

Reg. No. 404703

Pan No. AAKCC6003A



# Care For Animal Welfare Foundation

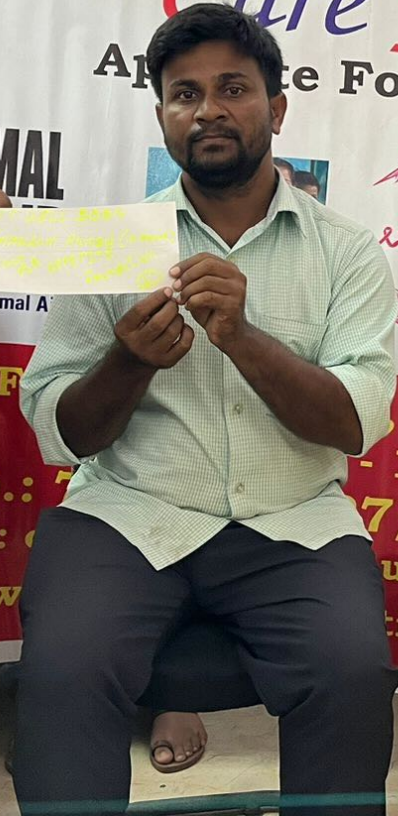
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Support Pink

Kotla  
- 11000  
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undati  
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मेरी

श्रीमान इल्ही महोदय  
केसर कार एपिटाइम फाउंडेशन  
CARE FOR APPETITE FOUNDATION

महोदय

निवेदन इस प्रकार ले है. मेरा बेटा  
मुलान अहमद राजा उम्र 10 महीने है. जिसको  
की लीवर की बहुत बड़ी समस्या है, और  
पहले मेरा बच्चा रांची के हास्पिटल  
मे भर्ती था और वहां से हास्पिटल  
वालों ने दिल्ली AIIMS का रेफर  
किया है. महोदय मेरी आशियां हिनकी  
बहुत खराब है अतः मेरी आपसे  
गुजारिश है मेरे बच्चे के इलाज करने  
मे मेरी मदद कीजिये मे आपका आभार

रिश्ता

प्राथमिक - मोहम्मद सिराज अंसारी  
जिला धनबाद (वाधमार)  
रांची

For CARE FOR APPETITE FOUNDATION

Director

श्री सिराज अंसारी

For CARE FOR APPETITE FOUNDATION

Abali

Authorised Signatory



भारत सरकार

Government of India



Issue Date: 27/04/2023



गुलाम अहमद रज़ा

Ghulam Ahmed Raza

जन्म तिथि/DOB: 22/08/2022

पुरुष/ MALE

बाल आधार

यह आधार 5 वर्ष की उम्र तक ही वैध है

3442 7784 5858

VID : 9145 9998 9129 3313

मेरा **आधार**, मेरी पहचान





भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

द्वारा: मो. सिराज अंसारी, लुतिपहाडी, पोस्ट-बाघमारा,  
लुतिपहाड़ी, धनबाद,  
झारखण्ड - 828306

Address:

C/O: Md. Siraj Ansari, Lutipahari, post-  
Baghmara, Lutipahari, Dhanbad,  
Jharkhand - 828306



3442 7784 5858

VID : 9145 9998 9129 3313



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www

www.uidai.gov.in



भारत सरकार  
GOVERNMENT OF INDIA



मो. सिराज अनासरी  
Md. Siraj Anasri

जन्म वर्ष / Year of Birth : 1989  
पुरुष / Male



9897 1621 1367

**आधार** — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O मो.गफूर अंसारी, पोस्ट  
बाघमारा बाज़ार थाना. बाघमारा,  
लुतिपहाडी, बाघमारा बाज़ार, धनबाद,  
झारखण्ड, 828306

Address: S/O Md.Gafur Ansari,  
POST BAGHMARA BAZAR PS.  
BAGHMARA, Lutipahari,  
Baghmara Bazar, Dhanbad,  
Jharkhand, 828306



