



Aadhaar no. Issued: 01/05/2026



भारत सरकार
Government of India



Mahima

Date of Birth/DOB: 20/10/2023
Female/ FEMALE

यह आधार 5 वर्ष की उम्र तक ही वैध है

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

5526 7605 8841

मेरा आधार, मेरी पहचान

बाल आधार



आरटीय विहित परचान प्राधिकरण

Unique Identification Authority of India



Details as on: 09/05/2026

Address:
C/O: Rabina Yadav, Chandarpur barwa, Chandarpur,
PO: Laxmiganj, DIST: Kushinagar,
Uttar Pradesh - 274306



5526 7605 8841

VID : 9130 8333 1291 5964

www.uidai.gov.in

help@uidai.gov.in

1947

LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room No. 414, G.F., Room No. 8, Dr. BRAIRCH, AIIMS, New Delhi, Tel : 5414, 3358, 5048

Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

MATERIAL SENT

- | | | | |
|-----|------------------------|-----------|------------|
| (a) | Bone marrow aspiration | No. _____ | Site _____ |
| (b) | BM touch preparation | No. _____ | Site _____ |
| (c) | Peripheral smear | _____ | _____ |
| (d) | Blood (ml) | _____ | _____ |
| (e) | " | _____ | _____ |

(For Lab Use Only)

Lab. Ref. No. _____

Received on _____

at _____ AM/PM _____

SPE

Pati IRCH No. 355628
Clinic Paediatric Medical Oncology Clinic
Deptt. MEDICAL ONCOLOGY
General

Reg. Date-18/12/2025

Clinic No. 2025/8452



UHID-108662073

Age _____ Sex _____

Ward / Bed No. _____

Consultant-in-Charge Prof. Saneesh Basheer

Dr. Sankeerth

Ret. नाम
Name MAHIMA
Clir D/O- AMARJEET YADAV
Phone No. 8429928783
Na Address CHANDARPUR BARWA CHHAWANI, KUSHINAGAR, UTTAR

Sex/Age F/2Y

Room 6 (Shift Afternoon)

CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

CSF Cytology

H/c Rerivoblastoma- unilateral.

IORB group E

with suspicion on Enhancement till optic chiasma

S/p S#VEC.

To Pan, Enucleate after further chem.

And to r/o CNS disease

with CSF cytology.

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.)

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.)

RADIOLOGICAL DATE

CLINICAL DIAGNOSIS

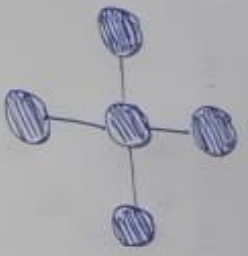
DARK ROOM EXAMINATION
 Preliminary
 Examination

Refraction
 Under Cycloplegic

OPHTHALMOSCOPY

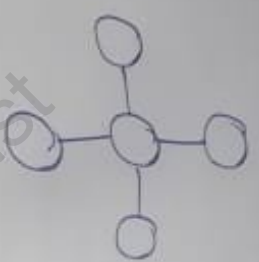
- (i) Distance Direct
- (ii) Direct Ophthalmoscopy
 - Media
 - Disc, Vessels
 - A. V. Crossing
 - Periphery
 - Macula
- (iii) Indirect Ophthalmoscopy

RIGHT EYE

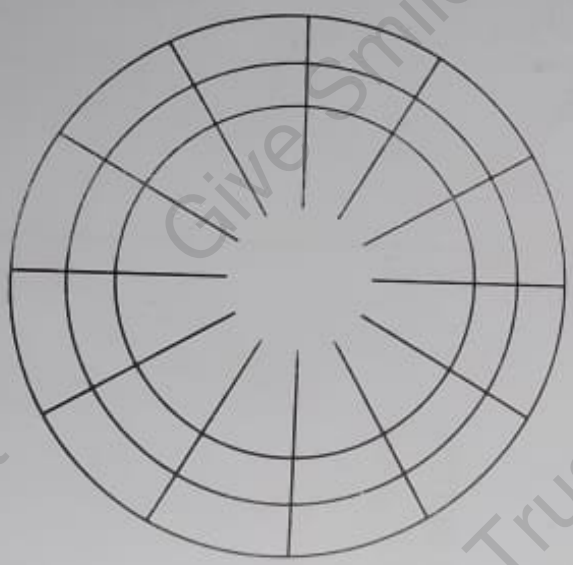


No glow
 Indirect
 Maso

LEFT EYE



Glow
 Media clear
 PRV 3:1
 NPPHately
 for
 Uncephal
 Peripheral
 Examination



margin

written

ARC, C

HIV

HIV

ARC

10 B

A

U



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital
अ भा आ मं अस्पताल / A.I.I.M.S. HOSPITAL

