Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

F.no → 297/24-25 CR ID-97710

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL-INDIA INSTITUTE OF MEDICAL SCIENCES

शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : IBRAHIM.

UHID : 107936663

Diagnosis: B-ALL

प्रयोगशाला अर्बुद विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	107936663	Reg Date :	17/11/2024 01:34 PM
Patient Name :	Master. MOHD IBRAHIM		
Sex :	Male	Age :	5 years 2 months 7 days
Department :	Paediatrics	Unit Name :	Unit-III
Unit Incharge :		Sample Collection Date:	24/01/2025 11:08 AM
Lab Name:	Lab Oncology	Sample Received Date:	25/01/2025 11:12 AM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20250300010279	Recommended By:	Dr. NISHITA PUROHIT
Lab Reference No:	355		
Ward Name:	DAY CARE PEDS MCH GF /32		

Sample Details : LOI-240125069-AP (Bone Marrow) / Report Date: 29/01/2025 12:14 PM

BMA PS

Report: Hemodiluted bone marrow aspirate shows few scattered myeloid and erythroid series cells with 2% blasts in available cellularity.

Peripheral smear is unremarkable.

Advice : Correlation with FCMI - MRD for remission status.

Consultant: Dr Pranay Tanwar

Senior Resident: Dr Komal

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

drkomalirch)

Verified By

Authorized Signatory

**********END OF THE REPORT**********

अखिल भारतीय आयुर्विज्ञान संस्थान,नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department of Microbiology

MC-3267

UHID:	107936663	Reg Date :	17/11/2024 01:34 PM
Patient Name :	Master. MOHD IBRAHIM		
Sex :	Male	Age :	5 years 3 months 10 days
Department :	DEPT. OF EMERGENCY MEDICINE	Unit Name :	Unit-I
Unit Incharge :	Dr. Rakesh Yadav	Sample Collection Date:	27/02/2025 06:08 PM
Lab Name:	Microbiology	Lab Sub Centre:	Blood Culture (Microbiology Room No. 2071)
Sample Received Date:	28/02/2025 01:54 PM	Report Generated Date:	03/03/2025 12:47 PM
Dept / IRCH No:	20240030035932	Recommended By:	Dr. KIRAN MD
Lab Reference No:	7572		
Ward Name:	DAY CARE PEDS MCH GF /32		

Sample Details : MBL-270225154 (Blood)

TEST NAME : BLOOD FOR CULTURE

TEST METHOD : CONVENTIONAL/AUTOMATED CULTURE

Culture Result {Conventional Method}:	Sterile

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

Authorized Signatory

last cent not flow

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

अस्पताल के अन्दर धूम्रपान [illegible] IS PROHIBITED IN HOSPITAL PREMISES

स्वच्छ भारत
एक कदम स्वच्छता की ओर

बाल चिकित्सा विभाग
UHID:107936663

कमरा / Room C-210
Queue / संख्या F33
Unit-I, POC

OPR-6

Dept No: 20240030035932
Clinic No: 2024/POC/419

MOHD IBRAHIM

S/O MOHD WASEEM ASHRAF
5Y 5M 11D / M(पुरुष)
BENIJALPUR , DISTRICT KATIHAR , BIHAR,
Pin:85513. INDIA
Ph: 7461858540
Follow Up Patient

सोम
Reporting: 01:51:32
28/04/2025
General Rs. 0

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

			आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
30	CBC, LFT, RFT ⟶ 08/04/25
	N ⟶ OPD · 30/04/25 Wednesday

LC2804253115 107936663
MOHD IBRAHIM

LH28042502195 107936663
MOHDIBRAHIM

Dr. RUKHSAR SIDHIQUE P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi

PCSC clinic 2pm →
inform ENT plan

Sram
Sramm

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029

LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	107936663	Reg Date :	17/11/2024 01:34 PM
Patient Name :	Master. MOHD IBRAHIM		
Sex :	Male	Age :	5 years 5 months 18 days
Department :	Paediatrics	Unit Name :	Unit-III
Unit Incharge :		Sample Collection Date:	05/05/2025 09:17 AM
Lab Name:	Lab Oncology	Sample Received Date:	05/05/2025 02:59 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20240030035932	Recommended By:	Dr. NISHITA PUROHIT
Lab Reference No:	1602		
Ward Name:	DAY CARE PEDS MCH GF /32		

Sample Details : LOI-050525053-AP (Bone Marrow) / Report Date: 06/05/2025 03:27 PM

BMA PS

Report: Cellular bone marrow aspirate shows haematopoietic cells of all series (M:E=1.6:1) along with 2% blasts.

Peripheral smear shows monocytosis with adequate platelets.

Imp : Bone marrow is in morphological remission

Advice : Correlation with FCMI - MRD

Senior Resident: Dr Komal

Consultant: Dr G Smeeta

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(drkomalirch)
Verified By

(Dr.GSMEETA)
Authorized Signatory

**********END OF THE REPORT**********

एम.आर.– 9
M.R. -9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

10793666 3

नाम Name		आयु Age		लिंग Sex		वैवाहिक स्थिति Marital Status		यू.एच.आई.डी.सं. UHID No.	
सेवा Service	Brahmin	वार्ड Ward	64	बिस्तर Bed	Boy.	व्यवसाय Occupation		धर्म Religion	
								स्थिति Status	

Referred by Dr. SR Peds Onco — Requesting Doctor
to Dr. SR ENT Unit III — Consultant & Specially

Findings :

Date : 25/5/25

64 Old Boy

K/C Refractory BALL / BFM consolidation
c facial nerve palsy
child reviewed 2nd Block.

