, Haryana 122002 Tel + 91 0124 6421000 / 0124 6421001 | Email: info nong@narayanahealth.org | www.narayanahealth.org

Appointments 1800-309-0309 (Tall Free)

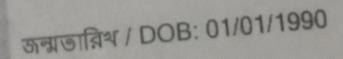
Emergencies

79700-79700



Government of India

হাসিনা পারভিন Hasina Parven

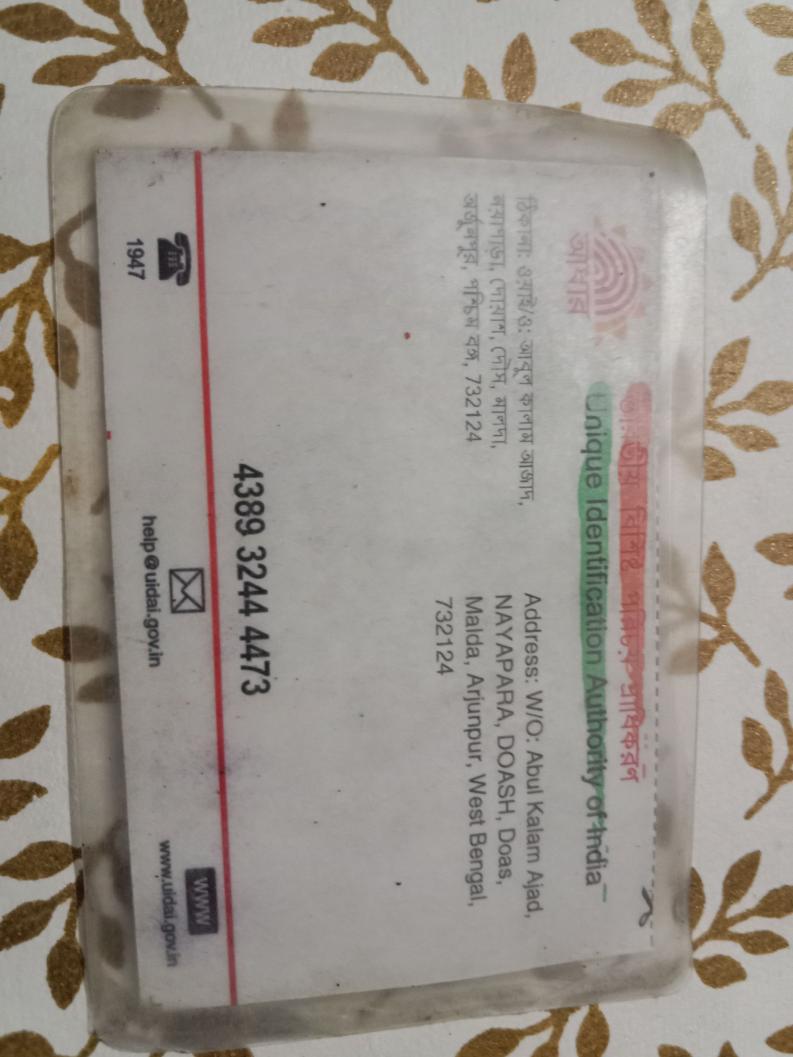


महिला / Female

4389 3244 4473



আমার আধার, আমার পরিচয়







भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पताः S/O: न्र मोहम्मद थाना - गाजोल, नयापारा फुलबारी अर्जुनपुर, अर्जुनपुर, मालदा वेस्ट बंगाल, 732124 Address: S/O: Noor
Mohammad, THANA GAZOLE, NAYAPARA
FULBARI, Arjunpur, Malda,
Arjunpur, West Bengal,
732124