OPR-6

DR. B.R.A. I.R.C.H. A.I.I.M.S., NEW DELHI
IRCH No. 355628
Clinic: Postoperative Medical Oncology Clinic
Deptt: MEDICAL ONCOLOGY
General
नाम
Name: MAHIMA
D/O: ASHARJEET VADAV
Phone No. 8429928783
Address: CHANDARPUR, BAREILLY, CHERAWAN, KUSHINAGAR, UTTAR
PRADESH, Pin 274006, INDIA
Post Code

Outpatient Department
PROHIBITED IN HOSPITAL PREMISES



UHID: 108662073

वि. पंजीकृत सं. / O.P.D. Regn. No. RT-137966

आयु
Age

जन्म तिथि / Date of Birth

↓ Prof. Anitagani Biswas.

निदान / Diagnosis

(R) Eye EORB - III A → S/P G OVEC → S/P (R) eye

दिनांक / Date

08-05-2026

उपचार / Treatment

Enucleation + I° implant

S/P 1 OVEC (Post op)

C/W Prof. Dr. A. Biswas.

PLAN: (R) orbital PORT (↓GA)
40 Gy/20 # / 4 weeks.

Adv 1) DFRT 10/06/26 → R-28

8:30 AM

2) Anaesthesia clearance

R-60 IRCH

(CBC / LFT / KFT / CXR / ECG)

3) CBC / KFT / LFT.

4) Review in RO-OPD on 09/06/26.

Tuesday (R-4) 9AM

Review PAC [anaesthesia clearance]

fresh blood reports.

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline 1060 (24 hrs service)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

Remarks:

ब० रो० वि० कार्ड
O.P.D. Card



अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Monday & Friday

कमरा नंबर
Cabin No.

डा० राजेन्द्र प्रसाद जैन निदेशक



UHID: 108662073

ABHA:

Dep1 No: 20250050120040

संख्या / Queue 3

कमरा / Room: 32

Unit-V

RPC OPD

MAHIMA

Dr. Amarjeet Yadav

3M 34D / F

CHANDARPUR BARWA CHHAVANI

KUSHINAGAR, UTTAR PRADESH

Phone: 8439928783

General Rs. 0

Follow Up Patient

Dr. Rachna Meel

TUE, FRI

मंगल, शुक्र



Registration time:
13/02/2026 08:47:29 AM

का एकक

it

आयु
Age

पता
Address

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

13.03.2026

Ref of the Dr Sameer Bhatnagar

To plan enucleation
after 6th chemo

1/v/o Persistent
enhancement
of OM till
Chemo

Need of
Opst.

CSF

Prochre.

Dr A
after 3wks
of next
cycle

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting

CBC/LFT/RET → ~~W~~; no fresh complaint
to proceed w C#4 C&V child is doing well.
- due on 31/12/25

- D1
- 1) Inj. VINCRISTINE 0.5mg IV P
 - 2) Inj. CARBOPLATIN 200mg in 250ml 5% D IV over 2 hours
 - 3) Inj. ETOPOSIDE 100mg in 100 5% D IV over 1 hour
 - 4) Inj. Emeset 4mg IV stat
 - 5) Inj. Dexamethasone 4mg IV stat } pre-chemo.
 - 6) Sup. Emeset (5ml/2mg) 5ml PO BD } x D1-D3
 - 7) Tab Dexamethasone 1mg PO BD } x D1-D3
 - 8) To F/U w CBC/LFT/RET on 12/01/2026

12/1/26

S/P C #4 (31/12/25)

Amulya
Vann.

