



HANDICAPPED CHILDREN & WOMEN'S AID

REGISTERED UNDER SOCIETIES REGISTRATION ACT XX1 OF 1860

Head Off. C-18, First Floor, Community Centre, Pankha Road, Behind Janak Cinema, Janakpuri, N.D-58

Regd Off. 902, 9th floor, Shahpuri's Tirath Singh Tower, Plot no.C-58, C-Block Community Centre, Janakpuri, N.D

Ph.No- 011 41578353 info@hcwa.org.in www.hcwa.org.in (Reg)

BENEFICIARY FORM

REG.No. HCWA/MTF/

PATIENT'S DEMOGRAPH

NAME: Mst. Ayush Kumar

AGE: 11 Yrs

SEX: Male

STD: Nil



BREIF DETAILS ABOUT THE BENEFICIARY

Mst. Ayush Kumar 11 Years Old Heart Patient (TOF). The Patient belongs to weaker section of our society. They are three member in the family. The treatment is going under All India Institute of Medical Sciences, New Delhi. The total estimate is Rs.1,60,000/- for the Cardiac Surgery. His family is not in condition to bear the expenses of his treatment therefore they requested to HCWA to support for the same.

ABOUT THE FAMILY

FATHER'S NAME: Mr. Dhermender Kumar AGE: 40 Yrs EDU: 10Th OCCUPATION: Daily Wages

MOTHER'S NAME: Mrs Menika Devi AGE: 35 Yrs EDU: 8th OCCUPATION: House Maid

FAMILY MEMBERS: Three(3) NO. OF CHILDREN One(01) NO. OF SCHOOL GOING: One(01)

EARNING MEMBER: One (Mother) Monthly INCOME: 8000/- BELONGS TO: Bihar

MEDICAL TREATMENT/ EDUCATION DESCRIPTION

HOSPITAL / INSTITUTION'S NAME All India Institute Of Medical Sciences, New Delhi

ADDRESS: New Delhi-110001

DIAGNOSIS: Heart Patient(TOF)(Coil :- ICR+PVR)

TREATMENT REQUIRE: Surgery

O.P.D. CARD NO.: UHID:- 20130291233

TOTAL EXPENSE OF TREATMENT/SURGERY/EDU.:

The Total Estimate is given by AIIMS is Rs. 1,60,000/- for the Surgery.(Docs Attached)

Reason For Which Sponsorship Required.

1. Education/ Surgery / Treatment.
2. Purchase of Rehabilitation/ Therapy Equipment.
3. Individual Child Expenses for Specific Therapies (Acupuncture, Physiotherapy, Speech therapy etc.,)
4. Other expenses of the Organisation

DECLARATION

I here by declare that the information given above is true and

I am not in position to afford the treatment expenses.

Signature of Parents / Guardian

मेनिका देवी

SPCTVS
Senior Resident
Deptt. of C.V.A.
C.N. Centre, A.I.M.S., New Delhi



Donation to HCWA are exempted from Income Tax u/s 80G of I.T. Act. 1961

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

दिनांक/Date

CVS-75978

विभाग
Deptt.

RAMAKRISHNAN

SR Room



यू०एच०आई०डी० नं
UHID No.

CV 2013/014/0012728

UHID: 20130291233

Date 15/11/2021

MON

Name AYUSH KUMAR

Cardiology

Paed. Cardiology

11Y 9M 22

/M

Consultant Room 21

Dr. S RAMAKRISHNAN

R2 (6)
14/3/22

R2 (15)
27/9/22 Card.

R-2 (17)
17/12/22

P/BAC (2014)

TOP

(P) Ckt Coil - IER + PVR

Rs 6,000/-

AIMS Angiogram 15/11/21

Rs 1,60,000

15/11/21

31/1/22
4m (25)

AIMS CT Patients A/c

PDOA - 15/2/23

Shree
SRCVS

12/12/22

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



CARDIO-THORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI – 110029

Date : 12/12/22

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती Ayush Kumar
Age/उम्र 11 Y Sex/लिंग M CV No. / CTVS No./सीवी संख्या/सीटीवीएस संख्या _____
UHID No./यूएचआईडी संख्या. 20130291233

Nature of Disease / रोग का नाम TOP

Nature of Surgery/Procedure required / सर्जरी/प्रक्रिया की आवश्यकता Coil -> IJR + PVR

Units of Blood required for operation / ऑपरेशन के लिए आवश्यक रक्त की यूनिट 40

Package charges for Surgery/Procedure / सर्जरी/प्रक्रिया के लिए पैकेज शुल्क Rs 1,60,000

The above mentioned amount must be deposited in advance by bank draft/Electronic transfer drawn in favour of "AIIMS CT PATIENT'S ACCOUNT" / "AIIMS ANGIOGRAPHY PATINET'S ACCOUNT".

(A/c No.10874584258, IFSC Code : SBIN0001536)

(A/c No.10874584269, IFSC Code : SBIN0001536)

(for CTVS Surgical Patients)

(for Cardiology Patients)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

उपर्युक्त राशि को नीचे दिए गए सम्बंधित पक्ष में बैंक ड्राफ्ट / इलेक्ट्रॉनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए।

"एम्स सीटी पेशेंट अकाउंट"

(A/c No.10874584258, IFSC Code : SBIN0001536)

(सी.टी.वी.एस. सर्जरी मरीजों के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"

(A/c No.10874584269, IFSC Code : SBIN0001536)

(कार्डियोलॉजी मरीजों के लिए)

अनुमानित व्यय सीजीएस / ईएसआई / सरकार स्वायत्त संस्था और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा। यह राष्ट्रीय आरोग्य निधि, प्रधान मंत्री राहत कोष और अन्य स्रोतों से वित्तीय सहायता मांगने के लिए भी लागू होगा।

For any query related to package charges/money deposition, please contact Accounts Section Room No. 105 (Basement, C.N. Centre)

पैकेज शुल्क / रुपये जमा करने से संबंधित किसी भी पूछताछ के लिए, कृपया लेखा अनुभाग कमरा न. 105 (बेसमेंट, सी.एन. सेंटर) में संपर्क करें।

PDOA-15/2/23

Senior Resident
Cardiology Department
C.N. Centre, A.I.I.M.S., New Delhi
SRCTVS

(Signature & rubber Stamp of Consultant)

T-109

HCW A

C-18 Behind Janak Cinema

Janakpur N-D-58

विषय - राज गरीब व्यक्ति कि सहायता हेतु प्रार्थना पत्र
महोदय ,

समिन्धन विवेकन यह है कि हमारे कुंभार मेरा
पेटा आरुस है हम विहार के निवासी है मेरे पेटे का
मेल्ड डिप्लोमा है डाक्टरी के सहाय अङ्गार
उसका जल्द से जल्द इलाज होना है जिससे
1,600000 रुपया है कृपया करके आप मेरी आर्थिक
सहायता कर किजिए जिससे मे अयन के अमारी
मे आयन। सदा अमारी रहूंगा

राजगार

निवेदन

कमल कुमार