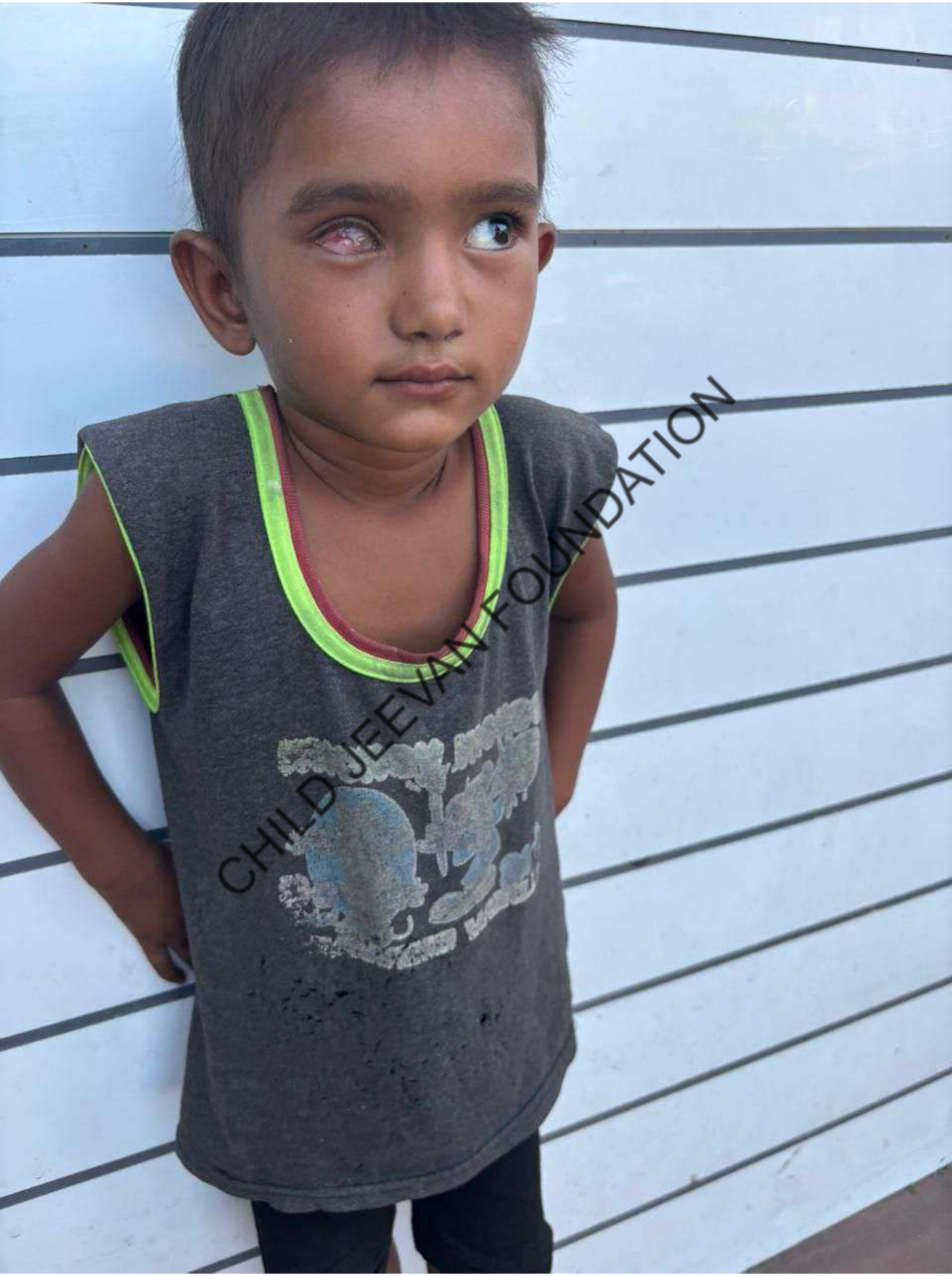
CHILD JEEVAN FOUNDATION

DR. BRA INSTITUTE ROTARY CANCER HOSPITAL HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
RAILWAY CONCESSION FORM

UHID 106774922

IRCH No. 298556

Concession Certificate

Outward Journey

Concession to Cancer/ Thalassemia /Heart(Only for heart Operation)/T.B./Lupas Valgaris / Non infectious Leprosy / Patient suffering from servere /Moderate from of Hemophilla/ AIDS/Sickle cell Anaemia/Aplastic Anaemia/ Ostomy patients** to be used by Office-in-charge of the Hospital recognized by Heart Department of Government of the concerned State Government.

