

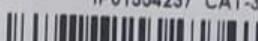




Sir Ganga Ram Hospital, New Delhi^{Sg}

Sgrh/Ad-p/F008

ADMISSION NOTIFICATION SLIP

Name of Patient — Age — Sex		ADMISSION NOTIFICATION SLIP		Marital Status-Hospital Reg. No. Head of Service — Income Name of Employee Institution Admission Form Room / Bed Charges MRD No. & Re-Admission Booking Adv. Rec. No. & Date Adv. Rec. No. & Dt.—PB		
Service Unit — Ward / Bed No.		ARISHA KHATOON 20 M Female None Father's name : KHALILUR RAHAMAN			3608369	
Father / Husband Name					IP01554237 CAT-3	
Address		 Religion: Islam OLD (OB)-WARD 9 CAT-3 47 PURANI TAHSIL UATTRI KHALILABAD SANT KABIR NAGAR U.P. - 272176 Dr. Anupam Sachdeva Dr. Manas Kalra 7030731363 Pvt OPD India 28/11/2025 10:52			PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT-D-A	
Tel. No.	Religion				(GAA5556)	
Occupation	Nationality					
Date & Time of Admission						
If Hospital Employee or his/her Dependent is Admitted, Please Complete the Statement Below						
Relationship with Employee	Name of the Employee if Dependent		Designation		Accommodation Entitled	

SHIFTING DETAILS



Sir Ganga Ram Hospital

DATES OF CONSULTANTS VISIT & PROCEDURES DONE

SGRH/Cons-V / P(Blue) / F-045A

For Internal use only

**Sir Ganga Ram Hospital****सर गंगा राम अस्पताल**

SGRH/PT.FAMILY/EDU/F-216

Rajinder Nagar, New Delhi-110060. Ph.: 25750000, 42254000, 42251870
राजेंद्र नगर, नई दिल्ली-110060, फोन : 25750000, 42254000, 42251870

ARISHA KHATOON

20 M/Female CAT-3
3608369 IP01554237 CAT-3
Admit On : 28/11/2025 10:52AMPAEDIATRIC HEMATOLOGY, ONCOLOGY
OLD (OB)-WARD 9**PATIENT AND FAMILY EDUCATION FORM**

रोगी और परिवार शिक्षा फॉर्म

Date / दिनांक : 28/11/25

Diagnosis / Procedure / निदान / प्रक्रिया : **Post HIDA (2 Day H14)**

Sl. No./ क्रमांक सं.	Subject/ विषय	PROVIDED BY / द्वारा उपलब्ध कराया गया (Write Name/नाम लिखें)	Yes / No/ NA* हाँ / नहीं
1	Patient Rights & Responsibilities / रोगी अधिकार और उत्तरदायित्व	PCC / पी.सी.सी. :	
2	Voicing of complaint, Feedback/ Suggestions and Visitor's Policy / शिकायत की आवाज, प्रतिक्रिया / सुझाव और विजिटर की नीति	PCC / पी.सी.सी. :	
3	Infection Control Practices / संक्रमण नियंत्रण व्यवहार • Hand Hygiene/ हाथ स्वच्छता • Overcrowding near the Patient / रोगी के पास भीड़	Nursing Staff / परिचर्या कर्मचारी : <i>No. felkay</i>	44
4	Pain Assessment/ दर्द आकलन	Nursing Staff / परिचर्या कर्मचारी : <i>No. felkay</i>	44
5	Fall Prevention/ दर्द आकलन • Importance of bed-side railing/ बेड-साइड रेलिंग का महत्व	Nursing Staff / परिचर्या कर्मचारी : <i>No. felkay</i>	44
6	Pressure Ulcer Prevention/ दबाव अल्सर की रोकथाम	Nursing Staff / परिचर्या कर्मचारी : <i>No. felkay</i>	44
7	Medications/ Blood Donation / दवाएं / रक्तदान	Nursing Staff / परिचर्या कर्मचारी : <i>No. felkay</i>	
8	Disease Specific Information/ रोग विशिष्ट जानकारी	Doctor/ डॉक्टर :	
9	Any special devices used/ Immunization/ Organ donation, if required / उपयोग किए जाने वाले किसी विशेष उपकरण/टीकाकरण /अगदान, यदि आवश्यक हो तो	Doctor/ डॉक्टर :	
10	Nutrition Education Food / Drug interactions / पोषण शिक्षा खाद्य / दवा बातचीत	Dietician / आहार विशेषज्ञ :	

