



CS Saviour Foundation

TO WHOMEVER IT MAY CONCERN

Date: 23/5/19

This is to certify that, ASRA, 5 year 7 month old girl child, D/O AHMAD FAIZAD, with UHID No – 101906286 is under AIIMS, NEW DELHI follow up. They have migrated from Afghanistan and currently residing at Okala. She is diagnosed with recurrent respiratory papillomatosis for which she is tracheostomised. She is started on BEVACIZUMAB injection, therapy for the same. Plan is to give total of 15 cycles of BEVACIZUMAB injection of which 5 cycles have already been given. Due to financial constraints, father is not able to purchase the medication. Kindly consider and provide the possible financial help for procuring the medication.

Dr D Gurdy ask with patient's father.

Thanking You

Dr S K Kabra

Professor

Dept of Paediatrics,

AIIMS, New Delhi

[Signature]
15/6/19

डॉ. काना राम जाट
Dr. Kana Ram Jat
असिस्टेंट प्रोफेसर/Assistant Professor
विभाग/Department of Pediatrics
ए.एम.सी.ए. बिल्डिंग-29/AIIMS, New Delhi-110029

Saviour Foundation

TO,

SAVIOUR FOUNDATION

KRISHNA PARK, DEVI

NEW DELHI

Subject:- Application for Asra treatment

Respected, Sir

I Ahmad Fawad F/O Faizi Asra migrated from Afghanistan, currently residing at Okhla, New Delhi. The reason I am writing you this for my daughter Faizi Asra 6 years old diagnosed with recurrent respiratory papillomatosis for which she is tracheotomised, Under AIIMS Hospital, New Delhi. As per doctor Plan she had to undergo with 15 cycles of BEVACIZUMBA injection. For which I had to always stay with my daughter and had spent all my savings. Due to my bad financial situation I am unable to purchase required medication and injection. So I am requesting you kindly consider my application to support my daughter's treatment. It will be really kind of you.

Date 23/08/2019

SAVIOUR FOUNDATION

Abhishek K. Singh
President/Adm. Signature



Signature



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
 आपातकालीन विभाग

(REVISIT)



UHID No:101906286

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 2020/030/0021205

दिनांक DATE: 23/02/2020

समय TIME: 07:40:33 AM

NON-MLC

97

नाम NAME: MISS. ASRA ASRA

आयु AGE: 6 years 4 months 21 days

लिंग/SEX: F

D/O: AHMAD FAWAD

पता ADDRESS:

मकान संख्या H.NO:

KABUL AFGANISTAN KULOLA PUSTA

गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK:

पिन PIN:

राज्य STATE:

दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO:

7872440758

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative: FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/

HR

/min

BP

mmHg RR

/min

spO2

%

Unresponsive

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

Primary Assessment (ABCDE): Assessment Pentagon

<p>Open & stable Yes/No If No.....</p> <p>Breathing: RR <u>24</u>/min Efforts: Normal/Poor/increased</p> <p>Auscultation: Air entry: Normal/poor/Differential</p> <p>Added sounds: None/Stridor/Wheeze/Crackles</p> <p>SpO2 on Room air..... <u>98%</u></p>	<p>Circulation</p> <p>HR..... <u>36</u>/min</p> <p>CFT..... <u>calc</u> secs.</p> <p>BP..... <u>110/70</u> mmHg</p> <p>Peripheral pulse: Poor/Good</p> <p>Central pulse: Poor/Good</p> <p>Skin temp: Warm/cool</p> <p>Others</p>	<p>Stability</p> <p>GCS..... <u>01/06/05</u></p> <p>Pupil size..... <u>2/0</u> mm</p> <p>Pupillary Reactions.....</p> <p>Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flaccidity/Seizure</p> <p>Blood Sugar..... mg/dl</p> <p>Exposure: Temp..... <u>warm</u></p> <p>Colour: Normal/pallor/cyanosis /mottled</p> <p>Any other skin lesions.....</p>
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Diagnosis

Wt: 18.5 kg

Plan
ENT SR to review.
(call picture) ✓

Reevaluation 2.5 mg in 30 mins
 20 mins → 30 mins
 ↓
 Reasses



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



शरीरमात्रं खलु धर्मसाधनम्

एकक/Unit _____ Dept: Paediatrics
विभाग/Dept. _____ DEPT. No: 20170030033926
नाम/Name _____ Clinic Name: PCC PEADS
CL. No. 2017/PCC/429
Room: 8
Name: ASRA
Female 6 Y
UHID 101906286 DT: 05-03-2020

OPR-6
PCC-429/17
व०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

निदान/Diagnosis

दिनांक/Date
22

उपचार/Treatment
Respiratory
40 Recurrent Papillomatous (RRP)
21/2/2020 - Bronchoscopy - Subglottic stenosis & clearing of the
lesion compared to 3/9/19
Taken bevacizumab 2 times [TOTAL 17 times]
of the bronchoscopy
40 intermittent cough & blood
post febrile
no fever.
Mild pallor
RR 28/min
Chest - conducted sounds +
Plan - for RRP
• STOP BEVACIZUMAB - syp PCM (200mg/5ml) 5ml qd
• Rpt bronchoscopy in Jul 2020 - syp Ceftriaxone 5ml qd x 5d
• syp Augmentin (DDS) 400mg/5ml 5ml BD x 5d
• syp Vit C 500mg/5ml 5ml qd x 5d



CLEAN AND GREEN AIIMS / एम्स का यही संकेत, 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)





Dr. AMIT BATHIANIA
meritahospital.nhp.gov.in



Saviour Foundation



Trademark Registration Number: 2480727, 2512713
 GSTIN: 07AAFPD8210Q1ZK
 MSME No.: DL08D0004076
 ISO 9001:2015 Certified
 Packaged By: Cycledoor
 Mode of Transportation: Cycle/Door
 Godown Incharge:

GST NO. : 07AAFPD8210Q1ZK MSME No. : DL08D0004076	(GST INVOICE)	NDPS Lic. No. DD11/2014/00012 Food Lic. No. 10019011006381	ORIGINAL
	<h1>IMPEX INDIA</h1> <p>(A House of Anti Cancer, Imported & Speciality Drugs) (PHARMACEUTICAL DISTRIBUTORS) 8/3, First Floor, Yusuf Sarai, Main Market, Adjoining Mandir Wall Gali, New Delhi-16</p>		D.L. No. : 125495 (200), 125466 (218) D.L. No. : 125152 (20), 125153 (21) Schedule X : 118536 (20F), 118540 (21G) 26712485, 26184615 9910486274, 9910486271 Toll Free : 1800110612 Email → contact@impexgoc.com

SAVIOUR FOUNDATION/ASRA FAIZI UHID-101906286 P/O DR.LALIT KUMAR AIIMS HOSPITAL PH: 7838388381	INVOICE No. YSG-10518	DATE 24-02-2020	Due Date 24-02-2020
D.L./Regd. No. GST No.	Order Number		Order Date

