
The miracle foundation

Department of Hematology

Postgraduate Institute of Medical Education & Research, Chandigarh

REPORT OF BONE MARROW ASPIRATION / TREPHINE BIOPSY

Name: Harnoor Singh Age / Sex: 9 Yr/M CR No: 202203941934 B.M.No: P-239/26

C.I /c: Ward: Pediatric Medicine-TUESDAY Dated: 21/04/2026

Clinical Diagnosis:- Very severe AA responded to ATG in Oct 2022. Tapering of immune suppression, loss of response by July 2025. Moderate pallor. No HSM. ?relapsed AA. ?MDS

HEMOGRAM DETAILS

Hemogram No: H-140

HB:- 7.0 gm/dl Retic: 0.9(c) % PLT: 35 X10^9/L TLC: 4.63 X10^9/L

DLC P- 25 L- 68 M- 5 E- 2 Ba- - Bl- - Pm-- My-- Mm-- nRBC- -

PBF: Moderate anisocytosis. Macrocytic red cells with normocytes, a few elliptocytes and ovalocytes. Platelets are reduced. ANC 1157 per microL. Absolute reticulocyte count 40,700 per microL

BONE MARROW FINDINGS

Particles: Pauciparticulate

NE:E Ratio - M:E Ratio 1.2:1

Cellularity: Hypocellular

Differential counts done on relatively more cellular right imprint smear.

Blasts:	1
Promyelocytes:	-
Myelocytes:	13
Metamyelocytes:	10
Polymorphs:	18
Lymphocytes:	16
Monocytes:	-
Eosinophils:	2
Basophils:	-
Plasma Cells:	-

Erythropoiesis:
Normoblastic
to megaloblastic maturation

Thrombopoiesis:
Decreased

Others:
Erythroid precursors 37%, Eo-Baso precursors 3%. No overt dyserythropoiesis or dysmegakaryopoiesis

JR Dr. Sagar Magar Rana SR Dr. Immanuvel J. Faculty Dr. Prashant Sharma

Validated On 27-04-26 05:59 PM Validated By Prashant Sharma(Professor)

Department of Hematology

Postgraduate Institute of Medical Education & Research, Chandigarh

REPORT OF BONE MARROW ASPIRATION / TREPHINE BIOPSY

CYTOCHEMISTRY

LAP - MPO - PAS - PERLS 4+

TREPHINE BIOPSY REPORT

Trephine Biopsy No :PTx-143/26

Bilateral trephine biopsies measuring 0.8+1.8 cm include 5 cores. One shows predominately cartilage and fibrocollagenous tissue. Three cores show markedly hypocellular marrow spaces, and the 5th one shows near-normocellular marrow spaces (overall cellularity is 25-30%). Cellular spaces show erythroid preponderance with megaloblastosis, mild interstitial increase in lymphocytes and proportionately represented granulocytic series. Megakaryocytes are markedly reduced.

Reticulin -

Interpretation **Variably hypocellular bone marrow (overall cellularity 25-30%) shows an especial paucity of megakaryocytes.**

Advice NGS for IBMFS (if not done previously)

JR Dr. Sagar Magar Rana SR

Validated On 27-04-26 05:59 PM

Dr. Immanuvel J.

Validated By

Faculty Dr. Prashant Sharma

Prashant Sharma(Professor)

ORIGINAL

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH
SECTOR 12, CHANDIGARH
CHANDIGARH-160012 (INDIA)