ER visit yesterday. - CxR infiltrate
Non rethorpen

Symptoms improved @

12/01/26

Advs: Continue Syb Augmentin 5ml BD x 5 days
Syb Cetirizine 2.5ml OD x 5 days
Nasal saline drop so
Syb PCM (5ml = 250mg) 3ml SOI/6hr

- R/w w/ il GR

- F/U on 19/01/26 w CBC/LFT/RET, C&V cytology

To 18/2/26 w/ report of CBC, LFT, RET, C&V cytology

Dr. AMITABH
Senior Pediatrician
New Delhi
MC Reg. No. 12671



Division of Ultrasonography
DEPARTMENT OF RADIOLOGICAL SCIENCES
INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIVERSITY
VARANASI - 221005

ULTRASONOGRAPHY

- * Upper Abdomen
- * Pelvic Organs
- * Ophthalmics
- * Cranial
- * Other Organs

Name

Age & Sex

Ward / O.P.D.

Referred By

USG BOTH EYES (B-SCAN)

K/C/O Retinal Detachment

Observations:

	RIGHT EYE	LEFT EYE
AP diameter	1.6 cm	1.72 cm
Anterior chamber	N	N
Lens	N	N
Posterior chamber	Retinal detachment + vitreous hemorrhage	N
Retina	Retinal detachment	N
Optic disc	Thickened (0.82 cm)	N

Conclusion:

Myopia max 2.
* Presence of calcification noted in the posterior chamber of the right eye, measuring 0.57 x 0.4 cm.

Date:

ULTRASONOGRAPHY



सर्वेभ्यो हि हिताय

Page 2 of 2

DEPARTMENT OF RADIODIAGNOSIS & INTERVENTIONAL RADIOLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
NEW DELHI

Patient Name: MAHIMA MAHIMA
UHID: 108662073
OPD / Ward: R. P. Centre (Eye Centre)
Procedure: MRI SCAN Main

Gender/Age: F/2 y
Exam Date: 04/02/2026 1:37PM
Modality: MR
Room: NMR MAIN

Brain stem and cerebellar hemispheres are showing normal MR morphology, signal intensity and outline.

Fourth ventricle is normal in size and midline in position.

Basal cisterns are normally visualized.

No midline shift is seen.

No focal lesion in brain. No abnormal white matter or meningeal enhancement seen.

Comparison: No imaging available for comparison

Impression- C/O Right retinoblastoma, Current scan showing;

Residual lesion in right globe as described.

*****End Of Report*****

Preliminary Report

ब. रो. वि. कार्ड
O.P.D. Card

रा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र



अनुभाग व दिन
Section and Day
मंगलवार व शुक्रवार
Tuesday & Friday

कमरा नंबर
Cabin No.



UHID: 108662073
ABHA:

Dept No: 20250050120040

MAHIMA

D/O AJAY YADAV
TY 11M 21D / F

BARANA 52 KUSHINAGAR, UTTAR
PRADESH, Pin 271149, INDIA
Mob: 9429928763
Follow Up Patient

General Rs. 0

संख्या / Queue 6
कमरा / Room: 33
Unit-V
RPC OPD

Dr. SWATI PHULJHELE

TUE, FRI

Registration time:
10/10/2025 08:48:32 AM

वजाज का एकक
ajaj's Unit

आयु
Age

पता
Address

दिनांक
DATE

निदान
DIAGNOSIS

(R) ??

उपचार Treatment

10 OCT 2025

mm s/o Tendril
nasal mass
extending dist
desc. Nasal mass
opfic. (Mickering) in line

Adv

NK discussion

+ by sangay shain
sv.

Kindy accommodate
in dharam shala

Turkey
sh

Wed

(53)

10:30 AM

Turkey
sh

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें

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- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं
- No Smoking
- Use Dustbin
- No Spitting

J.S. HOSPITAL, INSTITUTE OF MEDICAL SCIENCES, B.H.U.
CONSULTATION RECORD

ENT'S NAME	Mahima Yadav		WARD NO.	BED NO.
ATTENDING DOCTOR	Dr. R.P. Mawra		MRD. NO.	7854091
CONSULTATION REQUESTED FROM DR. Department of Paediatrics (Haematology & Oncology)				
BRIEF NOTES				

The patient came to us with a complaint of white patches in the mouth since 7 days. Provisional diagnosis of Leukoplakia. This has been made. Referral to ENT specialist for further evaluation and to do the biopsy of the affected area. Kindly evaluate the patient and report back.

Dr. Mahima Yadav

Dr. Mahima Yadav

Need to assess visual acuity to try for eye salvage.

Dr. Mahima Yadav

Need to assess visual acuity to try for eye salvage.

