

Narayana Hrudayalaya Charitable Trust



Dr. Raajit Chatterjee
MD (Internal Medicine), DM (Medical Oncology)
Senior Consultant - Medical Oncology
BMC Reg. No. DMCIR/6930
Narayana Hrudayalaya
Superspecialty Hospital

Socio Economic Assessment Form:

1.	MRN No.	15050000155931
2.	Patient Name	Kranti devi
3.	Gender (Male/Female)	Female
4.	Date of Birth	12.07.1987
5.	Nationality	Indian
6.	Religion	Hindu
7.	Marital Status	Married
8.	Qualification	12th
9.	Parent/Guardian name (relationship with patient)	Pradeep Kumar (Husband)
10.	Address & Contact No.	Village - Rampura Post - Bairampur District - Bareilly (U.P), 243505 7055116732

11. Family details:

Name	Relation with Patient	Age	Qualification	Occupation	Monthly Income
Kranti devi	Self	36	12th	House wife	-
Pradeep Kumar	Husband	39	10th	Labour	4,000
Kashish	Daughter	12	8th	student	-
Nishant	Son	10	6th	Student	-

(Handwritten signature and date)
16/5/2025

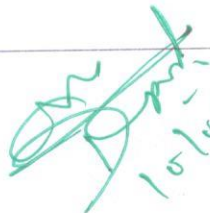
Narayana Hrudayalaya Charitable Trust

12.	Personal Information about patient and family background:	<p>Kranti Devi 36/F suffering from Ca- Breast and treatment going under Dr. Rajit Chanana at DNSH Delhi.</p> <p>she belongs to very poor family. Her husband is a daily wager labour and his monthly income is RS- 4000.</p> <p>she is not able to effect the cost of treatment. Need support for the continue her 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. Rajit Chanana.
16.	Diagnosis:	Carcinoma Breast
17.	Treatment details:	Chemotherapy (AC → Taxane) +/- Surgery T/b (Radical + Hormone therapy)
18.	Intent of treatment	Curative/ palliative
19.	Expected 5 yrs. survival rate %	70-1.
20.	Admission Date	
21.	Surgery Date	
22.	Discharge Date	
23.	Total estimated cost of treatment	RS- 122,000/-


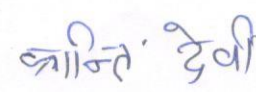
10/10/25

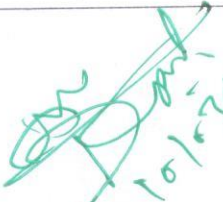
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24.	Patient contribution	1,00000	
25.	Source of Patient Contribution	Savings- <input checked="" type="checkbox"/> Borrowings- Sale of an asset- Any other -	
25.	Support from other Scheme/Foundation/Crowd funding		
26.	Nature of accommodation (Owned/rented 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
		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
		Graduate	6
		Intermediate or diploma	5
		<input checked="" type="checkbox"/> 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


 16/10/23

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		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 - 4,000 monthly, Attached.	
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	Arvind Yadav	
	Contact No.	9717927572	
	Email ID		
	Date and Signature	08.07.2023	
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:		
			


 10/08/23



Patient Information

MRN Number	15050000155931	Name	KRANTI DEVI	Age	36
Gender	F	Primary Number	8865889399	Admission Advice Type	Procedure
Risk Type		Specialty	Medical Oncology	Admitting Consultant	Dr. Raajit Chanana

Estimate Details

Estimate Type	Indicative	Payor Profile	Cash
Payor Profile Details		Probable Date of Admission	
Ward Requested / Required	Day Care	Procedure / Intervention advised	Chemotherapy

Service and Material Charge Information

Service Cost		
Procedure Charge	CHEMOTHERAPY EACH CYCEL COST APPROX-20000 *8 CYCLES-	1,60,000
Consolidated Charge	OTHERS FOR EMDICAL MANAGEMENT	12,000
Final Estimated Service Charge:		1,72,000

Grand Total : 1,72,000

ONE LAKHS SEVENTY TWO THOUSAND 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 : 08-07-2023 4:2:11

Contact Number-----

Form-2023-07-05-00086

Estimate Given By:-367281 - Suchi Malhotra

Chan

Dr. Raajit Chanana
MD.(Internal Medicine),DM (Medical Oncology)
Senior Consultant -Medical Oncology
DMC Reg.No.DMCIR/6939
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



उत्तर प्रदेश शासन

कार्यालय तहसीलदार द्वारा प्रदत्त आय प्रमाण पत्र

जारी दिनांक: 04/02/2023

जिला	बरेली
तहसील	बहेडी
आवेदन क्र०	231500010004972
प्रमाणपत्र क्र०	201231000447

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

प्रदीप कुमार/Pradeep
Kumar
विद्याराम
सुशीला देवी
0
रम्पुरा
रम्पुरा
बहेडी
बरेली



उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर 0 ग्राम रम्पुरामोहल्ला रम्पुरा तहसील बहेडी, जनपद बरेली उत्तर प्रदेश है। परिवार की समस्त स्रोतों से मासिक आय अंकों में रु 4000 व शब्दों में रु. Four Thousand है। जिसके अनुसार कुल वार्षिक आय रु. 48000 व शब्दों में रु. Forty Eight Thousand है। आय का स्रोत कृषि है। यह प्रमाण पत्र जारी होने की दिनांक से तीन वर्ष तक मान्य रहेगा।



जारी कर्ता केन्द्र: नरेश कुमार, सहज जन सेवा केंद्र
पद: नरेश कुमार, केन्द्र प्रभारी
स्थान: dauli Jawahar Lal, मीरगंज, दौली
जवाहर लाल, फतेहगंज पश्चिम, मीरगंज
दिनांक: 07/02/2023
हस्ताक्षर एवं मुहर

VINOD
KUMAR
CHAUDHARY
Digitally
Signed by
VINOD
KUMAR
CHAUDHARY
O=Personal,
S=Uttar
Pradesh

सक्षम अधिकारी/तहसीलदार
डिजिटल हस्ताक्षरित
बहेडी, बरेली
दिनांक: 04/02/2023

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

भारत सरकार
Government of India



क्रान्ति देवी
Kranti Devi
जन्म तिथि / DOB : 02/07/1987
महिला / Female



4217 8615 6132

मेरा आधार, मेरी पहचान

आधर
आरतीय विशिष्ट पहचान आधिकरण
Unique Identification Authority of India

पता:
W/O प्रदीप कुमार, 1, 1, ग्राम-
रम्पुरा पोस्ट- बैरमनगर, रामपुरा,
बरेली, बैरामनगर, उत्तर प्रदेश,
243505

Address:
W/O Pradeep Kumar, 1, 1, gram-
rampura post- bairamnagar,
Rampura, Bareilly, Bairamnagar
Uttar Pradesh, 243505

4217 8615 6132

1947

help@uidai.gov.in

Handwritten signature and date: 10/08/23