



The miracle foundation

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

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH.
SECTOR 12, CHANDIGARH

TEST RECEIPT

RECEIPT NO. : 2260624951/1

DATE & TIME : 15/05/2026 11:41:35

SR No. : 202602264863

CATEGORY : GENERAL

NAME : PRABHJOT SINGH

WARD : PEDIATRIC INTENSIVE

DESCRIPTION

DESCRIPTION	RATE(Rs.)	QTY.	AMOUNT(Rs.)
BONE MARROW ASPIRATION AND BONE MARROW BIOPSY (HEMATOLOGY)	400	1	400.00
FLOW CYTOMETRY FOR MINIMAL RESIDUAL DISEASE (HEMATOLOGY)	3000	1	3000.00
TOTAL AMOUNT			3400.00

AMOUNT IN WORDS (IN WORD) : THREE THOUSAND FOUR HUNDRED RUPEES ONLY
PAYMENT MODE / AMOUNT : POS/3400 RUPEES

MANDREET SINGH

ORIGINAL



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

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH
SECTION 12, CHANDIGARH

TEST RECEIPT
DATE: 15/05/2026 11:41:25

RECEIPT NO. : 2260824951/1
CR No. : 202602264863
NAME : PRABHJOT SINGH

CATEGORY : GENERAL
WARD : PEDIATRIC MEDICINE
AGE/SEX : 2 YR/M

DESCRIPTION	QTY	AMOUNT (Rs.)
BONE MARROW ASPIRATION AND TREATMENT (HEMATOLOGY)	400	400.00
FLOW CYTOMETRIC ASSAY FOR ACUTE LEUKEMIA (HEMATOLOGY)	3000	3000.00
TOTAL AMOUNT		3400.00

The miracle foundation

RUPEES (IN WORD) - THREE THOUSAND FOUR HUNDRED RUPEES ONLY
PAYMENT MADE / AMOUNT - POS/3400 RUPEES

HANPREET SINGH (POS APC 10)

K.B. Computer Stationery



GST No. 04AEJFS6787H3ZF

GST INVOICE

D.I. No.: RLF20CH2025000115, RLF21CH2025000114

SHIV GOYAL CHEMIST

SHOP NO. 4, NEW SHOPPING COMPLEX, PGIMER, SECTOR-12, CHANDIGARH.
Ph. 8295619656 sgc4nsc@gmail.com

NAME: CASH

CASH MEMO NO.: 6079

DATE: 15/05/2026

CR. NO.:

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

S.NO	PARTICULARS	HSNCode	MFD.	PACK	QTY	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.	JAMSHIDI 13 G	90183930	CARE F	1PC	1	0001598178		5.00	3510.00	3510.00	20.00	2808.00
2.	BONE MARROW ND1 18	90183990	SURGIC	1PCS	1	0000	05/28	5.00	651.56	651.56	60.00	260.62

The miracle foundation

Please get your medicine checked from doctor before use.

INCL. GST DETAILS:

2922.50 X 5 % = 146.14

CGST: 73.07
UTGST: 73.07

TOTAL AMOUNT: 4161.56
LESS: 1092.94
Net Amt.(R/0): 3069.00

USER

Rupees: Three Thousand Sixty Nine Only

(Computer Generated Invoice)

For SHIV GOYAL CHEMIST
Pharmacist/Qualified person

For sale return of goods provide original invoice copy are mandatory
All disputes are subject to chandigarh jurisdiction.
Any Price wrongly charged by oversight will be refunded.
Return of goods will be accept only within 30 days from billing date



