



The miracle foundation

Estimate proforma should not be older than 15 days from the date of Estimate dispatch

Detailed Estimate of Cost of Treatment after the Date of Application
(To be issued by the Hospital where Patient is currently Under-Treatment)

Hospital Dispatch no. APC/2025/01
Slide no. A-6968/2024
(Histopathology Report)

Dated 08/01/2025



TO WHOM SO EVER IT MAY CONCERN

1. Certified that SAMARJOT SINGH NOTA wife/son/daughter of AVTAR SINGH residing at H.No. 11, Vill Rasoolpur, Teh. Garhankar, Dist Hoshiarpur Punjab admitted to the Hospital on D. 11/M/11/2024 and this patient is suffering from -146108 Ewings Sarcoma cancer (type of cancer)
2. The estimated expenditure on the treatment of the patient will be Rs One lakh only (in words One lakh only). The original estimate/invoice (With detailed break up and tentative time schedule) is as under:

Treatment Intent: _____

Treatment so far: _____

Tentative Treatment Schedule and estimated cost:

Sr. No	Type of Treatment / Investigations	Tentative Time Schedule	Estimated Cost	Remark
1	Lab investigations			
	Radiological Investigations			
3	Chemotherapy (No. of Cycles) @ Rs <u>5000</u> /Cycle X <u>14</u>	<u>1 year</u> 10,000	70,000	Chemotherapy
4	Radiotherapy	10,000	10,000	Radiation
5	Surgery		20,000	Surgery
6	Palliative Treatment			
7	Others (Specify):			
Total Cost of Treatment:		<u>1 year</u>	<u>1,00,000</u>	

Doctor's Signature _____ (With stamp)

Name in capital letters _____ Complete address of Hospital

Telephone Number 0172-2755303 Email id _____

APC PCIMER Sec. 12 Chandigarh
Govt. of Punjab

Senior Resident
Dept of Pediatrics
PCIMER, Chandigarh
SR/1770

Please fill in the form legibly in BLOCK / CAPITAL letters All Colour

To

The Medical Superintendent/ Civil Surgeon.....

Subject:

Request Application for treatment to the cancer patients under MUKH MANTRI PUNJAB CANCER RAAHAT KOSH SCHEME.

You are requested to provide the financial aid to me/ my husband/wife/ son/daughter /mother/father according to the guidelines of above said scheme. Details are as follows:-



1. Name of the Patient: SAMARJOT SINGH NOTAY 2. Date of Birth: 28/10/2022

3. Mother Name: Jaskarandeep Kaur 4. Mobile No. (COMPULSORY)

5. Father's/ Husband's/ Son's/ daughter's Name: Avtar Singh

6. Aadhaar No* 299574312693 7. Blood Group O+

8. Gender: Male Female 9. Yearly Family Income:

10. Complete Residence Address: H.NO. 11, VILL Rasoolpur, Teh. Gasshankar Dist. Hoshiarpur Punjab - 146108

11. (a) Whether belonging to reserved category (SC/ ST only): SC ST

(b) if Yes, self attested proof attached.

12. Name, Address & Phone No. of the Institution (Laboratory/ Hospital where Cancer was diagnosed: (Attach an attested photocopy of Laboratory Report) verified by treating Institution/ Hospital:

Hospital/Lab Name: PGI MER Chandigarh Date of Diagnosis: D. 03 M. 12 Y. 2024

Address & Phone: APC PATTER, Sec 12 Chandigarh

13. Name and Date of Admission/ Reporting to the Hospital where the treatment is undergoing:

Hospital Name: PGI MER SEC-12 Chandigarh Date: D. M. Y.

14. Hospital C.R./U.H.I.D./M.R.D No. 202404913792

15. Have you ever taken any financial aid under this scheme (Attach the copy of sanction as proof): Sanction No. _____ Date. _____ Amount. _____

16. Have you ever taken any financial aid from any Govt. Institution/ Society or any Govt. Aided Institution If yes, then provide complete details: Yes No

With in box Patient Signature/Thumb

Date: _____

Yours faithfully,

(Self/Father's/ Husband's/ Wife signature)

Enclosures:

1. Residence Proof: Voter Card/ Driving License/ Passport/ Armed License/ Kisan Credit card, Bhagat Puran Singh Card, Blue Card (Atta Dal Card) and RSBY Card (for more information please read checklist)
2. Photocopy of Laboratory Report attested by treating doctor where treatment is undergoing.
3. If financial help availed earlier, attach copy of sanction
4. Detailed estimate/invoice of cost of treatment after the date of application (with break up and tentative time schedule) from the hospital where the treatment is going on currently. Estimate proforma should not be older than 15 days from the date of invoice dispatch.
5. Two recent passport size photographs attested by treating doctor.
6. If belonging to SC/ST, attach documentary evidence.
7. Self-declaration by patient or his relative.
8. Diary Certificate by Civil Surgeon/ Medical Superintendent, if late by 7 days from date of Diary, then attach Certificate by respective Deputy Commissioner with reasons.