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P.O. Box No.1947,  
Bengaluru-560 001





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

शरीरपादं खलु धर्मसाधनम्

रोगी विभाग  
UHD: 106758939  
Dept No: 20230030014821

कमरा / Room

OPR-6

एकक / Unit \_\_\_\_\_

विभाग / Dept. \_\_\_\_\_

नाम / Name

गुलाम अहमद राजा  
GULAM AHMAD RAZA  
BM BM 10 / M (CPH)  
S/O MO SARAJ ANSARI  
Add: HO-530 BAGHMARA DHANBAD  
JHARKHAND, Pin 828306, INDIA  
Mob: 9542899067 New Patient General 10 Reporting: 10:00 AM-11:00 AM

11  
Unit-II  
Paediatric  
Queue No: NIT  
31/05/2023  
बुध, रविवार  
Wed, Sat (बुध, रविवार)



LH3105230885 106758939  
LB310523165 106758939  
LC3105231291 106758939  
GULAMAHMADRAZA

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

14

7.4

h/o vomiting x 1.5 months back  
yellow discoloration of eyes x 1.5 months back  
ecchymotic patches x 1.5 months back  
h/o bleed from cut & prolonged bleeding  
h/o whitish discoloration of stool  
h/o deep yellow urination  
- no h/o fever  
- no h/o rash  
- no h/o abd. distension, distended vein  
- no h/o hematemesis  
- no h/o seizures, altered consciousness, drowsy, lethargy

O/E

Vitals  
HR = 118/min  
RR = 22/min  
Afebrile  
CRT

S/E

Abdomen soft; Non-tender  
Hepatomegaly → 4cm below RCM; No splenomegaly; No free fluid  
LUS → S/S2 ⊕  
CUS → ⊕



पंचजंय  
PM-JAY  
संयोजन एवं अतिथि सेवाएं  
(panjay.gov.in)

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)



मेरा अस्पताल  
My Hospital  
meraaspatal.nhp.gov.in

UHD: 106758939  
Dept No: 2023003014821

Ward / Room

11  
UHID  
Patient  
Queue No: N17  
31/05/2023

गुलाम अहमद रज़ा  
GULAM AHMAD RAZA  
BM BM 10 / M (CTP)  
S/O: SARAJ ANSARI  
Add: HO-530 BASHMARA DHANBAD  
JHARKHAND, Pin 828306, INDIA  
Mob: 9540898087 New Patient General F8 Reporting: 10:00 AM 11:00 AM



# दानिक विभाग

नई दिल्ली- 110029  
F RADIODIAGNOSIS  
N DELHI - 110029

## ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Gulam Age/Sex: 8m/M Ref. Deptt./Unit: Peds/III Date: 31/5/23  
Indoor (Bed No.) / Outdoor / Casualty OPD No. / UHID No.: 106758939 LMP:

Examination Required: USG - Abdomen

Ultrasound Doppler (Arterial / Venous) Interventional Procedure  
CT HRCT Dual Phase CT CT Angiography

Clinical History and Examination:

(N) S. caeculopathy

h/o ecchymosis (coagulopathy) 1.5 months  
jaundice  
cholestasis

o/e → Hepatomegaly - 4cm  
→ No splenomegaly.