To

The Station Master

Shahjehanpur

This is to certify that Mr./ Mrs. /Ms. **SONU SINGH** Whose particulars are furnished below,is a bonafide Concession to **CANCER** / Thalassemia/Heart/TB/Lupas valgaris/Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilla/ Aids/Sickle cell Anaemia / Aplastic Anaemia/ Ostomy patients ** required to travel from (Station) **Shahjehanpur** (Station) to **Delhi** (Station). The patient has secured on admission for treatment / is travelling for periodically checkup at **IRCH(AIIMS)** hospital.

Particulars of the Patient

Signature

Age 1 Years

Sex Male + one Attendant

Station From New Delhi

Date: 15/9/2023

Officer-in-charge of the

Departmentof central Government/
State Government (Name of the State)

प्रभारी अधिकारी
Officer Incharge
डॉ. बी.आर.एस.रो.कै.अ.
Dr. B.R.A.I.R.C.H.
अ.भा.आ.संस्थान/A.I.I.M.S.
नई दिल्ली-29/New Delhi-29

Seal/Stamp of the Hospital/Institute

** Strike out where not applicable.

+ Indicate name of the Hospital (recognized by Health Department of Central Government or State Government concerned)

Note:

1. The certificate is valid for three months from the date of issue except for cancer patients which is valid for one year.
2. No alteration in this form is permitted.
3. Certificate should be issued to patients only for the station serving his place of Residence to the station serving the recognized hospital

21/8/25

c/d/w Dr Archana

(meet Eliza) for CINV trial

→ complete 6 cycles CEV, then r/v for ONT / further Mx

→ rpt MRI brain for response

Adv

1. C#5 CEV
as charted in the prev. notes

2. to bring MRI report
in N/V

3. rpt MRI brain + orbit
(contrast)

wt 12kg

4. N/V 10/09/25

CBC
LFT/RFT

5. Zytee gel
Candid mouth paint] LA+H

Sd/-
SR

DAYCARE 1/2/3/ICI MEDICAL ONCOLOGY AIIMS Date: 27/8 Time: 7:30AM

DAYCARE MEDICAL ONCOLOGY AIIMS Date: Time: 7:30 AM

(1) C on 27/8

OPD 10/09/25

Mild cough x 2days

CBC
LFT/RFT } ok

Adv

Chest clear

(to meet Eliza for trial)

1. C#6 CEV
as charted in prev. notes

2. rpt MRI brain + orbit (contrast)

3. N/V on 24/09/25 Sd/- SR
CBC LFT/RFT

4. syp cetirizine (5mg/5ml) 5ml OD x 5 days

बी. आर. अम्बे S/O- ARUN KUMAR Sex/Age M /3Y
B.R. Ambedkar Phone No. Room 5 < (Shift Afternoon)
Address CHICHANA, UTTAR PRADESH, INDIA
अ.भा.आ.सं अ OPR-6
बहिरंग रोगी वि
के अन्दर धूम्रपान मना

DR. B.R.A. IRCH,AIIMS,NEW DELHI
IRCH No. 298556 Reg.Date-10/07/2025
Deptt. MEDICAL ONCOLOGY
General
Clinic Paediatric Medical Oncology Clinic
Clinic No. 2025//8291

Dr DP.

पिता / पुत्र / पत्नी / पति
F/S/W/H/D of

Ⓡ gnp E → defaulted → Stg IVB EORB - 6# CEV.

