सेवा में /

श्रीमान ट्रस्टि महोदय
कॉन्सलेशन हैप्पीनेस ऑर्गेनाइजेशन

महोदय।

सविनय निवेदन है कि मै सुनील कुमार
ग्राम बहुरा बरेली (उतरप्रदेश) का
रहने वाला हूँ मेरे बच्चे की आँख मे कैंसर है।
जिसका नाम शिवांश है। जिसका इलाज का खर्च
महिने 15000 – 20000 रुपए से ऊपर आ रहा है।
मैं सर दिहाड़ी मजदूर होने की कारण इलाज मेरे मे
सम्भव नही है। पिछले वर्ष ६ महिने से एम्स हॉस्पिटल
मे इलाज चाल रहा है। इलाज कराने के चक्कर में सर कुछ
काम भी नही कर पा रहा हुँ। महिमा इलाज होने की वजह से
आर्थिक रूप से बच्चे का इलाज नही करवा पा रहा हूँ।
इसलिए आप से निवेदन है कि बच्चे के इलाज के लिए
हमारी सहायता करे. के सदैव आपका आभारी रहूँगा.

सुनील कुमार
बहुरा
बरेली
उतरप्रदेश

CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO : CHO/585/ **DATE : 29-08-26**

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : Shivansh

AGE : 1 YRS

RELIGION : Hindu

GENDER :MALE ☐ FEMALE ☐ TRANSGENDER ☐

PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Little Baby Shivansh is diagnosed with RETINOBLASTOMA EYE CANCER . Father of Shivansh is a loading unloading worker .He is a only earning person in a family. He cannot afford the medical and surgery expenses for his child. The family is struggling for their child's treatment and have no other source where they can find help for their child right now. They need financial assistance for Shivash's treatment.

GUARDIAN 'S DETAIL :

FATHER'S NAME: Mr. Suneel Kumar
AGE : 30 yrs
OCCUPATION : Unemployed

MOTHER'S NAME : Mrs.Manju
AGE : 27 yrs
OCCUPATION : Housewife

SIBLING : BROTHER ☐ SISTER ☐ TRANSGENDER ☐

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : RATINOBLASTOMA EYE CANCER
TREATMENT PRESCRIBED : CHEMOTHERAPY AND EYE SURGERY
APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED:APPROX-15000-20000 MONTHLY
PARENT CONTRIBUTION : NIL
TOTAL AMOUNT FUND REQUIRED : APPROX-15000-20000 MONTHLY
TREATMENT GOING ON : 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)

CAUSELESS HAPPINESS ORGANISATION DELHI

क्रमांक 1
S.No.1

प्रपत्र 5
FORM5

उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
सामुदायिक स्वास्थ्य केंद्र नवाबगंज
COMMUNITY HEALTH CENTRE NAWABGANJ

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा उत्तर प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण नियम 2002 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि सामुदायिक स्वास्थ्य केंद्र नवाबगंज तहसील नवाबगंज जिला बरेली राज्य/संघ प्रदेश उत्तर प्रदेश, 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 COMMUNITY HEALTH CENTRE NAWABGANJ OF TAHSIL/BLOCK NAWABGANJ OF DISTRICT BAREILLY OF STATE/UNION TERRITORY OF UTTAR PRADESH, INDIA

नाम / **NAME:** SHIVANSH

लिंग / **SEX:** MALE

आधार संख्या / **AADHAAR NUMBER:**

जन्म तिथि / **DATE OF BIRTH:**
21-07-2025
TWENTY-FIRST-JULY-TWO THOUSAND TWENTY FIVE

जन्म स्थान / **PLACE OF BIRTH:**
CHC NAWABGANJ, NAWABGANJ, NAWABGANJ , BAREILLY, UTTAR PRADESH

माता का नाम / **NAME OF MOTHER:**
MANJU

पिता का नाम / **NAME OF FATHER:**
SUNEEL KUMAR

माता का आधार नंबर / **AADHAAR NUMBER OF MOTHER:**
XXXX-XXXX-4143

पिता का आधार नंबर / **AADHAAR NUMBER OF FATHER:**
XXXX-XXXX-3506

बच्चे के जन्म के समय माता-पिता का पता / **ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:**
BABOORA BABOORI, NAWABGANJ , BAREILLY, UTTAR PRADESH,

