



SHREEJAN
FOUNDATION
REG NO :- 431 | PAN NO :- AAZTS6281N



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA
SECTOR 30 NOIDA, NOIDA - 201303, UTTAR PRADESH, INDIA

ADMISSION CARD

ADM DATE/TIME : 05-OCT-24

IPD NO : 981162024010942

CR NO : 981162400371916



SHREEJAN
FOUNDATION
REG NO :- 431 | PAN NO :- AAZTS6281N

NAME :	GARIMA		MOTHER NAME :	-
FATHER NAME :	RAJVEER PAL		HOSP DIET :	-
AGE/GENDER :	4 MON/F		MARITAL STATUS :	NO
D/O :	RAJVEER PAL		IS MLC :	NO
CATEGORY :	GENERAL		MLC NO :	NA
ADM CHARGES :	₹ 100.00			
ADV CHARGES :	RS. 250.00 /- (RS. TWO HUNDRED FIFTY ONLY.)			
DPT/UNIT :	PAEDIATRIC/UNIT 1			
WARD/BED :	TROLLY BED WARD /TROLLY BED 26			
STATUS AT ADM :	NORMAL		REMARKS/REF NO :	--
REFERRED FROM :	--			
PROV DIAG. :	--			
ADM. DR. :	DR SURENDRA BAHADUR MATHUR			
ADDRESS :	GHAZIABAD, GHAZIABAD, GAUTAM BUDDHA NAGAR, 201009, UTTAR PRADESH, INDIA ,PH NO			

EMG CONTACT :	RAJVEER PAL		WRD-RCV. DATE :	--
ADM DATE :	05-OCT-2024/10:39:03			

FOR MEDICO LEGAL PURPOSE

DETAILS OF POLICE STATION :	 SHREEJAN FOUNDATION REG NO :- 431 PAN NO :- AAZTS6281N	POLICE INFORMATION :	--
NAME OF INFORMANT :		IDENTIFICATION MARKS :	--
MLC REMARKS :			

DISCHARGE DETAILS

DISCHARGE WARD :		DISCHARGE DATE/TIME :	
PROV DIAGNOSIS :	 SHREEJAN FOUNDATION REG NO :- 431 PAN NO :- AAZTS6281N		
DIFF DIAGNOSIS :			
FINAL DIAGNOSIS :			YES
CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT			

NAME & SIGNATURE OF MO
DATE & TIME

NAME & SIGNATURE OF CONSULTANT
DATE & TIME

EMG BILL ADT 8
REGISTRATION BY:
AUTHORIZED SIGNATORY
PRINT DATE : 05-OCT-2024



SHREEJAN
FOUNDATION
REG NO :- 431 | PAN NO :- AAZTS6281N

05-Oct-24, 10:35 AM

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DEPARTMENT OF PATHOLOGY

SHREEJAN FOUNDATION
REG NO: - 431 | PAN NO: - AAZTS6281N

PGICH/MICRO/TB REPORTING FORM/2023

POST GRADUATE INSTITUTE OF CHILD HEALTH

Sector-30, Noida, G.B. Nagar-201303 (U.P.)
(An Autonomous Institute under Government of Uttar Pradesh)

DIAGNOSTIC MICROBIOLOGY LABORATORY
TB LAB INVESTIGATION REPORT

NO 9816244391916

Microbiology Lab No./Date : 1599/21/32/8/24

Referred by: Grading Age/Gender: 4M/F Phone No _____ (Self/Father / Mother)

D (Dept.) HIA Staff/ Non Staff, Address - _____

MYCOBACTERIOLOGY

SPECIMEN LHA

STAIN FOR AFB :

Slide-1 }
Slide-2 } AFB seen / No AFB seen

SHREEJAN FOUNDATION
REG NO: - 431 | PAN NO: - AAZTS6281N

ments No AFB seen

(Grading as per RNTCP Guideline)

Fluorescent Microbiology for AFB:

Slide-1 }
Slide-2 } AFB seen / No AFB seen

SHREEJAN FOUNDATION
REG NO: - 431 | PAN NO: - AAZTS6281N

ments No AFB seen

(Grading as per RNTCP Guideline)