QUANTITY	PACK	DESCRIPTION	BATCH	EXPIRY	HSN Code	M.R.P.	RATE	Amount	Dis%	GST% IGST%
1		VIAL BEVATAS 100MG	24020044		8/21 3002	9500.0	7142.9	7142.86	0.0	5

GST DETAILS	SUB TOTAL	DISCOUNT	Amount	SGST Amt.	CGST Amt.	IGST Amt.	SUB TOTAL :	7142.86
GST 5%	7500.00	0.00	7142.86	178.57	178.57	0.00	BILL DISCOUNT :	0.00
GST 12%	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYABLE :	178.57
GST 18%	0.00	0.00	0.00	0.00	0.00	0.00	CGST PAYABLE :	178.57
OTHER	0.00	0.00	0.00	0.00	0.00	0.00	IGST PAYABLE :	0.00
							CR/DR NOTE :	0.00
RUPEES Rs. Seven Thousand Five Hundred Only							NAVIN TIME: 13:42	RS. 7500.00

Term & Conditions : 1. Company does not assume any responsibility once the consignment leaves our premises. 2. All disputes are subject to the exclusive Jurisdiction of the courts of New Delhi. 3. After due date interest will be charged @ 24% per annum. 4. Advance less than (5) month apply, would not be accepted. (for Whole Sale Invoice) 5. Retail bill against cash only (Cheque subject to Realisation or any digital mode)	FOR IMPEX INDIA 	BANK DETAIL IMPEX INDIA THE JAMMU & KASHMIR BANK LTD. ACCOUNT NO. : 932381010006683 IFSC Code : JAKA0LAJPAT	E.&O.E (COMPUTER GENERATED INVOICE)
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IN CASE OF CHEQUE REFUNDERS 25% WILL BE CHARGED EXTRA & INTEREST @24% PA. EXTRA. * MARKED ITEMS ARE TAX EXEMPTED * MARKED ITEMS ARE UNDER HALF SCHEME. ALL DISPUTES SUBJECT TO DELHI JURISDICTION ONLY.

post nebs. → creptis ⊕
wheeze settled.
no distress.

Varadan
SR.

Adv.

→ Symp. Amoxy clav. 5ml TDS
(5ml/400) x 5 days.

→ Symp. cetirizine 2.5ml HS
(5ml/5ml) x 3 days

→ Symp. pcm 5ml (60s)
(5ml/250)

D/w ENT SR - oncall.

Review in OPD tomorrow.



CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
New Delhi, New Delhi-110029

Phones } 26588500
26588700

APPOINTMENT SLIP

Follow-up Patient
Advance



Receipt No.:

Done By: Ms. POONAM SINGH DEO SWEC

General ₹ 0.0

Dated :

Received From:

Patient Type :

OPD/ MRD Department Name: Paediatrics/PCC PEADS

Reporting Time: 1.30 P M

Room No. Appointment Date: 05/03/2020

ON ACCOUNT OF

Appointment Request date	04/03/2020	Appointment No	2020030414461
Name of Patient	MISS. ASRA ASRA	Age	6 years 5 months 2 days
Sex	Female	Request Mode	counter
Contact Details	Mobile: XXXXXXXX758		

Remarks:

Your UHID Is : 101906286.

Your Clinic Number Is : 2017/PCC/429.

New appointment (OPD AND CLINICS)- Report to counter no 50 (Paediatric OPD) for confirmation on the day of your appointment.

Follow up appointment (OPD AND CLINICS)- Report to Kiosk in Paediatric OPD for confirmation on the day of your appointment.

Payment Mode:

INR (Rs.) :

Rs. in Words

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



CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)
Ansari Nagar, New Delhi-110029

Phones } 26588500
 } 26588700

APPOINTMENT SLIP

Advance New Patient



Receipt No.:

Done By - Mr. PUNEET RAK SWEC

General ₹ 0.0

Dated :

Patient Type :

Room No. :

Appointment Date: 09/03/2020

Reporting Time: 8.00 AM

OPD/ Department Name:

Central Collection Facility/Central Collection Facility

ON ACCOUNT OF

Appointment Request date	05/03/2020	Appointment No	2020030512916
Name of Patient	MISS. ASRA ASRA	Age	6 years 5 months 3 days
Sex	Female	Request Mode	counter
Contact Details	Mobile: XXXXXXXX758		

Remarks:

Your UHID is : 101906286.

Timings For Blood collection : Mon-Fri 8.00-10.30 am & Sat-8.00-9.30 am .

Payment Mode:

INR (Rs.) :

Rs. in Words

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

प्रयोगशाला कायचिकित्सा विभाग
DEPARTMENT OF LABORATORY MEDICINE
रूधिर विज्ञान
HEMATOLOGY

अखिल भारतीय आयुर्विज्ञान संस्थान, अन्सारी नगर, नई दिल्ली-110029
All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

नाम/Name	ASRA	आयु/Age	67	लिंग/Sex	F
UHID No.	F 019 06286	Consultant			
Ward/OPD		Unit/Bed No.			
Date/Time	CBC E PS				
Nature of Anticoagulant : EDTA / Citrate / Heparin / Nil					
Diagnosis / History					
Previous Lab. Ref. No.					
Today's Lab. Ref. No.					

Signature of Doctor

Time of Receipt

INCOMPLETELY FILLED FORM IS NOT ACCEPTABLE

1/11/19

CR.

12/10 JORRP post 12 Aug.
Bevacizumab
(last - 10/10/19)

Endotracheoscopy

→ Papilloma bunch in
anterior tracheal wall obstructing

~ 20% of lumen.

Not causing resp. distress.

D/w Dr. Rajeev Kr:-

To see Dr. Rajeev Kuman

- 4103, Mon, 4/11/19, 10:00 a.m.

Jagannath
SRINF.



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029
फेसशीट (भर्ती एवं छुट्टी रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



FULL Receipt No.: ACCOUNTS-18-145773/201920 AMT. RS. 60

Short Admissions

कें.पं.सं.
C.R. No.

NON-MLC

General

Admission Valid till 8 AM

वार्ड/विस्तर सं.
WARD / BED NO.