माता-पिता का स्थायी पता / **PERMANENT ADDRESS OF PARENTS:**
BABOORA BABOORI, NAWABGANJ , BAREILLY, UTTAR PRADESH,

पंजीकरण संख्या / **REGISTRATION NUMBER:**
B202509910200001851

पंजीकरण दिनांक / **DATE OF REGISTRATION:**
04-08-2025

टिप्पणी (यदि कोई हो) / **REMARKS (IF ANY):**

जारी करने की तिथि / **DATE OF ISSUE:**
07-08-2025

Updated On : 07-08-2025 13:43:51

'This QR code can be used to check the authenticity of the certificate'

प्राधिकारी के हस्ताक्षर / **SIGNATURE OF ISSUING AUTHORITY :**
रजिस्ट्रार (जन्म एवं मृत्यु)
Registrar (BIRTH & DEATH)
सामुदायिक स्वास्थ्य केंद्र नवाबगंज
COMMUNITY HEALTH CENTRE NAWABGANJ

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

Anaesthesia Record

Dr. Rajendra Prasad Centre for Ophthalmic Sciences
All India Institute of Medical Sciences, New Delhi-110029

Name: Shivansh | Age/Sex: 7m/m | UHID: 10898972 | Ht/Wt: 7 kg | CR.No.

ASA Grade: 1 2 3 4 5 E | Diagnosis: Rt. eye RB. | Procedure: ECA | Mobile No.

Significant history/ medication:

Term / NVD / CEA / No NICU stay / No fever / No seizure
– No fever / URTI x 15 days.

Prematurity: Yes/No | Post gestational age:

Cyanosis / apnoea: –

Previous Anaesthesia Exposure & its complications:

Congenital Anomalies/Syndrome:

N. pediatric airway.

Airway examination: Mouth opening: | Mallampati Class | Teeth | Tongue

Neck movements | Retrognathia | High arched/cleft palate | Tonsils

Intubation: simple / difficult

Respiratory System: Resp. Rate | Auscultation: B/L AE ✓

Cardiovascular System: Pulse rate/ Heart rate | Heart Sounds | Murmur

Any Significant finding | Preop.SpO_2

IV access: Easy / Difficult

Nervous System: MR / Delayed mile stones / CP / Seizures

Musculoskeletal system examination: head holding / difficulty in walking/ climbing stairs/ doing every day tasks

Investigations: HB | RFT | LFT | TFT

X-Ray Chest | ECG | ECHO

CT Brain | MRI

ब० रो० वि० कार्ड
O.P.D. Card

दृष्टि
नेत्र अमूल्य उपहार है जो आप ही दे सकते है

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029

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

अनुभाग व दिन Section and Day सोमवार व बृहस्पतिवार Monday & Thursday	IV	कमरा नंबर Cabin No.

यू०एच०आई०डी० संख्या
UHID No. 10898972

आचार्य नम्रता शर्मा का एकक
Prof. Namrata Sharma's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Shivansh	Sunil Kumar	M	7m	Bajhelly U.P 9045732984

दिनांक DATE	निदान DIAGNOSIS उपचार Treatment
	Exempted Category under Janani Shishu Suraksha Karyakram D.O.B. 21/7/25 Valid upto 20/7/26 जननी शिशु सुरक्षा कार्यक्रम श्रेणी के अंतर्गत छूट प्राप्त श्रेणी जन्म तिथि..... वैधता...
20/4/26	329/JSSK/MSwo/RPC/20/4/26 Bed Charges Rs- 175/-
	डॉ. मुकेश कुमार / Dr. MUKESH KUMAR पर्यवेक्षक चिकित्सा अधिकारी Supervising Medical Officer डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S.
	352/JSSK/MSwo/RPC/21/4/26 Glaucoma Sx Rs 1742

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.

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

79
18

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

अखिल भारतीय आयुर्विज्ञान संस्थान ALL-INDIA INSTITUTE OF MEDICAL SCIENCES
शरीरमाद्यं खलु धर्मसाधन

स्वच्छ भारत एक कदम स्वच्छता की ओर

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

OPR-6

एकक/Unit ____
विभाग/Dept. ____
नाम

बाल चिकित्सा विभाग
UHID:108989172
Dept No: 20260030011888
शिवांश शिवांश / SHIVANSH SHIVANSH
S/O SUNIL KUMAR
0Y 9M 26D / M/(पुरुष)
BARIELLY, UTTAR PRADESH, INDIA
Ph: 9045732984 General Rs. 0
New Patient

कमरा / Room
C 216
Queue / संख्या N13
Unit-III, Paediatric,
बुध,शनि, Wed,Sat
Reporting: 08:26:12
16/05/2026

