CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/ DATE : 10-09-25

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME: MASTER AADITYA

AGE: 01 YR 6 M

RELIGION: HINDU

GENDER: MALE



PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

The urgent medical situation of Master Aaditya, who has been diagnosed with Eye cancer (Retinoblastoma). Regrettably, his father is currently unemployed and therefore unable to cover the costs of his essential treatment.

GUARDIAN 'S DETAIL:

FATHER'S NAME: MR.AMARNATH YADAV MOTHER'S NAME: MRS. NIRMALA DEVI

OCCUPATION:NA

SIBLING: 3 SISTERS FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : EYE CANCER (RETINOBLASTOMA)
TREATMENT PRESCRIBED : CHEMOTHERAPY AND EYE SURGERY.

APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 1,50,000/-

TREATMENT IS DONE AT : Aiims Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)



चावा अं

भीभाग द्वी महाक्य

सहायुप

दीन्यवाद

3-12-1121 थान्य

1 June 2101 914, 3, 4







A - 1/10, GROUND FLOOR & BASEMENT, SAFDARJUNG ENCLAVE NEW DELHI- 110029, CONTACT - 011 - 40727900 / 09599464433

PATIENT'S NAME: AADITYA	AGE/SEX: 1Y SM/M/ SURSHALL HAVE			
REF. BY: DR. AIIMS	REG./UID: AIA2818			
TEST NAME: 3T MRI SCAN - CEMRI HEAD & ORBITS	EXAM. DATE: 15-JUL-2025			

CEMRI BRAIN AND ORBITS

STUDY PROTOCOLS:

MR IMAGING OF THE BRAIN WAS PERFORMED USING FLAIR, T1 AND T2 WEIGHTED AXIAL SECTIONS, AND CORRELATED WITH T2W SAGITTAL AND FLAIR CORONAL IMAGES. IMAGING OF ORBITAL REGIONS WAS PERFORMED USING CORONAL STIR, T1W AND T2W SECTIONS AND CORRELATED WITH T1W AND T2W AXIAL AND SAGITTAL IMAGES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES. POST CONTRAST SE T1 WEIGHTED IMAGES WERE ALSO OBTAINED IN CORONAL, SAGITTAL AND AXIAL PLANES.

FINDINGS:

Right eye ball is shrunken and distorted and shows heterogeneously enhancing altered signal intensity lesion measuring approx 12 x 14 mm in posterior chamber of right eye ball. No evidence of any extension beyond the eve ball is seen.

There is evidence of heterogeneously enhancing altered signal intensity lesion measuring approx 10 \times 10 mm in the temporal aspect of left eye ball in the posterior chamber. No evidence of any extension beyond the eye ball is seen.

The cerebral parenchyma appears normal in signal intensity with maintained grey and white matter differentiation. No focal parenchymal lesion or signal alteration is apparent, at present.

Diffusion weighted imaging carried out does not reveal any area revealing hyperintense signal intensity with increasing 'b' values.

Both cerebellar hemisphere and brainstem appear normal in morphology and signal intensity. Cerebellopontine angle regions appear normal.

Basal ganglia and thalamic regions appear normal in signal intensity.

Ventricles are normal in shape, size and outline. Septum is in midline. Basal cisterns and sylvian fissures are normal.

Sellar and parasellar regions appear normal.

Bilateral optic nerves grossly appear normal.

Optic chiasma appears normal in contours and signal intensity, at present.

Bilateral cavernous sinuses appear normal.

No abnormal post contrast enhancing lesion is seen.





A = 1/10, GROUND FLOOR & BASEMENT, SAFDARJUNG ENCLAVE NEW DELHI- 110029, CONTACT = 011 = 40727900 / 09599464433

PATIENT'S NAME: AADITYA	AGE/SEX: 1Y 5M/M
REF. BY: DR. AIIMS	REG./UID: AIA2818
TEST NAME: 3T MRI SCAN - CEMRI HEAI	D & ORBITS EXAM. DATE: 15-JUL-2025

IMPRESSION: MR imaging of brain and orbits reveals:.

- Shrunken and distorted right eye ball with heterogeneously enhancing altered signal intensity lesion in posterior chamber of right eye balllikely retinoblastoma.
- Right eye ball is shrunken and distorted and shows heterogeneously enhancing altered signal intensity lesion measuring approx 12 x 14 mm Heterogeneously enhancing altered signal intensity lesion in the temporal aspect of left eye ball in the posterior chamber – likely retinoblastoma.

Please correlate clinically

Dr. Sacchidanand Purkait	Dr. K. K. MISHRA	Dr. Bhavesii Patel	Dr Rahul Bhartiya
Chief Consultant Radiologist	Consultant Radiologist	Consultant Radiologist	Consultant Radiologist

ब॰ रो॰ वि॰ कार्ड O.P.D. Card



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

कमरा नंबर Cabin No.