Date: _____ Time: _____ Signature: _____

Date : 01-Oct-2025 MRD/Ref : 7861074 / 1004408 Collected At : CCI LAB
 Name : MAHIMA YADAV Age/Gender : 2 Yrs./Female
 Ref.By : Dr. NOT MENTIONED Phone : xxxxxx0000 Ward : OPD
 Requested Test : Hbsag, HCV, HIV, VITAMIN D
 Coll/Rec : 01-Oct-2025 13:52 Validate : 01-Oct-2025 17:16 Prn. Time : 01-Oct-2025 19:16
 Sample ID : H-plain-2184461, Plain/sst-2184462

Investigation	Observed Values Units	Biological Ref. Interval
---------------	-----------------------	--------------------------

HIV Ag/Ab Combo CPTHMM -112

Chemiluminescent Microparticle Immunoassay (CMIA) Sample Type:

HIV Value 0.10 If Value ≥ 1.0 Reactive
 If Value ≤ 1.0 Non-Reac
 HIV Result Nonreactive ✓
 (Method- CMIA) Sample Type:

COMMENTS:

1.This is a screening test to detect antibodies against HIV-1 and HIV-2 virus and the p24 antigen.

Results should be interpreted in conjunction with the patients clinical presentation and history.

2.This test is intended for qualitative detection only.

The index values are not intended for measuring the quantity of HIV antibodies present.

VITAMIN D CPTHMM-154

Chemiluminescent Microparticle Immunoassay (CMIA) Sample Type:

VITAMIN D	22.3 ✓	ng/ml	20-100
<10 ng/ml	deficiency		
10-20 ng/ml	insufficiency		
20-100 ng/ml	normal		
>100 ng/ml	toxicity		



1994480 User: DEEPIKA (DESKTOP-8PFSEP2)
 Printed: 01-October-2025 19:16:24

Report Status : Final

हम आपके शीघ्र स्वस्थ होने की कामना करते हैं

30/10/25
Adv/

— N/V —

— 3/11/25 —

~~with~~ 9am



(Board room)



Dr. Ruksana Sidhique P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi-110029
DMC No 113411

Height — 88 cm

Weight — 10.3 kg

स्वागत कक्ष. date

S. HOSPITAL, INSTITUTE OF MEDICAL SCIENCES, B.H.U., VARANASI (UP)

Patient's Mobile No.

REQUISITION FORM

Employee/Student HD No.

Full Name Mahesh Age/Gender 29/1K OPD/MRD No. 7854091
OPD/Ward _____ Bed No. _____ Doctor's Name _____
Provisional Diagnosis _____
Case Note _____

Nature of Specimen _____
Resident Dr. Sign. 29/9 Date _____

उपस्थित डॉ. मनीष कुमार
स्वा 2206/न बाबू मनीष कुमार भवन
के प्रथम तह पर कोउपस्थित
जमा जाऊँगा।
दिनांक: 29/09/25 को प्रति
रिपोर्ट रोक कर जाये।
Sign. Professor/Assoc./Asst. Prof. 29/09/25

USG Bscan

For the use of laboratory

Date of Receipt: _____ Date of Despatch: _____ Authorized Signatory of Lab: _____

Created By : MANOJ KUMAR
Prepared By : MANOJ KUMAR

Net Amount (Rs): 200.00
Payment Due (Rs): 0.00





डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.

OPR-6

शरीरमाद्यं खलु धर्मसाधनम्

अस्पताल र

DR. B.R.A. IRCH/IAHMS, NEW DELHI

IRCH No. 355628

Reg. Date-07/02/2026

Clinic: Paediatric Medical Oncology Clinic

Clinic No. 2025-18431

Deptt. MEDICAL ONCOLOGY

General



नाम

UHID-168880773

एकक/Unit

विभाग/Dept.

नाम/ Name

Name MAHIMA

D/O- AMARJEET YADAV

Phone No. 8429928783

Address CHANDARPUR BARWA CHIAWAN, KUSHINAGAR, UTTAR
PRADESH, Pin:274306, INDIA

Sex/Age F/2Y

n. No.

तिथि / Date of Birth

निदान/ Diagnosis

दिनांक/ Date

उपचार/ Treatment

RAO - (S-11)

16/4/26

Ref to RT-OPD

Sanjeev Bhat

17/4/26 To Register & Ro OPD
↓ Dr. Anit Bhatnagar
on 18/5/2026 R#13
FRIDAY, IRCH f seipo