Clinical / Working Diagnosis:

Kindly give ~~early~~ early lab

Any Previous Studies (Please provide No. if available):  
Blood Urea / Serum Creatinine (for CT patients only):  
Any h/o allergy or asthma:

Signature of Referring Physician / Date: [Signature]

Consent:

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date: 22/9/23

BM-12  
Neupha

US / CT Number:

(M)

No. of Films used:

Signature of Radiographer / Date:





Appointment ID: 2023053112981

**CASH RECEIPT**  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**Ansari Nagar, New Delhi-110029**



Scheduling Receipt No.143454/2023

 26588500  
 26588700

Receipt No.:

Received From:

OPD/ MRD No.:

ON ACCOUNT OF

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)

New Delhi,

Radiology Observation Scheduling Receipt ## 203161/2023

Dated :

Patient Type :

Room No. :

**ACKNOWLEDGMENT**

UHID No: 106758939

Name: GULAM AHMAD RAZA

Age: 8 months 1 day

Address: HO-530 BAGHMARA DHANBAD PIN:828306

Sex: Male

Observation Type: USG

Part Name:

Room No:

Recommended by:

USG

BM-12 NEW RAK OPD BASEMENT I

Dr. JR Paediatrics II

Observation Name:

Scheduling Date:

Queue No:

Department:

ABDOMEN(GENERAL)

22/9/2023 08:30:00

55

Paediatrics

Note:-

**Kindly follow the instructions:**

- PAY RS 200/-
- EMPTY STOMACH
- REPORT IN NEW PRIVATE WARD/ ROOM 60
- BRING ONE ATTENDANT WITH YOU.

Payment Mode:

INR (Rs.) :

Rs. in Words

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

Clinical / Working Diagnosis :

DEPARTMENT OF

10

PAYING

04/05/23

Ref. No.

NON PAYING

Clinic

**RAJENDRA INSTITUTE OF MEDICAL SCIENCES**

Department of Pathology (Clinical Section)  
 Bariatu Road, Ranchi - 834009

**ROUTINE EXAMINATION OF URINE**

To Dr. A. Verma.

Name of the Patient Gularam Ahmed.

Sex M age 8 month Regd. No. ERIP-1107

Ward — Bed No. — Received on

**PHYSICAL**

Colour :- Musted yellow

Appearance :- clear

**CHEMICAL**

Reaction :- Acidic

Albumin :- nil

Sugar :- nil

Ketone bodies :-

Bile Salt :-

Bile Pigment :-

Uroblinogen :-

**MICROSCOPICAL**

Pus Cells :- 2-5 cells/hpf

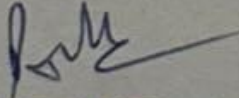
Erythrocytes :- 1-2 cells/hpf

Epithelial Cells :- 0-2 cells/hpf

Casts :-

Crystals :-

Others :-

  
 Medical Officer

**Prof & HOD**  
 Department of Pathology  
 RIMS, Ranchi



**COURSE:** Patient came with the 10- yellowish discoloration of skin & sclera bilaminar patches since 15 days, blood from (L) ear (out of) since 4 days & H/O - loose stool & vomiting - 1 month back, & H/O - passing clay colored stools (out of). On examination there were multiple ecchymotic patches all over the body and active bleed out from the (L) ear. ~~in~~  
 P/A examination, abdomen was soft, & Liver was palpable 4cm below the (R) subcostal margin. All relevant investigations were sent and patient was started on IV fluids, inj. tram, rautac, inj. vit K, inj. Pab, syrup vit D3, cap aquasol, syrup biosol, cap lorion, syrup calcium, syrup odiliv, and BT & FFP and PRBC was done. USG-WB showed tumefaction of spleen. After ruling out all infectious causes, a pediatric surgery call was sent when MRCP was suggested.

Advice at the time of discharge -

- (i) Nature, course and prognosis explained to the parents.
- (ii) Syrup Vit D3 (60000 IU/5ml)  
4 drops PO x OD to continue.
- (iii) Cap Aquasol (25000 IU)  
2 drops PO x OD to continue.
- (iv) Cap Evion (400 IU)  
3 drops PO x OD to continue.
- (v) Syrup Odiliv  
2.5 ml PO x BD to continue.
- (vi) Syrup Calcimax (250mg/5ml)  
2.5 ml PO x OD to continue.
- (vii) ~~Syrup~~ Drop V-Total  
2 ml PO x OD to continue.
- (viii) Refer to higher centre (AIIMS, New Delhi) for further evaluation and management.

