







CV 2020/014/0009239

UHD: 105179717

Date 27/11/2020

MON, WED, FRI

Name MUHAMMAD ARSH

7M 20D /M

S/O MOHD ADIL TYAGI

Phone No. 9319089124

Consultant Room 18

Dr. MILIND

Cardiology

CTVS (109456/2020)

LC2711208439 105179717
 LC2711208439 105179717
 MUHAMMAD ARSH

विभाग

Deptt.

CV 2020/014/0009239

70

UHD: 105179717

Date 12/10/2020

MON, FRI

Name MUHAMMAD ARSH

6M 11D /M

S/O MOHD ADIL TYAGI

Phone No. 9319089124

Consultant Room 68

Dr. SOURABH

KUMAR GUPTA

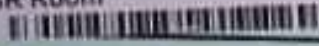
Cardiology

Paed. Cardiology

च०रो०वि०सं०

O.P.D. No.

SR Room



wt = 5.5 kgs

CLHD, ↓ QP (TOF, PA, PDA dependant pulmonary circulation), confluent PA's

Hb - 14.1

Adv

(1) T. Ciplar 10mg 1/2 tab TDS

(2) Tonofuron drops 6° BD

(3) Symp. Sunrip 1ml OD

(4) R/v in TeleOPD on 9115444155/0112659

To cardio radio SR

attached

Umasr) (Moff/med/ Frnd 2-4)

Kindly report this pt CTA Angio done outside (CD & film available)

Please share your feedback to improve our hospital on the Website link: meraaspataal.nhp.gov.in

Umasr)

Date

Shunt old. No delay @. Signif agent

25/11/2020

CP TOE, PA, confluent PAs

oooo

Adv → ↑ Ticloplate 10mg 1/2 tab QD.

→ Transferrin drops 6" BP

→ Refer to CVS ^{OTD} for BT shunt

→ Call in Tele OTB (01126593459) to
Jay inform about blood Tx.

(M/W/F), 7am-6pm.

SPS - 98
HR - 113 bpm
1/2 check
SPS - 96

33
33

Accepted for BT shunt 1st of M.P. 2020

25/11/2020

- Deposit Rs 20,000/- in AHSMS (Palant Army)

- 1.0 Blood Donor

- Blod getting.

- Review once formalities are completed

200 - In case of difficulty contact, Payeron, Please
emergency



DEPARTMENT OF CARDIOLOGY
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 C. N. CENTRE, ANSARI NAGAR, NEW DELHI-110029

Dated: 27/11/20

ESTIMATE CERTIFICATE

Name of Patient Muhammad Arsh

Age 6.75/20/11/14 Sex Male C.V.No./CTVS No. 105179717

Nature of Disease BT Stent

Nature of Surgery required _____

Amount required for Surgery Rs. 30,000 (Thru by Insurance Only)

The above mentioned amount must be deposited in advance by bank draft in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/GOVT. Undertaking beneficiaries.

Arshad Ali
Dr. Arshad Ali
 (CONSULTANT / SENIOR RESIDENT)
 Senior Resident / Senior Resident
 Dept. of Cardiology / Dept. of C.T.V.S.
 C.N. Centre, Ansari Nagar, New Delhi



उत्तर प्रदेश सरकार
 GOVERNMENT OF UTTAR PRADESH
 चिकित्सा एवं स्वास्थ्य विभाग
 DEPARTMENT OF MEDICAL AND HEALTH
 जिला महिला चिकित्सालय मुजफ्फरनगर
 DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR



जन्म प्रमाण-पत्र
 BIRTH CERTIFICATE

ISSUED UNDER SECTION 12(1) OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8(1) OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR OF TAHSIL/BLOCK MUZAFFARNAGAR OF DISTRICT MUZAFFARNAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME MUHAMMAD ARSH / मुहम्मद अर्श

लिंग / SEX-पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
 29-03-2020
 TWENTY-NINTH MARCH TWO THOUSAND TWENTY

जन्म स्थान / PLACE OF BIRTH:
 DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR, जिला महिला चिकित्सालय मुजफ्फरनगर

माता का नाम / NAME OF MOTHER:
 RISHNA FARVEEN / रिशना फार्वीन

पिता का नाम / NAME OF FATHER:
 MOHD. APL. SYAGI / मोहम्मद अली श्यागी

माता का आधार नंबर / MOTHER'S AADHAAR NO.

पिता का आधार नंबर / FATHER'S AADHAAR NO.

जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE BIRTH OF THE CHILD:
 BASDHADA DINKARPUR
 BUDHANA, BUDHANA, MUZAFFARNAGAR
 UTTAR PRADESH
 भारत, उत्तर प्रदेश, मुजफ्फरनगर, बुधना, बुधना

जन्म के समय माता-पिता का पता / PERMANENT ADDRESS OF PARENTS:
 BASDHADA DINKARPUR,
 BUDHANA, BUDHANA, MUZAFFARNAGAR,
 UTTAR PRADESH
 भारत, उत्तर प्रदेश, मुजफ्फरनगर, बुधना, बुधना

पंजीकरण संख्या / REGISTRATION NUMBER:
 8-2020-9-06884-061229

पंजीकरण तिथि / DATE OF REGISTRATION:
 17-04-2020

टिप्पणी / REMARKS (IF ANY):
 2:55 PM

Handwritten Signature

जन्म प्रमाण-पत्र की तिथि / DATE OF ISSUE:
 11-04-2020

जारी करने वाला अधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
 REGISTRAR (BIRTH & DEATH)
 जिला महिला चिकित्सालय मुजफ्फरनगर
 DISTRICT MAHILA HOSPITAL MUZAFFARNAGAR

UPDATED ON:
 21-05-2020 12:32:27



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY" "THE GOVT. OF INDIA VIDE CIRCULAR NO. 14(2)/2014-VS(CRS) DATED 17 JULY 2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES"

"इसके जन्म एवं मृत्यु का पंजीकरण अनिवार्य है" / "ENFORCE REGISTRATION OF EVERY BIRTH AND DEATH"