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Dr. Rajendra Prasad Centre for Ophthalmic Sciences A.I.I.M.S., New Delhi-110029

यू॰एच॰आई॰डी॰ संख्या

आचार्य एम. एस. बजाज का एकक

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

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यू.एच.आई.डी. संख्या 108260612 UHID No.

आचार्य एम.एस. बजाज का एकक Prof. M.S. Bajaj's Unit

पुत्र/पुत्री/पत्नी

AAditya

S/D/W

लिंग Sex Age

Address

दिनांक निदान DATE

रोगी का नाम Name of the Patient

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14/7/29

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ब. रो. वि. कार्ड O.P.D. Card

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Dr. Rajendra Prasad Centre for Ophthalmic Sciences A.I.I.M.S., New Delhi-110029

यु.एच.आई.डी. संख्या

आचार्य एम.एस. बजाज का एकक Prof. M.S. Bajaj's Unit

UHID No. 108260612

पुत्र/पुत्री/पत्नी लिंग रोगी का नाम आय पता Name of the Patient S/D/W Sex Address Age Aadelya दिनांक DIAGNOSIS DATE

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अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION-A GIFT OF LIFEenior Resident (DM)
O.R.B.O., Alims, 26588360, 26593444, www.orbo.org Helpline-1060 (24 hrs.service) Oncology
बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients

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10.910 4.62 p 10.8) 44mo. 4.62 p	Adv 8 -	Due for ay	rele 3.50
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24/6 No Cone	- Date be	000.7	107/wx
HAT WAS EVA TO COMPANY OF CHAPTER AND LONG TO THE CONTROL OF THE C	by 3# > HC.	WA.	Quai-
Osdral in -, 10/v	or 16/07/20 2	codnel 47 Sly	ieni SK



Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

DISCHARGE SLIP

Date: 09-08-2025

Indoor RegNo.:()

UHID: IRCH

Ward:DayCare

Consultant Name: DR. SAMEER

BAKHSHI

Patient Name: AADITYA

Age:1 Sex:Male

Admission Date: 8/9/2025

12:00:00 AM

Chemo. Protocol:

Diagnosis: OTHERS

Cycle/Day:

DRUGS ADMINISTERED

PREMEDICATION GIVEN

Inj Ondansetron 2 mg

Inj Dexamethasone 2 mg

CHEMOTHERAPY/IMMUNOTHERAPY GIVEN

SNo.	Drug Name	Drug Other	Final Dose	Unit	Soln	Infusion
1		inj Etoposide	90mg	250 ml	5%D	2 hrs
2		inj vincristine	0.45mg			IVP
3		inj Carboplatin ·	165mg	250 ml	5%D	2 hrs

Advice:

Re-appointment In:

On:

Prescribed Treatment

Signature of Physician

Dr. Karan

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI NATIONAL CANCER INSTITUTE

108260612

Reg Date :

17/04/2025 12:42 PM

ent Name:

Mr. AADITYA

Age:

1 year 5 months 17 days

Department:

R. P. Centre (Eye Centre)

Unit Name:

Unit-V

Unit Incharge: Lab Name:

NCI CORE LAB

Sample Collection Date:

05/08/2025 09:41 AM

Lab Sub Centre:

Sample Received Date :

05/08/2025 01:01 PM

Dept / IRCH No:

20250050046651

Recommended By:

Dr. S Ghose

Lab Reference No:

Sample Details: E050825239 (Whole Blood (EDTA)) / Report Date: 05/08/2025 02:33 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
CBC				/
Hemoglobin (Cyanide Free Colorimetric)	9.500	g/dL	• 13 - 17 g/dL	
Hematocrit (Calculated)	31.6855	%	• 40 - 50 %	1
RBC Count (Isovolumetric Sphering)	3.850	10^6/ μL	• 4.5 - 5.5 10^6/µL	11
WBC Count (Fluo. Flowcytometry)	5.890	10^3/ μL	• 4 - 10 10^3/μL	
Platelet Count (Isovolumetric Sphering Optics)	279	10*3/u]	L• 150 - 410 10^3/μL	*
MCV (Calculated)	82.300	fL	• 83 - 101 fb	
MCH (Calculated)	24.6753	pg	• 27 - 32 pg	
MCHC (Calculated)	29.9822	g/dL	• 31.5 - 34.5 g/dL	
RDW-CV (Calculated)	19.400	%	• 11.6 - 14 ° o	
DLC				
Neutrophils (Fluo Flowcytometry)	23.000	%	• 40 - 80 ° e	
Lymphocytes (Fluo Flowcytometry)	59.900	9/4	• 20 - 40 ° o	
Eosinophils (Fluo Flowcytometry)	0.300	⁰⁄₀	• 1 - 6 ° o	
Monocytes (Fluo Flowcytometry)	10.100	%	• 2 - 10 %	
Basophils (Fluo. Flowcytometry)	0.300	%	• 0 - 2 %	
Neutrophils - Abs (Fluo Flowcytometry)	1.3547	10^3/ μL	• 2 - 7 10 ³ /μL ·	
Lymphocytes - Abs (Fluo. Flowcytometry)	3.5281	10^3/ μL	• 1 - 3 10^3/µL	
Eosinophils - Abs (Fluo Flowcytometry)	0.0176	7 10^3/ μL	• 0.02 - 0.5 10^3/µL	
Monocytes - Abs (Fluo. Flowcytometry)	0.59489	10^3/ μL	• 0.2 - 1 10 3/µL	
Basophils-Abs (Fluo. Flowcytometry)	0.01767	10^3/ μL	• 0 - 0.1 $10^3/\mu$ L	