दिनांक
DATE

H-106655-19

C5 DAY CARE/55

30/10/2019

12:47 pm

नाम/NAME :

MISS ASRA ASRA

6 Y 0 M 28

आयु/AGE :

F लिंग/SEX :

पिता/पति का नाम / FATHER/HUSBAND NAME :

D

राष्ट्रीयता/NATIONALITY :

माता का नाम/MOTHER NAME :

D/O AHMAD

धर्म/RELIGION :

व्यवसाय/OCCUPATION :

FAWAD

वैवाहिक स्थिति/MARITAL STATUS :

स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता

Muslim

रजि. सं./सी.सी.एच. सं./EHS NO./CGHS NO. :

LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :

Other

संपर्क सं./CONTACT NO. :

आधार सं./AADHAR NO. :

7872440758

राज्य/STATE :

पिन/PIN :

स्थायी पता/PERMANENT ADDRESS :

राज्य/STATE :

पिन/PIN :

KABUL AFGHANISTAN KULOLA

null Afghanistan

विभाग का विवरण / DEPARTMENT DETAILS

विभाग/DEPARTMENT :

यूनिट/UNIT :

यूनिट अध्यक्ष/UNIT HEAD :

भर्ती की तिथि:/DATE OF ADMISSION :

समय/TIME :

परामर्शदाता/CONSULTANT :

Paediatrics

छुट्टी की तिथि:/DATE OF DISCHARGE :

समय/TIME :

ओ.पी.डी./आपात सं./OPD/ CASUALTY NO. : Dr. SR Paediatrics

30/10/2019

12:47

द्यूटी पर तैनात कें.पं.सं. स्टाफ का नाम NAME OF CAO STAFF ON DUTY :

ड्यूटी पर तैनात कें.पं.सं. स्टाफ के हस्ताक्षर
SIGN. OF CAO STAFF ON DUTY :

निदान एवं अन्य/DIAGNOSIS & OTHERS

UHID No. 101906286

अस्थायी निदान/PROVISIONAL DIAGNOSIS :

GAC/Mr. ZASEEM KHAN
पिछले कें.पं.सं./PREV. C.R. NO. :

टिप्पणी/REMARKS :

संवेदनाहरण/ANAESTHESIA :

दिनांक/DATE :

समय/TIME :

अंतिम निदान/FINAL DIAGNOSIS :

ऑपरेटिव प्रक्रियाएं/OPERATIVE PROCEDURES :

द्वितीयक निदान एवं जटिलताएं

SECONDARY DIAGNOSIS & COMPLICATIONS :

कोड सं./CODE NO. :

मृत्यु का कारण/CAUSE OF DEATH :

शव परीक्षा: हां/नहीं
AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/तामा/फरार/गंभीर/मृत्यु होना।

RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर
NAME & SIGN. OF SR. RESIDENT :

परामर्शदाता के हस्ताक्षर
SIGN. OF CONSULTANT



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
DEPARTMENT OF PEDIATRICS
C5DAYCARE -DISCHARGE SUMMARY

Name	asra	Gender	female
Age	5 yr	Unit	111
UHID	101906286	DOA	30.10.2019
Diagnosis	Respiratory papilomatosis	DOD	30.10.2019
Consultant			

Procedure and monitoring:

Admitted in C5 daycare for inj bevacizumab infusion. Inj bevacizumab was give as per protocol.
No reaction occurred.

Condition on discharge:

Child remained stable during the hospital stay.

Advise on discharge:

1. To continue all medications as advised.
2. To follow in Peds Unit 1 OPD on MONDAY/THURSDAY at 9 am

Senior Resident
DR Priyanka/ Dr SMRITI/ Dr Rajan

2019.10.31 22:07

GST NO. 07AAFP08210Q1ZK
MSME No. DL08D0004076

(GST INVOICE)

ICPS LIC No. DD11/2014/00012
Fees Lic. No. 10519011006381

ORIGINAL



IMPEX INDIA
(A House of Anti Cancer, Imported & Speciality Drugs)

(PHARMACEUTICAL DISTRIBUTORS)

8/3, First Floor, Yusuf Sarai, Main Market, Adjoining Mandir Wali Gali, New Delhi-16



D.L. No. 125465 (2008), 125466 (2108)
D.L. No. 125467 (2009), 125468 (2118)
Schedule X 1188339 (2009), 1188340 (2109)
25712485, 26184515
9910486274, 9910486271
Toll Free 1800110612
Email → contact@impegoc.com

ASRA FAIZI
AIIMS GATE NO .2
P/O DR. LALIT KUMAR

PH: 7838388981

INVOICE No.
YSG-6465

DATE
30-10-2019

Due Date
30-10-2019

D.L. Regd. No.

GST No.

Order Number

Order Date

QUANTITY	PACK	DESCRIPTION	BATCH	EXPIRY	HSN Code	M.R.P.	RATE	Amount	Dis%	GST% IGST%
1		VIAL BEVATAS 100MG	24020042	6/21	3002	9500.0	7142.9	7142.86	0.0	5

GST DETAILS	SUB TOTAL	DISCOUNT	Amount	SGST Amt.	CGST Amt.	IGST Amt.	SUB TOTAL :
GST 5%	7500.00	0.00	7142.86	178.57	178.57	0.00	7142.86
GST 12%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 18%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							BILL DISCOUNT : 0.00
							SGST PAYABLE : 178.57
							CGST PAYABLE : 178.57
							IGST PAYABLE : 0.00
							CR/DR NOTE : 0.00

RUPEES **Rs. Seven Thousand Five Hundred Only** NAVEEN **RS. 7500.00**

FOR IMPEX INDIA: BANK DETAIL: IMPEX INDIA, THE JAMMU & KASHMIR BANK LTD, ACCOUNT NO. 92291910000000000000, IFSC Code JKBA0LAJPAT

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• OBL, KCT's, & skull x's
• PAZ

Logan
SRNF.

4/11/19

Try date
28/11/19
4/06/19 9:00 am
Pain

Adm

• d/b D/c tracheoscopy +
debridement ↓ GA (4/06)
(Plan for any Friday
preferably 3rd week)

Logan
Associate H,
GW

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली - ११००२६
Ansari Nagar New Delhi - 110029

MLC / NON - MLC

UHID No. 101906286

ADMISSION SLIP

Dated 21/11/19

AADHAR No.

Please admit Shri. / Smt. / Dr. / Miss. Asra

Age 54 Sex R in ward C/DC Under Unit Peds III

and Senior Resident of the Unit. Royan whose Provisional

diagnosis is Respiratory papillomatosis (in block letters)

Signature & Stamp of the Admitting Medical Officer

C. A. O./ Hosp. Enquiry
Code No.

Name of the Admitting M.O.

Designation of Admitting M.O.

Please advise patient / attendant to fill the details on the back of slip.

JAI KALKA MAI

D.L. No.: 101192, 93 103887,88, 20,20B,21,21B

GST INVOICE

GSTIN : 07AAGPG0604G1ZB

+ LIFE LINE PHARMACY +

8/3, Ground Floor, Yusuf Sarai, Main Market, Near Mandir Wali Gali,
New Delhi - 110016 Anti Cancer Medicines, Surgicals, Devices

GLUCOMETER, B.P. MONITOR, NEBULIZER

E-mail : lifelinepharmacy443@gmail.com

ALL DAYS
OPEN

CREDIT CARD
ACCEPTED



9953150707, 9212262148

* In case you find any inadvertent error in the price charged.
* Please bring this GST invoice for refund of difference.