Diagnosis or Impression :

8th Nov 2024 → MID BIL necrotising Otomastoiditis
c (R) mastoid exploration with
type 2 tympano plasty done

Recent Evelui → BIL ear discharge (+).

Recommendations:

(CT) → Focal dehiscence in (R) facial canal ossicles
(MR) → soft tissue (+) in BIL mastoid.
Enhancing soft tissue density in middle ear c facial (N) Enhancement @ 1st genu, tympanic, 2nd genu segment.

ENT Review for next management.

Dr. VISHAKHA VARSHNEY
SR, Paediatric Oncology
Deptt. of Paediatrics
AIIMS, New Delhi

Consultant's Signature

~~28/5~~
~~28/5/25~~

C/B ENT JR on Call - Dr swapna

C/d/w Dr Mahesh (SR ENT)

Further Mx of the pt to be done on OPD Basis

A/U in ENT III OPD i Dr Mahesh (A626) after 15/9/25

Swapna
JR ENT

last card not shown.

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

स्वच्छ भारत
एक कदम स्वच्छता की ओर

बाल चिकित्सा विभाग,

UHID:107936663

Dept No: 20240030035932

कमरा / Room C-210

Queue / संख्या F60

Unit-III, Paediatric

OPR-6

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

MOHD IBRAHIM

S/O MOHD WASEEM ASHRAF
5Y 7M 29D / M(पुरुष)
BENIJALPUR , DISTRICT KATIHAR , BIHAR, Pin:85513, INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient

Reporting: 09:13:53 16/07/2025

आयु Age	पता/Address
	LH04082500817 107936663 Master.MOH

निदान/Diagnosis

LC0408251313 107936663 Master.MOH

दिनांक/Date	उपचार/Treatment
15	

Provide file at 11:40Am on 16/07/25

RV [illegible] T CBC/RFT LFT

Dr Nikita [JR]

(15)

अ० भा० आ० सं० अस्पताल/A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग /Out Patient Department

PROHIBITED IN HOSPITAL PREMISES

नाक कान गला विभाग
UHID:107891530
Dept No: 20240090032868
MD IBRAHIM
S/O VASIM ASHRAF
5Y 9M 14D / M(पुरुष)
KATIHAR, BIHAR, Pin:0, INDIA
Ph: 6204716132 General Rs. 0
Follow Up Patient

कमरा / Room A-845
Queue / संख्या F15
Unit-III, ENT.
सोम,गुरु, Mon,Thu (सोम,गुरु)
Reporting: 09:31:01 07/08/2025

OPR-6

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

			आयु Age	पता/Address

निदान/Diagnosis

C/R:

दिनांक/Date	उपचार/Treatment

RC discussion on 6/8/25

HRCT → Post op changes in form of CWU mastoidectomy
. STD in post op bed, opacifying residual middle ear
cavity extending to bony EAC
- mottled hyperdense in tympanic & mastoid segment
- focal dehiscence s/o (R) facial canal tympanic segment
- focal dehiscence s/o (R) LSCC, (R) tegmen

CECMRI - enhancing STD in EAC, M.E., mastoid air cells
& facial nerve enhancement 1st genu, tympanic segment, 2nd genu.

Adv

- Kindly get facial nerve NCS

→ F/U in SNT III OPD Monday (11/8/25) at Room no for discussion

कान नाक गला विभाग
UHID: 107891530
Dept No: 20240090032868
MD IBRAHIM
S/O VASIM ASHRAF
5Y 10M 8D / M/(पुरुष)
KATIHAR, BIHAR, Pin:0, INDIA
Ph: 6204718132 General Rs. 0
Follow Up Patient

कमरा / Room A-645
Queue / संख्या F25
Unit-III, ENT,
सोम,गुरु, Mon,Thu (सोम,गुरू)
Reporting: 08:59:44 01/09/2025

29/10/2025
9:00 am, 629

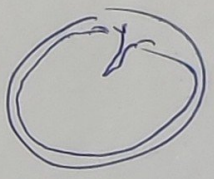
Sindhu

K/c/o AOM L ± Ⓡ necrotizing otitis externa
± Ⓡ grade V FN palsy ± Ⓡ cortical Mastoidectomy + Tympan (8/11/25)
± residual FN palsy grade V

Plan: Ⓡ revision mastoid exploration ± facial nerve decompression ± intra op FN monitoring ↓ CA

H/o Ⓡ Cortical Mastoidectomy + Tympanoplasty (8/11/25) (Dr Rahul Sir)

Intraop Findings - cum c/c - Total perforation, Annulus absent



- Pale mucosa of ME, Mastoid air cell
- Ossicles - Thin, Stapes intact
- Pale granulation - Medial loose lying, removed
- No purulence / ~~exudation~~ in antrum & adits.
- ~~Temporalis fascia~~ fascial pericranial graft kept on intact.

CBC/LFT/RFT/PT INR
CXR/ECG
HIV I, II, HBsAg, Anti HCV

Adv

- Med. onc. - NDA clearance of Bx. Surgery
- PAC [4th floor, New RLK OPD]
- RN

Dr/ENT.

Dr Thalheth

00.

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

स्वच्छ भारत — एक कदम स्वच्छता की ओर

OPR-6

...ान गला विभाग

UHID:107891530

कमरा / Room A-626

Queue / संख्या F27

Unit-III, ENT

Dept No: 20240090032868

...D IBRAHIM

...O VASIM ASHRAF

...Y 8M 28D / M/(पुरुष)

सोम,गुरु.

