



The miracle









The miracle foundation

सेवा में:

श्रीमान अहमद  
द मिशिकल्स फाउन्डेशन  
नई दिल्ली, अहमद नगर

विषय: आर्थिक सहायता हेतु प्रार्थना पत्र  
महोदय,

सविनय निवेदन यह है कि मेश नाम वीरेन्द्र कुमार है।  
मेश निवास स्थान ~~...~~ उत्तम नगर नई दिल्ली है।  
मेश पत्नी का नाम संतोष देवी है। मेश पत्नी बी बी बी,  
हमारी पत्नी TV की बीमारी और आर शरीर पर  
इन्फेक्शन हो गया है। हमारी पत्नी अपनी आँखों से  
नहीं देख पा रही है। क्योंकि आँसू में मोटिया बिन्दु हो  
गया है। मैं इसके इलाज के लिए जेम्स अस्पताल में  
लेकर गया था मगर वहाँ पर 1 लाख से 1.50k Lakh  
रुपये का खर्च बतलाया जा सका मैं खर्च नहीं उठा सकता।  
मैंने सरकारी अस्पताल में इलाज कराया। परन्तु वहाँ भी  
इसका इलाज ठीक से नहीं हो पाया। अतः आपसे निवेदन  
है कि मेश पत्नी की सहायता प्रदान करें।

मेश नाम - वीरेन्द्र कुमार  
पत्नी - संतोष देवी  
पता ~~...~~  
उत्तम नगर नई  
दिल्ली

आपकी अतिकृपा होगी  
आपका प्राची  
वीरेन्द्र कुमार



# MAHINDRU HOSPITAL

(A UNIT OF MAHINDRU HOSPITALS PVT. LTD.)

E-1, Kiran Garden, Main Najafgarh Road, Uttam Nagar, New Delhi-110055

E-mail : mhkgn@yahoo.co.in

EPBX No.: 8750028028, 8750055028, 8750043528, 8750045528, M. No.: 8750805444

## RECEIPT FOR ULTRASOUND



Receipt No./USG:- 7062

Book No. 71

Dated 16/8/2001

Age 44y

Received with thanks from Mr/Miss/Mrs Santosh

The sum of Rupees Nine Hundred only

by Cash BY Cash

on account of Whole abdomen

Rs. 900/-

For MAHINDRU HOSPITAL



Auth. Sign.

the miracle foundation

GSTIN : 07ABEPN2637H1ZP

GST INVOICE



# Safdarjung Medicos



ALL DAYS OPEN

D.L. No. S(1115)13RW

CREDIT CARD ACCEPTED

Shop No. 5, Near Metro Station, Safdarjung Hospital  
Gate No. 2, New Delhi-29 (Opp. AIIMS Entrance Gate)  
For Enquiry No. ☎ : 26192644 • Whatsapp & Oder No. : 9269261414  
MEDICINES, SURGICAL & COSMETICS ANTI CANCER DRUGS

\* In case you find any inadvertent error in the price charged.  
Please bring this cash memo for refund of difference.

QTY.	PARTICULARS	BATCH NO.	EXP. DT.	GST	AMOUNT
------	-------------	-----------	----------	-----	--------

1	SCALPE-SHAMPOO.	52210117	08/23	12.0	260.00
---	-----------------	----------	-------	------	--------

Returning Time: 12.00 P.M. 04.00 P.M. Only

BILL NO. 215830 DATE: 08/12/21 Total 260.00

PATIENT Ms/Mr.: SANTOSH  
ADDRESS :

SGST 13.93  
CGST 13.93

Pres. by Dr. : AIIMS Sign. Grand Total 260.00

1. Cutting strip will not be taken back.
2. No Return No Exchange.
3. All disputes subject to Delhi Jurisdiction.
4. Home Delivery also available.

Printed By : Vandana Graphics Pvt. Ltd., E-mail : info@vandanagraphics.com

E.&O.E.