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	GST	AMOUNT
1	BEVACIREL 100MG INJ.	BMVIA18005	08/20	5.0	12356.89

LLP

ANTI-CANCER CENTRAL WASH PRODUCT
SURGICAL INSTRUMENTS
DIPAP TABLET

cuting&fridge medicine no return.

DO ONE GOOD ACT A DAY

BILL NO. : 12644 DATE : 08/10/19 Total 12,356.89

PATIENT Ms/Mr ASRA FAIZI

ADDRESS :

CGST 173.82
SGST 173.82

Pres. by Dr. : AIIMS

Sign.

5,056.44

Grand Total

7,300.00

1. No Return, No Exchange
2. All Disputes are subject to Delhi Jurisdiction only.

E.S.O.E.

GST NO. : 07AAFP08210Q1ZK
MSME No. : DL08D0004076

(GST INVOICE)

NPSLC No. DG11/2014/00012
Fac. No. 10019011006381 ORIGINAL



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(PHARMACEUTICAL DISTRIBUTORS)



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D.L. No. 123152 (29) 123153 (21)
Schedule X 118529 (758) 118548 (210)
2671245 26184615
9910486274 9919486271
Toll Free 1800110612
Email → contact@impegcc.com

ISO 9001:2015 Certified 8/3, First Floor, Yusuf Sarai, Main Market, Adjoining Mandir Wali Gali, New Delhi-16
ASRA FAIZI
AIIMS GATE NO .2
P/O DR.LALIT KUMAR
PH: 7838388981

INVOICE No. YSG-5033
DATE 17-09-2019
Due Date 17-09-2019

DL/Regd. No. GST No. Order Number Order Date

QUANTITY	PACK	DESCRIPTION	BATCH	EXPIRY	HSN Code	M.R.P.	RATE	Amount	Dis%	GST%
1		VIAL BEVATAS 100MG	24020039	3/21	3002	9500.0	7142.9	7142.86	0.0	5

GST DETAILS	SUB TOTAL	DISCOUNT	Amount	SGST Amt.	CGST Amt.	IGST Amt.	SUB TOTAL
GST 5%	7500.00	0.00	7142.86	178.57	178.57	0.00	7142.86
GST 12%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 18%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							7142.86
							0.00
							178.57
							178.57
							0.00
							0.00

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली - ११००२६
Ansari Nagar New Delhi - 110029

MLC / NON - MLC

UHID No. 101906286

ADMISSION SLIP

Dated 8/10/19

AADHAR No.

Please admit Shri. / Smt. / Dr. / Miss. Aera

Age 54 Sex F in ward C5/day care Under Unit IV

and Senior Resident of the Unit Dr. Priyanka whose Provisional

diagnosis is Recurrent pulmonary papillomatosis (in block letters)

Signature & Stamp of the Admitting Medical Officer

C. A. O./ Hosp. Enquiry
Code No.

Name of the Admitting M.O. Neelha Sahas

Designation of Admitting M.O.

Please advise patient / attendant to fill the details on the back of slip.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

C5 DAYCARE SHORT ADMISSION

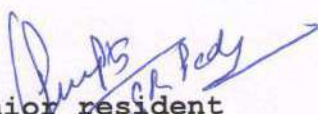
DISCHARGE SUMMARY

Name	ASRA	Gender	Female
Age	6 yrs	Unit	III
UHID	101906286	DOA	17-07-19
Diagnosis	Recurrent Respiratory Papillomatosis	DOD	17-07-19
Consultant	Dr. S. K. Rana / Dr Kana Ram Jat		

Child admitted for Bevacizumab infusion .Inj Bevacizumab 100 mg was diluted in 100 ml NS and given over 2 hours. Child monitored throughout the hospital stay
Vitals stable at the time of discharge.

Advice on discharge:

1. To continue all medications as advised
2. To follow up in Peds Unit III OPD on Wednesday/Saturday at 9 am


Senior resident
Dr. Jyoti

Junior resident
Dr Praneetha



शरीरमाद्यं खलु धर्मसाधनम्

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

एकक/Unit _____
विभाग/Dept. _____

नाम/Name

General

RO 101906286
Clinic No: PCC- Clinic
No. 2017/PCC/429
Name: Miss. ASRA
D/O AHMAD FAWAD, 5Y 7M, F
Ph: 7872440758
KABUL AFGANISTAN KULOLA PUSTA,
Afghanistan

DeptSeq: 615
Dept: Paediatrics
Unit: unit-III
Room: B
F/31
Days: Thursday
App. Date:
02/05/2019

OPR-6

D. Regn. No. _____

पता/Address

Bemhescong
CT district

Appt. ID:

2019050211337

निदान/Diagnosis

Rec: Respiratory Perforation

दिनांक/Date

19

उपचार/Treatment

Last surgery 10 month back (April 2018)

Received 5 doses of Brevazone

London 7/2/19

Area of lung not fully affected now

Brevazone

thin white cream color

in Blc lower lobe

compared to previous

disease

all no distress

chest inspection and

Plan

Dr. Khan

1. To discuss with Rec

2. For Bronchoscopy date

3. For Brevazone if early returned

human dose

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2/5/19



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

C5 DAYCARE SHORT ADMISSION

DISCHARGE SUMMARY

Name	Asra	Gender	F
Age	6 Y	Unit	III
UHID	101906286	DOA	18.06.2019
Diagnosis	Recurrent respiratory papillomatosis	DOD	18.06.2019
Consultant	Dr SK Meena, Dr KR Jat, Dr R Seth, Dr A Gupta, Dr RP Meena		

Procedure and monitoring note: Inj BEVACIZUMAB injection 100 mg in 100ml NS was given over 2 hours. No adverse events following injection.

Condition on discharge: Stable

Advice on discharge:

1. To continue all medications as advised
2. Follow up ped unit 3 OPD clinic on WED/SAT at 9am

Senior resident

Dr Jyoti/ Dr Pamali

ALL INDIA INSTITUTE OF MEDICAL SCIENCE

NEW DELHI PIN:110011

DIVISION OF PEDIATRIC PULMONOLOGY, DEPT. OF PEDIATRICS

Patient ID : 1499
Patient Name : Asra
Age/Gender : 6Yrs, Female

Visit Date : 5/7/2019
Referred by : Dr. S K KABRA
Consulted by : Administrator

Instrument : Olympus BF IT 150

Indication : Recurrent respiratory papillomatosis on bevacizumab therapy

Chest X-Ray :

CT-Scan :

Clinical Diagnosis : Respiratory papillomatosis

Medications : Mylocaine Spray, Midazolam, Fentanyl

Nasopharynx : Normal

Pharynx : Normal

Epiglottis : Normal

Larynx : Normal

Vocal Cords : Subglottic stenosis grade 3

Trachea : Multiple papillomas seen

Carina : Normal

Rt. Main Bronchus : Papillomas seen

Lt. Main Bronchus : Normal

Rt. Bronchial Tree : Normal

Lt. Bronchial Tree : Normal

Other Findings : None

Bal : Not done

Other Procd. : TT changes, 5 mm TT inserted

Conclusion : Subglottic stenosis, Multiple papillomas in trachea and rt bronchus
(Compared to prev bronchoscopy dated 28/9/18, there is decrease in

Complication : Mild hemorrhage during the procedure

Advice : To continue bevacizumab therapy,

left main bronchus, but almost same in trachea below stoma & around glottis also partial response.