*NA: Not Applicable / लागू नहीं है

I have been educated and informed of above in the language understood by me.
मेरे द्वारा समझा जाने वाली भाषा में मुझे ऊपर और शिक्षित किया गया है।*Parma*

Name of Patient/ Attendant (Relationship) /

रोगी का नाम / उपस्थिति (रिश्ते)

Date/ दिनांक : 28/11/25



DEMOGRAPHIC DETAILS

ital: New Delhi

Name: ARISHA KHATOON

Gender: Female

Marital Status: Unmarried

Religion: Islam

Aadhar Card No.:

Other name: KHALILUR RAHMAN

Other name: SAMKA ARFIN

Spouse Name:

Address: 47 PURANI TAHSIL UATTRI KHALILABAD SANT KABIR NAGAR U.P. - 272117
Uttar Pradesh, IndiaDOB: Mar 8, 2024
Occupation: None
Nationality: India
Contact No.:

Date: 28/11/25

Print Date: 28/11/2025 10:52AM

ON ADMISSION - DECLARATION BY PATIENT / RELATIVE ON INFECTION

I have been made to understand in a language that I know that I/my patient

(Name) Samka Arfin age 28 sex F relationship Mother upon

admission in this hospital:-

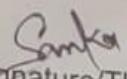
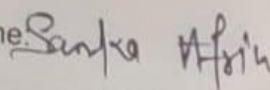
- (a) May be harboring an infection which being in the incubation period may manifest 48 hrs after admission.
- (b) I / my patient may transmit my infection to attending healthcare workers/ other nearby patients during hospitalization.
- (c) I / my patient may acquire an infection during hospitalization especially so in case of extremes of age, if there is a compromise of immunity due to chronic ailments like Diabetes, tuberculosis, cancer, HIV, fungal infection etc or in the event of any invasive procedure(s) performed despite all aseptic measures undertaken.
- (d) Infection acquired by me during hospitalization may manifest during my hospital stay or 48 hrs after my discharge from the hospital.
- (f) As it is an "Occupational hazard" for health care workers to acquire an infection while undertaking patient care in a hospital, I too may acquire an infection as a "Situational hazard" and will indemnify the hospital if such a situation arises.

Signature/Thumb Impression

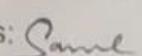
Patient Name:

Mobile no:

Address:


Signature/Thumb ImpressionAttendant Name: 

Mobile no:

Address: 



Sir Ganga Ram Hospital

ARISHA KHATOON
 20 M/Female CAT-3
 3608369 IP01554237 CAT-3
 Admit On : 28/11/2025 10:52AM
 PAEDIATRIC HEMATOLOGY, ONCOLOGY
 /
 OLD (OBI)-WARD 9

Date and Time	Progress Notes and Investigation Orders	Medication orders in capital letters to prevent occurrence of medication errors with your patient			
		Name of drug Cap / tab / inj.	Dose	Route	Freq.
28/11/25	S B PHO team				
	Clo AML post HDAC - 2 day +15				
	fever spikes +nt				
	no cough / cold				
	no further loose stools				
	S/E: breeding				
	HR - 126/min				
	Pr - 26/min				
	NG in situ				
	S/E: wNL				
		Adv			
		→ CT/ antibiotics			
		→ Inform fever			
		Spikes $\geq 101^{\circ}\text{F}$			
		→ strict vitals			
		→ Symp. 2.5ml po			
		STAT			
		→ Lanopelg sachet 1/2 sachet			
		1-0-1			
		2 → 9M CBC			

Plan of care

Goal of Treatment:
(Tick ✓ which is applicable)

Preventive:

Curative:

Rehabilitative:

Palliative:

Investigations Advised

8.8 kg

0.43 m²

Treatment Advised

send CBC &
Blood culture

Adv ① Inj. Magnex 4.5 mg iv

BD

② Inj. Perfalgan ~~250~~ 90 mg iv
SOS

③ Inj. PanLap 10 mg iv BD

④ Inj. Emaset 2 mg iv SOS

⑤ IV DNS 700 ml (1100ml)
over 24 hours.

Not to be given
if SGOT > 100

Diet Normal

Consistency:

Normal

Soft

Liquid

Tube feeds

Fasting

Type:

Normal

Diabetic

Low salt

Other

Acute phase

Procedure Planned

Preventive care, (e.g.)

References

Resident's Name & Signature

Date
Time

Dr. Morris
28/11/25

Consultant's Name & Signature

Date 28/11/25
Time 11 a.m.