TEST RECEIPT

DATE & TIME : 23/07/2026 11:20:10

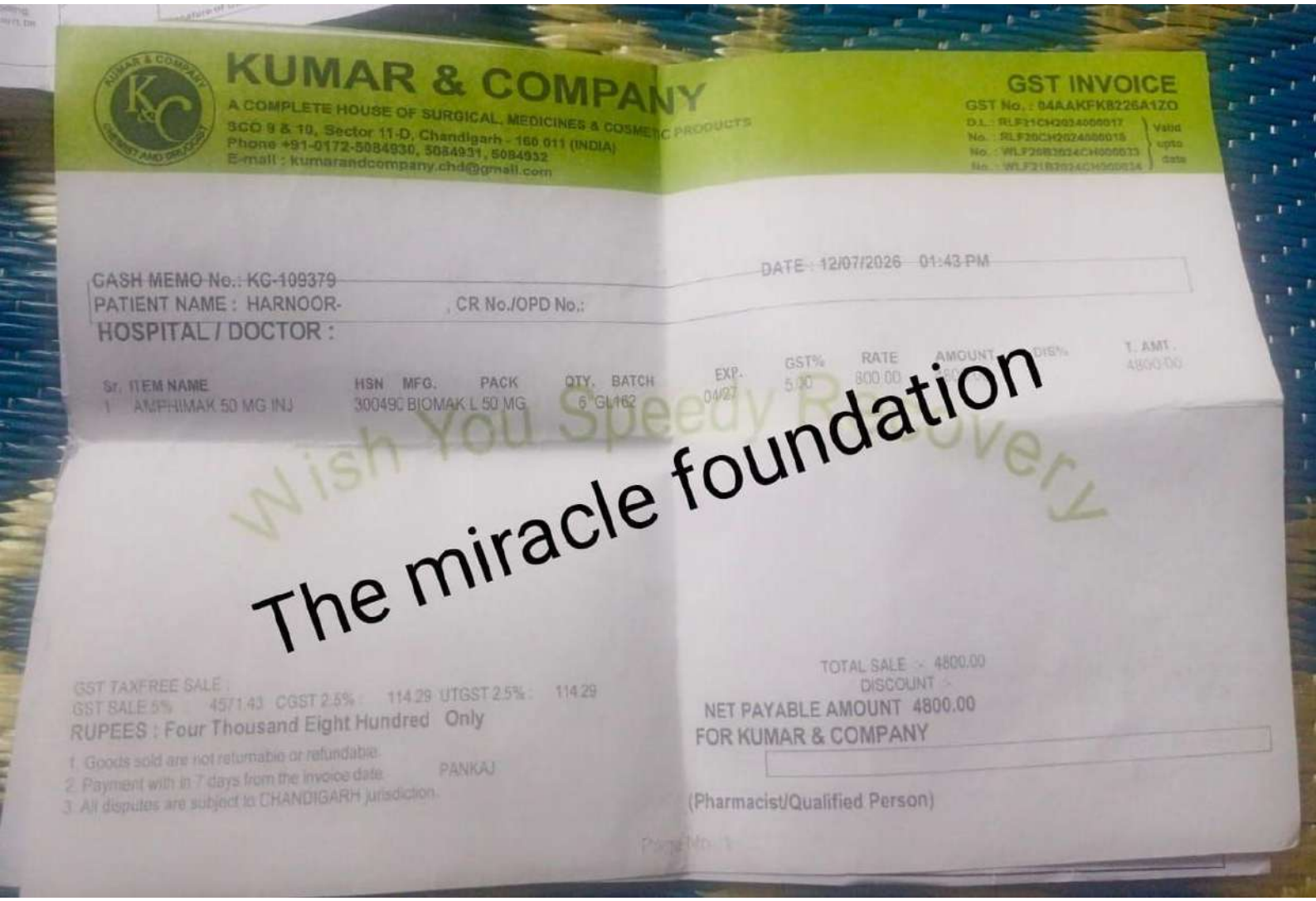
RECEIPT NO. : 2260961517/1
CR No. : 202203941934
NAME : HARNOOR SINGH

CATEGORY : GENERAL
WARD : PEDIATRIC MEDICINE
AGE/SEX : [illegible]