TOMATED TB CULTURE (MYCO -BACTERIOLOGY)

SHREEJAN FOUNDATION
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Negative, (No AFB Grown)/Positive, (AFB Grown) _____

at incubation _____

SHREEJAN FOUNDATION
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nts _____

TB culture report will be dispatched weekly till 6 weeks / earlier (if positive) to the respective location

(Microbiologist)

8/10/24
Date



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ADM CHARGES :	₹ 100.00			
ADV CHARGES :	RS. 250.00 /-			
DPT/UNIT :	(RS. TWO HUNDRED FIFTY ONLY.)			
WARD/BED :	PAEDIATRIC/UNIT 1			
	TROLLY BED WARD /TROLLY BED			
	26			
STATUS AT ADM :	NORMAL			
REFERRED FROM :	--		REMARKS/REF NO :	--
PROV DIAG. :	--			
ADM. DR. :	DR SURENDRA BHADUR MATHUR			
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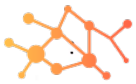


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EMG CONTACT :	RAJVEER PAL		WRD-RCV. DATE :	--
ADM DATE :	05-OCT-2024/10:39:03			

FOR MEDICO LEGAL PURPOSE

DETAILS OF POLICE STATION :	--	POLICE INFORMATION :	--
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MLC REMARKS :	--		



SHREEJAN DISCHARGE DETAILS

SHREEJAN FOUNDATION
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DIFF DIAGNOSIS :			
FINAL DIAGNOSIS :			
CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT :			YES

NAME & SIGNATURE OF MO
DATE & TIME

NAME & SIGNATURE OF CONSULTANT
DATE & TIME

EMG BILL ADT 8
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NAME: GARIMA

CATEGORY: GENERAL

CR No.: 981162400371916

ADM DATE: --

DEPARTMENT/WARD: PAEDIATRIC/TROLLEY BED WARD

AGE/SEX: 4 MTH/FEMALE

SERVICE: IPD

PAYMENT DT.: 10-OCT-2024 11:28:59

BILL No.: 981164240078313/1

IPD No.: 981162024010942

SN.	SERVICE	RATE	QTY.	NET AMOUNT
1	CT SCAN THORAX-(RAD235)	1500	1	1500.00
TOTAL AMOUNT :				1500.0

PAID AMOUNT IN WORDS (IN WORD) : ONE THOUSAND FIVE HUNDRED ONLY

MODE OF PAYMENT : CASH

PAYMENT DETAILS : CASH : (AMT::1500)



SHREEJAN
FOUNDATION
REG NO : - 431 | PAN NO : - AAZTS6281N

EMG BILL ADT B
AUTHORISED SIGNATORY

,MOR

RA

CV, DA



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA
SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

ADMISSION CARD

ADM DATE/TIME : 05-OCT-2

IPD NO : 981162024010942

CR NO : 981162400371916



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DISCHARGE DETAILS

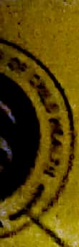
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DIFF DIAGNOSIS :			
FINAL DIAGNOSIS :			
CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT :			YES



NAME & SIGNATURE OF MO
DATE & TIME

NAME & SIGNATURE OF PHYSICIAN
DATE & TIME

EMG BILL ADT 8
REGISTRATION BY:
AUTHORIZED SIGNATORY
PRINT DATE : 05-OCT-2024



POST GRADUATE INSTITUTE OF CHILD HEALTH

बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Sector-30, Noida, G.B. Nagar (U.P.) सेक्टर-३०, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.ssphpgtinoida.ac.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Garima

Age/Sex. 4m/f

Regn. No. 2400371916

4% capital TB (an ATT → 2/9/2024)

12/9/2024 - 9/9/2024



REG NO: - 431 | PAN NO: - AAZTS6281N

de: Debitable child ✓

current - 1100000 ✓

PK - 68/m (scr scr) ✓

Savit + @ medications

Sav:

- 1) Nut on 02 support by NP @ 2/m
- 2) key paper (110000) @ 22/m
- 3) by 110000 → 110000 ✓
- 4) key software 30000/v no (@ 30000/9/10)
- 5) key 110000 60000/v no.
- 6) 110000 110000/v no.

focus



SHREEJAN
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REG NO: - 431 | PAN NO: - AAZTS6281N

[Handwritten signature]

24x7 Emergency

कीटविक फॉर्म
और भरें।



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DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTION 30 HUDA UP

Gender: F

Patient ID: HA-1916

Sample ID: AUTO_11985

Mode: DIF WB Group: DEFAULT

CBC PS

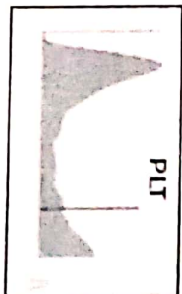
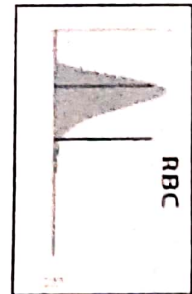
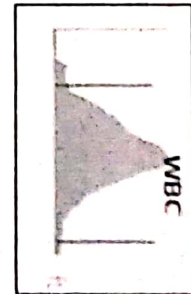
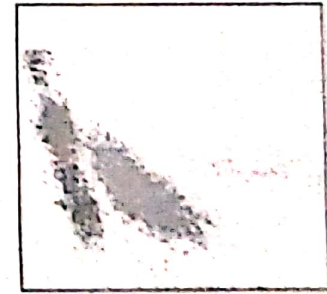
EDITED

Date: 05/10/2024 12:42

Reck/Pos: 010603

Seq #: 12902

Units	Flags	Units	Normal Limits
x10 ⁹ /uL	H	4.0	4.0 / 12.0
%		25.0	25.0 / 50.0
%		2.0	2.0 / 10.0
%		50.0	50.0 / 80.0
%		0.0	0.0 / 5.0
%		0.0	0.0 / 2.0
%		0.0	0.0 / 100.0
%		0.0	0.0 / 100.0
x10 ³ /uL		1.0	1.0 / 5.0
x10 ³ /uL	H	0.1	0.1 / 1.0
x10 ³ /uL	H	2.0	2.0 / 8.0
x10 ³ /uL		0.0	0.0 / 0.4
x10 ³ /uL		0.0	0.0 / 0.2
x10 ³ /uL		0.0	0.0 / 150.0
x10 ³ /uL		0.0	0.0 / 150.0
x10 ⁴ /uL		4.00	4.00 / 6.20
g/dl		11.0	11.0 / 17.0
%		35.0	35.0 / 55.0
fL		80.0	80.0 / 100.0
pg		26.0	26.0 / 34.0
g/dL		31.0	31.0 / 35.5
%		10.0	10.0 / 16.0
fL		37.0	37.0 / 47.8
x10 ³ /uL		150	150 / 400
fL		7.0	7.0 / 11.0
%		0.200	0.200 / 0.500
%		10.0	10.0 / 18.0
%		12.0	12.0 / 42.0
x10 ³ /uL		13	13 / 129



Information: RBC series shows: predominantly microcytic hypochromic R with normocytic normochromic RBCs with few teardrop cells & pencil shaped cells. Hb: normal morphology & count as above. Hct: count same as above. Platelets: not seen. Smear: microcytic hypochromic anemia. Adv: (Dc) Fe profile.

Super Speciality Paediatric Hospital & Post Graduate Teaching Institute
Sector-30, Noida (U.P.)

01162400371916

Maxima

am/p

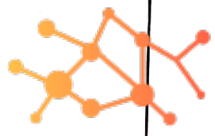
Department	Unit/Consultant

Referring Doctor/Hospital :

Name :

Address :

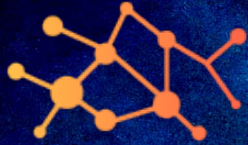
5/10/12 10:36 A History Ped for S.B Mathur



History

Treatment History

Personal/Social/Family History



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REG NO: - 431 | PAN NO: - AAZT56281N

R