*[Signature]* (SE)

Amari Hasani  
6/05/23

Manish (JRA)  
6/5/23



UHID: 20230150129

ICD 10: P78.89

# RAJENDRA INSTITUTE OF MEDICAL SCIENCES

RANCHI (JHARKHAND) INDIA

DEPARTMENT OF PEDIATRICS

UNIT Dr (Prof) A. Verma

Wt = 7.6 Kg  
Ht = 65 cm  
Hc = 43 cm  
MVAE = 12.8 cm.

## DISCHARGE SHEET

Name of patient GULAM AHMAD RAZA Age/Sex 8 months/M Bed No. Pedia A1

Address Bagmara Ratta, Ratta (PS), Shanbad, Jharkhand

Registration No. ERI-1107 Date of Admission 27/4/23 Date of Discharge 6/05/23

Diagnosis C. cholerae under Evaluation Cause of Discharge DT = Referral to higher centre.

Brief clinical history and findings at the time of admission :-

- Cl - Loose stool & vomiting for 10-15 days (1 month back)
- Echymotic patches (multiple all over body) - 15 day
- Yellowish discoloration of skin & sclera - 15 day
- Bloody discharge from LE ear - 7 day (on & off)

**ON ADMISSION**

O/E: Irritable, multiple echymotic patches over face abdomen, hands, lower limbs, back chest layer = 8x8 cm. Active bleed LE ear.  $PT \uparrow$ ,  $TT \uparrow$ ,  $Cl \uparrow$ ,  $L \uparrow$ ,  $E \uparrow$

HR = 130/min  
RR = 32/min  
SpO<sub>2</sub> = 97% ↓ RA  
CVS = S1S2 ⊕  
RIS = BILAE ⊕, NVBS, conducted sounds  
PA = sq [L = 4 cm, S = 0 cm]  
AP @ level  
CRT < 3 sec.

### INVESTIGATIONS DONE

**CBC** 294123  
NBC =  $12.71 \times 10^3 / \mu L$   
DLc = N 82.9 L 59.7 M 5.4 E 1.7 B 0.3  
RBC =  $2.6 \times 10^6 / \mu L$   
Hb = 7.0 g/dL

**LFT**  
ALT = 365 U/L  
AST = 97.6 U/L  
ALP = 259 U/L  
D. Bil = 7.56 mg/dL  
T. Bil = 15.42 mg/dL  
Albumin = 3.12 g/dL

**PT-INR**  
Tet = 11.2 sec.  
INR = 0.89

**Sexology** [HB, Ag, Anti-HB] NR

**CRP** → Negative

**APTT** → 27.5 sec.

**TREATMENT GIVEN**  
HCT = 21.2%  
MEV = 81.26 L  
MCH = 26.89 pg  
MCHC = 33 g/dL  
RDW-CV = 17.3%  
PLT =  $164 \times 10^3 / \mu L$

**RFT**  
2. WBS = 21.4 mg/dL  
6. Creat = 0.17 mg/dL

### ADVICE AT THE TIME OF DISCHARGE

**Wrim RLE**  
Albumin Sugar ] ⊕  
Pus cells = 2-5 cells/hpf  
erythrocyte = 1-2 cells/hpf  
epithelial = 0-2 cells/hpf

**Wrim CS** ]  
NO growth.

**USG-WA** → Liver = 9.5 cm.  
→ GB = Juncifactive sledge  
GB lumen (7mm), GB wall thickened (4mm)  
CBD & IHBR → not dilated