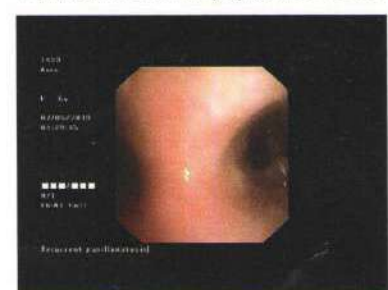
Subglottic stenosis Grade 3 (Same as previous)



Trachea- Multiple papillomas seen (Same as compared to previous)



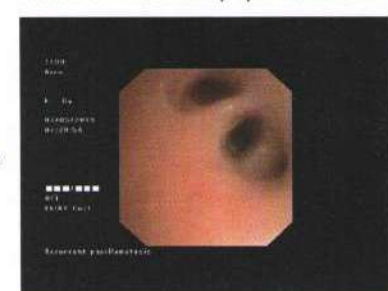
Rt main bronchus papillomas seen



Carina - Normal



Left bronchus - No papillomas seen



Administrator

ALL INDIA INSTITUTE OF MEDICAL SCIENCE

NEW DELHI PIN:110011

DIVISION OF PEDIATRIC PULMONOLOGY, DEPT. OF PEDIATRICS

Patient ID : 1316
Patient Name : ASRA
Age/Gender : 5Yrs,

Visit Date : 9/28/2018
Referred by :
Consulted by : Dr S K Kabra

Instrument : Olympus BF IT 150

Indication : Suspected foreign body *Recurrent papilloma*

Chest x-ray :

CT- Scan :

Clinical : Recurrent Pappilomatosis Tracheobronchial tree

Diagnosis :

Medications : Xylocain Spray, Midazolam, Fentanyl

Nasopharynx : Normal

Pharynx : Normal

Epiglottis : Normal

Larynx : Normal

Vocal Cords : grade 3 subglottic narrowing

Trachea : Circumferential pale white papilloma in lower part. decreased from previous. *Circumferential pale white papilloma at lower part of trachea*

Carina : Normal

Rt. Main Bronchus : Few sessile papilloma.

Lt. Main Bronchus : Few sessile papilloma.

Rt. Bronchial Tree : Normal

Lt. Bronchial Tree : Normal

Other : None *RT main bronchus - papilloma similr to previous*

Findings

Bal : not Taken

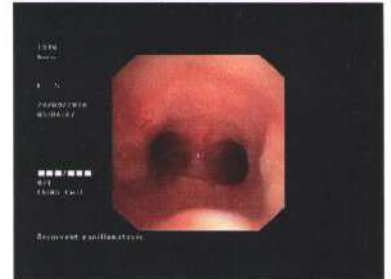
Other Procd. : None

Conclusion : Recurrent Pappilomatosis Tracheobronchial tree. (Improving)

Complication : None

Advice : None

Carina- lesion improved from previous



LT lower lobe bronchus- papilloma decreased in size



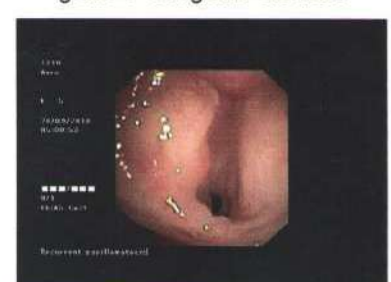
Circumferential pale white papilloma at lower part of trachea



RT main bronchus - papilloma similr to previous



grade 3 Subglottic Stenosis



Dr S K Kabra
Paediatric Pulmonology

Trademark Registration Number: 248527, D: 2527
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ASRA FAIZI
 AIIMS BATHINDA
 P/O DR. LALIT KUMAR

INVOICE No. : **YSB-3034** DATE : **17-07-2019** Due Date : **17-07-2019**

D.L./Regd. No. GST Order Number Order Date

QUANTITY	PACK	DESCRIPTION	BATCH	EXPIRY	HSN Code	M.R.P.	RATE	Amount	Dis%	GST% IGST%
1	VIAL	BEVATAS	20038	3/21	30021900	9500.0	7500.0	7142.86	0.0	5

GST DETAILS	SUB TOTAL	DISCOUNT	Amount	SGST Amt.	CGST Amt.	IGST Amt.	SUB TOTAL
GST 5%	7500.00	0.00	7142.86	178.57	178.57		7500.00
GST 12%	0.00	0.00	0.00	0.00	0.00		0.00
GST 18%	0.00	0.00	0.00	0.00	0.00		178.57
OTHER	0.00	0.00	0.00	0.00	0.00		0.00

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ON ACCOUNT OF

ACCOUNTS-18/4541/2019/0
(Original) Hospital Receipts
MISS. ASRA ASRA, Age 3 Yrs 9 Mons 15 Days
101906286 (OPD)

Date: 17/7/2019
Patient Type :
Room No. :



Sl No.	Service Name	Quantity	Rate	Net Amount
1	ADVANCE - SHORT ADMISSION	1	60	60

Printed on 17 Jul 2019 15:47:32 PM



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MR. VIVEK KUMAR

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अंसारि नगर, नई दिल्ली - ११००२६
Ansari Nagar New Delhi - 110029

UHID No. 101906286
AADHAR No.

ADMISSION SLIP

Dated 13/08/19

Please admit Shri. / Smt. / Dr. / M. s. Asra
Age 57 yrs Sex F. in ward 130 day care Under Unit Pediatrics III
and Senior Resident of the Unit Dr. Shreyansh whose Provisional
diagnosis is Papillo sarcoma (in block letters)

C. A. O./ Hosp. Enquiry
Code No.

Signature Stamp of the Admitting Medical Officer

Name of the Admitting M.O. Dr. Shreyansh

Designation of Admitting M.O.

Please advise patient / attendant to fill the details on the back of slip.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Department of Pediatrics

C5 daycare - UNIT III

Short Admission Discharge Summary



Name: Asra Age/Sex: 5 years/ Female

UHID: 10190626

DOA: 07/05/2019

DOD: 07/05/2019

Consultant: Dr. S. Kabra / Dr Kana Ram Jat

Diagnosis: Recurrent respiratory papillomatosis

PROCEDURE: Bronchoscopy

PROCEDURE findings: Detailed report given to the patient

Complication: Minor bleeding during the procedure. Hemo stasis achieved. Post procedure child observed. No further bleeding or respiratory distress observed.

