



Beneficiary Form

Name: SAYED BARIZ Age: 15 YEARS 7 MONTHS Sex: MALE

Brief details about the Beneficiary: Sayed Bariz 15 Years 7 Months old boy suffering from Congenital Heart Defect, PDA With left to right shunt, dilated LA/LV. He needs PDA Device Closure to save his life. There are 2 members in the family and mother is an only earning member. She is a primary teacher and her monthly income is Rs 15,000/- Rs. The surgery is to be done in Fortis Escort Hospital, under the supervision of Dr. Neeraj Awasthy (Director Pediatric Cardiology). The total estimate is Rs.2,00,000 /- for the surgery. His family is not in a position to bear the expenses of his treatment.

About the Family:

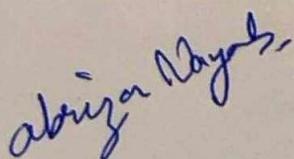
| | | | | | | | |
|------------------|------------------|-----|-------------------|-----|-----------------------|---------------------|-----------------|
| Father's Name | Late Sayed Razai | Age | -- | Edu | -- | Occupation | -- |
| Mother's Name | Abriza Nayab | Age | 49 | Edu | 12 th pass | Occupation | Primary teacher |
| Family Member's | 2 Members | | No. of Children's | | 1 | No. of school going | 1 |
| Earning Member's | 1 | | Monthly Income | | 15,000/- per month | Belongs to | Odisha |

Medical Treatment

| | | | |
|-----------------------------------|--|--|--|
| Hospital/Institution Name: | Fortis Escort Hospital | | |
| Address: | Okhla Road, New Delhi- 110025 | | |
| Diagnosis: | Congenital Heart Defect, , PDA With left to right shunt, dilated LA/LV | | |
| Treatment Required: | PDA Device Closure | | |
| Reg No: | | | |
| Total (approx.) Treatment/Surgery | 2,00,000/- Rs | | |

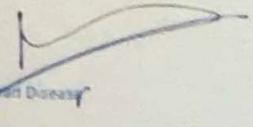
| | | | |
|--|----------|------------|--|
| Reason for which sponsorship required: | Surgery: | Treatment: | |
|--|----------|------------|--|

| | | | |
|--|--|--|--|
| 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. NEERAJ AWASTHY
MD, FNB (Pediatric Cardiology)
Director-Pediatric & Congenital Heart Disease*
DMC No. 6125
Fortis Escorts Heart Institute
Okhla, New Delhi



Authorized Signatory

Diya Medicare Foundation is Registered Trust

Donation to Diya Medicare Foundation is eligible for deduction under Section 80 G of the Income Tax Act, 1961.

09/04/2025

To

**Diya Medicare Foundation
New Delhi**

Dear Sir/Madam

This is to Certify that Sayed Bariz 15 Years old 7 Month male, is Suffering from congenital heart defect, PDA With Left to Right Shunt, Dilated LA/LV. he need PDA Device Closure.

The estimate cost of this surgery is 2 Lac (Two Lakh).

The family requires finance assistance from Diya Medicare Foundation for Rs. 200,000/- (Two Lakh). Kindly help them in all possible way.

DR. NEERAJ AWASTHY

MD, FNB

Director Pediatric Cardiology

Fortis escort Okhla Delhi

**Dr. NEERAJ AWASTHY
MD, FNB (Paediatric Cardiology)
Director-Paediatric & Congenital Heart Disease
DMC No. 6125
Fortis Escorts Heart Institute
Okhla Road, New Delhi-110025**



**Regd. Office : OPD CITY CENTRE, SCO 11, Sector-11-D, Chandigarh-160 011, INDIA, Ph. : (0172) 5061222, 5055442, Fax No. : (0172) 5055441
CIN : U85110CH2000PLC023744**



Scanned with OKEN Scanner

7/4/25

SAYED BARIZ
15 Y / M

nl clo POB

elo
pmn Lmrs
met und w
① vethrof
PLC

clo POB = PLC met und w

pmn clo change

W
met und w





GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Bhubaneswar Municipal Corporation
CERTIFICATE OF DEATH

NO. 36376.PH/VS
dt. 29/12/18



Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and rules of Odisha Births and Deaths, Rule 2001.

This is to certify that the following information has been taken from the original record of death which is in the register for Bhubaneswar Municipal Corporation of Tahsil BHUBANESWAR of District KHORDHA of State of ODISHA.

Date of Death 04/12/2018

Permanent Address AT-JAGANNATHPUR,

Sex MALE

PO-TIRAN, PS-TIRTOL, DIST. JAGATSINGHPUR,

Name SAYED RAZAI HABIB

ODISHA, INDIA

Name of Father

Place of Death KIMS HOSPITAL, BHUBANESWAR

MD LUTUFUR RAHMAN & MOHAMMED LUTUFUR RAHMAN

Date Of Registration 11/12/2018

Registration No. 8178/2018



Signature valid

Digital signature of JAMA
CHANDRA RAJ
Date: 29/12/2018 14:38:53
ID: 10000000000000000000000000000000
Print: Death Application
Place: BHUBANESWAR
Link signed signature.

Signature of Issuing Authority
Registrar
Deaths & Deaths
MUNICIPAL CORPORATION

Note: It is a digitally signed electronically generated certificate and therefore
This certificate is issued as per section 4, 5 & 6 of Information Technology
amendments in 2008. For any query, please visit <https://www.odishadigital.gov.in>,
will attract penal action.

29/12/2018