KATIHAR, BIHAR, Pin:0, INDIA

Ph: 6204716132 General Rs. 0

Follow Up Patient

Reporting: 09:17:40 21/07/2025

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

आयु Age

पता/Address

...ान/Diagnosis

दिनांक/Date	उपचार/Treatment
	K/c/o ALL – received chemo – 2 day back
	(R) otitis externa (+) × 2 day
	Underwent (R) [illegible] plasty – 8th Nov 2024
	O/E
	- (R) EAC – diffusely edematous
	- (L) TM – dimeric intact
	Hearing – (R) profound loss
	- (R) Grade IV facial palsy

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

नाक कान गला विभाग .

UHID:107891530

ABHA:

Imrahimr20_19@abdm

Dept No: 20240090032868

कमरा / Room A-626

Queue / संख्या F16

Unit-III, ENT,

MD IBRAHIM

S/O VASIM ASHRAF

5Y 3M 20D / M(पुरुष)

KATIHAR, BIHAR, Pin:0, INDIA

Ph: 8204716132 General Rs. 0

Follow Up Patient

सोम,गुरु.

Reporting: 08:39:08 13/02/2025

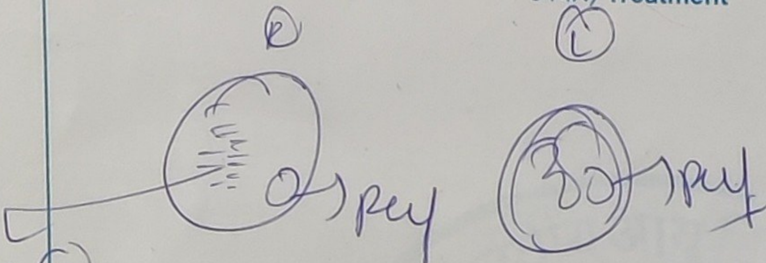
OPR-6

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No.

आयु/Age

पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
Slough (+)	
(R) Grade IV Paty	Adv - keep Ear dry
	- ciplox 2 drops x 2 weeks
	- F/u monthly/sos
- Continue Eye care!	
- Continue physiotherapy	

डॉ. ... A. MAHESHKUMAR

सीनियर रेजीडेन्ट/Senior Resident

कान, नाक, गला एवं सिर गर्दन शल्य चिकित्सा विभाग

Department of Otorhinolaryngology & Head Neck Surgery

अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-110029

पंजीकरण सं-डी.एम.सी. 97777/Regn. No. DMC 97777

Loss card not shown

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

स्वच्छ भारत
एक कदम स्वच्छता की ओर

नाक कान गला विभाग.
UHID:107891530

कमरा / Room A-626

Queue / संख्या F15

Unit-III, ENT.

OPR-6

Dept No: 20240090032868

रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____

MD IBRAHIM

S/O VASIM ASHRAF
5Y 2M 23D / M(पुरुष)
KATIHAR, BIHAR, Pin:0, INDIA

Ph: 6204716132
Follow Up Patient

General Rs. 0

30

THU सोम,गुरु

Reporting: 10:40:21
16/01/2025

आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
	k/c/o ALL / Pancytopenia / (R) facial nerve palsy B/L Afc otomastoiditis / (R) Radical mastoidectomy 8/12/24.
	c/o ear discharge (R) (+). facial weakness (+)
	O/E.
	Discharge (+)
	Grade IV facial weakness (R)

PTA { (R) profound HL.
(L) 80/60 dB.

Adv.

1) Eom + S/L (615) (R)

2) Ciplox t/b 2 TDS. x 2wks

3) Rubush t/b PQID.

4) facial Rehab Exam.

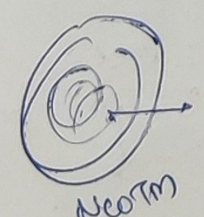
5) hearing aid for L.

6) Hearing and Trial.

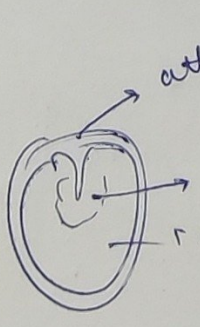
R/w 3wks.

Shortly.

7/1/25



Neo TM intact (? slough covering the neo TM)



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

नाक कान गला विभाग
UHID:107891530
Dept No: 20240090032868
MD IBRAHIM
S/O VASIM ASHRAF
5Y 6M 26D / M/(पुरुष)
KATIHAR, BIHAR, Pin:0, INDIA
Ph: 6204716132 General Rs. 0
Follow Up Patient

कमरा / Room A-626
Queue / संख्या F18
Unit-III, ENT,
सोम,गुरु,
Reporting: 09:08:32 19/05/2025

OPR-6

सं०/O.P.D. Regn. No.

पता/Address

निदान/Diagnosis

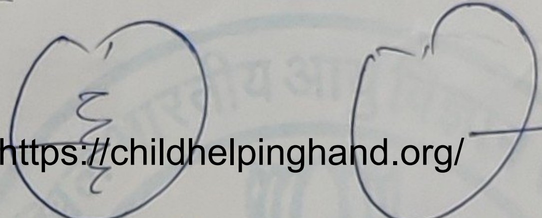
दिनांक/Date

उपचार/Treatment

A/L c Bronchopneumonia c (Rt) mastoiditis
S/P c AICI.

mastoiditis
S/P (Rt) mastoid exploration c type II tympanoplasty c (Rt) profound HL (Lt) severe SNHL

O/E :-



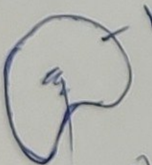
Gr III F.N palsy.