5085 1962 9621



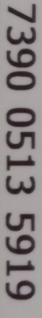






Ahana Parvin Female/ FEMALE Date of Birth/DOB: 24/03/2017







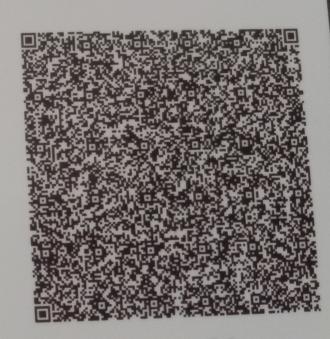




Gazole Arjunpur Maida West Bengal - 732124 9958468203

Signature valid

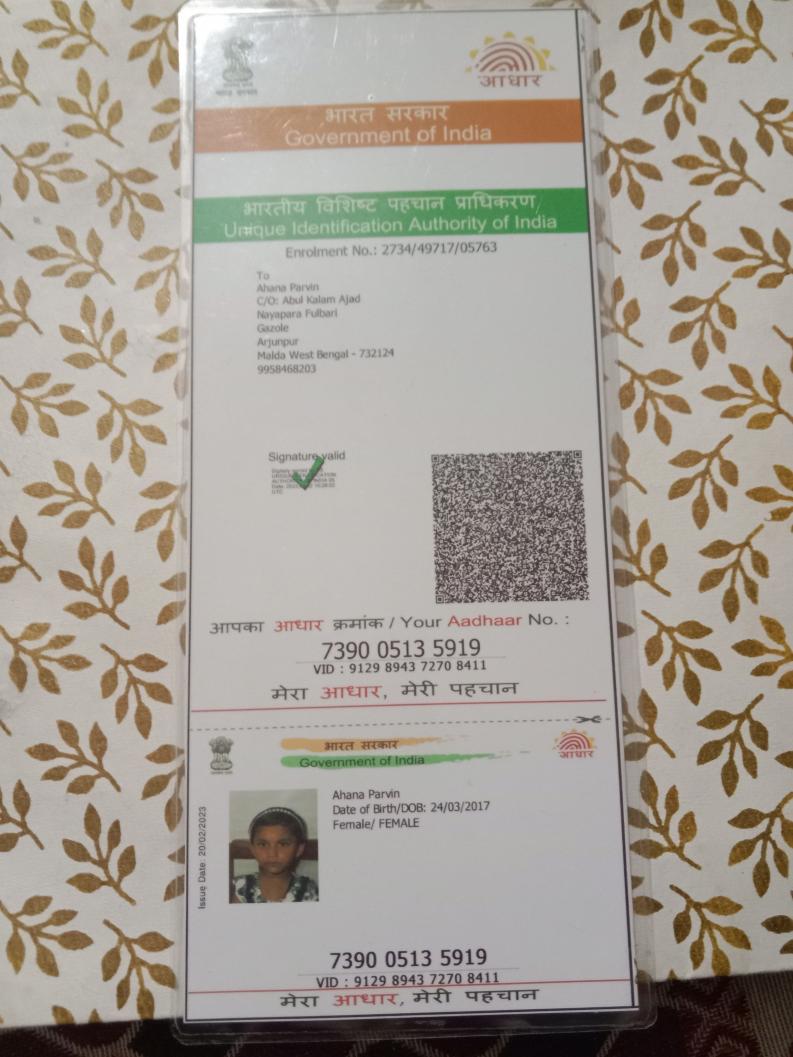
Digitally signed S UNIQUE DENT CATION AUTHORN INDIA 05 Date: 2023. 02 10:28:52 UTC



आपका आधार क्रमांक / Your Aadhaar No.:

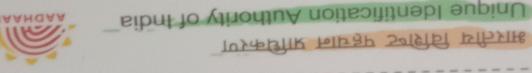
7390 0513 5919 VID: 9129 8943 7270 8411

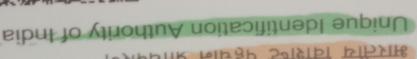
मेरा आधार, मेरी पहचान



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C/O: Abul Kalam Ajad, Nayapara Fulbari,



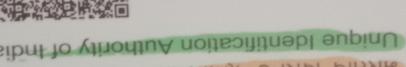




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Gazole, Arjunpur, Malda, West Bengal - 732124

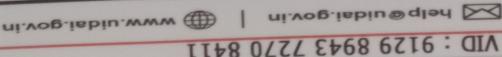
Download Date





7390 0513 5919

VID: 9129 8943 7270 8411







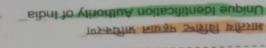


मिन्स

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- 15 हम 185 तन हारा बारा किया होता का अध्य हारा बारा का मिल हो। । रक काणीमप्र नाम्हम

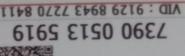
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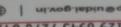
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- This is electronically generated letter. Authentication.
- । ई प्रनाम में प्रम पड़े प्राधार
- मिटार्कि शिकप्रस और पृहिट शिकप्रम ड्रेक <mark>प्राथाहर =</mark>
- ार्छप्र उर्डामस् वा रुमेड्र और प्रमेन रुड्डार्म में नाथार को पाना आसान बनाता है।
- qqA ıssdbsAm, छिप्र प्रम नित्म डाम्म निमह कि प्राधाह
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Address: C/O: Abul Kalam Ajad, Nayapara Fulbari,















हरियाणां HARYANA

51AA 764341

AFFIDAVIT

I, Abul Kalam Ajad S/o Noor Mohammad R/o Thana- Gazole, Nayapara Fulbark Arjunpur Malda, W.B. 732124, do hereby solemnly declare and affirm as under:

1. That presently I am residing at above mentioned address.

That my family Annual Income is Rs. 2,40,000/- from all sources.

3 That Ahana Parvin is my son/ daughter and his/her date of birth 24.03.2017 and he is fully dependent on me

Sumer Sir

4 That I am a Citizen of India

5, That this is my true statement,

VERIFICATION

DEPONENT ABULKALAMAUAD

Verified that the content of the above affidavit are true and correct to the best of my knowledge and nothing has been concealed there in.

Date:-



DEPONENT

ABUL KALAMAUAD

Patient Information

MRN Number	15060000000000	Name	AHANA PRAVEEN	Age	5
Gender	F	Primary Number	91	Admission Advice Type	Procedure
Risk Type		Specialty	General Surgery	Admitting Consultant	Dr. Vikas Kapur

Estimate Details

Estimate Type	Indicative	Payor Profile	Cash
Payor Profile Details	IP CASH	Probable Date of Admission	
Ward Requested / Required	General Ward	Procedure / Intervention advised	Herniotomy - Inguinal Bilateral

Service and Material Charge Information

Service Cost			
Pre-Surgical / Pre-Cath Profile Charge	APPROX	5,000	
Bed Charge	4500*1	4,500	
Procedure Charge	DIAGNOSTIC LAPAROSCOPY + HERNIOTOMY-OPEN/LAP-(50%)*2	38,900	
OT & Anesthesia Charge		54,460	
Final Estimated Service Charge:		1,02,860	

Material Cost				
Drugs & Consumable Charge	APPROX	15,000		
Consolidated Charges	MICS	5,000		
Final Estimated Material Charge		20,000		

Grand Total: 1,22,860

ONE LAKHS TWENTY TWO THOUSAND EIGHT HUNDRED SIXTY 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 patientâs 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: 06-05-2023 10:20

Contact Number-----Form-2023-05-06-00014

Estimate Given By:-356046 - Vishal Mourya