Advice at Discharge:

1. To review in Pediatric chest clinic on Thursday at 2 PM on 07/05/2019 to decide regarding bevacizumab therapy

Dr. Kiran
Senior Resident

Dr. Kiran/ /Dr. Vijay

विकिरण नैदानिक विभाग
अ० भा० आ० सं०, नई दिल्ली-११००२६
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Asra Age/Sex : 64/F Ref. Deptt./Unit : Date : 23/2/2020
Indoor (Bed No.) / Outdoor / Casualty UHID No. : 101906286 LMP :
Examination Required :

Clinical History and Examination :

Clinical / Working Diagnosis : CER

Blood Urea / Cr. / Creatinine
Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date :
SR

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 :

Your appointment is on : _____ Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS : _____

Sign. of Radiographer :

P.T.O.

post nebs. → crepts ⊕
wheeze settled.
no distress.

Adv.

→ Symp. Amoxy clav. 5ml TDS
(5ml/400) x 5 days.

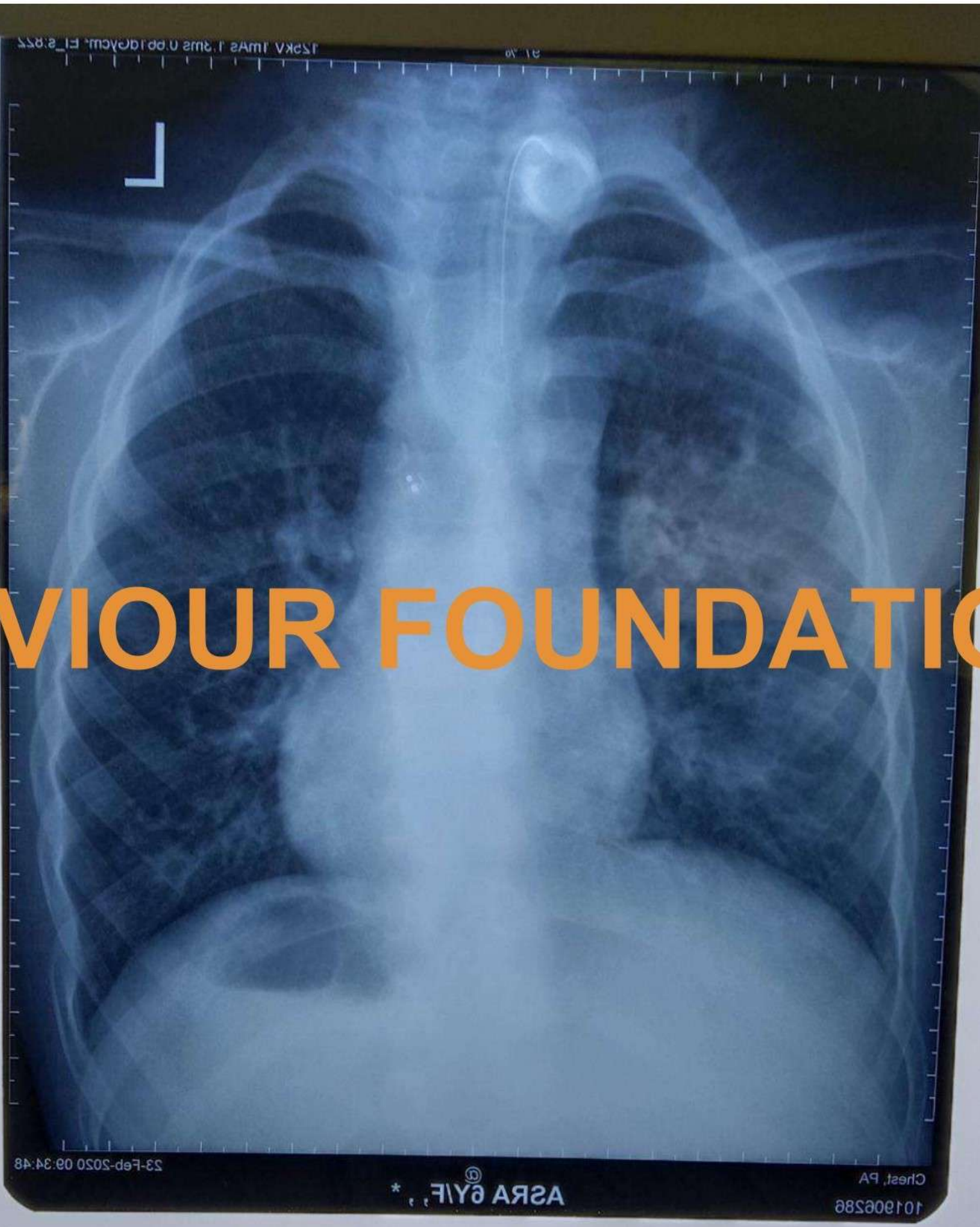
→ Symp. cetirizine (5ml/5mg) 2.5ml HS
x 3 days

→ Symp. paracetamol (5ml/200mg) 5ml q4h

D/w ENT SR-oncall.

Review in OPD tomorrow.

BEHAVIOUR FOUNDATION



ASRA EYE® *

Chest, PA
101906288

53-Sep-2020 09:34:48

175KV, 15mA, 1.5ms, 0.001Gy/cm, EI_8925

01.10

7290893674

MLC / (NON - MLC)

अखिल भारतीय आयुर्विज्ञान संस्थान

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली - ११००२६

Ansari Nagar New Delhi - 110029

Short admission

UHID No. 101906286

ADMISSION SLIP

Dated 21/1/20

AADHAR No.

Please admit Shri. / Smt. / Dr. / Miss. Asra

Age 5yr Sex F in ward C5 - Daycare Under Unit III

and Senior Resident of the Unit Dr. Jagat whose Provisional

diagnosis is Recurrent Respiratory papillomatosis (in block letters)

Signature & Stamp of the Admitting Medical Officer

C. A. O./ Hosp. Enquiry

Code No.

Name of the Admitting M.O. Joel

Designation of Admitting M.O. SR

Please advise patient / attendant to fill the details on the back of slip.

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P/O DR.LALIT KUMAR

PH:7838388981

INVOICE No.

YSG-8878

DATE

07-01-2020

Due Date

07-01-2020

D.L./Regd. No.

GST No.