ओ.पी.डी. पंजीकरण सं०/O.P.D. Regn. No. ____

पता/Address
HIV Report of mother
Reg 26/13969
18/05/26

निदान/Diagnosis Reshma 98102580668 St. Jude Ht. 65.5cm 3/8/26

दिनांक/Date	उपचार/Treatment
30	Symptomatic since last 2mo - Ⓛ eye leukocoria ⊕
6/15	• no family H/O
	no proptosis / neuro deficits
Ⓐ RPC evaluation "April 26"	- EUA - Ⓛ eye no glow present cataractous lens flat AC
	- USG LE - mass c foci of calcification
	- MRI Ⓑ NRC - Ⓛ eye T1 hyper T2 hypo mass Ⓛ ID Optic N. - normal
Vision RE - follow light LE - does not follow light	

Ⓛ gr E

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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)

Pradhan Mantri Jan Arogya Yojana Ayushman Bharat PM-JAY प्रधानमंत्री जन आरोग्य योजना (pmjay.gov.in)

मेरा अस्पताल My Hospital meraaspatal.nhp.gov.in

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
Dr Rajendra Prasad Centre for Ophthalmic Sciences
AIIMS, NEW DELHI
Out Patient Department

R. P. Centre (Eye Centre)

UHID: 108989172
Dept. No.: 20260050027192
Clinic. No.:2026/OO/69
SHIVANSH 9M/M
S/O: SUNIL KUMAR

Date 11/05/2026 General ₹0

Ocular oncology-Dr. Dr.
SR/JR OC -IV- R.142 B
Unit-IV
Room No.: 142
PRC

Address BARIELLY, UTTAR PRADESH, INDIA
Mobile 9045732984

स्वच्छ भारत — एक कदम स्वच्छता की ओर

		आयु Age	पता/Address

निदान/Diagnosis: (R) Follows Eye; (L) Enucleated (1/v/o → Conj c Buphthalmos c Buphthalmos)

दिनांक/Date	उपचार/Treatment
11/05/2026 Follows object VA < — IOP < Dig (N) — HPE report awaited	O/E :- A/L (L): cornea clear; AC formed; lens - clear - Tarrsoraphy intact - prosthesis in-situ - No discharge Adv :→ CST → Taper milflodex weekly. ⇒ collect HPE report from Ocular pathology 7th Floor; RPC F/U in RB clinic (Wed) 2:00PM #7 (PRC)

DR. TANMAY THULKAR, Senior Resident, Dr. R.P. Centre for Ophthalmic Sciences, A.I.I.M.S., New Delhi-110029 — Dr. Tanmay

UHID:	108989172	**Sex :**	Male
Patient Name :	**Mr SHIVANSH SHIVANSH**	**Sample Received Date :**	17-Aug-2026 15:46 PM
Age :	1Y	**Department :**	Paediatrics
Reg Date :	17-Aug-2026 14:24 PM	**Sample Collection Date:**	17-Aug-2026 12:17 PM
Recommended By :		**Sample Details :**	**LC1708262644**
Lab Sub Centre:	**SMART Lab. New RAK OPD**	**Lab Reference No:**	2618388496

BIOCHEMISTRY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea *(Urease/GLDH)*	**8**	mg/dL	17 - 49
Creatinine *(Jaffe compensated)*	0.2	mg/dL	0.2 - 0.4
Uric Acid *(Uricase Colorimetric)*	3.7	mg/dL	3.4 - 7.0
Calcium *(5-Nitro-5'-methyl-BAPTA)*	10.3	mg/dL	9-11
Phosphate *(Phosphomolybate Reduction)*	**5.3**	mg/dL	2.5-4.5
Sodium *(ISE (indirect))*	137	mmol/L	135 - 145
Potassium *(ISE (indirect))*	4.4	mmol/L	3.5-5.1
Chloride *(ISE (indirect))*	103	mmol/L	98-107
Bilirubin (T) *(Colorimetric diazo)*	0.30	mg/dL	0 - 1
Bilirublin (D) *(Diazo Gen.2 Jendrassik-Grof)*	**0.21**	mg/dL	0 - 0.2
Bilirubin (I) *(Calculated)*	0.09	mg/dL	0 - 0.9
ALT *(IFCC without pyridoxal phosphate)*	**60**	U/L	0 - 26
AST *(IFCC without pyridoxal phosphate)*	**88**	U/L	<=40
ALP *(PNPP,AMP Buffer - IFCC)*	**340**	U/L	142 - 335
Total protein *(Biuret Method)*	7.1	g/dL	5.6 - 7.5
Albumin *(Bromocresol Green(BCG))*	4.3	g/dL	3.8 - 5.4
Globulin *(Calculated)*	**2.7**	g/dL	3.0 - 3.7
A/G ratio *(Calculated)*	1.6		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Sudip Kumar Datta MD
(Biochemistry)
17-Aug-2026 21:08

