



Dr

अखिल भारतीय आयुर्विज्ञान संस्था

अन्सारी नगर, नई दिल्ली-११००२९ (भारत)

ALL INDIA INSTITUTE OF MEDICAL SCIENCE

ANSARI NAGAR, NEW DELHI - 110029 (INDIA)

29/11/2023

दिनांक/Dated :

Office of the Director, A.I.I.M.S., New Delhi-110029

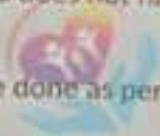
Patient DEEPANSHI age 10 years was operated rt cochlear implant on 15/05/2017 for the Freedom implant and speech processor. Her freedom speech processor is not working anymore.

Freedom speech processor has become obsolete and repair and spare parts will no longer be available after December 2023.

The rate contract for the implant has been fixed by the Cochlear Nucleus company at Rs. 3,86,610.00. The price for the external speech processor N7(S) as quoted by the Cochlear Nucleus company is Rs. 3,12,900.00.

This is the basic processor available for upgrade for which no admission or surgery would be required. Also AIIMS does not have a rate contract for the external processor alone.

Reimbursement may be done as per Government/CGHS or other funding agency rules.



डॉ. बल्लवी राव
DALLAVI RAU
Speech and Hearing Pathologist and Audiologist
Director of Cochlear Implant & Hearing Aids Surgery
Office of Director, A.I.I.M.S., New Delhi-110029
Audiologist and Speech
Language pathologist

Dr. Ravish
Consultant

Dr. J. K. Singh
29/11/2023
Medical Superintendent
Medical Superintendent
A.I.I.M.S. Hospital
New Delhi-110029



Proforma INVOICE

SpHear Speech & Hearing Clinics Pvt Ltd - G-32 Basement Lajpuri Nagar Delhi-110024 PH:011-45085245 Company's GSTIN/UIN: 07ABBC59876M1ZG State Delhi New		Invoice No: 2752	Dated: 23-11-2023			
Consignee Ref-patient :- deepanshi, 18 Years 1 Month Female Address :- D 1332 Locality :- ranhe park City :- uttam nagar Pincode :- 110089		Dispatch Document No	Delivery Note Date			
		Despatched through	Destination			
		Terms of Delivery:				
		100% advance Payment				
Sl	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount INR
1	Cochlear Nucleus T6 Sound Processor Unilateral st	90001510	1 Pcs	2,98,000.00	Pcs	₹ 2,98,000.00
						₹
						₹
						₹
						₹
						₹
						₹
Total						₹ 14,900.00
						₹ 3,12,900.00
Amount Chargeable (in words) Rupees Three Lakh Two Thousand Nine Hundred only E & O.E						
HSN/SAC	Taxable Value	Central Tax		State Tax		
90210090	₹ 2,98,000.00	Rate	Amount	Rate	Amount	
		2.50	₹ 7,450.00		₹ 7,450.00	
	Total	2.50	₹ 7,450.00		₹ 7,450.00	
Company's VAT TRC: 07130352054	Company's Bank Details					
Bank Name: HDFC BANK CURRENT A/C	Branch & IFSC Code: Lajpuri Nagar & HDFC1557					
A/c No: 80200039811071						
Company's PAN:						
Declaration:	for SpHear Speech & Hearing Clinics Pvt Ltd					
We declare that this invoice shows the actual price of the						
SUBJECT TO DELHI GOVT. REGISTRATION A.I.I.M.S. This is a Computer Generated Invoice						
* * In Domestic Taxable Item Invoice, No claim will be entertained unless brought to our notice in writing, within 7 days of delivery. Warranty will be given as per company's policies for every sold item. Goods once sold and delivered will not be accepted back for any reason.						
* Payment Terms: 100% payment in advance before surgery/device/package sale. Payment will be accepted only D.D & Fund Transfer favouring "SpHear Speech and Hearing Clinics Pvt Ltd" * payable at New Delhi, A/C No: - 80200039811071. NEFT RTGS Code no. - HDFC0001557						
* No refund for package payment. You have to complete the number of sessions to be completed within the duration. Package will get over after the package time or after the completion of stipulated time/number of sessions should not be carried forward. If session missed from Patient side that can not be compensated.						