The miracle foundation



The miracle foundation

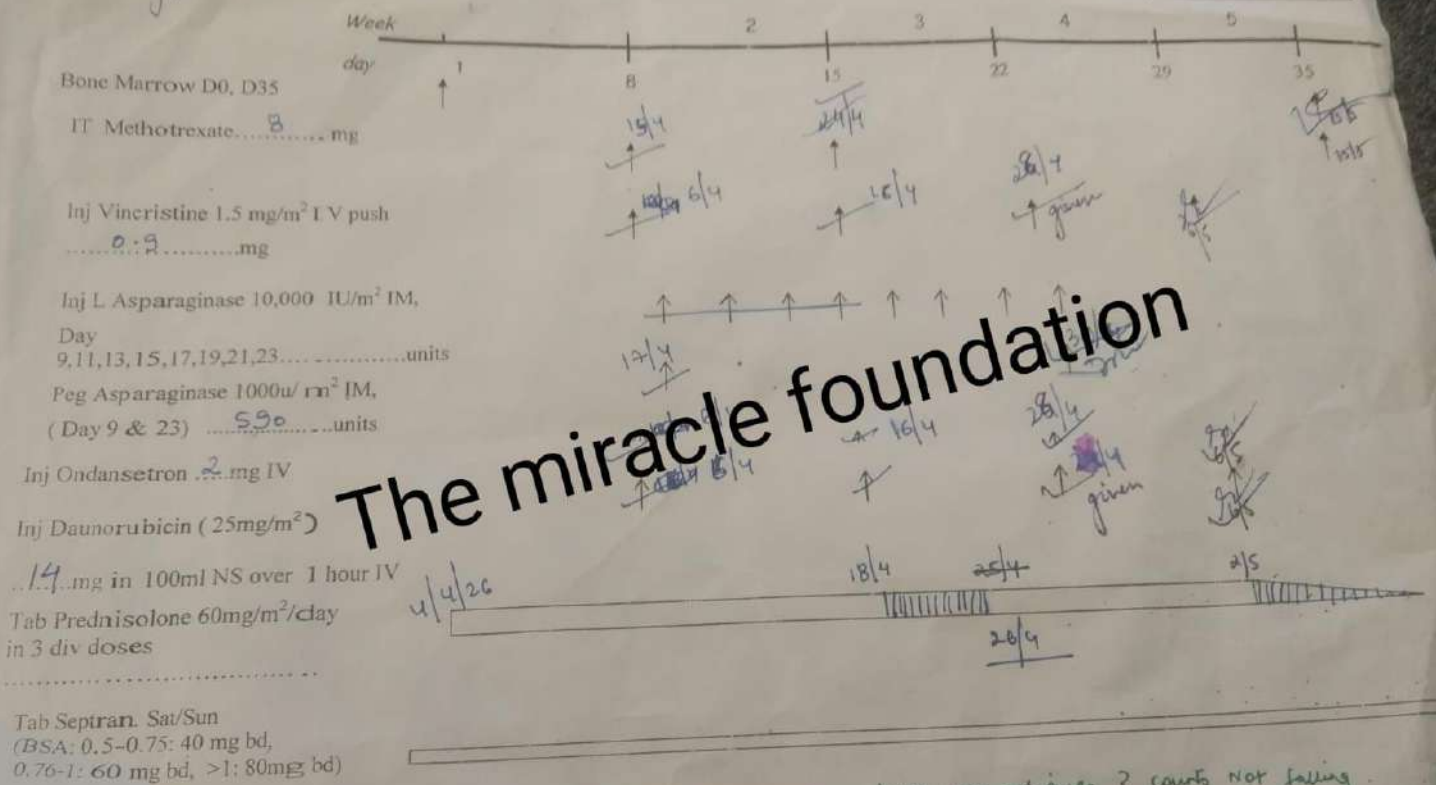


The miracle foundation

Name: Arabyal Age: 11 mo POC: 955
 BSA: 1.3 kg 0.59

HR ALL INDUCTION (Sheet 1)

HR ALL 2025
 PHOPFORMER



The miracle foundation

VCR / Dauvo given early at TATA Multicare, Lasp was not given? can't not falling
 chemo started at PGH from 14/4.

of traumatic tap (D 22 or 29)

IT MTX : Age < 2y: 8 mg, 2-3y: 10 mg, ≥ 3 y: 12 mg)

L-Asp to be given 48 hours

HOSPITAL AND RESEARCH CENTRE
(A Unit of TATA MEMORIAL CENTRE)
Plot No. 1, Medicity New Chandigarh (Pb.) India-140901
Contact No.: 0160-2810000

DC NO.: 0155533

LES MEMO CREDIT

566
/002088
ABHJOT SINGH

Sales Receipt Date: 05/04/2026

Sales Receipt Number: DC0155533
Store : SALES COUNTER - BASEMENT

Credit/Indent Details 2604050045

Ward Name/BedN PEDIATRIC WA/ P03

DESCRIPTION:	BATCHNO	EXP DATE	MEGNAME	DOSAGE	QTY	PRICE	AMOUNT
0ZENGES 10 MG 1*10 TAB	ST25-1177	31/03/2027		0-0-1	1	29.77	29.77
5 MG INJ 1*1 VIAL	UOX100425	31/07/2027		0-0-1	1	3,417.75	3,417.75

The miracle foundation

Total Amount: 3447.52

Net Amount : 3448

Prescribed By: ABHISHEK SHARMA

GST No. 03AAATT3620R1ZB

IRCM,
THREE THOUSAND FOUR HUNDRED FORTY-EIGHT ONLY

REFRIGERATED STORAGE MEDICINE. STORE IN A REFRIGERATOR AT 2 - 8 DEGREE CENTIGRADE

0.80.30.57**10:43

05/04/2026

Prescription ID: 2604050045

along with Final Bill

REFRIGERATED STORAGE MEDICINE, STORE IN A REFRIGERATOR AT 2-8 DEGREE CENTIGRADE

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

DEPARTMENT OF HAEMATOLOGY
BONE MARROW REQUEST FORM



Name: Pratibha Singh Age/Sex: 24/F Cr. No. 10260224863 Bone Marrow
 Clinician EC: Dr. Singh Ward/OPD: PHO Bed No. _____ DOA _____ Trepine No. _____
 CLINICAL DATA: 90 Hb Bull + thrombophilia
 History: one day BS BM + TRP

