



CARDIO - THORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

Date : 3/3/25

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms. / रोगी का नाम श्रीमान/श्रीमती Megha Nayak
 Age / उम्र 17 Sex / लिंग F CV No./CTVS No. / सीवी संख्या/सीटीवीएस संख्या 108057195
 UHID No. / युएचआईडी संख्या 108057195
 Nature of Disease / रोग का नाम TOF + Conduct Repair (TOF)
 Nature of Surgery / Procedure required / सर्जरी/प्रक्रिया की आवश्यकता TOF + Conduct Repair
 Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट 4 @
 Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क 60,000/-

The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in

favour of **"AIIMS PATIENT'S ACCOUNT"**
 (A/c No. 10874584258, IFSC Code : SBIN0001536)
 (for **CTVS Surgical Patients**)

"AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT"
 (A/c No. 10874584269, IFSC Code : SBIN0001536)
 (for **Cardiology Patients**)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National illness Fund, Prime Minister Relief Fund & from other sources.

उपयुक्त राशि को नीचे दिये गए सम्बंधित पक्ष में बैंक ड्राफ्ट/इलेक्ट्रॉनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए।

"एम्स सीटी पेशेंट अकाउंट"
 (A/c No. 10874584258, IFSC Code : SBIN0001536)
 (सी.टी.वी.एस सर्जरी मरीजों के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"
 (A/c No. 10874584269, IFSC Code : SBIN0001536)
 (कार्डियोलॉजिस्ट मरीजों के लिए)

अनुमानित व्यय सीजीएस/ईएसआई/सरकार स्वायत्त संख्या और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा। यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्रोतों से वित्तीय सहायता मांगने के लिए भी लागू होगा।

For any query related to package charges / money deposition, please contact Account Section Room No. 105 (Basement, C.N. Centre)

पैकेज शुल्क/रुपये जमा करने से संबंधित किसी भी पूछताछ के लिए, कृपया लेखा अनुभाग कमरा न.105 (बेसमेंट, सी.एन. सेंटर) में संपर्क करें।

वरिष्ठ रेजिडेंट / Senior Resident
 सी.टी.वी.एस. विभाग / Deptt. of C.T.V.S.
 हृदय तंत्रिका केन्द्र, अ.भा.आ.सं., नई दिल्ली
 C.N. Centre, A.I.I.M.S., New Delhi

(Signature & Rubber Stamp of Consultant)



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

(REVISIT)



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108057195

आपातकालीन नं.(Emergency No): 2025/030/0032312

दिनांक DATE: 25/03/2025

समय TIME: 08:15:42 AM

NON-MLC

नाम NAME: MISS. MEGHA NAYAK

आयु AGE : 1 years 6 months 12 days

लिंग /SEX : F

D/O : JAYANT NAYAK

पता ADDRESS:

मकान संख्या H.NO:

GHKHAL MAIDNI PUR

गली / मुहल्ला STREET/MOH:

शहर/प्रखंड CITY/BLOCK:

पिन PIN:

राज्य STATE:

WEST BENGAL

दूरभाष सं. PHONE NO:

मोबाइल MOBILE NO:

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative : FATHER

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

Flu/c of TOT & long segment PA & CTUS Flv

Presenting Complaints

1/0 cough x 5 days
fever on & off x 5 days

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No If No.....	HR...../min	GCS.....
Breathing: RR...../min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential	CFT.....secs.	Pupil size...../min
Added sounds: None/Stridor/Wheeze/Crackles	BP.....mmHg	Pupillary Reactions.....
SpO2 on Room air.....	Peripheral pulse: Poor/Good	Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flacidity/Seizure
	Central pulse: Poor/Good	Blood Sugar.....mg/dl
	Skin temp: Warm/cool	Exposure: Temp.....
	Others	Colour: Normal/pallor/cyanosis/ mottled
		Any other skin lesions.....