Adv :- (Rt) EOM suction + pus swab
→ med/sal — emm-mo?

Rx :- Antibiotic ear drops TDS x 1 month
(Rt) ear — D/C
- CMC eye drops QID x 1 month
- Lanzol oint - HS x 1 month
- Eye patching at night x 1 month
- HAP (B-636)

f/u c reports.

(Rt) GUM



Well healed post op mastoid wound
mir sign (+)
Dr Ashwin

Dr Ashwin

https://childhelpinghand.org/

Absent

नाक कान गला विभाग
UHID:107891530
Dept No: 20240090032868
MD IBRAHIM

कमरा / Room
A-626
Queue / संख्या F31
Unit-III, ENT.

S/O VASIM ASHRAF
5Y 7M 2D / M/(पुरुष)
KATIHAR, BIHAR, Pin:0, INDIA
Ph: 6204716132 General Rs. 0
Follow Up Patient

सोम,गुरु.
Reporting: 10:53:27
26/05/2025

23

नाक कान गला विभाग
UHID:107891530
Dept No: 20240090032868
MD IBRAHIM

कमरा / Room
A-626
Queue / संख्या F26
Unit-III, ENT.

S/O VASIM ASHRAF
5Y 7M 9D / M/(पुरुष)
KATIHAR, BIHAR, Pin:0, INDIA
Ph: 6204716132 General Rs. 0
Follow Up Patient

सोम,गुरु.
Reporting: 08:51:11
02/06/2025

① F/U/C

⇒ well healed cavity.

Rx :⇒ HAT. (B-626)

Revi after 3 month
c̄ MPAY and me.

Dr Admitting

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

स्वच्छ भारत — एक कदम स्वच्छता की ओर

OPR-6

बाल शल्यचिकित्सा
UHID:107936663
Dept No: 20250220003091
MOHD IBRAHIM
S/O MOHD WASEEM ASHRAF
5Y 8M 22D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR , BIHAR, Pin:85513, INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient

कमरा / Room G-31
Queue / संख्या F22
Unit-I, Paediatric Surgery OPD.

शाम
Reporting: 10:58:35
09/08/2025

बo रोo विo पंजीकृत सं०/O.P.D. Regn. No. _____

आयु Age	पता/Address

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
N-188-25 → Report 21/5/25 OPD S/B Dr. Shubha in OPD → was admitted to unit Dr. Divya in MCB-5C	Pediatric neurology OPD card Lost Facial nerve EMG - Planned Card valid for 9/8/2025 c/o otomastoiditis / FN Palsy Planned for Surgical intervention by ENT - for Facial nerve Palsy - SHUBHAN / Ped neuro SR Syp Pediclovyl — ① 15ml Melatonin 3mg — ② ①

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

शरीरमाद्यं खलु धर्मसाधनम्

बाल चिकित्सा विभाग
UHID:107936683
Dept No: 20240030035932

कमरा / Room C-210
Queue / संख्या F22
Unit-III. Paediatric.

OPR-6

एकक/Unit _____
विभाग/Dept. _____

Regn. No. _____

नाम/Name

MOHD IBRAHIM

S/O MOHD WASEEM ASHRAF
5Y 8M 29D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR , BIHAR. Pin:85513. INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient

पता/Address

बुध,शनि, Wed,Sat

Reporting: 09:03:51
16/08/2025

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
23 (7'4	To do CBC/RFT/LFT on 20/8/25 Chepoon https://childhelpinghand.org/

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

स्वच्छ भारत
एक कदम स्वच्छता की ओर

शरीरमाद्यं खलु

OPR-6

एकक/Unit
विभाग/Dep

बाल चिकित्सा विभाग
UHID:107938663
Dept No: 20240030035932
MOHD IBRAHIM

S/O MOHD WASEEM ASHRAF
5Y 9M 19D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR ,
BIHAR. Pin:85513. INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient

कमरा / Room
C-210
Queue / संख्या
F64
Unit-III, Paediatric

बुध,शनि, Wed,Sat
Reporting: 09:01:36
06/09/2025

पंजीकृत सं०,
LH08092500301 107936663
MOHD IBRAHIM

आयु
Age

निदान/Diagnosis

Refractory B-ALL/post ICICLE → BFM Block 3.

दिनांक/Date	उपचार/Treatment
48 → 17-5	Details in notebook. PU on 8/9/25 ē CBC, Blood C/S MD

No - MOP

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

स्वच्छ भारत
एक कदम स्वच्छता की ओर

बाल चिकित्सा विभाग

UHID:107936663

Dept No: 20240030035932
Clinic No: 2024/POC/419

कमरा / Room C-210

Queue / संख्या **F29**

Unit-I, POC,

LH0909250983 107936663

LC0909251509 107936663

Master.MOHDIBRA...