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GSTIN : 07ACJPM2314A1Z7  
Licence No.: 109868'69'70'71

GST INVOICE

Ph. 9990224306

# AGGARWAL MEDICAL STORE

Wholesaler & retail Chemists & Druggists

Shop No.5, WZ-17, Vashiast Park, Pankha Road, New Delhi-46 All Credit Cards Accepted Here

Invoice No. **2387** State Code : 07 Date **15/12/21**

Name **Santosh**

Prescribed By **Dr. Vineet Ahuja**

Description of Goods	HSN Code	Batch No.	GST%	Amount
3x10 R-Gen 450	A101600			166
3x10 R-Gen 300	A005959			27
6x10 Combustal 800mg	A100997			266
3x10 Salanex DT	121003A			21
3x10 Salanex	M/B2 07A			37
15 Tab. Paracetamol	M/B051			34

GST Free		GST 4%		GST 12%		GST 18%		GST 28%	
Rs.	P.	Rs.	P.	Rs.	P.	Rs.	P.	Rs.	P.

Total GST \_\_\_\_\_ SGST \_\_\_\_\_ CGST \_\_\_\_\_ Total **651**

बिका हुआ माल वापिस नहीं होगा। दवाई डॉक्टर को दिखा कर खाये।

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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

105582527

UHD - 105585

वै० रोगी/पंजीकृत सं० / O.P.I



105582527



105582527

SANTOSH SANTOSH

एकक / Unit  
विभाग / Dept.

नाम / Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age
Santosh :-	44/F		

निदान / Diagnosis

उपचार / Treatment

दिनांक / Date

1/2/22

Co Disseminated TB :- [Pleural/Abdominal] - on ART (HRZE)  
ART started in July 2021  
Compliance on R bill - 5 days ago - stopped d/t  
GI side effects.

Inv  
(7/12)

Completed ~ 7 months ART

Hb - 11.9

PLC - 4220

Hc - 2.21 lacs

Creat - 0.5

CaH/Pa - 9.2/4.4

TB/Da - 1.25/0.4

Of/Pt - 12/15

ALP - 101

f/Pa - 0.6/4.6

USt - 4 cm/h

Plan

Adv

6BC, Rif, ET, Nat/k<sup>t</sup>,  
Chest X ray, USG Abdomen

1. Tab: Pantoprazole 40mg (b/d) x 2wks

2. T. Bernard Zincovit 1-0-0 x 2wks

3. T. Shalcal 500mg 1-0-1 x 2wks

L/P 2wks

Dr. David Mathew



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatal.nhp.gov.in



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



एकांक/Unit  
 विभाग/Dept.

UHID - 105582527  
 105582527

LC1102221034 105582527  
 LH1102220576 105582527  
 SANTOSH SANTOSH

नाम/Name	लिंग/युव/पत्नी/पुत्री F / S / W / D of	लिंग Sex	आयु Age
Santosh :-	44y/f		

रिपोर्ट/Diagnosis

उपचार/Treatment

दिनांक/Date  
 1/2/22

l/w  
 (2/12)

Hb - 11.9  
 ECG - 4220  
 Mc - 2.21loc  
 Creat - 0.5  
 Ca/H/Pa - 9.2/4.4  
 TB/DB - 1.25/0.4  
 O/P - 12/25  
 P - 101  
 TT/Alb - 8.2/4.4  
 ESR - 45mm/h

90 Disseminated TB :- [Pleural/Abdominal] on ATT. (HRZE)  
 ATT started in July 2021  
 Complient on Rx till 5 days ago - stopped d/t GI side effects.  
 Completed ~ 7 months ATT

Plan  
 - CB, KFT, Nat/Kt  
 - Check Xray, USG Abdomen

Adv.  
 1. Tab. Pantoprazole 40mg (b.i.d) x 2wks  
 2. T. Bernard Zincovit 100 x 2wks  
 3. T. Shalcal 500mg 101 x 2wks

l/w 2wks.

*David Mathew*  
 Dr. David Mathew



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प  
 अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE  
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



**KRISHNA MEDICAL & SURGICAL HALL**

D-4, G.F. MAIN NAJAFGARH ROAD, OPP METRO PHILAR,  
KIRAN GARDEN, UTTAM NAGAR, NEW DELHI-110059

Patient Name : SANTOSH

Patient Address :

Dr Name : VINEET AHUJA AIIMS

Dr Reg No.