Note:

Under this scheme, Cancer Patients are eligible for getting treatment from the Govt. Medical College & Hospital Amritsar/Faridkot/Patiala, GMCH Sector 32, Chandigarh, PGI (MER), Chandigarh, AIIMS, New Delhi and Acharya Tulsi Regional Centre, Bikaner & Empanelled Hospitals by the Govt.

* Aadhaar Card* (Optional)

Govt. of Punjab

Senior Resident
Dept. of Pathology
PGIMER, Chandigarh

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VDC Chemotherapy: Ewings sarcoma

Name: Samrajit POC No. 8862 Weight/BSA 12.3kg / 0.56m² Date 22/1/25
 Hb 10.5 TLC 7900 ANC 3634 Platelet 431 x 10³ Cycle no. 3

1.	Inj. Palonosetron 20 mcg/kg/dose <u>250</u> mcg in 100 ml NS over 15 mins (Max dose: 1500 mcg/dose). To be given 30 minutes before chemo. (Available as 250 mcg vial)
2.	Tab Dexamethasone $\leq 0.6 m^2$: 2 mg/dose; $> 0.6 m^2$: 4 mg/dose, q12h <u>2mg</u> for 3 days (Available as 0.5 & 4 mg tablets)
3.	Inj. Vincristine 2.0 mg/m ² /dose <u>1.1</u> mg slow iv push in a new cannula (Max dose: 2.0 mg) (Available as 1 mg vial)
4.	Inj. Doxorubicin (Adriamycin) 75 mg/m ² /dose <u>45</u> mg in 300 ml NS over 6 hrs (Available as 10 & 50 mg vials)
5.	Inj. Cyclophosphamide 1200 mg/m ² /dose <u>675</u> mg in 100 ml NS over 1 hr (Available as Inj 200, 500, 1000 mg vials)
6.	Followed by 11.5 ml/m ² of hydrofast (N/2, 5% D) <u>600</u> ml + MESNA (720 mg/m ²) <u>400</u> mg. Give this fluid over 9 hours. (Inj MESNA available as 200 mg vial)

For children < 1 year: Treat with 50% doses calculated on m² basis. If tolerated (no delay in administration of next cycle due to delayed count recovery or delayed resolution of other toxicities & no serious toxicities), consider increasing to 75% & then to 100% of the calculated full dose.

Advice at discharge: Drink plenty of water/ watch for hematuria

Inj G-CSF (5 µg/kg) µg SC (for 6 days) (Pl. mention dates below the arrows.) Started 24-36 hrs after last dose of chemo. Optional: Inj Pegfilgrastim 0.1 mg/kg SC → 1.5mg sc (Max 6 mg) as a single dose. stat - 24/1/25



Review in POC on 4/2/25 at 8 AM

Sivetha
 Signature of Doctor)

(Signature of Nurse)

VDC Chemotherapy: Ewings sarcoma

Name: Samarjet POC No 8862 Weight/BSA 10.5 kg / 0.52 m² Date 21/12/24
 Hb 9.7 TLC 9400 ANC 2068 Platelet 226 x 10³ Cycle no. 1