Order Number

Order Date

QUANTITY	PACK	DESCRIPTION	BATCH	EXPIRY	HSN Code	M.R.P.	RATE	Amount	Dis%	GST% IGST
1		VIAL BEVATAS 100MG	24020042	6/21	3002	9500.	7142.9	7142.86	0.0	5

PAID

GST DET	SUB TOTAL	DISCOUNT	Amount	SGST Amt.	CGST Amt.	IGST Amt.	SUB TOTAL :
GST 5	7500.00	0.00	7142.86	178.57	178.57	0.00	7142.86
GST 12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							CR/DR NOTE : 0.00

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ALL INDIA INSTITUTE OF MEDICAL SCIENCE

NEW DELHI PIN:110011

DIVISION OF PEDIATRIC PULMONOLOGY, DEPT. OF PEDIATRICS

Patient ID : 1694
Patient Name : asra
Age/Gender :

Visit Date : 1/21/2020
Referred by :
Consulted by : Administrator

Instrument : Videobronchoscope 3.8 mm

Indication : recurrent respiratory papillomatosis

Chest x-Ray :

CT- Scan :

Clinical : recurrent respiratory papillomatosis post bevacizumab therapy

Diagnosis

Medications : Xylocaine Spray, Midazolam, Fentanyl

Nasopharynx : Normal

Pharynx : Normal

Epiglottis : Normal

Larynx : Normal

Vocal Cords : Normal

Trachea : subglottic stenosis

Carina : Normal

Rt. Main : Normal

Bronchus

Lt. Main : Normal

Bronchus

Rt. Bronchial: Normal

Tree

Lt. Bronchial : Normal

Tree

Other : None

Findings

Bal :

Other Procd. : None

Conclusion : subglottic stenosis with clearing of the lesions compared to previous findings

Complication : None

Advice : None

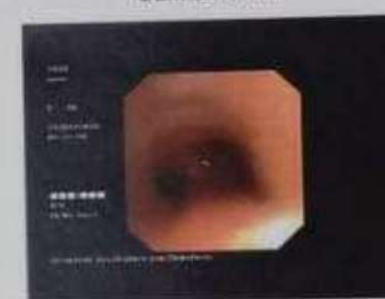
slottis normal with subglottic narrowing



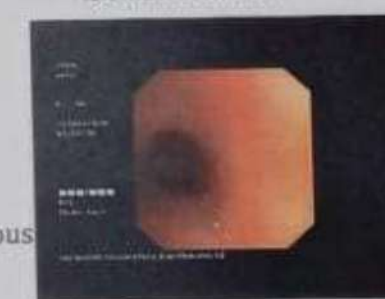
Subglottic narrowing of trachea



Carina normal



left main bronchus normal



Right Main Bronchus - Normal



Administrator



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अंसारी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029

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FULL Receipt No.: ACCOUNTS-18-202847/201920 AMT. RS. 60

Short Admissions

Admission Valid till 8 AM

NON-MLC

General

कॉ. प्र. सं.
C.R. No.

H-136035-20

वार्ड/विस्तर सं.
WARD / BED NO.

CS DAY CARE/4

दिनांक
DATE

08:09 am

नाम/NAME: MISS. ASRA ASRA

वय/AGE: 6 Y 3 M 19 D

लिंग/SEX: F

पिता/पति का नाम / FATHER / HUSBAND NAME: D/O AHMAD FAWAD

राष्ट्रीयता/NATIONALITY:

Muslim

माता का नाम/MOTHER NAME:

Other

धर्म/RELIGION:

Single

व्यवसाय/OCCUPATION:

वैवाहिक स्थिति/MARITAL STATUS:

स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसका पता

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विभाग का विवरण/DEPARTMENT DETAILS

Paediatrics
Dr. SR Paediatrics

Unit-III

विभाग/DEPARTMENT:

यूनिट अध्यक्ष/UNIT HEAD:

UHID No. 101906286

परामर्शदाता/CONSULTANT:

ऑपरेशन/अपाथ/OPD/CASUALTY NO.:

स्यूटी पर सेवा देने वाला स्टाफ का नाम NAME OF CAD STAFF ON DUTY:

यूनिट/UNIT:

21/01/2020

08:09 am

दिनांक/DATE OF ADMISSION:

समय/TIME:

छुट्टी की तिथि/DATE OF DISCHARGE:

समय/TIME:

स्यूटी पर तैनात स्टाफ के हस्ताक्षर
SIGN. OF CAD STAFF ON DUTY:

निदान एवं अन्य/DIAGNOSIS & OTHERS

अस्थायी निदान/PROVISIONAL DIAGNOSIS:

पिछले रिकॉर्ड/PREV. C.R. NO.:

टिप्पणी/REMARKS:

सोपानकरण/ANAESTHESIA:

दिनांक/DATE:

समय/TIME:

अंतिम निदान/FINAL DIAGNOSIS:

ऑपरेटिव प्रक्रियाएं/OPERATIVE PROCEDURES:

द्वितीयक निदान एवं जटिलताएं

SECONDARY DIAGNOSIS & COMPLICATIONS:

कोड सं./CODE NO.:

मृत्यु का कारण/CAUSE OF DEATH:

शव परीक्षा: हां/नहीं
AUTOPSY: YES/NO

परिणाम: उपचार से ठीक हुए/स्वास्थ्य में सुधार/कोई परिवर्तन नहीं/अनुरोध करने पर छुट्टी की गई/लामा/फरार/गंभीर/मृत्यु होना।

RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED

वरिष्ठ रेजीडेंट का नाम एवं हस्ताक्षर
NAME & SIGN. OF SR. RESIDENT:

परामर्शदाता के हस्ताक्षर
SIGN. OF CONSULTANT

Check List for Bronchoscopy

Name Asvq Age 5y Sex F Date 21/1/2020

UHID - 101906286

Weight (Kg): 17kg

Indication for Bronchoscopy: Rec. Papillomatosis - Check Bronchoscopy

Source of the Patient: - OID

Indication has been clarified: Yes

Procedure: Bronchoscopy-BAL/TBB/Brushing EBUS

1. Consent from parents:

- | | |
|--|--|
| a. Parents information sheet given | <input checked="" type="checkbox"/> Yes/No |
| b. Procedure, preparation, benefits and untoward incidence discussed | <input checked="" type="checkbox"/> Yes/No |
| c. Consent form signed by father or male attendant | <input checked="" type="checkbox"/> Yes/No |
| d. Instructions given to parents explained | <input checked="" type="checkbox"/> Yes/No |
| e. Responsible Adult Available for post procedure care | <input checked="" type="checkbox"/> Yes/No |

2. CXR done and available

Yes/No

CXR Finding -

3. CT done and available

Yes/No

CT finding -

4. History of bleeding diathesis or epistaxis in past

Yes/No

5. Platelet counts $> 100000/ ml^3$ (specifically for children with malignancy)

Yes/No

6. Deviated nasal septum

Yes/No

7. Child is nil per oral for 6 hours

Yes/No

8. Heart rate

96 per min

9. Blood pressure (systolic/diastolic mm Hg)

- mm hg

10. Respiratory rate

26 Per min

11. Capillary refill time

< 3 sec

12. Temperature

98.6 degree F

13. Oxygen saturation (Room Air)

98 %

14. Chest air entry equal

Yes/No

15. Chest indrawing

Yes/No

16. Wheeze

Yes/No

17. Stridor

Yes/No



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अन्सरी नगर, नई दिल्ली-110029 / ANSARI NAGAR, NEW DELHI - 110029
 फेशीट (आवेशन और डिस्चार्ज रिकॉर्ड) / FACESHEET (ADMISSION AND DISCHARGE RECORD)



