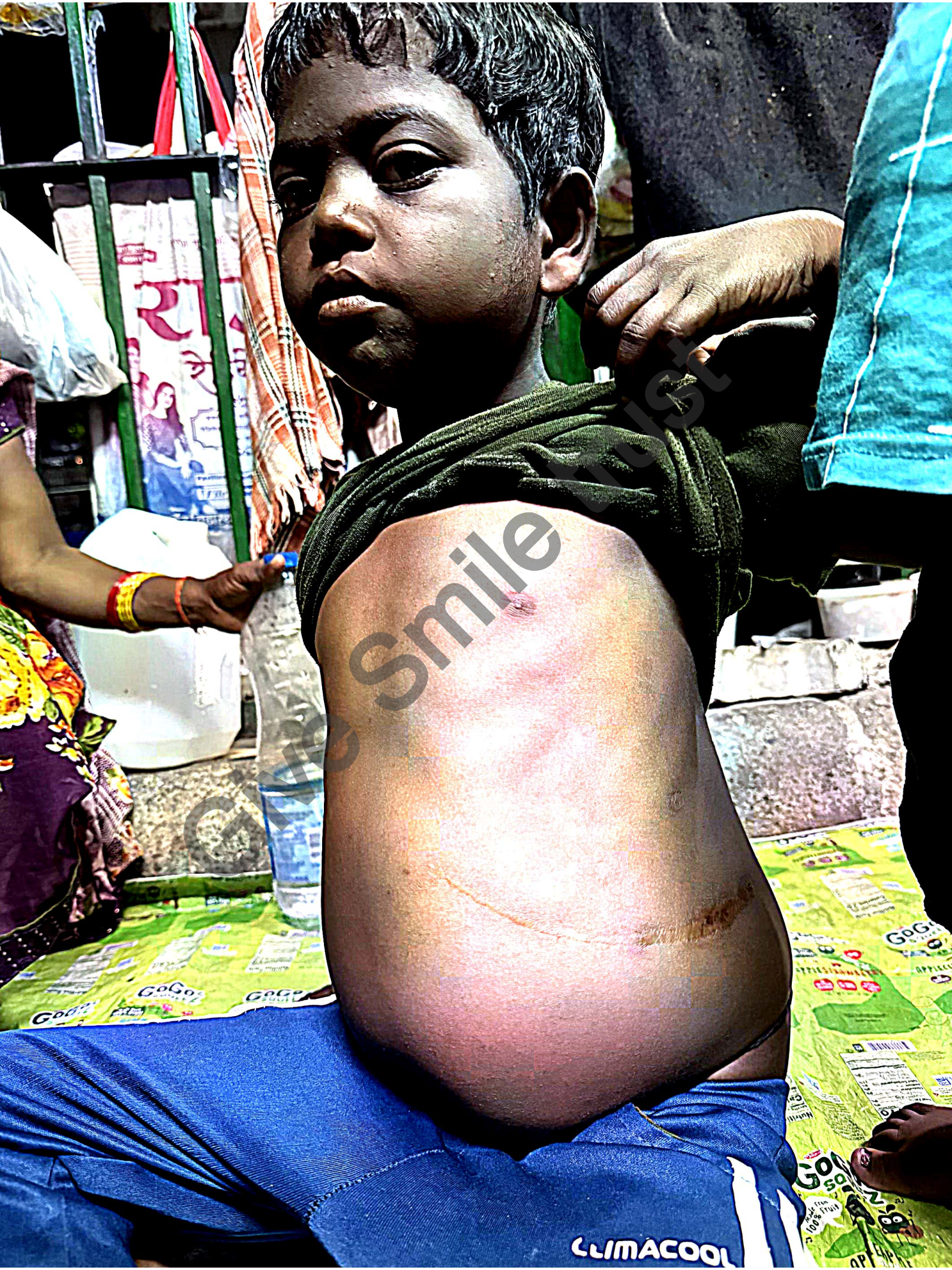

Give Smile Trust
CLIMACOOL

DEPARTMENT OF HEMATOLOGY
हिमेटोलोजी विभाग
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अखिल भारतीय आयुर्विज्ञान संस्थान
ANSARI NAGAR, NEW DELHI - 110029
अंसारी नगर, नई दिल्ली-११००२९
TELEPHONE : 011-26594670

Date 7/2/25
दिनांक .....

TO WHOM IT MAY CONCERN

This is to certify that

Patient Name Devendra

Age : 10 Gender : Male

S/o/D/o/W/o Mohan Lal

UHID No. 10188750

is suffering from Diagnosis Thalassemia Major

and is under treatment from Department of Hematology, AIIMS.

