



Beneficiary Form

Name: ELVIN

Age: 3 YRS

Sex: MALE

Brief details about the Beneficiary:

Elvin is a 3 year's old boy suffering from Trienspid Atresia, Large ASD, RL stunt Restrictive VSD (Heart Disease)He needs early surgery of surgical BD GLEN STUNT. There are 5 family members and his father is the only earning family member. Elvin father is a labour and his monthly salary is approx 5000/-.The treatment is going to be in Sarvodaya Health Care Research Centre, Fbd, under the supervision of Dr. Viresh Mahajan (Director Pediatric & Cardic Science).The total estimate is Rs 1,85,000/- for the Surgery.His family is not in a position to bear the expenses of his treatment.

About the Family:

Father's Name	Mr. Samandar Singh	Age	30	Edu	Graduate	Occupation	Labour
Mother's Name	Mrs. Shiwani	Age	29	Edu	12th	Occupation	Housewife
Family Member's	5	No. of Children's	1	No. of school going	0		
Earning Member's	1	Monthly Income	5000/- Rs	Belongs to	UP		

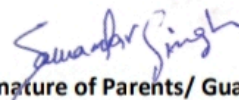
Medical Treatment

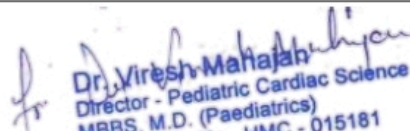
Hospital/Institution Name:	Sarvodaya Heath Care Research Centre
Address:	YMCA Road Sector-8 Faridabad -121006
Diagnosis:	Trienspid Atresia, Large ASD,RL
Treatment Required:	BD GLEN STUNT
Reg No:	
Total (approx.) Treatment/Surgery	1,85,000/- (One Lakh Eighty Five Thousand Rupees Only)

Reason for which sponsorship required: Surgery: Treatment:

Declaration:

I hereby declare that the information given above is true and I am not in position to afford expenditure expenses.


 Signature of Parents/ Guardian


 Dr. Viresh Mahajan
 Director - Pediatric Cardiac Science
 MBBS, M.D. (Paediatrics)
 Registration No.- HMC - 015181
 Authorized Signatory

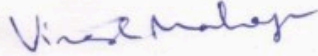
To,
Diya Medicare Foundation
New Delhi ,

Dear Sir \Madam ,

This Letter is regarding ,ELVIN 3 years old ,BOY (R\O UP) ,SON of Mr. Samandar singh is case of TRIENSPID ATRESIA ,LARGE ASD ,R>L STUNT RESTRICTIVE VSD (Heart Disease) .Patient needs early surgery of BD GLEN STUNT . The estimate cost of this surgery is Rs-1,85,000\ - (one lac Eighty Five Thousand only) .

The family requires financial assistance of above said amount (Rs-1,85,000\ -) for same so kindly help them in all possible way

Authorized Signatory



Dr. Viresh Mahajan
Director - Pediatric Cardiac Science
MBBS, M.D. (Paediatrics)
Registration No.- HMC - 015181

ELVIN

3yr / M.

23.6.2021

10.3kg

spo₂ = 60-65%

Echo

Tricuspid Atrial

Non valvular ASD

As L left sh

Small VSD, VSD \approx 80-92

(L) LV function

(R) R GA. (normally related great arteries)

PA - rupture, adequate size

(L) systemic + beta blocker
drug -

Ad

• Tab Ciplan (10mg) $\frac{1}{2}$ BDO

• Needs early BDO Glenn sh

SBB Problem

10th July - Plan of surgery

Vijay Kumar

भारत सरकार
Government of India



समंदर सिंह
Samandar Singh
जन्म तिथि / DOB : 20/01/1989
पुरुष / Male



7660 0669 1039

आधार - आम आदमी का अधिकार

भारत सरकार
Government of India



चौधरी एलविन गोगियाम
Chaudhary Elvin Gogiyam
जन्म तिथि/DOB: 27/09/2018
पुरुष/ MALE

Download Date: 04/02/2020

Issue Date: 16/01/2020

यह आधार 5 वर्ष की उम्र तक ही वैध है

4881 3215 8635
VID : 9140 5746 8438 5100

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India




शिवानी
Shiwani
जन्म तिथि / DOB : 05/09/1992
महिला / Female



8008 6011 4075

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: हरपाल सिंह, 206, बपदई, बदी मुस्त., बदी, सहारनपुर, उत्तर प्रदेश, 247342


Address: S/O: Harpal Singh, 206, BADHI, Badhi Must., Badhi, Saharanpur, Uttar Pradesh, 247342

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1800 300 1947

7660 0669 1039


help@uidai.gov.in

www.uidai.gov.in

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