DESCRIPTION	RATE(RS.)	QTY.	AMOUNT(Rs.)
PET SCAN - WHOLE BODY(NUCLEAR MEDICINE)	7000	1	7000.00
		TOTAL AMOUNT	7000.00

RUPEES (IN WORD) : SEVEN THOUSAND RUPEES ONLY
PAYMENT MODE / AMOUNT : POS/7000 RUPEES

PREETI BHATNAGAR (POS 16 NO CST


KUMAR & COMPANY
A COMPLETE HOUSE OF SURGICAL, MEDICINES & COSMETIC PRODUCTS
SCO 9 & 10, Sector 11-D, Chandigarh - 160 011 (INDIA)
Phone +91-0172-5084930, 5084931, 5084932
E-mail : kumarandcompany.chd@gmail.com
GST INVOICE
GST No. : 04AAKFK8226A1ZO
D.L.: RLF21CH2024000017
No. : RLF20CH2024000018
No. : WLF20B2024CH000033
No. : WLF21B2024CH000034
Valid upto date
CASH MEMO No.: KG-109379
DATE : 12/07/2026 01:43 PM
PATIENT NAME : HARNOOR-
, CR No./OPD No.:
HOSPITAL / DOCTOR :
Sr. ITEM NAME HSN MFG. PACK QTY. BATCH EXP. GST% RATE AMOUNT T. AMT.
1 AMPHIMAK 50 MG INJ 300490 BIOMAK L 50 MG 5 GL162 04/27 5.00 800.00 4800.00
Wish You Speedy Recovery
The miracle foundation
GST TAXFREE SALE :
GST SALE 5% : 4571.43 CGST 2.5% : 114.29 UTGST 2.5% : 114.29
RUPEES : Four Thousand Eight Hundred Only
TOTAL SALE :- 4800.00
DISCOUNT :-
NET PAYABLE AMOUNT 4800.00
FOR KUMAR & COMPANY
1. Goods sold are not returnable or refundable.
2. Payment with in 7 days from the invoice date.
3. All deputes are subject to CHANDIGARH jurisdiction.
PANKAJ
(Pharmacist/Qualified Person)

(MUGA, DTPA, PFT, Psychiatry clearance).

Advice :

1. To continue T. Doxycycline 100mg OD till 31/07/26
2. To continue Eltrombopag 75 mg OD
3. To meet Dr. Alka Khadwal (New OPD, on Monday/Tuesday/Thurs) for transplant
4. F/u/o ~~31/07/26~~ 4/8/26 in POC clinic 4D 4418 for [illegible] RFT for .. [illegible] to restart cyclosporine if RFT remain stable.

