# अखिल भारतीय आयुर्विज्ञान संस्थान,नई दिल्ली
# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
## Department Of Microbiology

MC-3207

| | | | |
|---|---|---|---|
| **UHID:** | 108745029 | **Reg Date :** | 15/11/2025 08:21 AM |
| **Patient Name :** | **Miss ANURADHA ANURADHA** | | |
| **Sex :** | Female | **Age :** | 5 years 5 months 1 day |
| **Department :** | Paediatrics | **Unit Name :** | Unit-III |
| **Unit Incharge :** | | **Sample Collection Date:** | 20/05/2026 03:03 PM |
| **Lab Name:** | Microbiology | **Sample Received Date:** | 20/05/2026 03:58 PM |
| **Lab Sub Centre:** | Pus Culture (Microbiology Room No. 2071) | | |
| **Dept / IRCH No:** | 20250030031285 | **Recommended By:** | Mrs. DR.SHIVEHA VERMA |
| **Lab Reference No:** | 570 | | |
| **Ward Name:** | C6(Emergency) /31 | | |

**Sample Details : MPS-200526079 (Pus) / Report Date: 22/05/2026 03:18 PM**

### TEST NAME : PUS FOR CULTURE

**TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE**

| | |
|---|---|
| **Culture Result {Conventional Method}:** | **Sterile** |

**Sample Details : MPS-200526079 (Pus) / Report Date: 22/05/2026 03:18 PM**

### TEST NAME : PUS FOR GRAM STAIN

| **TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE** | Gender | Normal Range |
|---|---|---|
| **Pus cells:** | **nil /OIF** | |
| **Organism:** | **nil** | |

**This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.**

**( RISHIRAJ BHATT )**

**Verified By**

**Authorized Signato**

**********END OF THE REPORT**********

सं. 1
NO. 1



बिहार सरकार
GOVERNMENT OF BIHAR
योजना और विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
ग्राम पंचायत गजाधरपुर
GRAMA PANCHAYAT GAJADHARPUR

प्रपत्र-5
FORM-5

# जन्म प्रमाण-पत्र
# BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा बिहार जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अनुसरण जारी किया गया ।
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि ग्राम पंचायत गजाधरपुर तहसील/ब्लॉक तन कुप्पा जिला गया राज्य/संघ प्रदेश बिहार, भारत के रजिस्टर में उल्लिखित है ।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR GRAMA PANCHAYAT GAJADHARPUR OF TAHSIL/BLOCK TAN KUPPA OF DISTRICT GAYA OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: ANURADHA KUMARI

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:
18-12-2020
EIGHTEENTH-DECEMBER-TWO THOUSAND TWENTY

जन्म स्थान/ PLACE OF BIRTH:
SAMALGADI, TANKUPPA,
MAHA BIGHA,TAN KUPPA, GAYA,
BIHAR, 824232

माता का नाम / NAME OF MOTHER:
BINDA KUMARI

पिता का नाम / NAME OF FATHER:
ANIL KUMAR

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
SAMALGADI,
TANKUPPA, MAHA BIGHA, , TAN KUPPA, GAYA, BIHAR- 824232

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENT
SAMALGADI
TANKUPPA, MAHA BIGHA, TAN KUPPA, GAYA,
BIHAR- 824232

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2021: 10-07787-000014

पंजीकरण तारीख / DATE OF REGISTRATION:
09-02-2021

टिप्पणी / REMARKS (IF ANY):
CODE NO 66

संगीता देवी

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY :

उप-रजिस्ट्रार (जन्म एवं मृत्यु)
SUB-REGISTRAR (BIRTH & DEATH)
ग्राम पंचायत गजाधरपुर
GRAMA PANCHAYAT GAJADHARPUR

केन्द्र गजाधरपुर
कोड 66

जारी करने की तिथि / DATE OF ISSUE:
09-02-2021

UPDATED ON :
09-02-2021 15:52:22



"THIS IS A COMPUTER GENERATED CERTIFICATE."
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / "ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"



CBC — (NA)

• Plan was to give overlap — Posaconazole with Amphotericin B

LFT: RFT — Normal

U 1B/PB — 0.4/0.2

AST/ALT/ALP — 82/37/48

. Completed Ampho B ~~x 5 days~~ x3 day.

Adv/ — Chaupal discussion (FNA-Cytology)

VBG pH — (3.4).

→ Continue — liposomal Amphotericin B x 4 more days. (Till 2/6/16)

→ SYP. POSACONAZOLE (40mg/ml) 1.5ml PO OD.