Therapy B.T. PRP Last B.T. on 20/03/24 Hematinics _____ Others _____
 Examination: Build _____ Wt. (Kgs) 12.5kg Facies _____
 Pallor: Nil Mild/Moderate/Severe, Jaundice Nil
 Gum hyperplasia _____ Bony tenderness _____ Koilonychia _____
 Purpura/Ecchymosis _____ Stomatitis _____
 Skin infiltration/Nodule _____ Edema _____ Effusions _____
 Lymphadenopathy: Sites: Cx _____ Ax _____
 Mediastinal _____ Others _____
 Size: - 1 cm (1-2 cm)
 (+) (+) (+)
 Liver 2cm span Spleen _____ Other masses _____
 CVS _____ Lungs _____
 CNS _____ Fundus (circled)

INVESTIGATIONS:

Hemogram: Hb 9.5 PCV _____ Reticulocyte _____ TLC 900 Platelets 2.55L ESR _____
 DLC: BL _____ PM _____ MY _____ MM _____ N31 L66 M47E Ba NRBC
 PBF: _____

Radiology: _____

Cytology: () _____

Cultures: _____

Previous BM No. _____

Clinical Diagnosis 90 Hb Bull + thrombophilia
one day BS BM + TRP

Biochemistry: _____

Biopsy: () _____

Others _____

Previous Cytogenetic Number: _____

(Drs. Name and Signature)

Phone Number: Dr. R. Singh

DEPARTMENT OF CYTOLOGY & GYNEC. PATHOLOGY
 POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
 CHANDIGARH

Sample Collection Room No. 117, Ground Floor, Research Bldg



For malignancy:
 Send the Specimen
 Within 30 minutes

Effluent (90ml) +
 anticoagulant (10ml) Ratio 9:1

Anti-coagulant and fixative are available in Cytology Lab

Hemorrhagic specimen
 + anticoagulant 9:1

Urine..... 1st morning specimen (3 consecutive days)
 Sputum..... 1st morning induced specimen (3 consecutive days)

Lavage..... Consult lab.

Sex Chromosome Send Patient to Lab (R.No.13, 4th Floor)

Name *Manjinder Singh* Age & Sex *24/M* CR No. *2022264863*
 Clinician *Dr. A. T.* Ward/OPD *117*

Therapy given
 Operated
 Radiation
 Antibiotic durg

The miracle foundation

Complaints

Clinical diagnosis *look B-ALL*

Nature of specimen

Exam. Required

Collected on

1st sp. Manjinder Singh
01/01/24

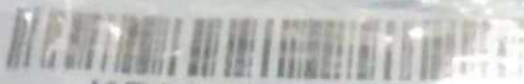
Date Time

Previous smear number if any

REPORT

Signature of Clinician *[Signature]*

Contact No. *01700044*



KD635751324FL



ਤੁਹਾਡਾ ਆਧਾਰ ਨੰਬਰ / Your Aadhaar No. :

9780 7013 0722

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ



ਭਾਰਤ ਸਰਕਾਰ

Government of India



ਪ੍ਰਭਜੋਤ ਸਿੰਘ

Prabhjot Singh

ਜਨਮ ਮਿਤੀ / DOB: 23/05/2024

ਮਰਦ / Male

ਇਹ ਆਧਾਰ ਨੰਬਰ ਸਿਰਫ਼ ਪਛਾਣ ਲਈ ਵਰਤਿਆ ਜਾਣਾ ਚਾਹੀਦਾ ਹੈ।

The miracle foundation

ਆਧਾਰ ਪਛਾਣ ਦਾ ਸਬੂਤ ਹੈ, ਨਾ ਕਿ ਨਾਗਰਿਕਤਾ ਜਾਂ ਜਨਮ ਮਿਤੀ ਦਾ ਨਹੀਂ।
ਇਸਦੀ ਵਰਤੋਂ ਸਮਝੀਕ (ਐਨਲਾਈਨ ਪ੍ਰਮਾਣਿਕਤਾ, ਜਾਂ QR ਕੋਡ ਦੀ ਸਕੈਨਿੰਗ
ਅਫਲਾਈਨ XML) ਦੇ ਨਾਲ ਕੀਤੀ ਜਾਣੀ ਚਾਹੀਦੀ ਹੈ।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

9780 7013 0722

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ

Aadhaar no. issued: 17/02/2025

ਪਾਪਾ ਅੱਲਾ



The miracle foundation