Dr. Morris



SIR GANGA RAM HOSPITAL
Trust of Generations

Regno → 3608369

Sgrh/Ad/F-101

Dated 28/11/25

MLC (Please tick): Yes No

PRE-ADMISSION RECORD

To be filled by the patient / attendant in capital letter

Please Tick - VEG /NON VEG

1. Name of Patient ARISHA KHATOON Age/Gender 20 Month / F
Date of Birth 08/03/2024 UHID
2. Patient's occupation Religion Muslim
Nationality Indian Marital status
3. Father's Name Khalid Rahaman Spouse Name
4. Mother's Name Samka Afzil
5. Address as per Aadhar Purni talsi uatti, Khalilabad Dist: Sant Kabir Nagar UP-272175
6. I.D. Proof submitted on Admission (Yes/No), Please specify : Employee, GAA
PAN Card No with Photocopy Aadhar Card No. with Photocopy 861471931580
7. E-mail
8. Room category opted / entitled (Please tick):

E-Block			Premium Suite	Suite	Deluxe	Single Room	2-3Bedded/ Multi-Sharing	4-6 Bedded/ Multi-Sharing	CRITICAL AREA
ES	ED	ETS	Cat-1A	Cat-1B	Cat-1C	Cat-1D	Cat-2	Cat-3	

9. Payment Mode (Please tick) :

TPA / EMI	Empanelled / Corporate	International	Employee/Dependant	Self Paying

To be filled by the Admission Desk

Dept. / Unit PHO Consultant.....

Ward / Bed No.	Room no. allotted.....	Room/Bed Charges
1277 (Spouse)	Cat-3	MRD 870 + Rnt - 1200 + IV - 1370 + 7-1 Med - 2 - Cus - 1 UST + RMO

Source of Admission Casualty/Gen. OPD / PVI / OPD Advance Paid / Receipt no. / Date..... 21K.....

FOR CHARITY / EWS PATIENTS

I.D. Proof / Document supporting EWS status

बीमा भुगतान शेयर राशि की पूर्ति हम करो।

I will pay Deficit in Insurance Payment

Signature of Patient/Attendant with name

Mother

Samka Afzil

आयकर अधिनियम 1961 के खण्ड 269 ST के

अनुसार दिनांक 1/4/2017 से प्रत्येक दाखिल

के लिये जाने वाले भुगतान में 2 लाख से अधिक

राशि नकद नहीं की जा सकती है।

Signature of P.O. Exec with name

DC

NURSING CLINICAL ASSESSMENT

Date / Time 28/11/15 at 11 AM
Vitals

Temperature 90.2°F Pulse: 120 bpm

BP: 100/40 mmHg

Respiration

24 bpm

Height

Weight

8.8 kg

FALL RISK ASSESSMENT

Age: 20 months
Previous fall: No
Bowel / Bladder Needs: No

Impaired Judgment: No
CVS / CNS Medication: No
Other: No

Sensory Deficit: No
Muscular Weakness: No

PAIN

Acute (< 6 wks. Duration)
None 0 Annoying 02

Chronic (> 6 wks. Duration)
Uncomfortable 04 Dreadful 06

Horrible 08 Agonizing 10

PSYCHOLOGICAL STATUS

CHILD

Anxious	Yes	Depressed	No
Combative	No	Sleep Disorder	No

Angry No
Other No

Anxious Yes
Combative

PARENTS

Depressed	No
Sleep Disorder	

Angry
Other

NURSING NEEDS

1. Is there a language problem
2. Any cultural /religious barriers?
3. Is the patient at risk for falls?
4. Can patient perform routine personal activities independently?
5. Is the patient incontinent?
6. Does patient require oxygen therapy
7. Is the patient on tracheostomy?
8. Any psychological problem?
9. Is the patient in pain?
10. Is the patient at risk for pressure ulcers?
11. Any special nutrition needs?
12. Does the patient has any artificial prosthesis?
13. Any other needs?