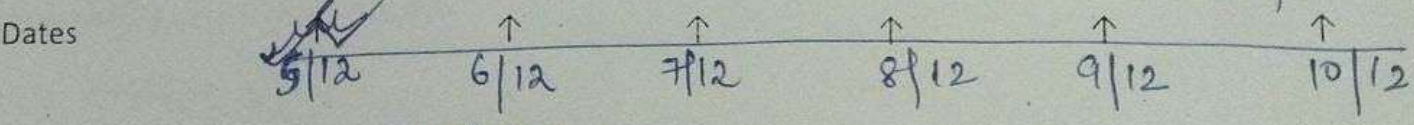
1.	Inj. Palonosetron 20 mcg/kg/dose <u>200</u> mcg in 100 ml NS over 15 mins (Max dose: 1500 mcg/dose). To be given 30 minutes before chemo. (Available as 250 mcg vial)
2.	Tab Dexamethasone $\leq 0.6 \text{ m}^2$: 2 mg/dose; $> 0.6 \text{ m}^2$: 4 mg/dose, q12h <u>4mg 1/2 Tab PO BD</u> for 3 days (Available as 0.5 & 4 mg tablets)
3.	Inj. Vincristine 2.0 mg/m ² /dose <u>1</u> mg slow iv push in a new cannula (Max dose: 2.0 mg) (Available as 1 mg vial)
4.	Inj. Doxorubicin (Adriamycin) 75 mg/m ² /dose <u>40</u> mg in 300 ml NS over 6 hrs (Available as 10 & 50 mg vial)
5.	Inj. Cyclophosphamide 200 mg/m ² /dose <u>620</u> mg in 100 ml NS over 1 hr (Available as inj 200, 500, 1000 mg vials) Followed by 1125 ml/m ² of hydrofast (N/2, 5% D) <u>600</u> ml + MESNA (720 mg/m ²) <u>380</u> mg. Give this fluid over 9 hours. (Inj MESNA available as 200 mg vial)

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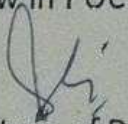
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Advice at discharge: Drink plenty of water/ watch for hematuria

Inj G-CSF (5 µg/kg) 50 µg SC (for 6 days) (Pl. mention dates below the arrows.) Started 24-36 hrs after last dose of chemo. Optional: Inj Pegfilgrastim 0.1 mg/kg SC 1mg on 7/12/2024. (Max 6 mg) as a single dose.



Review in POC on 24/12/2024 at 8 AM


(Signature of Doctor)

(Signature of Nurse)

VDC Chemotherapy: Ewings sarcoma

Name: Samarjet POC No 8862 Weight/BSA 10.5 kg / 0.52 m² Date 21/12/24
 Hb 9.7 TLC 9400 ANC 2068 Platelet 226 x 10³ Cycle no. 1

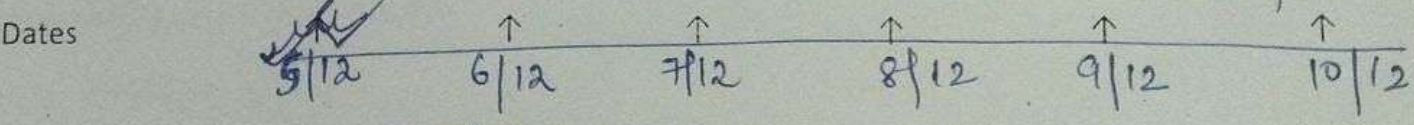
1.	Inj. Palonosetron 20 mcg/kg/dose <u>200</u> mcg in 100 ml NS over 15 mins (Max dose: 1500 mcg/dose). To be given 30 minutes before chemo. (Available as 250 mcg vial)
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Advice at discharge: Drink plenty of water/ watch for hematuria

Inj G-CSF (5 µg/kg) 50 µg SC (for 6 days) (Pl. mention dates below the arrows.) Started 24-36 hrs after last dose of chemo. Optional: Inj Pegfilgrastim 0.1 mg/kg SC 1mg on 7/12/2024. (Max 6 mg) as a single dose.



Review in POC on 24/12/2024 at 8 AM

[Signature]
(Signature of Doctor)

(Signature of Nurse)



Pediatric Hematology Oncology Unit Advanced Pediatric Center, PGIMER

Name : Samarjot Singh Sex : ~~2y 1mo~~ Male
Age (Years / Months) : 2y 1mo DOB : 28/10/22
CR Number : 202404913792 POC / ~~PHC~~ Number : 1BR - 8862
Admission Number : 2024091230

Diagnosis : (L) Hemithorax mass - ~~Metastatic~~ Ewing Sarcoma

Blood Group : O+P DTMS No. :

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(i) (ii) (iii)

Date of Admission

Date of Discharge

Drug Hypersensitivity

CR No.	: 2024 0491 3792	Date	: 22-11-
Name	: SAMARJOT SINGH NOTAY	Duplicate	: 1
Ph. No	: [REDACTED]	Category	: General
Age/Sex	: 2 Y/M		
Father Name	: Avtar Singh		
Address	: Rasulpur Garh Shankar Punjab India		
Department	: Pediatric Medicine		
Unit/Conslt	: Pediatrics Oncology Clinic (POC) / AT, DB, RJ, S	Serial No	: 1
Room No	: 4420	Amount (Rs)	: 10/-
File No	: APCPOC8862		
Unit Days	: Tue, Wed, Thu, Fri		

Samajst | BB 62 | Non met.