It is proposed to treat the patient with Chemotherapy/Immunomodulation/Bone marrow transplantation/Other therapy. This treatment is potentially life saving for a serious hematological illness. The family is poor and cannot afford the treatment.

The approximate cost of the total treatment amount to Rs. ₹ 12 Lakhs for Allo BMT. An approximate breakdown is given under the subheadings listed below. The cost under one subheading may exceed the projected estimate and the excess would then be used from the other subheading.

1.	Chemotherapy	400,000/-
2.	Antithymocyte globulin	
3.	Antibiotics	100,000/-
4.	Blood component kits and tests	100,000/-
5.	Growth factors	50,000/-
6.	Room charges for Isolation	200,000
7.	Post Transplant Immunosuppression	200,000
8.	Miscellaneous charges	150,000/-
9.	Total	

This certificate is being issued to avail financial assistance only. Financial assistance may be given on humanitarian grounds. The cheque is to be issued in favour of Patient Treatment Account, AIIMS, New Delhi

Date : 7/2/25.

Deepu
SR Hematology
सीनियर रेजीडेन्ट, Senior Resident
रुधिर विज्ञान विभाग/Deptt of Hematology,
आ.स. नई दिल्ली-29/A.I.I.M.S New Delhi.

डॉ. प्रदीप कुमार
Dr. Pradeep Kumar
सह-आचार्य / Associate Professor
रुधिर विज्ञान विभाग / Dept. of Hematology
अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi-29
07/02/2025

Signature

HT-869/25 IA-2476/2020

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है।/SMOKING IS PROHIBITED IN HOSPITAL PREMISES

शरीरमाद्यं खलु धर्मसाधनम्

स्वच्छ भारत — एक कदम स्वच्छता की ओर

OPR-6

एकक/Unit _____

विभाग/Dept. _____

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. 10/887550

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता/Address
DEVENDRA		M	9	10/887550

निदान/Diagnosis — Hematology

दिनांक/Date	उपचार/Treatment
9/4/25 (131)	TDT S/p splenectomy june 2023 ℞ ① Keep Hb 7/ 9-10 g/dl by transfusion ② T. FA Sy OD ③ Sy. Calcimax 5ml OD ④ T. Desiron 750mg OD (1/2 glass water) ⑤ Sy. Digene 5ml TDS/ SOS |

No file
No Ix
Fenti N/A

AIIMS FREE GENERIC PHARMACY
(✓) MEDICINE RECEIVED
NAME .....
DATE 10/04/25 Rs 3m

CBC
SEKFT
LFT
Fenti

DR. MEHAR KHAN
MBBS, MD Internal Medicine
Senior Resident
DM Clinical Hematology
AIIMS, New Delhi

मेहर खान, Senior Resident
रक्त विज्ञान विभाग/Deptt of Hematology
AIIMS New Delhi-29

NoPb

UHID: 101887550
ABHA:
Dept No: 20220240116518
Clinic No: 2020/HA/247

DEVENDRA

S/O MOHAN LAL
9Y 11M 3D / M पुरुष
DIST--BAREILLYPO-SEVIGANJPS-JOBETHER, UTTAR PRADESH, INDIA
Mob: 9548829474 General Rs. 0
Follow Up Patient

संख्या / Queue 7
कमरा / Room: C-512
Unit-I
HA CLINIC

Dr. Pradeep Kumar Hematology

WED

Registration time:
30/04/2025 08:48:58 AM

Thalassemia.
TDT
Post splenectomy.

37

LH30042500587 10188755
LC3004250943 10188755
DEVENDRADEVENDRA

S. Ferritin

HCA Mail

(1) Folic acid 5mg OD
(2) Sy osteocalcium 1 tsp daily
(3) T. Deferiprone 750mg OD — dissolve in V. glass water
(4) Sy Digene

S. Ferritin
CBC
RFT
LFT

3 months

Tab L

HT clinic - check

Dr. Tulika Seth
Professor
Department of Hematology
A.I.I.M.S., New Delhi-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi – 110029

SCREENING FORM FOR RAN/HMDG

Dated: 7 / 2 / 25

आयुष्मान भारत केंद्र, पुराने राजकुमारी अमृत कौर ओपीडी के सामने, एम्स गेट नंबर 1 के पास	**Ayushman Bharat Kendra, Opposite Old Rajkumari Amrit Kaur OPD, Nearby AIIMS Gate No. 1**

Pradhan Mantri Arogya Mitra (PMAM) on duty to please check the eligibility under the Rashtriya Arogya Nidhi (RAN) / Health Minister's Discretionary Grant (HMDG) for the patient:

Name of the patient Mr. /Mrs Devendra Age 10 Gender Male

S/o, D/o, W/o _____ is getting treatment under Department of Hematology vide UHID No. 101887550 patient's domicile State U.P.