**Sr. GGT** → 45 U/L

**ENT CALL** → attended

**EYE CALL** → funduscopy: WNL

**PAEDIA Sx** → MRCP was advised.

**Sr. Coagulamin** = 71.88 mg/dL

**ON DISCHARGE**

$PT \uparrow$ ,  $TT \uparrow$ ,  $Cl \uparrow$ ,  $L \uparrow$ ,  $E \uparrow$   
HR = 104/min  
RR = 42/min  
SpO<sub>2</sub> = 98% ↓ RA  
CVS = S1S2 ⊕  
RIS = BILAE ⊕  
PA = sq [L = 5 cm, S = NP]  
CVS:  $\frac{c}{i}$  ] ⊕  $\frac{r}{i}$  ] ⊕  $\frac{s}{i}$  ] ⊕

**LIL** - G.C = fair  
Echymotic patches ↓ size in size,  
AP @ level.



**COURSE:** Patient came with the 10- yellowish discoloration of skin & sclera  
 belchyotic patches since 15 days, blood from (L) ear (out & off) since  
 4 days & H10 - loose stool & vomiting - 1 month back, & H10 - passing clay  
 colored stools (out & off). On examination there were multiple ecchymotic  
 patches all over the body and active bleed out from the (L) ear.  
 P/A examination, abdomen was soft, & Liver was palpable 4cm  
 below the (R) subcostal margin. All relevant investigations were sent  
 and patient was started on IV fluids, inj. tram, rautac, inj. vit K  
 inj. Pch, syp vit D3, cap aquasol, syp biosol, cap lorion, syp calimex,  
 syp odiliv, and Bt & FFB and PRBC was done. USG-WD showed  
 hepatomegaly & GB sludge. After ruling out all infectious causes, a pediatric  
 surgery call was sent when MCH was suggested.

Advice at the time of discharge -

(i) Nature, course and prognosis explained to the parents.

(ii) Syp Vit D3 (60000 IU/5ml)

4 drops PO x OD to continue

(iii) Cap Aquasol (25000 IU)

2 drops PO x OD to continue

(iv) Cap Evion (400 IU)

3 drops PO x OD to continue

(v) Syp Odiliv

2.5 ml PO x BD to continue

(vi) Syp Calimex (250mg/5ml)

2.5 ml PO x OD to continue

(vii) Syp Drop V-Total

2 ml PO x OD to continue

(viii) Refer to higher centre (AIIMS, New Delhi)

for further evaluation and management.

*[Signature]*  
 1/2/23

Amrit Hasani  
 6/05/23

*[Signature]*  
 5/6/23



# राजेन्द्र आयुर्विज्ञान संस्थान, राँची

शीर्ष शय्या टिकट

Dr. Prof. A. Verma ..... ईकाई

रोगी का नाम	Gulam Ahmed Raza	उम्र 8 months	लिंग Male
पिता/पति/अभिभावक का नाम	Md. Siraj		
धर्म : .....	पंजीयन संख्या : ERIP-1107	Provisional Diagnosis : .....	
पेशा : .....	भर्ती होने की तिथि : 27/4/23	? Diabetes c acuti	
ग्राम/मोहल्ला : .....	भर्ती होने का समय : .....	live failure	
पोस्ट : .....	नाम काटने का तिथि : .....	Diagnosis : .....	
थाना : .....	नाम काटने का कारण : .....	ICD - 10	
जिला : .....	मृत्यु की तिथि : .....		
राज्य : .....	मृत्यु का कारण : .....		
पूर्व में हुए इलाज के स्थान का विवरण : EYE CALL.			

28/4/23  
3/10/23

तारीख	Patient's Complain, C/F and Findings	चिकित्सीय परामर्श
28/4/23	<p>To, The JOD/PCOD, Dept of Ophthalmology, RMS, Ranchi</p> <p>Respected Sir/Madam,</p> <p>Herby referring above mentioned patient admitted on an side c clo - yellowish discoloration of skin &amp; sclera - clay color stool (on 27/4/23)</p> <p>Kindly consider examining the patients eye and to rule out KF ring and give your valuable opinion</p>	<p>Shanking You, Shelly (J R 1)</p>