Over All Comment:

Authorized Signatory Dr.Tanima Dwivedi

Verified/Reviewed mahenpallabnci

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.



डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल Dr. B.R. Ambedkar Institute Rotany

INDIA

OPR-

May his Title of MEDICA ES	`	34.
शरीरमाद्यं खलु धर्मसाधनम् एकक/Unit <u>Ø</u> विभाग/Dept. <u>©</u> नाम/	RS B	DR. B.R.A. IRCH,AIIMS,NEW DELHI Reg.Date-23/04/2025 Reg.Date-23/04/2025 Clinic Pacd. Lymphoma Leukemia Clinic Deptt. MEDICAL ONCOLOGY General UHID-108260612 TITE Name AADITYA S/O-AMAR NATH Phone No. 9956364687 Sex/Age M/iy Room 1 (Shift Morning)
निदान/ Diagn	osis	
दिनांक/ Date		उपचार / Treatment
23 4 25.		Familial RB
-		Brintaoculot Rs. Gp.E.
		Adwice:
	} •	Baseline Wu; EBCRFT LFT
		Baseline Wu: LBC RFT UFT Visual manhors. 30 Blood donation - (New emergency Bloods Screening of other siblings. fo not the ofter 3 cycly of CEV, decide fustion
	2,	30 Blind donation - (Now
	3,	Sciening of other siblings.
Jonana .	4.	fo sipt Eux ofthe 3 cycles of CEV, decide frether plant band on sneaponse.
	5.	Attach RB chemo particol to file.
	g.	la salue Partetos

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 patieπ



वहिरंग रोगी विभाग.

अ० भा० आ० सं० अस्पताल CENTRE FOR DENTAL EDUCATION & RESEARCH Out Patient Department A.I.I.M.S. HOSPITAL



Saturday

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

2025/043/0005433

108260612 Dr. SR 1 Under

विभाजन / Division Mathin

Dr V P Mathur	O.F.D. Negri. No.							
नाम / Name	पिता / पुत्र / यलो / पात / पुत्री तिन / Sex F/S/W/H/D of	आयु / Age	1 वर्ष/ Y 6	पता / Address VILL- GIDHIYA, DSITT- SONBHADRA, UTTAR				
AADITYA	S/O: AMAR NATH	पुरुष M	महिना/ M 18 दिन/ D	PRADESH, INDIA M: 9956364687	-			

निदान/Diagnosis

दिनांक / Date

उपचार / Treatment

0 8 SEP 2025

UC. Parent report for 1 Red for doubt clearance for to BMT.

Done By: Centre for Dental Education & Research/999999846

Room No. 608, Sixth Floor(छठी मंजिल)

06/09/2025 10:58:31 AM

*TO TAKE APPOINTMENT NUMBER THROUGH PHONE, DIAL: 011-26589142

**फोन के माध्यम से आपाइंटमेंट नंबर लेने के लिए, डायल : 011-26589142

***Doctor may not be available, However you may be seen by some of the doctors in the department ***आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।

(undergoing chemotherapy;

Jan Kar ha the

अंसारी नगर, नई दिल्लो/Ansari Hagar, New

M/M: Brateral retinoblandone

Saturday

O/E: Fair and hypice.

to heatent reguled.

Parent has been deared for randrotherapy for sental point of we Patient grandian has been admied to maintain good was hypere and undergo equia dental endual.

मझे स्थानीय संवेदनहरिता (लोकल एनेस्थीसिया), शल्यचिकित्सा की प्रक्रियां और जटिलता के बारे में विस्तृत रूप से मेरी मातृभाषा मे सूचित कर दिया गया है। मैने अपनी चिकित्सकीय समस्याओं (उच्चरक्तचाप / मधुमेह /रक्तसंबंधीरोग / दिल की बीमारी आदि) एवं किसी भी प्रकार की एलर्जी का विवरण स्पष्ट रूपं से दियां है मैं एतदद्वारा अखिल भार<mark>तीय आयुर्विज्ञान संस्थान</mark> के डॉक्टर एवं स्टाफ को मेरे इलाज के लिए प्राधिकृत करता/करती हूँ

हस्ताक्षर -दिनांक -