Forwarded from the concerned MSSO 07/2/2025

Name & Signature of MSSO's: Akhilesh

On the basis of Ration Card No./ PMJAY -ID _____.

Eligible/Not Eligible: _____ ☐ **RAN** ☐ **HMDG**

Advised to bring the following documents:

1. RAN/HMDG Application Form
2. Aadhar Card
3. Ration Card
4. Physical presence of Applicant for Bio-metric

Processed for the Card- Date: ___/___/_____ Time: _____

Any Remarks:

Card No._____ State_____

Name & Signature of PMAM: _____

Please contact to the concerned MSSO's for the further action.

All India Institute of Medical Sciences,New Delhi
Department of Transplant Immunology & Immunogenetics
Tel: 26594638,26594446

HLA No: Z4356 B

UHID: 101887550

CLINICAL IMMUNOGENETICS LABORATORY

HISTOCOMPATIBILTY TESTING REPORT

Patient: Devendra **Hospital :** AIIMS/Hematology

Diagnosis: Thalassemia **Physician I/C :** Dr. Mukul Aggarwal

HLA CLASS I

Date : 28/10/2024 **Time: 10:15 AM**

Name Age/Sex	Relation	Technique#	HLA-A	HLA-C	HLA-B
Devendra 9/M	Patient	PCR-SSO	*01 *32	*06 *07	*37 *15
Piyush 2/M	Brother	PCR-SSO	*01 *32	*06 *07	*37 *15
Sangeeta 29/F	Mother	PCR-SSO	*32 *11	*07 *04	*15 *35

Haplotypes				
	a	A*01, C*06, B*37 (derived)	c	A*32, C*07, B*15
	b	-	d	A*11, C*04, B*35

#PCR-SSO low resolution HLA typing

Remarks:

6/6

1. The patien Devendra shares six out of six HLA alleles with Piyush tested at HLA-class I (A , C & B) region.
2. DNA based HLA-class II (DRB1, DQA1 & DQB1) region testing for patient Devendra and Piyush is to be performed.

Date: 26/11/2024 Scientist Faculty
Time: 04:30 PM (Dr. Uma Kanga)

Head of the Department
(Prof. D. K. Mitra)

*Please quote your HLA no. for any further enquiries

DEPARTMENT OF HAEMATOLOGY, HEMOGRAM LAB, AIIMS, NEW DELHI

XN series LAB

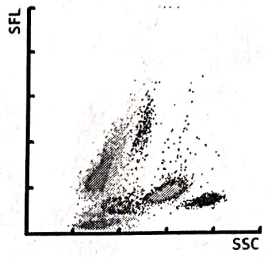
Sample No.: Devender Rack: 1 Position: 5 2025/04/09 10:10:07 WB
Patient ID: Ward: Doctor:
Name: Birth: Sex:
Sample Comment: Nickname: XN-2000-1-R

Positive

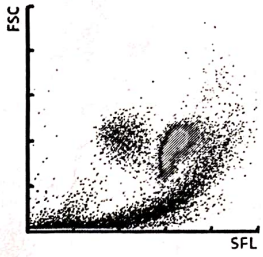
Diff. Morph. Count

WBC	23.87 *	[10^3/uL]		
RBC	2.11 -	[10^6/uL]		
HGB	6.0 -	[g/dL]		
HCT	18.2 -	[%]		
MCV	86.3	[fL]		
MCH	28.4	[pg]		
MCHC	33.0	[g/dL]		
PLT	228 *	[10^3/uL]		
RDW-SD	49.2	[fL]		
RDW-CV	16.2 +	[%]		
PDW	20.3 *	[fL]		
MPV	13.7 *	[fL]		
P-LCR	50.5 *	[%]		
PCT	0.31 *	[%]		
NRBC	1.77 *	[10^3/uL]	7.4 *	[%]
NEUT	7.28 *	[10^3/uL]	30.4 *	[%]
LYMPH	14.80 *	[10^3/uL]	62.0 *	[%]
MONO	0.61 *	[10^3/uL]	2.6 *	[%]
EO	1.12 *	[10^3/uL]	4.7 *	[%]
BASO	0.06 *	[10^3/uL]	0.3 *	[%]
IG	0.08 *	[10^3/uL]	0.3 *	[%]
RET		[%]		[10^6/uL]
IRF		[%]		
LFR		[%]		
MFR		[%]		
HFR		[%]		
RET-He		[pg]		

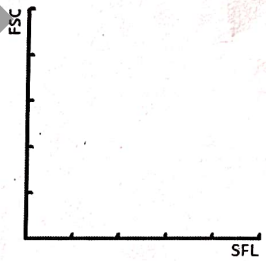
WDF



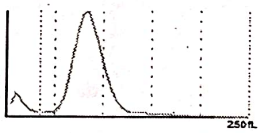
WNR



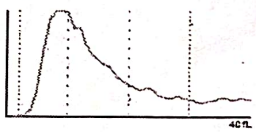
RET



RBC



PLT



WBC IP Message
WBC Abn Scattergram
Lymphocytosis
Eosinophilia
Leukocytosis
NRBC Present
Blasts/Abn Lympho?