उपचार / Treatment

RPC review ~~for~~ ~~feasib~~ility of Sx (RPC)
(has completed 6#VEC)

F/u. ~~9/9/25~~ 9/10/25

will start OMT
+ monthly TIT
if only palliative intent after RPC review
& response assessment

Dr. ARCHANA SASI
MBBS, MD, DM
Project Research Scientist-3
Department of Medical Oncology
All India Institute of Medical Sciences
New Delhi

Dr. B. R. AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHI

DISCHARGE SLIP

Date:31-07-2025

Indoor RegNo.:0 **UHID:** IRCH No.:298556 **Ward:**DayCare

Consultant Name:DR. AJAY GOGIYA

Patient Name:SONU SINGH **Age:**3 **Sex:**Male **Admission Date:**7/31/2025 12:00:00 AM

Chemo. Protocol: **Diagnosis:** OTHERS **Cycle/Day:**

DRUGS ADMINISTERED

PREMEDICATION GIVEN

Inj Ondansetron 2 mg
Inj Dexamethasone 2 mg

CHEMOTHERAPY/IMMUNOTHERAPY GIVEN

SNo.	Drug Name	Drug Other	Final Dose	Unit	Soln	Infusion
1		inj Etoposide (VP-16)	100mg	250 ml	NS	2 hrs
2		inj vincirstine	0.5mg	-	-	Slow IV Push
3		inj Carboplatin	180mg	250 ml	NS	1 hr

Advice: **On:**

Re-appointment In:

Prescribed Treatment

Signature of Physician

Dr. Karan

Dr. KARAN
Senior Resident
Medical Oncology
AIIMS, New Delhi

7/31/2025, 1:07

Life Care Diagnostic Centre

House Collection Facilities Available

Patient ID	: LCD25/3133	Sample ID	: 2505634
Patient Name	**: MASTER SONU**	Registration Date	: 19/05/2025 11:00 AM
Age/Gender	: 03 Yrs/Male	Report Date	: 19/05/2025 11:49 AM
Ref. Dr.	: AIIMS		

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
KIDNEY FUNCTION TEST(KFT)			
Urea *Method: Urease UV GLDH*	20.0	mg/dl	10.0 - 45.0
Serum Creatinine *Method: Modified Jaffe with no deproteinzation*	0.60	mg/dL	0.50 - 1.00
Uric Acid *Method: Uricase Peroxidase*	3.60	mg/dl	1.5 - 6.4
Sodium *Method: ISE*	135.9	mmol/L	135 - 146
Potassium *Method: ISE*	3.82	mmol/L	3.5 - 5.5
Calcium *Method: Arsenazo III*	**6.00**	mg/dl	8.5 - 10.7
Blood Urea Nitrogen-BUN *Method: Calculated*	8.0	mg/dl	7 - 20
Phosphorus	3.90	mg/dL	3.5 - 5.0
Chloride	99.0	mmol/L	96 - 103

INTERPRETATION: Urea is the end product of protein metabolism.It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism.It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids.Disturbances in acid base and water balance are typically reflected in the sodium concentrations .Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination ,exercise ,hydration and medications. Calcium imbalance my cause a spectrum of disease. High concentrations are seen in Hyperparathyroidism,Malignancy & Sarcoidosis. Low levels may be due to protein efficiency,renal insufficiency and Hypoparathyroidism.Repeat measurement is recommended if the values are outside the reference range.

DR. POONAM GEDAM
Consultant Pathologist

Standard is our pulse.....

Checked By

- *Not for medico legal purpose*
- *In case of any discrepancy, report immediately is above tel. No.*

An ISO - 9001 : 2015 Certified Laboratory
15/1, Mandir Wali Gali, L.G.F., Jain Guest House, Yusuf Sarai, New Delhi -110016
Mob.: 8700250646 E-mail : lcdcentre101@gmail.com

एम. आर. आई प्रपत्र 1 / MRI Form 1
दूरभाष सं. / Tel. No. :26593614
26546455

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

एन.एम.आर. विभाग / DEPARTMENT OF N.M.R.