MOHD IBRAHIM

S/O MOHD WASEEM ASHRAF
5Y 9M 21D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR , BIHAR. Pin:85513. INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient

सोम

Reporting: 02:02:59
08/09/2025

ब०रो०वि० पंजीकृत सं०/O.P.D. R

आयु Age

निदान/Diagnosis

दिनांक/Date

24

उपचार/Treatment

N/V ——— OPD ———→ 10/09/25 Wednesday

9am with CBC, LFT, RFT

https://childhelpinghand.org/

Dr. RUKSANA SIDHIQUE P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi

प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi

UHID:	107936663	Sex :	Male
Patient Name :	Master. MOHD IBRAHIM	Sample Received Date :	10-Sep-2025 04:49 AM
Age :	5Y 9m	Department :	Paediatrics
Reg Date :	09-Sep-2025 16:39 PM	Sample Collection Date:	09-Sep-2025 10:38 AM
Recommended By :		Sample Details :	LC0909251509
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516414506

Report

BIOCHEMISTRY

Test Name *(Methodology)*	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Urea *(Urease/GLDH)*	16	mg/dL	17 - 49
Creatinine *(Jaffe compensated)*	0.3	mg/dL	0.3 - 0.6
Uric Acid *(Uricase Colorimetric)*	2.6	mg/dL	3.4 - 7.0
Calcium *(5-Nitro-5'-methyl-BAPTA)*	9.6	mg/dL	8.8 - 10.8
Phosphate *(Phosphomolybate Reduction)*	4.3	mg/dL	2.5-4.5
Sodium *(ISE (indirect))*	136	mmol/L	135 - 145
Potassium *(ISE (indirect))*	4.0	mmol/L	3.5-5.1
Chloride *(ISE (indirect))*	103	mmol/L	98-107
Bilirubin (T) *(Colorimetric diazo)*	0.10	mg/dL	0 - 1
Bilirublin (D) *(Diazo Gen.2 Jendrassik-Grof)*	0.05	mg/dL	0 - 0.2
Bilirubin (I) *(Calculated)*	0.05	mg/dL	0 - 0.9
ALT *(IFCC without pyridoxal phosphate)*	25	U/L	0 - 26
AST *(IFCC without pyridoxal phosphate)*	34	U/L	<=40
ALP *(PNPP,AMP Buffer - IFCC)*	215	U/L	142 - 335
Total protein *(Biuret Method)*	6.0	g/dL	6.0 - 8.0
Albumin *(Bromocresol Green(BCG))*	3.9	g/dL	3.8 - 5.4
Globulin *(Calculated)*	2.1	g/dL	3.0 - 3.7
A/G ratio *(Calculated)*	1.8		0.8-2.0

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Sudip Kumar Datta MD
(Biochemistry)
10-Sep-2025 05:15

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on **Ext.no. 7004/7005**

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	107936663	**Reg Date :**	17/11/2024 01:34 PM
Patient Name :	**Master. MOHD IBRAHIM**		
Sex :	Male	**Age :**	5 years 9 months 29 days
Department :	Paediatrics	**Unit Name :**	Unit-III
Unit Incharge :		**Sample Collection Date:**	16/09/2025 09:12 AM
Lab Name:	Lab Oncology	**Sample Received Date:**	17/09/2025 02:13 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20240030035932	**Recommended By:**	Dr. NISHITA PUROHIT
Lab Reference No:	4407		
Ward Name:	DAY CARE PEDS MCH GF /13		

Sample Details : LOI-160925046-FM (Bone Marrow) / Report Date: 17/09/2025 05:01 PM

FLOWCYTOMETRY (BONE MARROW)

F-4407/25

Events Acquired: 1.00 million

Bone marrow aspirate sample sent for flow cytometric analysis shows approx. 1.54% CD45 dim blasts that are positive for CD19, CD10, CD34, CD20 (heterogeneous), CD38 and negative for CD123.

Impression:- B-Acute lymphoblastic leukemia - Minimal residual disease: Positive (1.54%)

Senior Resident:- Dr. Gaddam Pranitha

Consultant In-charge:- Dr. Pranay Tanwar

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(GADDAM PRANITHA)
Verified By

(Dr.pranaytanwar)
Authorized Signatory

**********END OF THE REPORT**********

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	107936663	**Reg Date :**	17/11/2024 01:34 PM
Patient Name :	**Master. MOHD IBRAHIM**		
Sex :	Male	**Age :**	5 years 9 months 29 days
Department :	Paediatrics	**Unit Name :**	Unit-III
Unit Incharge :		**Sample Collection Date:**	16/09/2025 11:11 AM
Lab Name:	Lab Oncology	**Sample Received Date:**	17/09/2025 10:42 AM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20240030035932	**Recommended By:**	Dr. NISHITA PUROHIT
Lab Reference No:	4408		
Ward Name:	DAY CARE PEDS MCH GF /13		

Sample Details : LOI-160925100-FO (Blood) / Report Date: 17/09/2025 05:10 PM

FLOW CYTOMETRY OTHERS

F-4408/25

CSF sample sent for flow cytometric analysis is acellular.

The sample is not processed for immunophenotyping.

Senior Resident:- Dr. Leena Gupta

Consultant In-charge:- Dr. Sanjeev Gupta

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(GADDAM PRANITHA)
Verified By

(Dr.SanjeevKumarGupta)
Authorized Signatory

**********END OF THE REPORT**********

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India
Institute of Medical Sciences , New Delhi-110029

UHID:	107936663	**Reg Date :**	17/11/2024 01:34 PM
Patient Name :	**Master. MOHD IBRAHIM**		
Sex :	Male	**Age :**	5 years 9 months 29 days
Department :	Paediatrics	**Unit Name :**	Unit-III
Unit Incharge :		**Sample Collection Date:**	16/09/2025 09:12 AM
Lab Name:	Lab Oncology	**Sample Received Date:**	17/09/2025 12:32 PM
Lab Sub Centre:	Lab Oncology (IRCH)	**Recommended By:**	Dr. NISHITA PUROHIT
Dept / IRCH No:	20240030035932		
Lab Reference No:	3392		
Ward Name:	DAY CARE PEDS MCH GF /13		

Sample Details : LOI-160925045-AP (Bone Marrow) / Report Date: 18/09/2025 10:32 AM

BMA PS

Report: Cellular bone marrow aspirate shows haematopoietic cells of all series (M:E=2:1) along with 3% blasts.