RBC IP Message
Anemia

PLT IP Message
PLT Abn Distribution
Giant Platelet?

00-22 2025/04/09 10:10 1/1

(Senior Resident, Dept. Hematology)

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

दूरभाष / Phones 26588500 26588700

शरीरमाद्यं खलु धर्मसाधनम्

APPOINTMENT SLIP

Done By-Mrs.MUNESH DEO SWSC (Follow-up) General ₹ 0.0 Print Appointment Slip

Department Name: Hematology/HT CLINIC **Appointment Date: 06/05/2025**

Reporting Time: 8.30 AM

Doctor Name	**Dr. TULIKA SETH**	Appointment Request date	**01/05/2025**
Name of Patient	**MR. DEVENDRA DEVENDRA**	Appointment No	**2025050105238**
Sex	**Male**	Age	9 years 11 months 5 days
Contact Details	Mobile: XXXXXXX474	Request Mode	counter
Queue No:	F4		

Remarks:

Your UHID Is : 101887550.

Your Clinic Number Is : 2025/HT/869.

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

All India Institute of Medical Sciences,New Delhi
Department of Transplant Immunology & Immunogenetics
Tel: 26594638,26594446 email:tii.hla.aiims@gmail.com

HLA No: 24356B

UHID No: 101887550

CLINICAL IMMUNOGENETICS LABORATORY

HISTOCOMPATIBILITY TESTING REPORT

Patient: Devendra **Hospital :** AIIMS/Hematology

Diagnosis: Thalassemia **Physician I/C :** Dr. Mukul

HLA CLASS I & II

Date of sample: 28/10/2024 **Time-10:15 AM**

Name Age/Sex	Relation	Technique	HLA-A	HLA-C	HLA-B	HLA-DRB1	HLA-DQA1	HLA-DQB1
Devendra 9/M	Patient	PCR-SSO	*01 *32	*06 *07	*37 *15	*13 *15	*01 *01	*06 *06
Piyush 2/M	Brother	PCR-SSO	*01 *32	*06 *07	*37 *15	*13 *15	*01 *01	*06 *06

Remarks:

1. The patient Devendra shares twelve out of twelve HLA-alleles with Piyush tested at HLA-Class I (A,C & B) and Class II (DRB1, DQA1, & DQB1) regions.

Date: 30/12/2024
Time: 04:30 PM

Scientist

Faculty
(Dr Uma Kanga)

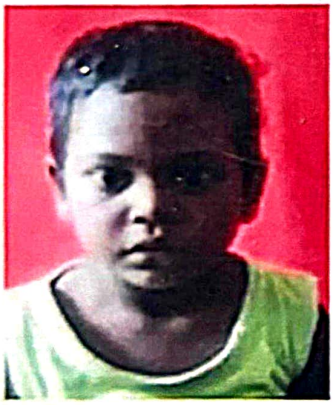
02/01/25

Head of the Department
(Prof D K Mitra)

Ansari Nagar, New Delhi-110029

भारत सरकार

Government of India



देवेंद्र कुमार

Devendra Kumar

जन्म तिथि/DOB:01/09/2016

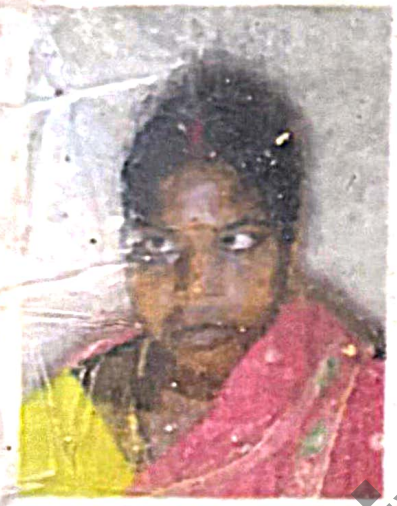
पुरुष/ Male

7734 4433 6171

मेरा आधार, मेरी पहचान

भारत सरकार

Government of India



संगीता

Sangita

जन्म तिथि / DOB : 01/01/1992

महिला / Female

7896 1188 8579

मेरा आधार, मेरी पहचान


KEEP