Diagnosis

ERT1

Adv

① Symp. PCM (125/5) 3.5 ml sos if fever

② Symp. Levocetizine

③ Symp. Maxtra 2.5 ml TDS x 5 days



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग

(REVISIT)



(DEPT. OF EMERGENCY MEDICINE)

UHID No:108057195

आपातकालीन नं.(Emergency No): 2025/030/0030582

दिनांक DATE: 21/03/2025

समय TIME: 06:52:31 AM

NON-MLC

नाम NAME: MISS. MEGHA NAYAK

आयु AGE : 1 years 6 months 8 days

लिंग /SEX : F

D/O : JAYANT NAYAK

पता ADDRESS: मकान संख्या H.NO: GHKHAL MAIDNI PUR
शहर/प्रखंड CITY/BLOCK:
राज्य STATE: WEST BENGAL
मोबाइल MOBILE NO:

गली / मुहल्ला STREET/MOH:

पिन PIN:

दूरभाष सं. PHONE NO:

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red / Yellow / Green

Triage: Responsive/
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

174/c 2
VSD/long segment
PA/PDA +

fever x yesterday night
cough x 2 days

Primary Assessment (ABCDE) : Assessment Pentagon

Airway Open & stable : Yes/No If No..... Breathing: RR 44/min Efforts: Normal/Poor/increased Auscultation: Air entry: Normal/poor/Differential Added sounds: None/Stridor/Wheeze/Crackles SpO2 on Room air: 96% Wt = 7.5 kg	Circulation HR 147/min CFT 2 secs. BP.....mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others	Disability GCS 15/15 Pupil size 2mm/min Pupillary Reactions B/L R/L Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions.....
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Diagnosis

Advice:

Wt 7.5 kg

Syp. PCM (5ml/125mg) 4.5ml PO SOS.
Syp. LCZ (5ml/2.5mg) 5ml HS x 3 days.
Syp. Augmentin (5ml/200mg) 5ml PO x 7 days.

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029

Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

दिनांक/Date

विभाग
Deptt.

CV 2025/014/0001274

र०

Cardiology

UHID: 108057195

CTVS

(128444/2025)

Date 17/02/2025

Name MEGHA NAYAK

1Y 5M 4D /

F

यू०एच०आई०डी०सं०
UHID No.

D/O JAYANT NAYAK

Phone No.

General

Consultant Room 3

Dr. Pradeep R CTVS.

SR Room



Prv. Reg. No.

Diagnosis

21/2/25

Kindly provide accomodation

Dr. Pradeep R CTVS

Senior Resident
Dept. of C.T.V.S.
C.N. Centre
A.I.I.M.S., New Delhi-110029

C/O/w Dr. Pradeep

It is a C/O for with, lay segment
pulmonary artery
Refu to Dr. Sachin Talwar
SR

Dr. Pradeep R CTVS

दिनांक
Date

28/2/25

Cnc Accepted by DDF Ryan + Condit Ryan
JMS/Alan

- 10 Report 40 Blood in Cnc Blood Bank
- 10 Report 60,000 in Cnc Blood Bank

(- 10 Report is may/may)

by mail let Exp field

②

12/03/25

- 11 B CTRC SR

- kindly provide accommodation at Dharamshale

Alan
C.N. Contro
C.N. Contro

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र

ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029

Cardiothoracic & Neurosciences Centre, O.P.D.

A.I.I.M.S., New Delhi-110029

दिनांक/Date 108057/95

विभाग
Deptt.

1274/25

नाम
Name

Megha Nayak

उम्र
Age

1

यू०एच०आई०डी०सं०
UHID No.

पुत्र/पुत्री/पत्नी
S/D/W

लिंग
Sex

✓

निदान

Diagnosis

R.21 (28)

11/2/95

150 / Any segment PA /
POA @ /

150 rtul nailing @

150 @

150 @

CRA done: 150 / Any segment PA /
RPA - 6.5 cm / Tug of OP stem
noted @ POA incision /
RPA tube - 5.5 cm / 150 9.5 cm

Plac - 6.5 cm @
150 @
- Carter G. 150 - 150 @

- 150 @ 150 @ (150)

दिनांक
Date

CFA animal: 150 / Any segment PA /
RPA 6.5m / Tight octapinnal
stem @ PDS interval 3m /
When 5.5m / PPA 9.2m.

R.21 (41)

14/2/25

Plan: Repu to Cns (37) for Central
Stem + Lm plating

LAL
14.2.25

749/8875
14/11/25

100

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre
A.I.I.M.S., New Delhi-110029

LH13012501873 108057195

LC1301252681

108057195



MEGHANAYAK

दिनांक/Date

विभाग
Deptt.

यू०एच०आई०
UHID No.

CV 2025/014/0001274

UHID: 108057195

Date 13/01/2025

MON

Name MEGHA NAYAK

D/O JAYANT NAYAK

Phone No.

Consultant Room 21

SR Room 14



र०

Cardiology
Paed. Cardiology

1Y 4M /F

General

Dr. S

RAMAKRISHNAN

DR SUAD

Prv. Reg. No.