[cyclosporine was stopped on 9/7/26] i/v/o persistent fever & AKI

T. Tranexamic acid 500mg TDS → in case of bleeding

Saline nasal drops

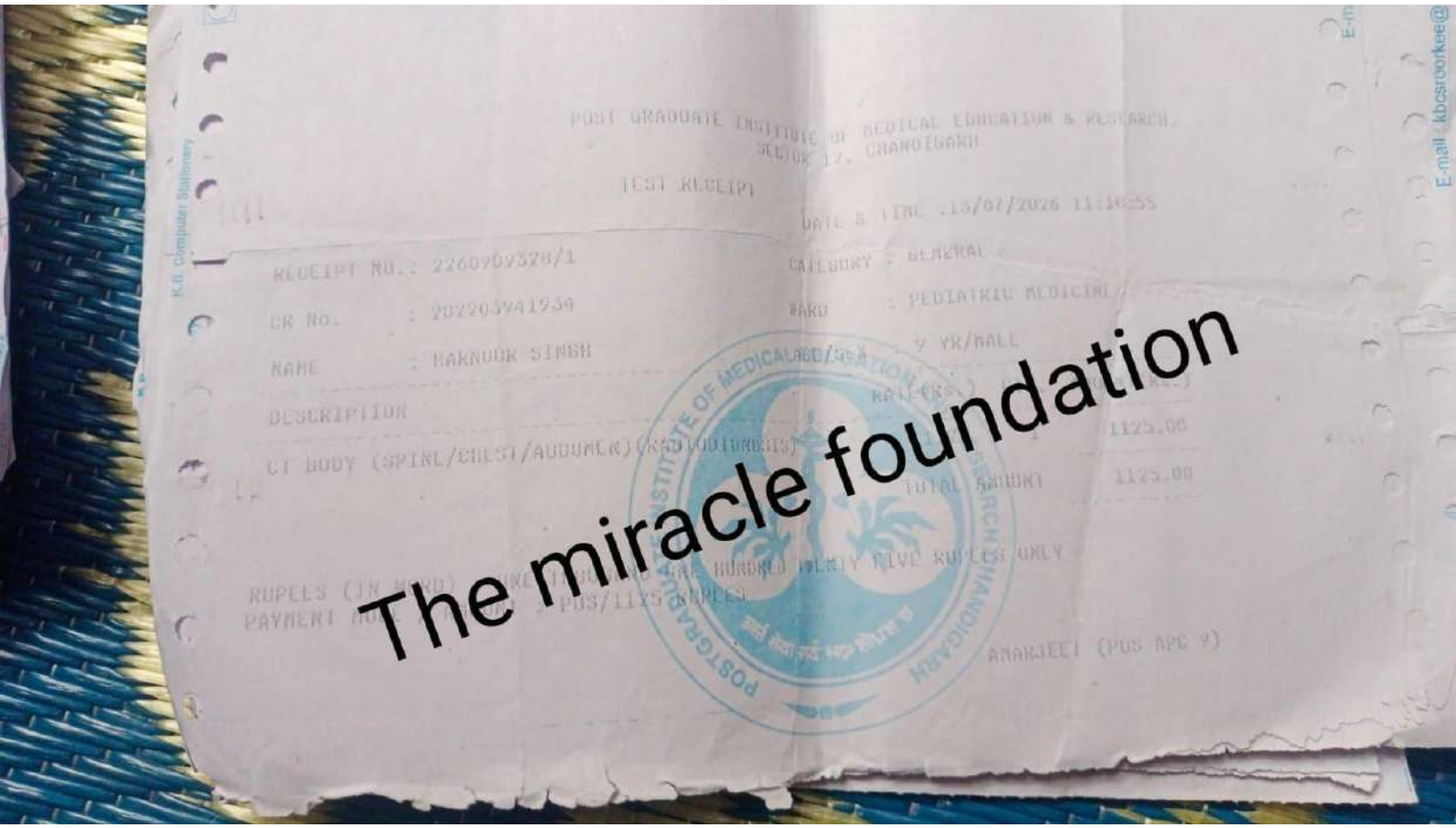
— Dimanj

29/07/26 K/C/O Aplastic anemia admitted with c/o. febrile neutropenia. All neccesary investigations done to rule out focus of infection but all were negative.

- Serial Blood & Urine culture - ~~negative~~ (sterile).
- Tropical w/up } negative
- TB w/up }
- CECT chest → no e/o fungal infection.
- ECHO - Normal, no e/o IE.
- CMV PCR - negative.

IV antibiotics [illegible] for 17 days. followed by oral cefixime x 7 days. & Doxycycline x 5 days (from 25/7/26). Since no focus of infection found, considering drug fever IV antibiotics were stopped & oral Doxycycline & cefixime given suspecting atypical infection / enteric fever.

Currently child is hemodynamically stable. Donor workup for MUD transplant has been started. Parents have been given forms for pre-transplant workup.


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

TEST RECEIPT

DATE & TIME :13/07/2026 11:10:55

RECEIPT NO.: 2260907520/1

CR NO. : 20220394193A

NAME : HARNOOR SINGH

CATEGORY : GENERAL

WARD : PEDIATRIC MEDICINE/

9 YR/MALE

DESCRIPTION

CT BODY (SPINE/CHEST/ABDOMEN)(RADIOLOGY)