Ewing sarcoma protocol

Date	4/12/24	27/12/24	22/1/25												
Cycle No.	1	2	3	4	Local control	5	6	7	8	9	10	11	12	13	14
	V	I	V	I		V	I	V	I	V	I	V	I	V	I
	D	D	D	D		D	E	D	E	D	E	C	E	C	E
	C	C	C	C		C	E	C	E	C	E	C	E	C	E

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Each cycle is administered at 3 weekly interval, when ANC is >750 and platelet count is >75,000. The compressed regimen (every 2 weeks) may be considered for well-nourished patients, who tolerate chemotherapy well. Pl. discuss with consultant. If compressed regimen is used, local control starts after cycle no. 6

- V Vincristine 2 mg/m²/dose (Max 2 mg). Day 1
- D Doxorubicin 37.5 mg/m²/day. Days 1 and 2
- C Cyclophosphamide 1,200 mg/m². Day 1
- I Ifosfamide 1,800 mg/m²/day for 5 days
- E Etoposide 100 mg/m²/day for 5 days
- G-CSF 5 µgm/Kg/day (max 300), till ANC >750 & platelet count > 75,000. Pegfilgrastim is optional.

Samrajit | 8862 | Non met.

Ewing sarcoma protocol

Date	Cycle No.	1	2	3	4	Local control	5	6	7	8	9	10	11	12	13	14
4/12/24	1	V	I	V	I		V	I	V	I	D	E	C	E	C	E
27/12/24	2	D	E	D	E		V	I	V	I	D	E	C	E	C	E
22/1/25	3	C		C			V	I	V	I	D	E	C	E	C	E
	4						V	I	V	I	D	E	C	E	C	E
	5						V	I	V	I	D	E	C	E	C	E
	6						V	I	V	I	D	E	C	E	C	E
	7						V	I	V	I	D	E	C	E	C	E
	8						V	I	V	I	D	E	C	E	C	E
	9						V	I	V	I	D	E	C	E	C	E
	10						V	I	V	I	D	E	C	E	C	E
	11						V	I	V	I	D	E	C	E	C	E
	12						V	I	V	I	D	E	C	E	C	E
	13						V	I	V	I	D	E	C	E	C	E
	14						V	I	V	I	D	E	C	E	C	E

Each cycle is administered every 2 weeks. Weekly interval, when ANC is >750 and platelet count is >75,000. The compressed regimen (even 2 weeks) may be considered for well-nourished patients, who tolerate chemotherapy well. Pl. discuss with consultant. If compressed regimen is used, local control starts after cycle no. 6

- V Vincristine 2 mg/m²/dose (Max 2 mg). Day 1
- D Doxorubicin 37.5 mg/m²/day. Days 1 and 2
- C Cyclophosphamide 1,200 mg/m². Day 1
- I Ifosfamide 1,800 mg/m²/day for 5 days
- E Etoposide 100 mg/m²/day for 5 days
- G-CSF 5 µgm/Kg/day (max 300), till ANC >750 & platelet count > 75,000. Pegfilgrastim is optional.

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Department of Cytology & Gynaecological Pathology
Postgraduate Institute of Medical Education and Research, Chandigarh

Fine Needle Aspiration Cytology Report

Report No. : A-6968/2024

Name : Samarjot Singh Notay Age :

Clinician Incharge : Clinic

CR No. 202404913792
Samarjot Singh Notay (2 Y/M)



SAMPLE NO.:

CR# : 202404913792

Ward/OPD :

Site of FNAC

Culture : No

Material Aspirated

Altered blood

Report

FNA smears from left hemithorax mass are cellular and show scattered and few mostly cohesive clusters of malignant small blue round tumour cells. Tumour cells have high N:C ratio, granular chromatin, inconspicuous nucleoli and scanty amount of cytoplasm. Nuclear moulding is noted. Ill formed rosettes are seen at places.

Features are of malignant small blue round cell tumour.

Diagnosis

Hemithorax, left - Ewing's sarcoma

Immunocytochemistry

ICC : Tumour cells show diffuse strong membranous positivity for CD99, strong nuclear positivity for NKX2.2. Synaptophysin and PHOX-2B are negative.