FTL Receipt No.: ACCOUNTS-18-210047/201920 AMT, RS. 60

Short Admissions

*** Admission Valid till 5 AM ***

कै. सं. सं. C.R. No.	NON-MLC H-138816-20	General वार्ड/बिस्तर सं. WARD / BED NO'S DAY CARE/25	दिनांक DATE 28-01-2020	12:17 pm
नाम NAME	MISS. ASRA ASRA		वय AGE	6 Y 3 M 26 D
पिता/पति का नाम FATHER / HUSBAND NAME	D/O AHMAD FAWAD		राष्ट्रियता NATIONALITY	
माता का नाम MOTHER NAME			धर्म RELIGION	Muslim
व्यवसाय OCCUPATION	Other		दाम्पत्य स्थिति MARITAL STATUS	Single
स्थानीय पता अथवा नजदीकी रिश्तेदार एवं उसके पता LOCAL ADDRESS OR NEXT OF KIN WITH ADDRESS :			फोन सं. CONTACT NO.	7872440758
स्थायी पता PERMANENT ADDRESS :	KABUL AFGANISTAN KULOLO PUSTA		आधार सं. AADHAR NO.:	
	राज्य STATE	null	देश PN	Afghanistan

विभाग का विवरण / DEPARTMENT DETAILS			
विभाग DEPARTMENT :	Paediatrics	यूनिट UNIT :	Unit-III
यूनिट का मुखिया UNIT HEAD :	Dr. SR Paediatrics	आवेशन की तिथि DATE OF ADMISSION :	28/01/2020
सल्लाहकार CONSULTANT :		डिस्चार्ज की तिथि DATE OF DISCHARGE :	
डॉ. सी. ई. कासल्टी सं. / OPD CASUALTY NO. :	UHID No. 101906286		
यूनिट पर सेवा देने वाले का नाम NAME OF CAO STAFF ON DUTY :		यूनिट पर सेवा देने वाले का हस्ताक्षर SIGN. OF CAO STAFF ON DUTY :	

निदान एवं अन्य / DIAGNOSIS & OTHERS			
अस्थायी निदान PROVISIONAL DIAGNOSIS :	डिस्चार्ज सं. सं. DISCHARGE NO. :		
टिप्पणी REMARKS :	अनार्थ्रसिया ANAESTHESIA :	दिनांक DATE :	समय TIME :
अंतिम निदान FINAL DIAGNOSIS :	आपरेटिव प्रक्रियाएं OPERATIVE PROCEDURES :		
द्वितीयक निदान एवं जटिलताएं SECONDARY DIAGNOSIS & COMPLICATIONS :	कोड सं. CODE NO. :		
मृत्यु का कारण CAUSE OF DEATH :	ऑटोप्सी AUTOPSY: YES/NO		
परिणाम RESULT: CURED/IMPROVED/UNCHANGED/DISCHARGED ON REQUEST/LAMA/ABSCONDED/WORSE/EXPIRED			
वरिष्ठ रेजिडेंट का नाम एवं हस्ताक्षर NAME & SIGN. OF SR. RESIDENT :		सल्लाहकार का हस्ताक्षर SIGN. OF CONSULTANT	

SA

MLC / NON - MLC ✓

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली - ११००२९
Ansari Nagar New Delhi - 110029

UHID No. 101906286

ADMISSION SLIP

Dated 28/01/20

AADHAR No.

Please admit Shri. / Smt. / Dr. / Miss. Asra

Age 34 Sex F in ward CRAC Under Unit 111

and Senior Resident of the Unit Lee whose Provisional
diagnosis is resp papillomatosis (in block letters)

C. A. O./ Hosp. Enquiry
Code No.

Signature & Stamp of the Admitting Medical Officer

Name of the Admitting M.O. [Signature]

Designation of Admitting M.O.

Please advise patient / attendant to fill the details on the back of slip.

GST NO. : 07AAFDP8210Q12K
MSME No. : DL08D0004076

(GST INVOICE)

NDPS Lic No DD11/2014/00012
Food Lic No 10019011006381

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D.L. No. 125152 (20), 125153 (21)
Schedule X 118539 (20F), 118540 (21G)
26712485, 26184615
9910486274, 9910486271
Toll Free 1800110612
Email contact@impexgcc.com

ASRA FAIZI
AIIMS GATE NO .2
P/O DR.LALIT KUMAR

INVOICE No.

DATE

Due Date

YSG-8055

14-12-2019

14-12-2019

DL./Regd. No.

GST No.

PH: 7838388981

Order Number

Order Date

QUANTITY	PACK	DESCRIPTION	BATCH	EXPIRY	HSN Code	M.R.P.	RATE	Amount	Dis%	GST% IGST%
1		VIAL BEVATAS 100MG	24020041	4/21	3002	9500.0	7142.9	7142.86	0.0	5

*Recd
7500/- in Bottle
14/12/19*

GST DETAILS	SUB TOTAL	DISCOUNT	Amount	SGST Amt.	CGST Amt.	IGST Amt.	SUB TOTAL :	7142.86
GST 5%	7500.00	0.00	7142.86	178.57	178.57	0.00	BILL DISCOUNT :	0.00
GST 12%	0.00	0.00	0.00	0.00	0.00	0.00	SGST PAYABLE :	178.57
GST 18%	0.00	0.00	0.00	0.00	0.00	0.00	CGST PAYABLE :	178.57
OTHER	0.00	0.00	0.00	0.00	0.00	0.00	IGST PAYABLE :	
							CR/DR NOTE :	0.00

RUPEES Rs. Seven Thousand Five Hundred Only

RAKESH TIME: 10:49

RS. 7500.00

Terms & Conditions
1. Consignee shall not assume any responsibility once the consignment leaves our premises
2. All disputes are subject to the exclusive jurisdiction of the courts of New Delhi
3. After due date interest will be charged @ 24% per annum
4. Materials less than (5) month expiry would not be accepted (for Whole Sale invoice)
5. Rates call against cash only (Cheque subject to Realisation or any digital mode)

FOR IMPEX INDIA
[Signature]
AUTHORISED SIGNATORY

BANK DETAIL
IMPEX INDIA
THE JAMMU & KASHMIR BANK LTD
ACCOUNT NO. 032301010000883
IFSC Code JAKA0LAJPAT

E & O L (COMPUTER GENERATED INVOICE)

Trademark Registration Number: 2444972, 252151
 Godown Incharge
 Checked By
 Packed By
 Mode of Transportation: Cycle
 Cycle

IN CASE OF CHEQUE RETURN @ 25% WILL BE CHARGED EXTRA INTEREST @ 24% PA. OUTSIDE MARKED ITEMS ARE TAX EXEMPT. * MARKED ITEMS BELONG TO HALF SCHEME ALL DISCOUNTS SUBJECT TO DEMONSTRATION ONLY