1125.00

TOTAL AMOUNT 1125.00

RUPEES (IN WORD) ONE HUNDRED TWENTY FIVE RUPEES ONLY

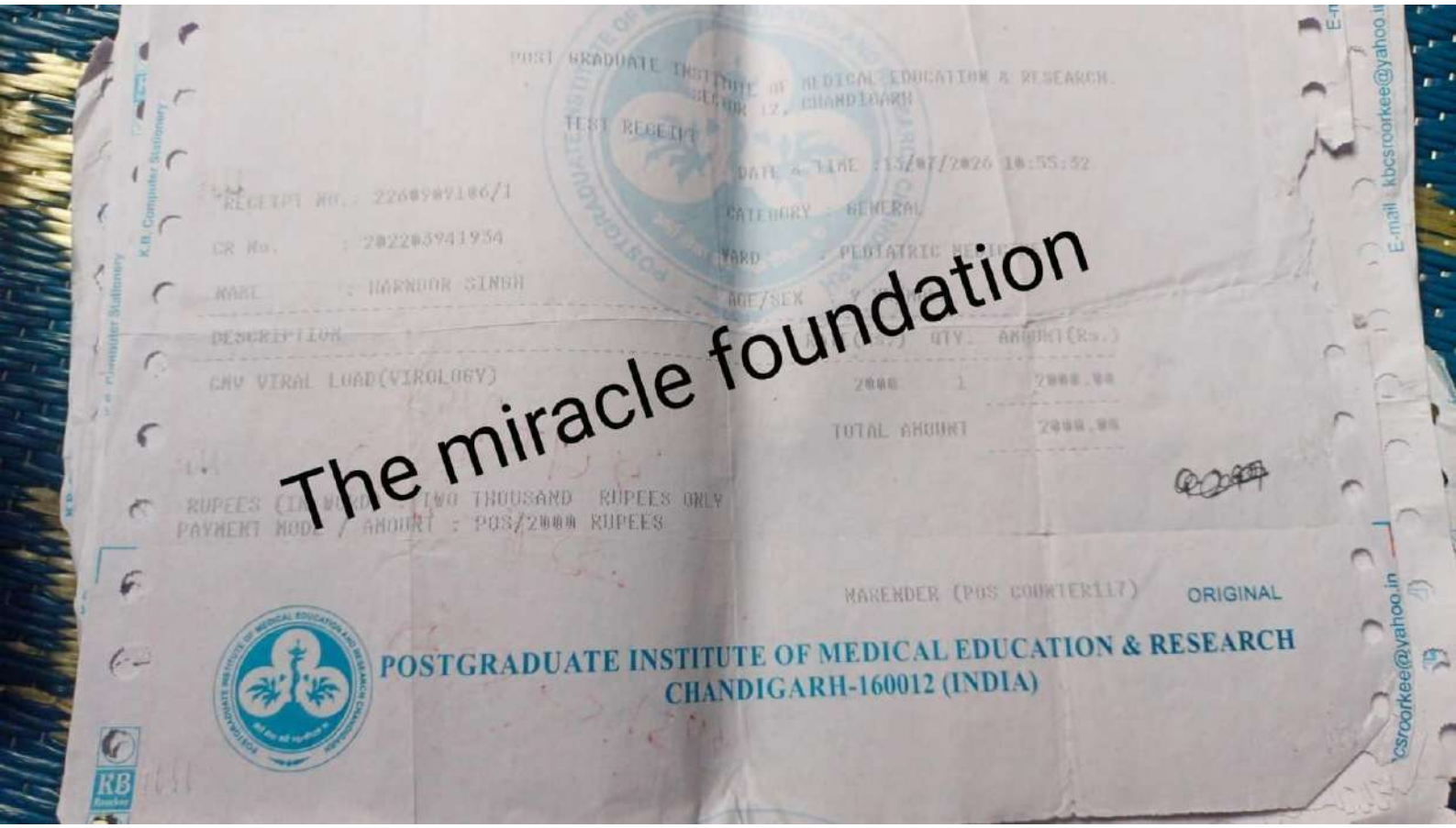
PAYMENT MODE : POS/1125 RUPEES

ANANJEET (POS APC 9)

K.B. Computer Stationery

E-mail : kbcsroorkee@

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH CHANDIGARH



भारत सरकार
Government of India

आधार

रमनदीप सिंह
Ramandeep Singh
जन्म तिथि/DOB: 26/05/1985
पुरुष/ MALE

Download Date: 07/08/2021

Issue Date: 17/03/2021

5767 5409 2335

VID : 9197 6618 8803 5331

मेरा आधार, मेरी पहचान

KUMAR & COMPANY

A COMPLETE HOUSE OF SURGICAL,MEDICINES & COSMETIC PRODUCTS
SCO 9 & 10, Sector 11-D,Chandigarh-160 011 (INDIA)
Phone +91-0172-5084930, 5084931,5084932,Fax: +91-172-2749011
E-mail : Kumarandcompany.chd@gmail.com

GST INVOICE

GST NO. : 04AAKFK8226A1ZO
D.L.: RLF20CH2024000018
No. : RLF21CH2024000017
No. : WLF20B2024CH000033
No. : WLF21B2024CH000034
Valid upto date

CASH MEMO No.: KC-133325 DATE : 04/08/2026 06:09 PM
PATIENT NAME : HARNOOR SINGH- , CR No./OPD No.:
HOSPITAL / DOCTOR :

Sr.	ITEM NAME	HSN	MFG.	PACK	QTY.	BATCH	EXP.	GST%	RATE	AMOUNT	T. AMT.
1	WANAZONE 3GM INJ	300410	GENERAL	3 GM	2	C01526	12/27	5.00	400.00	800.00	800.00