Overall features are of Ewing's sarcoma.

Remarks/Advice

Date : 03/12/2024

Dr
Deepika/

Dr
Payal/

Dr. Parikshaa
Gupta/

Dr. S.
Radhika/
(M.D.) (M.D. Ph.D)

Dr. Reetu
Kundu
(M.D. DNB)

MP1184

HK

Handwritten signature
Senior Professor,
Department of Pediatrics,
PGIMER, Chandigarh.

Handwritten signature
Senior Resident
Dept. of Pediatrics
PGIMER, Chandigarh

Estimate proforma should not be older than 15 days from the date of Estimate dispatch

Detailed Estimate of Cost of Treatment after the Date of Application
(To be issued by the Hospital where Patient is currently Under-Treatment)

Hospital Dispatch no. APC/2025/01
Slide no. A-6968/2024
(Histopathology Report)

Dated 08/01/2025



TO WHOM SO EVER IT MAY CONCERN

1. Certified that SAMARJOT SINGH NOTA wife/son/daughter of AVTAR SINGH residing at H.No. 11, Vill Rasoolpur, Teh. Garhankar, Dist Hoshiarpur Punjab admitted to the Hospital on D 11/M/11/2024 and this patient is suffering from -146108 Ewings Sarcoma cancer (type of cancer)
2. The estimated expenditure on the treatment of the patient will be Rs One lakh only (in words One lakh only). The original estimate/invoice (With detailed break up and tentative time schedule) is as under:

Treatment Intent: _____

Treatment so far: _____

Tentative Treatment Schedule and estimated cost:

Sr. No	Type of Treatment / Investigations	Tentative Time Schedule	Estimated Cost	Remark
1	Lab investigations			
	Radiological Investigations			
3	Chemotherapy (No. of Cycles) @ Rs <u>5000</u> /Cycle X <u>14</u>	<u>1 year</u> 10,000	70,000	Chemotherapy
4	Radiotherapy	10,000	10,000	Radiation
5	Surgery		20,000	Surgery
6	Palliative Treatment			
7	Others (Specify):			
	Total Cost of Treatment:	<u>1 year</u>	<u>1,00,000</u>	

Doctor's Signature _____ (With stamp)

Name in capital letters _____ Complete address of Hospital

Telephone Number 0172-2755303 Email id _____

APC PCIMER Sec. 12 Chandigarh
Govt. of Punjab

Senior Resident
Dept of Pediatrics
PCIMER, Chandigarh
SR/1770



ਭਾਰਤ ਸਰਕਾਰ
Government of India



ਅਵਤਾਰ ਸਿੰਘ
Avtar Singh
ਜਨਮ ਮਿਤੀ / DOB : 07/01/1990
ਪੁਰਸ਼ / Male



4720 0282 7463

ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ



ਭਾਰਤੀ ਵਿਲੱਖਣ ਪਛਾਣ ਅਥਾਰਟੀ

Unique Identification Authority of India

ਪਤਾ:

S/O: ਇਕਵਾਲ ਸਿੰਘ, ਰਸੂਲਪੁਰ,
ਹੁਸ਼ਿਆਰਪੁਰ, ਸਰਹਾਲਾ ਕਲਾਂ, ਪੰਜਾਬ,
146108

Address:

S/O: Iqwal Singh, Rasulpur,
Hoshiarpur, Sarhala Kalan,
Punjab, 146108

4720 0282 7463



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

BROTHER CHEMIST-32

SHOP NO.4, BASEMENT, APC BUILDING, PGIMER, SECTOR-12, CHANDIGARH.

brotherchemistapc@gmail.com

NAME : SAMARJOT

DOCTOR/INSTITUTE NAME : P.G.I.M.E.R CHANDIGARH

CASH MEMO NO. : 55864

DATE : 07/12/2024

CR. NO. :

S.NO	PARTICULARS	HSNCode	MFD.	PACK	QTY	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.	PEG FRASTIM 6MG INJ	30041010	R.P.G.LI	1PC	1	B400286	03/27	12.00	5872.00	5872.00	67.66	1903.00

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INCL. GST DETAILS : 1698.69 X 12 % = 203.84 ,

CGST : 101.92
UTGST: 101.92

TOTAL AMOUNT: 5872.00
LESS: 3969.47
Net Amt (R.P.T) 1903.00

USER

Total Save On Bill : 3969.47

Words: One Thousand Nine Hundred Three Only

REFRIGERATOR Medicines Will Not Be Refundable After 30 minutes

(Computer Generated Invoice)

Any Price Charged by oversight will be refundable.