Yes/No _____

Yes/No _____

Yes/No Educate about fall risk

Yes/No _____

Yes/No _____

Yes/No _____

Yes/No _____

Yes/No _____

Yes/No _____

Yes/No Nutritional Normal Diet

Yes/No _____

Yes/No _____

Yes/No _____

Patient received ward AT 11 AM

Inform to Doctor AT 11 AM

Doctor Seen the patient AT 11:30 AM

Form Completed by: No. Kekkash Date: 28/11/15 Time: 11:40 AM



Sir Ganga Ram Hospital

Rajinder Nagar, New Delhi - 110 060

CHECKED OK

ADMISSION / DISCHARGE RECORD

Name of Patient - Age - Sex	ARISHA KHATOON 20 M Female None Father's name : KHALILUR RAHMAN			3608369	Marital Status-Hospital Reg. No.
Service Unit - Ward & Bed No.				IP01554237 CAT-3	Head of Service
Father / Husband Name				PAEDIATRIC HEMATOLOGY, ONCOLOGY & BMT ID: A	
Address				47 PURANI TAHSIL UATTRI KHALILABAD SANT KABIR NAGAR U.P. - 272176	
Tel. No.	Religion	OLD (OB)-WARD 9 CAT-3		Dr. Anupam Bachdeva Dr. Manas Kaira	Admission Form
Occupation	Nationality	7030731363 Pvt OPD		India	Room / Bed Charges
Date & Time of Admission	28/11/2026 10:52			MRD No. & Re-Admission	
Date of Discharge	Time	Total Days		Booking Adv. Rec. No. & Date	
Provisional Diagnosis				Adv. Paid Rec. No. & Date	
FINAL DIAGNOSIS					
Write					
Principal Diagnosis					
First					
OPERATIVE SPECIAL PROCEDURES					
RESULT	CURED	RELIEVED	L.A.M.A.	INVESTIGATION ONLY	D.O.
Signature & Name Resident Dr.				Signature of Senior Dr.	EXPIRED

AUTHORISATION FOR OPERATION / TREATMENT

Permission is hereby given for the performance of any diagnostic examination, biopsy, transfusion of blood & its products, operation and for the administration or any anaesthetic as may be deemed advisable in the course of this hospital admission. The risk of various procedure has been explained to me and I am willing to undertake the risk.

Whatever money and valuables I bring into the hospital with me will be kept at my own risk and the hospital will not in any way be responsible for its loss / damage.

I fully understand that Sir Ganga Ram Hospital Does not grant any credit to patient unless a letter of authority from the agency or party responsible for payment is received before the time of patient leave of the hospital and I will be responsible for making full Payment at the time of discharge from the hospital.

All legal matters are subject to Delhi Jurisdiction only.

I have received _____ visitors pass, attendant pass, food pass and agree to abide by hospital rules and regulation.

Sonika
Signature of Patient or Representative

Sonika (Mother)
Signatory Relationship

Reena Thakur
Signatory of Admitting



For internal use only for hospital



Sir Ganga Ram Hospital

Rajinder Nagar, New Delhi-110060

INITIAL ASSESSMENT SHEET (Paediatrics)

Name of Patient Arisha

Ward/Bed Ward 9

Reg No. 3608369

Date/Time 28/11/25

Resident: _____

Vulnerable - Yes No

Restraint - Yes No

Informant Mother

ARISHA KHATOON

20 M/Female CAT-3
3608369 IP01554237 CAT-3

Admit On : 28/11/2025 10:52AM

PAEDIATRIC HEMATOLOGY, ONCOLOGY

OLD (OB)-WARD 9

Allergy

—

If patient has bleeding disorder, metal implant, pacemaker, HbsAg or any viral marker positive, write them in the ALERTS box below

Write generic name (e.g. paracetamol)

Allergy Reaction

—

Alert

—

Anaphyaxis, Urticaria, Bronchospasm, 'Diarrhoea', etc.

Presenting complaints

1. 40- AML
2.
3. Post IUDAC 2 day + 14.
4.
5. admitted with fever since morning.

Treatment History acute onset, high grade, 101°F.

1. asso. with keeping dull
2.
3.
4.
5.

Past History

1.
2.
3.
4.
5.



NO Insurance

SGRH/DM/IPT-TPA/F-334

Sir Ganga Ram Hospital

Declaration For Taking Indoor Treatment With Insurance Cover

1. I 3608369



N Name: ARISHA KHATOON

E Sex: Female

(a) Merital Status: Unmarried

Religion: Islam

Aadhaar Card No.:

Father name: KHALILUR RAHMAN

Mother name: SAMKA ARFIN

Spouse Name:

Address: 47 PURANI TAHSIL UATTRI KHALILABAD SANT KABIR NAGAR U.P. - 272175
Uttar Pradesh, India

DEMOGRAPHIC DETAILS

DOB: Mar 8, 2024

Occupation: None

Nationality: India

Contact No.:-

My relative _____ (relationship)

am / is getting admitted under

Print Date : 28/11/2025 10:52AM ATE policy (tick -s/ as appropriate)

(iv) The Name of Beneficiary recorded in the policy is _____

(v) Sum insured is _____

(vi) Sum consumed in previous admission of individual / family is _____

(vii) Remaining sum in the medical policy is _____

(viii) Co-payment / percentage that the beneficiary has to pay is _____ percent as per policy.