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

Pathkind Labs

Mr. SHIVANSH

Age : 1 Yrs
Gender : Male
PID : 1604C010260826005864
VID : 1604C010260826002057

Collected at: Siddhi Path Lab Nawabganj Archna Hosp Bye Pass Road Town Bareilly UP 243406 Ph 9412867349

Processed at: Pathkind Labs Pilibhit HLM, Satish Nursing Home Near Chhatri Chauraha Bypass Rd 262001, Ph 9045174287

Collected : 26/08/2026 11:38 AM
Reported : 26/08/2026 01:53 PM
Report Status : **Final**
Ref. By : **Self**

Barcode: 80022184302

Test Name	Result	Biological Ref. Interval	Unit
Complete Blood Count (CBC)			
Sample : Whole Blood, EDTA			
Haemoglobin (Hb)	**7.90 L**	11.10 - 14.10	gm/dL
Total WBC Count / TLC	10.20	6.00 - 16.00	thou/µL
Neutrophils	42.00	28.00 - 56.00	%
Lymphocytes	48.00	35.00 - 65.00	%
Eosinophils	3.00	0.00 - 3.00	%
Monocytes	**7.00 H**	3.00 - 6.00	%
Basophils	0.00	0.00 - 1.00	%
Absolute Neutrophil Count (ANC)	4284.00	1000.00 - 7000.00	/µL
Absolute Lymphocyte Count	4896.00	3500.00 - 11000.00	/µL
Absolute Eosinophil Count (AEC)	306.00	100.00 - 1000.00	/µL
Absolute Monocyte Count	714.00	200.00 - 1000.00	/µL
Absolute Basophil Count	0.00	0.00 - 100.00	/µL
RBC Count	**3.51 L**	3.90 - 5.10	million/µL
PCV / Hematocrit	**25.60 L**	30.00 - 38.00	%
MCV	72.90	72.00 - 84.00	fL
MCH	**22.60 L**	25.00 - 29.00	pg
MCHC	**30.90 L**	32.00 - 36.00	gm/dL
RDW (Red Cell Distribution Width)	**19.40 H**	12.00 - 14.50	%
Platelet Count	466.00	200.00 - 550.00	thou/µL
MPV (Mean Platelet Volume)	9.10	6.80 - 10.90	fL

Method: HB By Non-Cyanmethemoglobin ,TLC/RBC/PCV/Platelet Count By Impedance ,Neutrophils /Lymphocytes/Eosinophils/Monocytes/Basophils By Volume Conductivity Scatter ,ANC/ALC/AEC/AMC/ABC By Microscopy/Flow cytometry (Leishman Stain) ,MCV/MCH/MCHC/RDW/MPV By Calculated

PATHKIND DIAGNOSTICS PVT. LTD. (CIN U74999DL2016PTC306874)
Plot No. 55-56, Udyog Vihar, Phase IV, Sector-18, Gurugram-122015
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TO BOOK AN APPOINTMENT PLEASE CALL 75000 75111

Shivansh
10898917 2

Ht – 67cm
Wt – 6.1kg
BSA – 0.33 m^2

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name Shivansh Father's name Sunil Kr. Age 10m Sex M. POC NO 169/26 family history.....

Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis

Others.....

Unilateral/bilateral.....

MT..... HBsAg..... HIV.....

L Intraocular/Extraocular → Group E Metastatic/Non metastatic

R Intraocular/Extraocular → Group Metastatic/Non metastatic

Baseline workup/Investigations

USG..... mass c foci of calcification .....

EUA..... (L) gr E .....

Indirect Ophthalmoscopy

.....

CT/MRI date & report ..... (L) eye T1 hyper T2 hypo, non ID. Optic nerve-.....

Review of imaging at radioconference :Yes/No

.....

Hb.....TLC.....Platelet.....ANC.....

SGOT/SGPT/S.Bil/SAP.....

MT..... HBsAg.....HIV.....

29/0/26

- NO Mouth ulcer
- Oral hygiene
- sitz bath
- on septran
- No fresh complaints.

Inj Rx cycle 5 SD Ckd

dated 30.8 - 31.8

Recheck labs - CBC ✓ [redacted]
26.8.

RFT ✓
17.8.

Advise - (1) CINV prophylaxis as advised

↓

Inj. VCR 0.3 mg ivp | (d1)

Inj. CARBOPLATIN 115 mg

Inj. ETOPOSIDE 30 mg | (d1) | (d2)