Subject to Chandigarh Jurisdiction only.

Rates are inclusive of TAX (as applicable)

Pharmacist/Qualified person

For BROTHER CHEMIST-32

GST No: GST No: 04AAVFB52441127

GST INVOICE

D.T. No: RLF20CH2024000007, RLF21CH2024000007

BROTHER CHEMIST-32

SHOP NO 4, BASEMENT, APC BUILDING, PGIMER, SECTOR- 12, CHANDIGARH.
brotherchemistape@gmail.com

NAME: SIMARJOT

DOCTOR/INSTITUTE NAME : P.G.I.M.E.R CHANDIGARH

CASH MEMO NO. : 60293

DATE : 27/12/2024

CR. NO. :

S.NO	PARTICULARS	HSNCode	MFD.	PACK	QTY	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.	PALONOGET 0.25MG INJ	30049049	GLS PHA	1	2	PSIA2410G	10/25	12.00	147.00	294.00	15.00	249.90
2.	DEXATORE-4MG TAB	55000002	AUSMED	10TAB	10	T241403	07/26	12.00	51.60	51.60	15.00	43.86
3.	CELOFOS 2GM INJ	30049049	CELON L	1VIAL	3	OL0490	08/25	12.00	894.25	2682.75	15.00	2300.34
4.	POSID 100MG INJ	30049631	CADILA	5ML	5	BESI2434ZA	08/26	12.00	193.26	966.30	15.00	821.05
5.	MESNA INJ.	30049048	GERMA	200MG	15	CHA1075	05/28	5.00	32.50	487.50	1.00	482.63
6.	NS 100ML ACULIFE	30041000	..	100ML	5	5D30137	03/26	12.00	40.09	200.45	15.00	170.38
7.	NS 500ML ACULIFE	30041010	..	500ML	5	9I240102	08/27	12.00	36.49	182.45	15.00	155.22

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INCL. GST DETAILS : 3584.07 X 12 % = 430.08 ,
394.65 X 5 % = 19.74 ,

CGST : 224.91
UTGST : 224.91

TOTAL AMOUNT : 5210.05
LESS : 781.52
Net Amt.(R/0): 4429.00

KAJAL Total Save On Bill : 781.52

Rapes: Four Thousand Four Hundred Twenty Nine Only

REFRIGERATOR Medicines Will Not Be Refundable After 30 minuts
Any Price Charged by oversight will be refundable.
Subject to Chandigarh Jurisdiction only.
Rates are inclusive of TAX (as applicable)

(Computer Generated Invoice)

For BROTHER CHEMIST-32

Pharma^{ist}/Qualified person



ORIGINAL

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH
CHANDIGARH-160012 (INDIA)

FINAL ADJUSTMENT BILL
BILL-DUM-RECEIPT

DATE & TIME : 21/11/2024 18:56:40

BILL NO. : 4240199920	ADMISSION NO. : 20240091230
CR NO. : 202404913792	PATIENT CATEGORY : GENERAL
PATIENT'S NAME : SAMARJOT SINGH	AGE/SEX : 2 YR/MALD
ADMISSION DATE : 11/11/2024	DISCHARGE DATE : 21/11/2024
DEPARTMENT : PEDIATRIC MEDICINE	WARD : PEDIATRIC HEMATOLOGY GENERAL
L WARD 4B	

DESCRIPTION	QTY	AMOUNT(Rs.)
11/11/2024 - 21/11/2024 [Allergy And General Ward 4b (General)]		
ADMISSION CHARGES(GENERAL CHARGES)	25/No.	1 25.00
BED CHARGES(GENERAL CHARGES)	35/No.	11 385.00
DIET CHARGES FOR PATIENT (GENERAL CHARGES)	35/No.	11 385.00
LAB CHARGES (COMPULSORY CHARGES)(GENERAL Charges)	50/No.	11 550.00
LAB CHARGE (LAB CHARGES)	155/No.	1 155.00

ADVANCE RECEIVED

1. RECEIPT NO: 4240193599/1 DATED: 11/11/2024 -800.00

EXPENSE AMOUNT :	1445.00
PAID AMOUNT :	-800.00
PAYABLE AMOUNT :	645.00

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