(ix) Room rent capping is for Rs. _____

(b) Copy of my Insurance policy is attached () / not attached ()

2. I have been given a written financial counselling for admission to a Premium suite / Suite / Deluxe Room / Single room / Twin sharing room / Three/ more sharing room / for DAYCARE as per my entitlement / or a room chosen by me outside my entitlement as per my Medical insurance policy with an approximate financial estimate for treatment for Rs. _____. It has been intimated that at discharge this may be higher.

I further declare that :-

- I have read and understood the terms and conditions of the medical policy
- The mandatory 2 year observation period is not over () / over () (tick 3 as appropriate)
- I / family have () / have not () (tick 3) taken inpatient treatment for any ailment under this policy earlier this year in this () / other hospital () (tick 3 as appropriate)
- I understand outcomes of treatment depend upon response of body to treatment given.
- I understand that my final bill may be less, equal to, or exceed the approximate financial estimate given in anticipation, before admission.
- Denial of cashless claim if any, will be as per terms and condition of the policy. I understand that in case of denial, I can avail re-imbursement from the Insurance company.
- In case, hospital bill exceeds the amount cleared by the TPA/ insurance company/ there is denial of cashless facility, I will pay the hospital dues before discharge from this hospital.

Signature _____

Name of policy holder _____

Date _____

Signature _____

(TPA Desk staff as witness)

Date _____



SIR GANGA RAM HOSPITAL

PATIENT/ ATTENDANT DECLARATION AT ADMISSION

I (Name) Samka Arfin hereby declare that to the best of my knowledge I/my minor / unconscious relative (relation) _____ (Patient Name) Arisha Khatoon age 20 months /F is suffering from / has suffered from the following in the past:-

Ser No	Ailment / Condition	Yes	No	Don't Know	If No Confirm No	If yes, duration
1	Alcohol ABUSE		✓			
2	Arthritis - Rheumatoid / Osteo		✓			
3	Asthma/ Bronchitis		✓			
4	Cancer/Tumor	✓	✓			
5	Congenital/ Inborn conditions		✓			
6	Diabetes / Blood Sugar disease		✓			
7	Drug ABUSE		✓			
8	High Blood fat / High Cholesterol		✓			
9	High Blood Pressure / High BP		✓			
10	Heart Attack / Disease		✓			
11	Kidney Disease		✓			
12	Liver Disease		✓			
13	Stroke /Paralysis/ Convulsions		✓			
14	Mental illness		✓			
15	HIV/Sexually Transmitted Disease		✓			
16	Tobacco Abuse- Smoke/smokeless		✓			
17	Tuberculosis / TB		✓			
18						
19						
20						

I / my patient (Name) _____ was EARLIER admitted in hospital for

Following condition(s)/Surgeries

3608369



DEMOGRAPHIC DETAILS

- _____
- _____
- _____
- _____
- _____

Name: ARISHA KHATOON

Sex: Female

DOB: Mar 8, 2024

Marital Status: Unmarried

Occupation: None

Religion: Islam

Nationality: India

Aadhaar Card No.:

Contact No.:

Father name: KHALILUR RAHMAN

Mother name: SAMKA ARFIN

Spouse Name:

Address: 47 PURANI TAHSIL UATTRI KHALILABAD SANT KABIR NAGAR U.P. - 272171
Uttar Pradesh, India

Print Date : 28/11/2025 10:52AM

Signature Samka Arfin Name Samka Arfin Adhar No. _____

Relationship with patient Mother Mobile No. _____ Date 28/11/25



SIR GANGA RAM HOSPITAL

EWS PATIENT & FINANCIAL STATUS VERIFICATION ON ADMISSION

As per paras 70, 71 of order of Honible High Court of Delhi dated 22 Mar 2007 and
Para A (v) of Fresh Guidelines for Free treatment of ELIGIBLE EWS patients in Private Hospitals