नैदानिक एम. आर. आई. माँग प्रपत्र / CLINICAL MRI REQUISITION FORM

1. Clinical Dept. or Unit V Date of Requisition 09/05/2025
   OPD No. UHID- 106774922 CR No. Ward / Bed No.
2. Screening Dept. : Radio-diagnosis ☐ Neuro-Radiology ☐ Cardiac Radiology ☐
   (Tick as appropriate)
3. रोगी का नाम /Patient's Name SONU SINGH आयु /Age 4 लिंग /Sex M
   (साफ अक्षरों में / In Block letters)

   जन्म तिथि /Date of Birth : दिन /Day .... माह /Month .... वर्ष / Year .... वजन /Weight .... कि. ग्रा. /Kg.
4. General Patient Condition (Tick as appropriate)
   (i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory
5. Clinical Details : History : CE - MRI Orbit & Brain

   Examinations

   Relevant Investigations :

   Previous CT / MR / Other Reports / Studies
   (with numbers, if any)
6. Blood Urea / S Creatinine
7. Clinical Diagnosis : (R) Extraocular Rb, Stage IIIb
8. Exact Anatomical site for MRI :
9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).
10. (a) Contrast Enhancement Required : Yes .... No........
    (b) Allergic to any drugs :
    (c) Implant in Body (Tick as appropriate)
    Cardiac Pacemaker .... Aneurysmal clips .... Cardiac Valve/Prosthesis ....
    Metallic Implants .... Sharpnel/Pellet .... Others .... None ....

Urgent MRI
MSSW, kindly enquire for patient

हस्ताक्षर / Signature [signature]
नाम / Name डॉ. साहिल अग्रवाल / Dr. SAHIL AGRAWAL, सहायक आचार्य / Assistant Professor
(साफ अक्षरों में / In Block letters) डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र / Dr. R.P. Centre for Ophthalmic Sciences
पदनाम / Designation अ.भा.आ.सं., नई दिल्ली / A.I.I.M.S., New Delhi

(Requisition may be signed by a Faculty Member/Sr. Resident)

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:	106774922	**Reg Date :**	06/06/2023 09:56 AM
Patient Name :	**Mr SONU SINGH**		
Sex :	Male	**Age :**	3 years 3 months 30 days
Department :	Medical Oncology	**Unit Name :**	Unit-1
Unit Incharge :		**Sample Collection Date:**	05/05/2025 11:34 AM
Lab Name:	Lab Oncology	**Sample Received Date:**	05/05/2025 02:57 PM
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	298556	**Recommended By:**	Dr. ANIRBBAN IRCH
Lab Reference No:	1596		

Sample Details : LOI-050525104-BP (Bone Marrow) / Report Date: 07/05/2025 05:11 PM

BMA BMT PS

Report: Cellular bone marrow preparation shows haematopoietic cells of all series (M:E=3.5:1).

There is no evidence of any metastasis in the smears examined.

Peripheral smear shows eosinophilia with adequate platelets

Advice : Correlation with bone marrow biopsy

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.

(Dr.GSMEETA)

Authorized Signatory

(drkomalirch)

Verified By

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

ब॰ रो॰ वि॰ कार्ड
O.P.D. Card

डा॰ राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ॰ भा॰ आयु॰ सं॰, नई दिल्ली-110029
Dr. Rajendra Prasad Centre for Ophthalmic Sciences
A.I.I.M.S., New Delhi-110029

अनुभाग व दिन Section and Day मंगलवार व शुक्रवार Tuesday & Friday	V	कमरा नंबर Cabin No.

यू.एच.आई.डी. संख्या
UHID No. 106774922

आचार्य एम.एस. बजाज का एकक
Prof. M.S. Bajaj's Unit 25-C-122
8/5/25

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Sonu Singh		M	24	

दिनांक DATE	निदान DIAGNOSIS Stage IV B

उपचार Treatment

13/5/2025

CE MRI orbit & Brain
shows ON thickening c enhancement
reaching apex and extending
c intracanalicularly.
(Lymph node FNAC - done)
Report Awaited

c 8x10 mm focal lesion in lat wall of orbit

Rfd to Dr Sameer Bakhshi - for Palliative txt

7th floor
MPC Room

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं
1. No Smoking 2. Use Dustbin 3. No Spitting