लिंग
Sex

निदान
Diagnosis

Sp2-507
H.R-145

Cerebral ↓ Sp

Adm

Outside: TOF

pulmonary atresia

T. Ciprofloxacin
1-1-1

Syp. Vitcofol
5ml OD

6/1/25

Kidney Profile - Phosphorus level low at 0.45

Dr. S. Ramakrishnan

Dr. E. Regan

Senior Resident
Dr. S. Ramakrishnan
A.I.I.M.S., New Delhi-110029

(40)

Blood Test

दिनांक
Date

1 yr 4 months
lymphosis @

TBR / Long segment
PA / large C/A USD.

R.21 (34)

17/1/25

epilepsy @

PDA @ / LPA distal
stenosis

CXR - CE @ / VBP (checked)

ECG - Normal / RVR / RAD

Adv. ~~Ref~~ CTA - R/V

Shree

Kindly
allow
stay in
hospital
for 15 days
Shree

B

TOF / PA

LPA OP stenosis @ (tight)
PDA insertion site.

Comp. PAs.

No sig. APCs

Plan: CST

- CTA r/w

- Echo r/w

↓

Sp

R.21 (12)

31/1/25

Hb - 10.9

(CT6)

→ PRBC transfusion
today



GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH AND FAMILY WELFARE
DISTRICT HOSPITAL BISHNUPUR

ফর্ম-৫
Form-5



BIRTH CERTIFICATE

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE WEST BENGAL REGISTRATION OF BIRTHS & DEATHS RULES 2000.)

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR DISTRICT HOSPITAL BISHNUPUR OF BLOCK/MUNICIPALITY MUNICIPALITY BISHNUPUR OF DISTRICT BANKURA OF STATE WEST BENGAL, INDIA.

NAME :	MEGHA NAYEK	GENDER :	FEMALE
DATE OF BIRTH :	07/10/2023	PLACE OF BIRTH :	DISTRICT HOSPITAL BISHNUPUR, MUNICIPALITY BISHNUPUR, BANKURA, WEST BENGAL
NAME OF MOTHER :	PRIYA FAIDAR	NAME OF FATHER :	JAYANTA NAYEK
MOTHER'S IDENTITY PROOF :	AADHAAR- XXXXXXXX1498	FATHER'S IDENTITY PROOF :	-
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD :	LOCALITY:- DHADIKA,VILLAGE/TOWN:- DHANSOL,GARBETA - I BLOCK,DIST:- PASCHIM MEDINIPUR,WEST BENGAL-		
PERMANENT ADDRESS OF MOTHER :	LOCALITY:- DHADIKA,VILLAGE/TOWN:- DHANSOL,GARBETA - I BLOCK,DIST:- PASCHIM MEDINIPUR,WEST BENGAL-		
CERTIFICATE NO :	B/2023/1207766	DATE OF REGISTRATION :	27/10/2023
S-UHID :	65859928462910	REMARKS (IF ANY) :	
DATE OF ISSUE :	27/10/2023	ISSUING AUTHORITY :	
UPDATED ON :	2023-10-27 11:52:43		



Signature valid

Digitally Signed.
Name: SIBAYAN DAS
Date: 29-Oct-2023 12:45:30

SUB-REGISTRAR (BIRTH & DEATH)
DISTRICT HOSPITAL BISHNUPUR

"THIS IS A COMPUTER GENERATED CERTIFICATE."
THE GOVT.OF INDIA VIDE CIRCULAR NO. 1 / 12 / 2014 - VS(CRS) DATED 27 - JULY - 2015
HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES

"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

ভারত সরকার

Unique Identification Authority of India
Government of India

তালিকাভুক্তির আই ডি / Enrollment No. : 1058/68014/47750

To
Jayanta Nayek
জয়ন্ত নায়েক
DHANYASOLE
Dhanyasole
Dhadika, Paschim Medinipur
West Bengal - 721127

10/10/2014



KH047960558FT

4796055



আপনার **আধার** সংখ্যা / Your **Aadhaar** No. :

9948 1190 1379

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার

Government of India



জয়ন্ত নায়েক
Jayanta Nayek
পিতা : সমীর নায়েক
Father : Samir Nayek

জন্মতারিখ / DOB: 26/02/1994
পুরুষ / Male

9948 1190 1379



আধার - সাধারণ মানুষের অধিকার