STIN : 07ASDPG2796E1ZS

licence No. : DL-UTN-145904

Invoice No. : 0042 Date : 14-01-2022

**ST INVOICE**

	PACK	HSN	BATCH	EXP.	QTY	MRP	DIS%	AMOUNT
1. COMBUTOL 800 TAB	1*10	0049053	A100898	1/23	20	44.23	0.00	88.46
2. RCIN 300MG	1*10	3004	A00122	9/23	10	42.43	0.00	42.43
3. RCIN 450MG CAP	1*10	3004	A003688	7/23	10	55.36	0.00	55.36
4. SOLONEX 300MG	1*10	0049051	HIA1000	3/25	10	12.55	0.00	12.55
5. SOLONEX DT 100MG	1*10TAB	0049051	HIA21006A	6/23	10	7.14	0.00	7.14

GST 92.69\*2.5+2.5%=2.325 SGST, 78.57\*6+6%=4.72 SGST+4.72 CGST, \*\*FOR LOOZ &

**SUB TOTAL 205.94**

**Terms & Conditions**  
 Goods are sold as is, not to be taken back or exchanged.  
 Medicines without Batch No. & Exp. will not take back.  
 All disputes subject to Jurisdiction only.  
 Please consult Dr. Before using the medicines.

For KRISHNA MEDICAL & SURGICAL HALL

**Less Discount 20.60**

Remark :  
 Rs. One Hundred Eighty Five Only

Authorised Signatory

**GRAND TOTAL 185.00**

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**Dr.VERMA'S DIAGNOSTIC CLINIC**

C2B/93A, JANAK PURI,NEW DELHI-110058

TEL.:46025197,45025197,25535664,25593015

E-mail: drvermalabs@gmail.com  
web site: www.drvermalabs.com  
**REGISTRATION SLIP**

Name : MS.SANTOSH  
Age/Sex : 44 YRS / Female  
Reg. No : 267864

Lab No : 012107000612  
Receipt No. : 012100002775  
Date : 26-Jul-2021 16:17:12

Referred By : JANAK PURI S S HOSPITAL

IpD Number :  
Barcode :181967

Ward Number :

Particulars	Amount (Rs.)
<b>BIOCHEMISTRY</b>	
IRON*	440.00
TRANSFERRIN SATURATION*	440.00
TIBC*	460.00
<b>IMMUNOLOGY</b>	
FERRITIN*	1000.00
Total	2340.00
Discount	-460.00
Credit Card:: (1880)	1880
Amount Paid: Previous Bal.:	0
<b>Due Amt:</b>	<b>0</b>

Received with thanks an amount of (Rupees) One Thousand Eight Hundred Eighty Only

For Online Report Please Login To: <http://www.drvermalabs.com>

For Online Report Your ID: SHN1267864 And Password: 012107000612

\*Report Collecting Time: 6 AM - 8 PM, Within 7 days

26-Jul-2021 16:17:12 Prepared By : OMPRAKASH

Printed By : Mr. OMPRAKASH

Signature

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

अस्पताल में अग्नि प्रयोग करना है। / **SMOKING IS PROHIBITED IN HOSPITAL PREMISES**



UHD - 105582527



नाम / Name	लिंग/पुरु/स्त्री/पुत्री F/S/W/D of	लिंग Sex	वय Age
Santosh :-	44/F		

रोग / Diagnosis

उपचार / Treatment

दिनांक / Date  
1/2/22

Go Disseminated TB:- [Pleural/Abdominal] on ATT. (HRZE)

ATT started in July 2021

Completed on 4 till 5 days ago - Stopped d/t GI side effects.

Completed ~ 7 months ATT

लव  
2/12

- Hb-11.9
- Plc-4220
- Hc-2.21lacs
- Creat-0.5
- Ca/Pa-9.3/4.4
- TB/BB-1.25/0.24
- Alb-1.2/1.5
- ALP-101
- Tf/Alu-5.1/4.6
- ESR-45mm/h

Plan:  
 - CBC, RFT, LFT, Nat/Kt,  
 - Chest Xray, USG Abdomen

Adv.

- Tab. Pantoprazole 40mg (1-0) x 2 tabs
- T. Brevard Zincovit 1-0-0 x 2 tabs
- T. Shalcal 500mg 1-0-1 x 2 tabs

1/2 x 2 tabs.