Peripheral smear is unremarkable.

Imp : Bone marrow is in morphological remission.

Advice : Correlation with FCMI - MRD

Conclusion

Senior Resident: Dr Komal

Consultant Dr Pranay Tanwar

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(Dr.pranaytanwar)

Authorized Signatory

(KOMAL)

Verified By

**********END OF THE REPORT**********

प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029

LABORATORY ONCOLOGY , Dr B.R.A. Institute Rotary Cancer Hospital All India Institute of Medical Sciences , New Delhi-110029

UHID:	107936663	**Reg Date :**	17/11/2024 01:34 PM
Patient Name :	**Master. MOHD IBRAHIM**		
Sex :	Male	**Age :**	5 years 9 months 29 days
Department :	Paediatrics	**Unit Name :**	Unit-III
Unit Incharge :		**Sample Collection Date:**	16/09/2025 09:12 AM
Lab Name:	Lab Oncology	**Sample Received Date:**	17/09/2025 02:13 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20240030035932	**Recommended By:**	Dr. NISHITA PUROHIT
Lab Reference No:	4407		
Ward Name:	DAY CARE PEDS MCH GF /13		

Sample Details : LOI-160925046-FM (Bone Marrow) / Report Date: 17/09/2025 05:01 PM

FLOWCYTOMETRY (BONE MARROW)

F-4407/25

Events Acquired: 1.00 million

Bone marrow aspirate sample sent for flow cytometric analysis shows approx. 1.54% CD45 dim blasts that are positive for CD19, CD10, CD34, CD20 (heterogeneous), CD38 and negative for CD123.

Impression:- B-Acute lymphoblastic leukemia - Minimal residual disease: Positive (1.54%)

Senior Resident:- Dr. Gaddam Pranitha

Consultant In-charge:- Dr. Pranay Tanwar

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

(GADDAM PRANITHA)
Verified By

(Dr.pranaytanwar)
Authorized Signatory

**********END OF THE REPORT**********

बाल चिकित्सा विभाग

UHID: 107936663

Dept No: 20240030035932

कमरा / Room C 216

Queue / संख्या F87

Unit-III, Paediatric

MOHD IBRAHIM

S/O MOHD WASEEM ASHRAF
5Y 10M 3D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR ,
BIHAR. Pin:85513. INDIA
Ph: 7461958540 General Rs. 0
Follow Up Patient

बुध शनि. Wed,Sat

Reporting: 09:54:08
20/09/2026

Remarks- Doctor Please mention the treatment Plan alongwith estimate amount & your sign & stamp.

RAM/HMDC
(HBS)

91

N/V —— 22/

Dr. RUKSANA SIDHIQUE P.R.
DM Resident
Pediatric Oncology
AIIMS, New Delhi

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

शरीरमाद्यं खलु धर्मसाधनम्

स्वच्छ भारत
एक कदम स्वच्छता की ओर

OPR-6

एकक/Unit _____

विभाग/Dept. _____

P.D. Regn. No. _____

नाम/Name

पता/Address

बाल चिकित्सा विभाग
UHID:107936863
Dept No: 20240030035932
कमरा / Room C-210
Queue / संख्या F75
Unit-III, Paediatric.
MOHD IBRAHIM
S/O MOHD WASEEM ASHRAF
5Y 9M 23D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR , BIHAR. Pin:85513. INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient
बुध,शनि, Wed,Sat
Reporting: 09:35:57
10/09/2025

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
66	N | V 17/9/25
67	N/V — OPD 20/09/25

बाल चिकित्सा विभाग
UHID:107936863
Dept No: 20240030035932
कमरा / Room C-210
Queue / संख्या F70
Unit-III, Paediatric.
MOHD IBRAHIM
S/O MOHD WASEEM ASHRAF
5Y 10M 0D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR , BIHAR. Pin:85513. INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient
बुध,शनि, Wed,Sat
Reporting: 10:01:49
17/09/2025

Dr Rukaama/SR

बाल चिकित्सा विभाग ,
UHID:107936663
Dept No: 20240030035932
MOHD IBRAHIM

कमरा / Room
C 216
Queue / संख्या F85
Unit-III, Paediatric,

S/O MOHD WASEEM ASHRAF
5Y 10M 14D / M/(पुरुष)
BENIJALPUR , DISTRICT KATIHAR ,
BIHAR. Pin:85513. INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient

बुध,शनि, Wed,Sat
Reporting: 09:55:09
01/10/2025

68

proxy visit

→ HLA typing : due

→ funds : ↓ process

N/v on 08/10/25

(to note ↓ BMT register)

[illegible]

Sr

DEPARTMENT OF TRANSPLANT IMMUNOLOGY & IMMUNOGENETICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Room No. 92, Ground Floor, Teaching Block, Near Academic Section
Ansari Nagar, New Delhi-110 029, India
Tel : (+91-11) 2659 4638, 2659 4446 Email : deptofimmunology2015@gmail.com

बाल चिकित्सा विभाग
UHID:107936663
कमरा / Room C-210
Queue / सख्या F70
Dept No: 20240030035932
Unit-III, Paediatric.
MOHD IBRAHIM
S/O MOHD WASEEM ASHRAF
5Y 10M 0D / M/(पुरुष)
बुध,शनि, Wed,Sat
BENIJALPUR , DISTRICT KATIHAR , BIHAR. Pin:85513, INDIA
Ph: 7461858540 General Rs. 0
Follow Up Patient
Reporting: 10:01:49 17/09/2025

SITION FORM
M CELL TRANSPLANTATION

Referring Hospital	BMT-
UHID No. 107936663	
Hospital AIIMS	Patient .....
Unit / Ward Pediatric	Sibling 1 .....
Physician Prof Rachna Seth	2 .....
Phone.....	3 .....
Email	Mother .....
	Father .....