KUMAR & COMPANY PAID CHANDIGARH

GST TAXFREE SALE :
GST SALE 5% : 761.90 CGST 2.5% : 19.05 UTGST 2.5% : 19.05

TOTAL SALE :- 800.00
DISCOUNT :-
NET PAYABLE AMOUNT 800.00

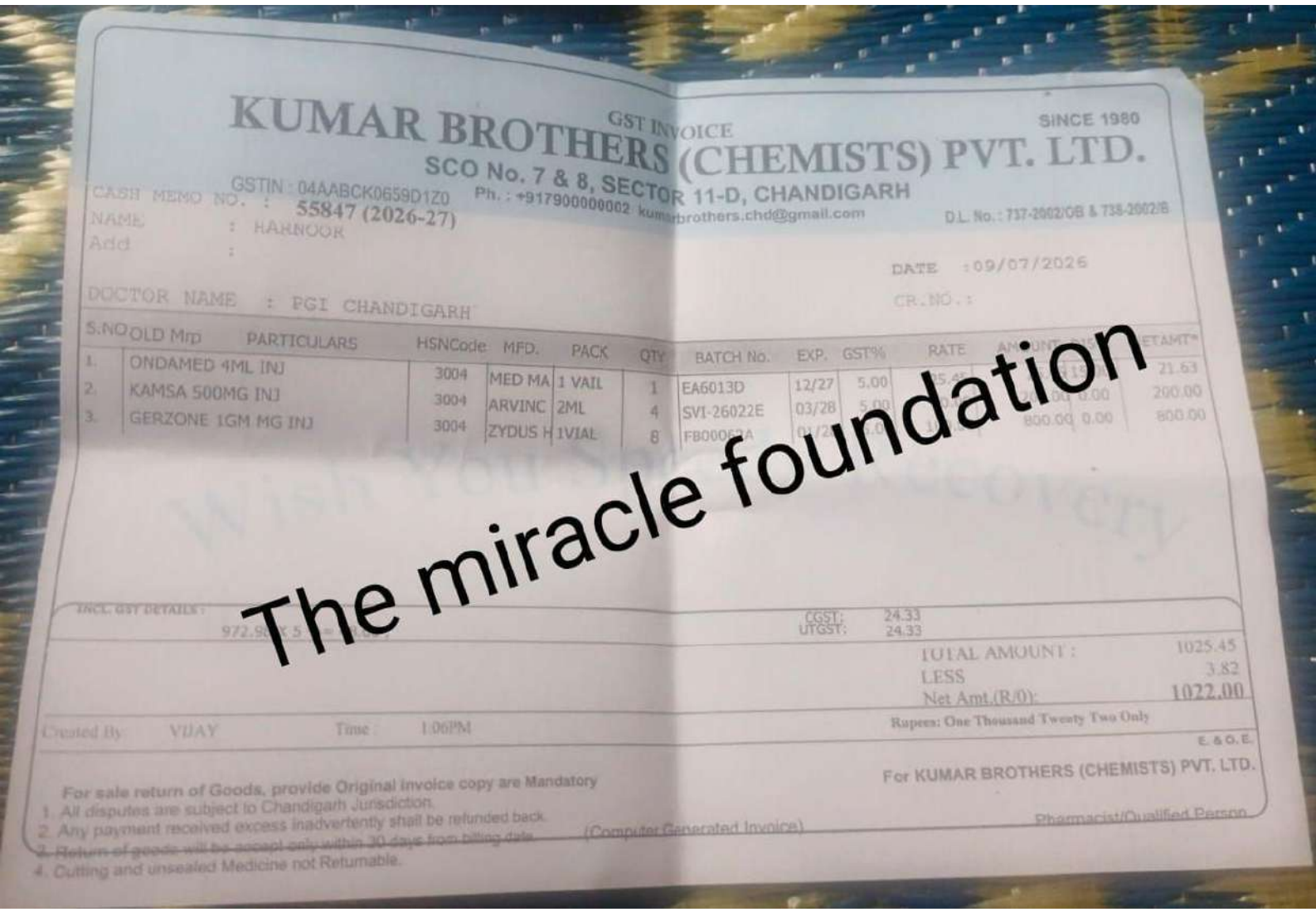
RUPEES : Eight Hundred Only

FOR KUMAR & COMPANY

1. Goods sold are not returnable or refundable.
2. Payment with in 7 days from the invoice date.
3. All disputes are subject to CHANDIGARH jurisdiction.