# Rajendra Institute of Medical Sciences

C-14

## DEPARTMENT OF MICROBIOLOGY

### SEROLOGY SECTION

MEMO No. 1214 Date ..... Paying / Non Paying

### INVESTIGATION REPORT

To : Dr. Prof A. Verma  
Name of the patient : Gulam Ahmad  
Registration No. : ERIP-1107 Ward ..... Bed No. ....  
Specimen : C. Blood Received on : 28/7/23  
Nature of investigation required : CRP

### FINDINGS:

1. VDRL/RPR
2. ABO GROUPING & Rh TYPING
3. RAFACTOR
4. ASO TITRE
5. CRP
6. WIDAL TEST

**NEGATIVE**

ORGANISMS	ANIBODY TITRE					
	1/20	1/40	1/80	1/160	1/320	1/640
S. Typhi 'O'	ve	ve	ve	ve	ve	ve
S. Typhi 'H'	ve	ve	ve	ve	ve	ve
S. Paratyphi 'AH'	ve	ve	ve	ve	ve	ve
S. Paratyphi 'BH'	ve	ve	ve	ve	ve	ve

### REMARKS:

.....  
Technician

.....  
Laboratory In-charge

[Signature]  
HOD 28/07/23  
Dept. of Microbiology  
RIMS, Ranchi





# राजेन्द्र आयुर्विज्ञान संस्थान, राँची

शीर्ष शय्या टिकट

Dr (Prof) A. Vema ..... ईकाई

रोगी का नाम	GULAM AHMAD RAZA	उम्र	8 month	लिंग	M
पिता/ पति/ अभिभावक का नाम					
धर्म : .....	पंजीयन संख्या : ERIP-1107	Provisional Diagnosis : .....			
पेशा : .....	भर्ती होने की तिथि : .....	.....			
ग्राम/ मोहल्ला : .....	भर्ती होने का समय : .....	cholestasis &			
पोस्ट : .....	नाम काटने का तिथि : .....	acute liver failure			
थाना : .....	नाम काटने का कारण : .....	Diagnosis : .....			
जिला : .....	मृत्यु की तिथि : .....	.....			
राज्य : .....	मृत्यु का कारण : .....	.....			
ICD - 10		.....			
पूर्व में हुए इलाज के स्थान का विवरण : PAEDIATRIC Sx CALL					

5/5/23  
2:00 PM

तारीख	Patient's Complain, C/F and Findings	चिकित्सीय परामर्श
5/5/23 2:00 PM	<p>Ho, The SOD Dept of Paediatrics, RIMS, Ranchi,</p> <p>Respected Sir / Madam,</p> <p>Here by referring above mentioned patient admitted on our side with provisional diagnosis of cholestasis &amp; acute liver failure. He has h/o no-ff pale coloured stools and yellowish discoloration of urine. His Hep B and HEV reports are negative &amp; Hep A &amp; E reports awaited. <del>His</del> USG-WA shows cumulative GB sludge &amp; thickened GB wall. Rest infectious causes have been ruled out.</p> <p>Kindly consider examining the patient and your valuable opinion regarding the further management of the patient.</p>	<p>Thanking You Shelly (J.R.)</p>

Dr. PAWAN KUMAR  
SR. DEPT. OF PAEDIATRICS  
RIMS, RANCHI

FrmReceiptPrintChennaiCircle.aspx

Bill of Supply



80143957



Scan to download Medall

Report Mobile App

Customer ID MED121837198  
 Customer Name MR.GULAM AHMAD RAZO ( 8M/M )  
 Referred By DR. A. VERMA  
 Referred By Org APL

No 2023 80143957  
 Date 27 Apr 2023  
 PRN27/Apr/2023 08:37 PM

S.No	Test Details	Charges	Others	Balance
1	TORCH PROFILE - IgG	1288	0	1288
2	TORCH PROFILE - IgM	1288	0	1288
3	PROTHROMBIN TIME - PT	127	0	127

\* Special Rates Applied for APL

Received an Amount of	Total Amount	2703
₹ Two Thousand Seven Hundred and Three Only With Thanks	Others	0
Payment Method: FULL/CASH	Paid Amount	2703
	Due Amount	0

Userid : MED121837198 Password : 364240

For Cashier

Amount upto Rs. 5000/- is eligible for claim as deduction u/s. 80-D of Income Tax Act,1961 towards preventive health check-up for self, spouse & dependent children & parents.