(Handwritten Signature)
 Director - cochlear Implantation and hearing aids
 SpHear Speech & Hearing Clinics Pvt Ltd
 U-1332 Locality - Ranhe Park City - Uttam
 Nagar - New Delhi-110089
 Ph: 011-45085245



DEPT. OF OTORHINOLARNGOLOGY
 Requisition form for hearing evaluation

Name: Deepankar Age/Sex: 11y / P Date: 11/1/24
 OPD No. _____ Insurance No. 2214 051926

Brief history & Diagnosis :-

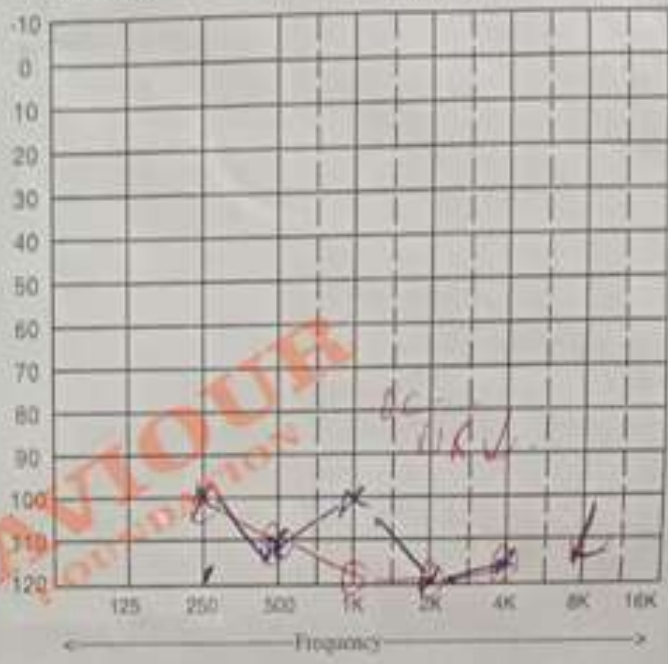


Rinne _____
 Weber _____
 ABC _____
 Requested By _____

SPEECH AUDIOMETRY

TESTS	Right	Left
SAT		
SRT		
SDS		
MCL		
UCL		
Dynamic range		

Audiogram No. _____ Date _____
 Tested by _____ Audiometer _____



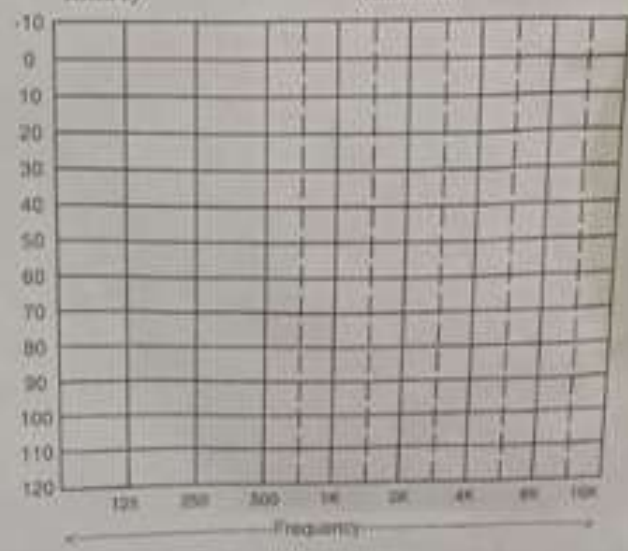
Reliability _____
 Remarks: ALL Proposed HL.