L. Patient Details:

(a) Name	Arisha khatoon	Age	80 months	Sex	F
(b) Adhaar No.	8 6 1 4 7 1 9 3 1 5 8 0	(Attach copy)			
(c) PAN No.		(Attach copy)			
(d) Bank	3608308	DEMOGRAPHIC DETAILS			
(e) Ration Ca	 Name: ARISHA KHAUTOON Sec: Female Marital Status: Unmarried Religion: Islam Aadhaar Card No. Father name: KHALILUR RAHMAN Mother name: SAMKA ARFIN Spouse Name: Address: 61 PURANI TAHEIL UATTRI KHALILABAD SANY KABIR NAGAR U.P. - 272173 Uttar Pradesh, India				
(f) Relation S	Daughter	DOB:	Mar 8, 2024	Occupation:	Name
(g) Date of ac		Religion:	Islam	Nationality:	India
(h) Ward/ Ro		Aadhaar Card No.		Contact No.	
(i) Category d					

2. It is certified that the patient's. Please tick (✓) as applicable :-

- Self/total family income from all sources is Less than Rs. 1,85,904/- (1 Yr. bank statement)
- Belongs to Economically Weaker Section (EWS) of the society.
- Has Govt. Ration Card (PRS/PR Card) No. _____ (attach copy)
- Has a medical insurance of _____ (attach policy) / has NO medical insurance
- Wants treatment in the GENERAL WARD free of cost/ on subsidy/ Charity
- Wants treatment in PRIVATE WARD on payment of hospital bills timely. *Samka*

3. All statements made above are true.

Signature *Samka Arfin*

Name *Samka Arfin*

Adhaar No. _____

Relation with patient *Mother*

Mobile No. _____

Date *28/11/25*

Witness

Signature _____

Name _____

Mobile No. _____

Adhaar No. _____

Date _____



ARISHA KHATOON
20 NI Female CAT-3
3088309 IP01834257 CAT-3
Admll On : 29/11/2025 10:32AM
PAEDIATRIC HEMATOLOGY ONCOLOGY
OLD (OB)-WARD 9

11

Sir Ganga Ram Hospital

Rajinder Nagar, New Delhi - 110060
Tel.: 25868671, 52251252, 52251389, Helpline : 9312943734

ADMISSION ASSESSMENT (PAEDIATRICS NURSING)

VULNERABLE: Yes Explained
RESTRAINT: No to
Mother.

ADMISSION THROUGH :

CASUALTY

ELECTIVE

Provisional Diagnosis:

Post H1D after Day +14

Emergency Contact No.:

Patient Orientation to Environment

Nurse Call Bell.....	<input checked="" type="checkbox"/> Medicine Reconciliation Yes
Side Rails	<input type="checkbox"/> *TAB VORICONA ZOLE (200mg) 1/2 - 1/4
Visiting Time	<input checked="" type="checkbox"/> *Syp. SEPTRAN (240mg) 5ml BDP/0 X BDP/0
Telephone Facilities.....	<input checked="" type="checkbox"/>
Information Booklets	<input checked="" type="checkbox"/> -1 Cetacid Mouth Paint 2 drops x 2 Dsp/0 (H/W/F)
Pharmacy Policy	<input checked="" type="checkbox"/> inform to DR. Twinkle
Cafeteria Services	<input type="checkbox"/>

I Have been explained about the above facilities provided in the room.

Explained about white, yellow Metal and
Laptop & Mobile etc.

Patient's / Attendant
Signature

Nafeesah
Staff Nurse
Signature



Muskrata Bachpan Trust

Ref no....12.....

शेवा में,
महेश्वर जी,
गुस्कुशता बचपन ट्रस्ट
गाडी सराय, महेश्वरी - १००३०
गोदावरी



Date 29/11/2025

मैं समका आफरीन, मेरी बेटी अरीशा जो सर्वगंगा राम हास्पिटल में दिनांक 28.11.2025 से भर्ती हुई जिसे डाक्टरो ने कुर्सर बताया है जिसके निरु मेरी बेटी का बोन मेरी द्रांसप्लान्ट होता है। मेरी बेटी उम्र मात्र १.५ साल है जो इतनी कम उम्र में कुर्सर कीसीज़ंभरी बीमारी को झील रही है। बीमारी के इलाज के लिए हमने 10 से 12 लाख आपना सब इकट्ठा करके लगा दिया है लेकिन अब भी इसे ही पैदों भी जरूरत है। हम आपकी संरथा से कुड़े सभी डानरो और संपर्कों में कार्रवाई करने से अनुग्रह है कि आप हमारी मद्दत करें। हम अतिन भर आपके अभावी रहेंगे और हमारे बच्चे वो आपकी वजह से दूसरा जीवन मिलेंगा।

धन्यावाद,



प्राथी. समका आफरीन



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