Dr. David Mathew



CLEAN AND GREEN AIIMS / एमस का यही संकल्प, स्वच्छता से काया कल्प  
 अंगदान-जीवन का बहुमूल्य उपहार / **ORGAN DONATION - A GIFT OF LIFE**  
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



विकिरण नैदानिक विभाग  
अ०भा०आ०सं०, नई दिल्ली-110029  
DEPARTMENT OF RADIODIAGNOSIS  
A.I.I.M.S., NEW DELHI - 110029

**ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM**

Name: Santosh Age / Sex: mg / R Ref. Deptt. / Unit: gynae Date: 17/1/22  
Indoor (Bed No.) / Outdoor / Casualty: OPD No. / UHID No.: 105582822 LMP:

**Examination Required :**  
USG Abdomen for R/o CLD / Collection / Interventional Procedure  
Ultrasound Doppler (Arterial / Venous)  
CT HRCT Dual Phase CT CT Angiography

**Clinical History and Examination :**

h/o disseminated TB: - Completed (Nov 21).  
Pre-Imaging: Well defined fluid collection in R Perihepatic region in lit-abd wall

**Clinical / Working Diagnosis :**

Any Previous Studies (Please provide No. if available):  
Blood Urea / Serum Creatinine (for CT patients only):  
Any h/o allergy or asthma:  
Signature of Referring Physician / Date:

**Consent :**

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date:

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :

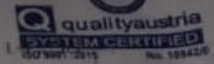




# VENU EYE INSTITUTE & RESEARCH CENTRE

Over 40 Years of Excellence in Eye Care  
ISO 9001 : 2015 Certified Institute  
23-07-2021 0

VE/PC/F2



CO086/07/21

OPD No. HR. 20 SANTOSH Date \_\_\_\_\_ Time 34 \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address NEW DELHI, UCCAM Nagar  
NAUSARAHAL POKHRI Phone No. \_\_\_\_\_  
Doctor Name KIRAN LATA

Ref. by \_\_\_\_\_  
E-mail \_\_\_\_\_

COMPLAINTS : *of Diminution of vision (RR) 2 - 3 yrs*  
*(ck) operated in 2019*

GENERAL MEDICAL HISTORY :

*- NAD*

OCULAR EXAMINATION

RE

LE

BP	
NCT <	

Distance  
Near

Without Glasses	With Glasses	PH	Without Glasses	With Glasses	PH
<i>17m+</i>			<i>6/9</i>		

OWN SPECS	Dist.	
	Add.	
ST.	Dist.	
	Int.	
	Add.	
DA.		

CLINICAL EXAMINATION

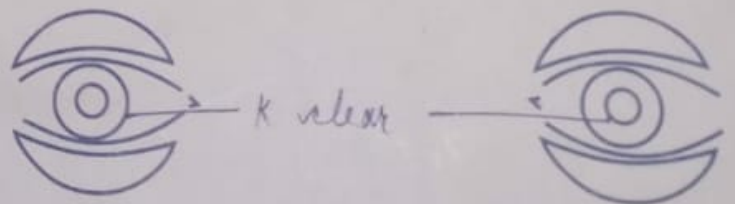
Lids & Lacrimal System

Conjunctiva

Sclera

Cornea

Dry eye Tests



ANK OF INDIA

SBI

य स्टेट बैंक

JANAKPURI SUPER SPECIALITY HOSPITAL  
SOCIETY  
NEW DELHI  
DELHI

DATE/TIME: 26/07/21

15:15:25

MID: 020000500126035

TID: DL011432

BATCH NUM: 000114

INV NUM: 000067

Sale

APPL NAME:

Visa Credit

AID:

00000000031010

TVR:

0080048000

LCI:

F800

TC:

963BA675FBFF502D

CARD NUM:

XXXXXXXXXXXX3854 Chip

EXP DATE: XXXX

CARD TYPE: VISA

APPR CODE: 518705

RREF NUM: 003395834396

AMOUNT:

₹ 3150.00

PIN verified, Signature not required

SANTOSH

I AGREE TO PAY AS PER CARD ISSUER  
AGREEMENT

THANK YOU, COME AGAIN

XXXXX CUSTOMER COPY

STATE BANK OF INDIA

भारतीय स्टेट बैंक

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Invoice Cum Receipt

UHID : AHDW.228963  
Patient Name : Mrs. SANTOSH .  
Age/Sex : 44 Year(s) / Female