Phone. .....
E-mail .....

Clinical Details

Date of Diagnosis .....Clinical Remission Yes No Date.....History of relapse Yes No Date.....
Details of previous chemotherapy .....
..... R/O Refractory B-ALL .....
.....
Is patient on special protocols? (Steroids or Immunosuppression etc).....

History of Blood Transfusions

Blood Group.....Number of units given so far .....Date last Transfused .....
TLC Counts..... HIV Pos Neg Hbs Ag Pos Neg
Other relevant information .....

Original Disease

- ☐ AML
- ☐ CML
- ☐ MDS
- ☐ Aplastic Anemia
- ☑ ALL
- ☐ Multiple Myeloma
- ☐ Thalassemia
- ☐ Others

Immunogenetics Tests Requested (see note below)

Low Resolution

- ☐ HLA-Class I (ABC)
- ☐ HLA-Class II (DR/DQ/DP)

High Resolution

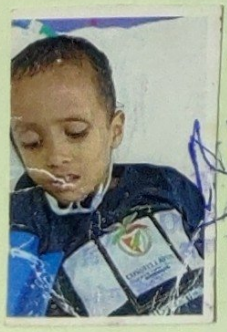
- ☑ HLA-Class I (ABC)
- ☑ HLA-Class II (DR/DQ/DP)

Anti HLA - Antibody (see note below)

- ☐ Panel Reactive Antibody (PRA) Sreening
- ☐ Donor Specific Antibody (DSA)

Note

- *Samples will be accepted/collected ONLY with completely filled requisition form.*
- *Treating physician signature is mandatory.*
- *Family information should be provided overleaf*
- *Specimen requirement : (a)* ***HLA Testing-*** *4ml EDTA blood, (b)* ***Antibody testing-****2ml plain blood*
- **Testing Details : Samples collected on Monday, with prior appointment only.**



RACHNA SETH
Professor
Department of Pedia
New Delhi-1100

डॉ. रचना सेठ
Dr. RACHNA SETH
Professor
Department of Pediatrics
New Delhi-110...

CONSULTANT'S SIGNATURE & SEAL

Date: 22/9/2025

Family Information

No	Name	Age/Sex	Relation with recipient	Blood Group	History of past illness
1	Mohd Waseem	38y	Father.		
2	Tarannum	25y	Mother.		
3	Warafena	8y	Female		
4					
5					
6					

Family Pedigree

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Department of Transplant Immunology & Immunogenetics
Ansari Nagar, New Delhi-110029
Tel : 011-26594638, 26593305, 26594446 Fax: 011-26588663

Appointment for HLA Testing

You have been booked for HLA on Monday (Day) 13/10/2025 (Date) at 9:30 a.m.

6. You may take breakfast and come to the HLA lab on your appointment date./time.

7. Please bring 3 10 ml. disposable syringe(s) alongwith 3 ~~21G~~ needles.

8. Test charges should be paid to the cashier (AIIMS) before the date of appointment. One copy of the payment challan and receipt should be submitted to the laboratory staff o n the day of the test.

Test required HLA/BMT (ALL)

Patient Name Mohd Ibrahim

Donor P+St M = 3

Signature
25/09/2025

istry of Health & Family Welfare
Government of India

national health authority

APPLICATION FOR FINANCIAL ASSISTANCE UNDER RASHTRIYA AROGYA NIDHI (RAN) AND HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Please tick mark (√) below to select the scheme:

	Rashtriya Arogya Nidhi (RAN) ✓	(RAN)	Health Minister's Discretionary Grant (HMDG)
1.	Name of the Patient (in block letters)	MD IBRAHIM	
2.	Age (in completed years)	6years / M	
3.	Permanent address along with pin code	Vill-SanKatra Post Salmazi Kadwa, BenijalalPur PO: Salmazi, Dist: Katihar, Bihar-855113	
4.	Correspondence address	Same as Permanent address	
5.	E-mail address (if available)	—	
6.	Mobile no. (if available)	7461858540	
7.	Applicant's relationship with the patient	Mother	
8.	Whether the applicant or the person on whom the patient is dependent, is an employee of Centre/State Government/Pensioner?	Yes	No ✓
9.	Whether the patient is a Pradhan Mantri Jan Arogya Yojana (PMJAY) beneficiary?	Yes ✓	No
10.	Ration card no.	102120114522457400000017	
11.	Aadhar card no.	919284583754	
12.	Whether financial assistance has been received from any Ministry/ Department / PMO other than Ministry of Health & Family Welfare for treatment of the same disease? If so, full details may be given.	— No —	

CONSENT:

I consent to share my personal identity information with National Health Authority (NHA), Ministry of Health and Family Welfare (MoHFW) and agencies involved in claim processing to avail health benefits under Rashtriya Arogya Nidhi (RAN)/Health Minister's Discretionary Grant (HMDG). I understand that this information will be stored permanently or for the retention period as decided by competent authority. I have been duly informed that this information will be used for purposes such as claim settlement, data analytics, fraud and abuse management aimed at providing quality health services.