POST OPERATIVE

SPECIAL TESTS

TESTS	Right	Left
Tone Decay		
500 HZ		
4000 HZ		
SISI		
500 HZ		
4000 HZ		
DLI-		
ABL/MBL		
TINNITUS		
Matching		
Masking		

Audiogram No. _____ Date _____
 Tested by _____ Audiometer _____



Reliability _____
 Remarks _____
 Signature _____

IMPEDANCE AUDIOMETRY

	Right	Left
Tympanogram		
Static Compliance		
Acoustic Reflexes		
IPd		



माक कान गला विभाग एवं हेड नेक सर्जरी
 DEPARTMENT OF OTORHINOLARYNGOLOGY AND HEAD-NECK SURGERY
 अखिल भारतीय आयुर्विज्ञान संस्थान/ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-29 / ANSARI NAGAR, NEW DELHI-29

DISABILITY CERTIFICATE

UHD No. 100894239	RUAS No. 088/15	Cl Clinic No. 32/16	Reg. No. 2015/009/0008071
Audiogram No. 1862/15	Date 06/4/15	RESULT Profound HL.	
BERA No. 1078/15	Date 14/5/15	RESULT SL No Significant Wauat 90.10dB HL	

दिनांक / Date 18.8.17

प्रमाण पत्र नं./Certificate No. 892

1) प्रमाणित किया जाता है कि श्री/श्रीमती/शु./This is certify that Shri/Smt./Kum DEEPA NSHI
 पुत्र/पत्नी/पुत्री श्री/ Son/Wife/Daughter of श्री TRILOK CHAND मंग./Age 03yr.

लिंग/Sex F प्रमाण का निशान/identification mark (s)

रिक्त श्रेणी की शर्तों विस्तारणा से पीड़ित है। Is Suffering from permanent disability of following category

- A. LOCOMOTORS OF CEREBRAL PALSY
 - (i) BL - Both legs affected but not arms
 - (ii) BA - Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (iii) BLA - Both legs and both arms affected
 - (iv) OL - One leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
 - (v) BH - Stiff Back and hip (can not sit or stoop)
 - (vi) MW - Muscular weakness and limited physical endurance
- B. BLINDNESS OR LOW VISION
 - (i) B - Blind
 - (ii) PB - Partially Blind
- C. HEARING IMPAIRMENT
 - D - Deaf
 - (i) PD - Partially Deaf



POST CI RE EAR

- 2) This condition is progressive / non progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years / months.
- 3) Percentage of disability in his / her case is 100% percent.
- 4) Sh. / Smt. / Kum DEEPA NSHI meets the following physical requirements for discharge of his / her duties

- (i) F - can perform work by manipulating with figures Yes / No
- (ii) PF - can perform work by pulling and pushing Yes / No
- (iii) L - can perform work by lifting Yes / No
- (iv) KC - can perform work by kneeling and crouching Yes / No
- (v) B - can perform work by bending Yes / No
- (vi) S - can perform work by setting Yes / No
- (vii) ST - can perform work by standing Yes / No
- (viii) W - can perform work by walking Yes / No
- (ix) SE - can perform work by seeing Yes / No
- (x) H - can perform work by hearing / speaking Yes / No
- (xi) RW - can perform work by reading and writing Yes / No



Signature of Audiologist
 Name: Dr. Anil Kumar
 Audiologist & Speech Language Pathologist
 Dept. of Otorhinolaryngology & Head Neck Surgery
 All India Institute of Medical Sciences, New Delhi-110029

(वरिष्ठ रेसिडेंट / Senior Resident)
 Name: Dr. Anil Kumar
 Registration No. 10112

(सहायक अध्यापक/सहायक / Asst. Prof./Faculty)
 Name: Dr. Hitesh Verma
 Registration No. 10112
 Asst. Prof./Assistant Professor
 Dept. of Otorhinolaryngology & Head Neck Surgery
 All India Institute of Medical Sciences, New Delhi-110029

रिक्तान्ताम चानि के हस्ताक्षर / अंगूठे के निशान
 Signature / Thumb impression of disabled person

* जो अनुपलब्ध है उसे हटा दें / Strike out which is not applicable.

प्रतिस्वीकृत / Countersigned by
 चिकित्सा अधीक्षक/पु.वि.अ. / Medical Superintendent / CMO
 अस्पताल के प्रमुख (सील सहित) / Head of Hospital (with seal)
 All India Institute of Medical Sciences (Hospital)
 Ansari Nagar, New Delhi-29