→ Date — for 2nd Dose Capizzi regimen

| 1 | 6 | 16 |
|---|---|---|

Tentative — 7/6/16.

— INJ. VINCRISTINE 0.8mg IV slow push

— INJ. PEG LEUNASE 540 U Deep I/M stat.

— INJ. EMESET 4mg IV stat.

— INJ. METHOTREXATE 75mg/(10ml) NS over 1hr (@ 150mg/m²)

— Syp. EMESET (4mg/5ml) 5ml PO TDS x 3 days

— N/V → OPD 3/6/16 with (VBG) 1 (28)

Dr. Rukhsana Siddique
DM Resident
Pediatric Oncology
AIIMS, New Delhi-11
DMC No 113611

TB LABORATORY (ROOM NO. 2056)

Cytology Report

Acc. No 26J12475
Patient Name Anuradha
Age 5Years
Patient Type OutPatient

UHID No./Reg. No. 0/108745029
Father/Husband Name Rakesh
Sex Male
Dept/Unit Paediatrics/Uni

Material:
*Reports: Smears prepared from cerebrospinal fluid ( 1.5ml) show traumatic tap.
*Notes:
*Other Consultant:
Cancer Category

Dispatch Date 22-05-2026
*Reporting Doctor Prema Mahajan

Reporting Date 22-05-2026
Reporting SR

Print Cancel

| | | |
|---|---|---|
| n card no. | BIS information matched with family details (YES / NO): | Verified b |
| naar no. | PMJAY/ VVS/ CAPF: | Date: |

**-PROCEDURE DETAILS FOR PRE-AUTHORISATION AS PER AB-PMJAY (To be filled by Treating Doctor):**

| | | |
|---|---|---|
| AGNOSIS: B-ALL. | | |
| REATMENT PLAN: Chemotherapy. | | |
| PROCEDURE NAME: | | |
| IMPLANT DETAILS (IF REQUIRED): | | NO.OF IMPLANT |
| DEPARTMENT: PEDIATRICS ONCOLOGY. | SENIOR RESIDENT: Dr. Priyanshu | |
| PROCEDURE CODE: M0047 | | |
| PROCEDURE AMOUNT: 2,08,000/- | | |
| CONSULTANT DOCTOR: Prof. Rachna Seth | Sign & Seal of Treating Do | |

Dr. PRIYANSHU MBBS, MD SENIOR RESIDEN DEPT. OF PEDIA AIIMS, NEW DE DMC - 29988

**AB-PMJAY GUIDELINES AFTER AB-PMJAY APPROVAL:-**

1. **Check for the AB-PMJAY stamp** on the face sheet or admission paper. Ensure a copy of the **pre-authorization app** **PMJAY stamp** is attached to the patient's case record before starting treatment.
2. Ensure that **Ayushman Bharat beneficiaries are not charged** for any drugs, consumables, etc., during treatment in
3. Please indent the prescribed medicines/surgical items from the concerned store of the center/hospital stores in the during the period of hospitalization and **post discharge medicine as per treating doctor's advice (maximum up** signed by the nursing officer and forwarded by the ANS of the respective ward.
4. Please keep the **Batch No. and Bar Code of Chemotherapy drugs, Carton of Stent, post-operative x-ray film/rep** **implants** and hand over the same to the PMAM.
5. *It is mandatory to inform the Ayushman Bharat Office (Kiosk) immediately when the patient is discharged* ar *Discharge Slip to the Ayushman Bharat Office (Kiosk).*

**tient/Attendant Declaration**

**ereby declare that the details provided above are true and correct. I am/my patient is registered un rementioned surgical/medical treatment. I solely permit the utilization of my medical documents for the registr pital's requirements.**

| | |
|---|---|
| ME: | CONTACT NO. |
| F/RELATION WITH PATIENT: | SIGN & DATE: |

- BHA — fever since 1400 date de la lobe → 2/5/26
  fast USG seen in emergency
  ct Vaicunsol | ctuphai

30/5/16

B-ALL/HR/ Consolidation/ Multiple abscess ?Fungal
? Bacterial
? Diseased

Child was admitted from 1/5/26 — 24/5/16

Receive Ivantibiotics (Piptaz, Meropenem) & liposomal Amphotericin B.

FNA ——→ Cytology ——→ Encapsulated Aspergillus pending.

TBW/U ——→ Negative.

Bacterial CBS, GS ——→ Negative.

On Interim maintenance.

CSF ——→ 29/5/16

↓

Traumatic tap

Post 1st cycle regimen — 22/5/16.