DECLARATION

I declare that the information given above is correct and complete to the best of my knowledge.

Date: 01/10/2025

Tasannum Khatoon

Signature of the Applicant/Patient (Mothe

DEPARTMENT OF PEDIATRICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi - 110029

ESTIMATE CERTIFICATE

Ref. No: _____

TO WHOM IT MAY CONCERN

Date: 17/7/25

This is to certify that Smt./Kum. Ibrahim Age 5y 3M Sex M UHID 107936663 S/o D/o W/o Waseem Ashraf getting treatment in Department of Pediatrics, AIIMS vide and for diagnosis Relapse Acute Lymphoblastic Leukemia

The approximate cost of the treatment is Rupees.....

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

		Cost in Rs.
1.	chemotherapy	Rs 2, 00, 000/-
2.	for transplant work up	Rs 2, 00, 000/-
3.	Anomalies	Rs 2, 00, 000/-
4.	Supportive care	Rs 3, 00, 000/-
5.	Post transplant work up	Rs 2, 00, 000/-
6.	medications	Rs 1, 00, 000

Total Cost: Rs Rs 12, 00, 000/-
(In Words) _____

Note:-
This Estimate Certificate is being issued to avail *Financial Assistance* for treatment only.
#The Cheque /Demand draft may be issued in favour of:

- ☐ AIIMS RAN & HMDG A/c 40207561985
- ☑ AIIMS PATIENTS TREATMENT A/c 10874588593 [IFSC CODE: SBIN0001536]
- ☐ AIIMS P.M.O. PATIENTS A/c 37671405137
- ☐ AIIMS DELHI AROGYA KOSH A/c 33477690609

For Account Transaction Please Contact: 011-26588700, 011-26546064

डॉ. रचना सेठ
Dr. RACHNA SETH
आचार्य / Professor
बालरोग चिकित्सा विभाग / Department of Pediatrics

(Name &Signature of Consultant with stamp)

(Counter Signature of HOD with stamp)

डॉ. पंकज हरी/Dr. PANKAJ HARI
एम.डी.एफ.आई.ए.पी. एफ.ए.एम.एस/MD, FIAP, FAMS
आचार्य एवं विभागाध्यक्ष / Professor & Head
बालरोग चिकित्सा विभाग / Dept. of Pediatrics
अ.भा.आ.सं., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

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

ESTIMATE CERTIFICATE

(For Availing Financial Assistance through RAN/HMDG)

This is to certify that Mr/Mrs/Ms MD. Ibrahim Age 06 Sex (M/F), UHID 10793663
is suffering from (complete diagnosis) Relapsed ALL
The patient is currently under treatment of Dr. _____(designation),
_____ (Department) Paediatrics The patient will be unable to afford
the cost of the treatment of the aforementioned disease.

Assistance is being sought for the following through the existing RAN packages:

S.NO.	**Procedure Code** (As given in the Package Master)	**Name of the Procedure**

Details of medicines/consumables/procedure not available in the Package Master, i.e. in addition to the standard procedure as above but are required for treatment of patient and are as follows:

S.NO.	**Detail of Medicine/Consumable/Procedure** (Not mentioned/included in package master)	**Approximate Cost** (to be mentioned as approximate cost actually limited to one month, and approximate monthly cost thereafter)

Name and Signature
(**Head of the Department**)

Name and Signature
(Treating Faculty)

H.o.D Sign & stamp

Medical Superintendent

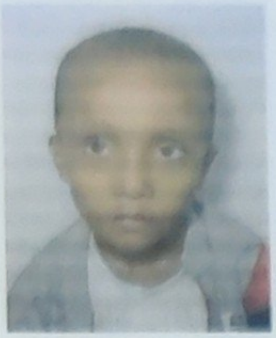
Treating Doctor Sign & Stamp

Room No. 09

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 23/03/2025



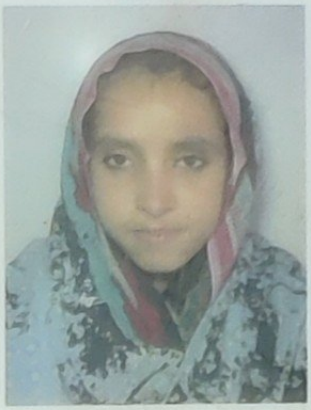
Md Ibrahim
Date of Birth/DOB: 15/02/2019
Male/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9192 8458 [redacted]

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India



तरन्नुम खातून
Tarannum Khatoon
जन्म तिथि / DOB : 01/01/2000
महिला / Female

8839 1160 [redacted]

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 27/03/2025

Address:
C/O: Waseem Ashraf, vill-Sankatra post salmari, kadwa, Benijalalpur, PO: Salmari, DIST: Katihar, Bihar - 855113

9192 8458 [redacted]

VID : 9190 1642 0224 6624

1947 | help@uidai.gov.in | www.uidai.gov.in

आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
W/O वसीम अशरफ, ग्राम-संकतरा, पोस्ट-सालमारी, थाना-बलिया बेलौन, बेनिजलालपुर, कटिहार, सालमारी, बिहार, 855113

Address:
W/O Wasm Ashraf, Vill-Sankatra, Post-Salmari, Thana-Balia Belown, Benijalalpur, Katihar, Salmari, Bihar, 855113

8839 1160 [redacted]

1947 | help@uidai.gov.in | www.uidai.gov.in


BOY
https://childhelpinghand.org/
AVPORA
EXTREME
THE DESIRE OF EXPRESS HIMSELF, DEPEND
GREATLY ON THESE LESSONS.
ORIGINAL