(RAMBABU.C)

Note 1: Please produce bill copy at the time of collecting reports, "Weburl: http://reports.medall.in"

*Return*

*Cancel TORCH profile*

*shelby  
29/4/23*

*Junior R...  
Department of Pediatrics  
RIMS, Ranchi*



UHID: 20230150129

# Rajendera Institute of Medical Sciences

RANCHI - 834009



4083

## INVESTIGATION REQUISITION FORM

Unit Dr (Prof) A. Vellu

patient's Name Gulaw Ahmad Raz Age 32 Sex M

ward D-1 Bed No. .... Regd No. ERIP-1107

- P1 - INR

- TORCH profile

Request for :

shelly  
27/12/23

Signature of Unit I/C

Printed by - Prisoners B.M.C jail, Hotwar, Ranchi, email-jailsuperintendent.ranchi@gmail.com

FrmReceiptPrintChennaiCircle.aspx



80143591



Scan to  
download  
Medall

Report Mobile App

Customer ID MED121840945  
 Customer Name MASTER.GULAM AHMAD RAZA ( 8M/M )  
 Referred By DR. A. VERMA  
 Referred By Org APL

No 2023 80143591  
 Date 01 May 2023  
 PRN01/May/2023 05:57 PM

S.No	Test Details	Charges	Others	Balance
1	CERULOPLASMIN	518	0	518

\* Special Rates Applied for APL

Received an Amount of	Total Amount	518
₹ Five Hundred and Eighteen Only With Thanks	Others	0
Payment Method: FULL/CASH	Paid Amount	518
	Due Amount	0

Userid : **MED121840945** Password : **624829**

For Cashier

Amount upto Rs. 5000/- is eligible for claim as deduction u/s. 80-D of Income Tax Act, 1961 towards preventive health check-up for self, spouse & dependent children & parents.

(PAWANDEEPS)

Note 1: Please produce bill copy at the time of collecting reports, "Weburl: <http://reports.medall.in/>"



Handwritten scribbles and numbers in a circle, possibly a patient ID or file number.

UHID: 20280150129

637 Mb-8540898067

# Rajendera Institute of Medical Sciences

RANCHI - 834009



7457  
05/05/23

## INVESTIGATION REQUISITION FORM

Unit Dr. Prof. A. V. Sharma

patient's Name Gulam Ahmad Age 5 months Sex M

ward P-1 Bed No. 230 Regd No. ERIP-1107



- CBC & Pbs Urebc
- LP T & Sr Albumi.
- RF T.
- serology
  - HIV I & II
  - Hbs Ag.
  - Anti HCV
  - Hep A
  - Hep B

Request for :

Urine RE - Cval  
CS

Dr. PAWAN KUMAR  
SR. DEPT. OF PEDIATRICS  
RIMS, RANCHI

Stool - RLB  
reducing sugar

Signature of Unit I/C

Printed by - Prisoners B.M.C jail, Hotwar, Ranchi, email-jailsuperintendent.ranchi@gmail.com

28/4/23

80.01	1.51	70.0-	0.5-	0.0-	0.0-
17.0 mg/dL (l)	18.4 mg/dL	55.9 % (-)	1.9 % (+)	41.2 % (+)	1.0 %





# Care For

## Appetite Foundation



Support

rg, Ko  
i - 110  
27/ 8  
tefoundat  
petitef