Bill Date : 16/09/2021 08:36AM  
Bill/Receipt No : INVCS966502/OP/1849269  
Referred By : Self  
GST No : 07AAFA6553F1ZU

Sl.No	Services	Qty	Price (Rs.)	Amount(Rs.)
1	Liver Function Test ( LFT )	1.00	840.00	840.00
2	Renal Function Test (KFT)	1.00	920.00	920.00
3	CBC	1.00	350.00	350.00
4	REGISTRATION CHARGES	1.00	150.00	150.00

Authorised By

Management Decision

Bill Amount : 2260.00  
Discount Amt (Patient) : 316.00  
Paid by Patient(Round off) : 1944

Discount Reasons

Management Discretion - Amount Discount.

Sum of Rs. 1944.00 received with thanks from Mrs. SANTOSH .

Payment Mode(s)

Signature  
Vikas Yadav

DC for Rs. 1944.00 (DC No. :XXXXXXXXXXXX3854, Card Type : VISA)

"One consultation within 4 days is a free follow up (including day of the consultation, sundays & public holidays). \* except Dietetics, Physiotherapy, Mental health, General surgery, Dental and all GOVT PSU's".

Routine Biochem & Haemat. Report for the sample given till 3:00 pm will be available on the same day after 6:00 pm reports for the sample given after 3:00 pm will be available on next day after 11:00 am. For other test TAT shall be informed by Phlebotomist".  
One consultation within 4 days is a free follow up (including day of the consultation, Sunday & public holidays). \*except Dietetics, Physiotherapy, Mental Health, General Surgery, Dental & all GOVT PSU's".



AAKASH HEALTHCARE PRIVATE LIMITED

CIN No. U85100DL1994PTC063836



Head Office & Hospital Address:  
Main Plot, Road No. 201, Sector-3, Dwarka, New Delhi-110 075

24x7 Help  
011- 433 888 88, 613 888

# JANAK PHARMACY

SHOP NO-10, A5B/A5C, DDA MKT, JANAKPURI NEW DELHI-110058  
Ph. 9211168907, 25523536

TST No: 07AWKPS8551L1ZP

D.L.No.: 133930-133929

CASH MEMO NO.: 18496

DATE: 29/07/2021

NAME: SANTOSH

Pr. By: Dr. JANAK PURI SPUER SPECALITY

ADDRESS:

S.	QTY.	PACK	DESCRIPTION	BATCH	EXPIRY	HSN	GST%	RA	AMOUNT
1	1	200ML	LOOI SYP	L3021103	04/23	3004	5	20	231.00

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CUT STRIP NOT BE TAKEN BACK

NET GST DETAILS

AMOUNT 231.00

CGST : 5.23

SGST : 5.23

Paytm No-9868816451

TOTAL AMT: 231.00

LESS DIS : 11.55

Net Amt. (R/O): 219.00

For JANAK PHARMACY

S. & O.E.

(Computer Generated Invoice)

ORIGINAL

**JANAKPURI SUPER SPECIALITY HOSPITAL SOCIETY**  
 (AN AUTONOMOUS INSTITUTE)  
 GOVT. OF NCT OF DELHI  
 C-2B, JANAKPURI NEW DELHI-110058

INVOICE CUM RECEIPT



**Mrs. SANTOSH**  
 44 Y O M O D / Female

Name :  
 Age/Gender :  
 Mobile No. :  
 Reg No. :  
 Referred By :  
 OPD No. :

165475  
 Self

Lab No. : 012107260171  
 Delivery Mode : Self  
 Reg. Date : 26-Jul-2021 11:11:52  
 Party Name : Standard  
 Address :  
 IPD No. :

Sr.No	Code	Particulars	Department	Amt (Rs.)
1		PACKED RED CELLS/WHOLE BLOOD	Phonology Special	1,050.00
Total :				1,050.00
Amount Paid :				1,050.00
Due Amount :				0.00

Cash:(1,050.00)  
 received with thanks an amount of (Rupees One Thousand Fifty Only  
 Full Payment Before Investigation)

**The miracle foundation**

Report delivery from Counter No.1 Ground Floor at 8.00 A.M to 3:00 P.M

Created By : Arpit

E. & O.E.  
 Print DateTime : 7/26/2021 3:17:53PM

*Arpit*

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foundation