GOPAL

(Pharmacist/Qualified Person)



GST INVOICE

SINCE 1980

KUMAR BROTHERS (CHEMISTS) PVT. LTD.

SCO No. 7 & 8, SECTOR 11-D, CHANDIGARH

GSTIN : 04AABCK0659D1Z0 Ph. : +917900000002 kumarbrothers.chd@gmail.com D.L. No. : 737-2002/OB & 738-2002/B

CASH MEMO NO. : 59971 (2026-27)

NAME : HARNOOR SINGH

Add :

DATE :15/07/2026

DOCTOR NAME : PGI CHANDIGARH

CR.NO. :

S.NO	QLD Mrp	PARTICULARS	HSNCode	MFD.	PACK	QTY.	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.		ZYCEFTA INJ	3004	ZYDUS H	1VIAL	2	08526002	01/28	5.00	800.00	1,600.00	0.00	1,600.00
2.		AZTREO 1GM INJ	3004	ZYDUS (	INJ	2	7015034A	11/27	5.00	250.00	[illegible]	[illegible]	500.00

DECL. GST DETAILS :

2000.[illegible] X 5 [illegible] 100.00

CGST: 50.00
UTGST: 50.00

TOTAL AMOUNT : 2100.00

Net Amt.(R/0): 2100.00

Created By: VIJAY Time : 5:21PM

Rupees: Two Thousand One Hundred Only

E.&.O.E

For sale return of Goods, provide Original Invoice copy are Mandatory

1. All disputes are subject to Chandigarh Jurisdiction.
2. Any payment received excess inadvertently shall be refunded back.
3. Return of goods will be accept only within 30 days from billing date.

(Computer Generated Invoice)

For KUMAR BROTHERS (CHEMISTS) PVT. LTD.

Pharmacist/Qualified Person

GST INVOICE

SINCE 1980

KUMAR BROTHERS (CHEMISTS) PVT. LTD.

SCO No. 7 & 8, SECTOR 11-D, CHANDIGARH

GSTIN : 04AABCK0659D1Z0 Ph. : +917900000002 kumarbrothers.chd@gmail.com D.L. No. : 737-2002/OB & 738-2002/B

CASH MEMO NO. : 60682 (2026-27)

NAME : HARNOOR

Add :

DATE :16/07/2026

DOCTOR NAME : PGI CHANDIGARH

CR.NO. :

S.NO	OLD Mrp	PARTICULARS	HSNCode	MFD.	PACK	QTY	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.		TICOCIN 400MG INJ.	3004	CIPLA L	1VIAL	2	BI260037A	01/28	5.00	490.00	980.00	0.00	980.00

The miracle foundation

INCL. GST DETAILS : 9[illegible].33 S[illegible] 46.66 ,

CGST: 23.33
UTGST: 23.33

TOTAL AMOUNT : 980.00

Net Amt.(R/0): 980.00

Rupees: Nine Hundred Eighty Only

Created By: VIJAY Time : 4:35PM

E & O.E.

For sale return of Goods, provide Original Invoice copy are Mandatory

1. All disputes are subject to Chandigarh Jurisdiction.
2. Any payment received excess inadvertently shall be refunded back.
3. Return of goods will be accept only within 30 days from billing date.
4. Cutting and unsealed Medicine not Returnable.

(Computer Generated Invoice)

For KUMAR BROTHERS (CHEMISTS) PVT. LTD.

Pharmacist/Qualified Person

To start pre transplant work up for pt planned for MUD transplant

29/7/26

IRRADIATED Platelets

DTM No.: 0077971 रक्ताधान औषधि विभाग, पी.जी.आई. चण्डीगढ़ | Blood Group Verification by HIS | | Sign. |

Department of Transfusion Medicine PGIMER, Chandigarh

रक्त घटक मांग प्रपत्र

Requisition Form - Blood Components (Platelets, FFP, Plasma, Cryoprecipitate, SDAP, SDP)

- The 2ml sample in EDTA vial for blood grouping & the vial must be labeled with GUM PASTED PAPER ONLY.
- Requisition form and sample with discrepancy are UNACCEPTABLE.
- This form will not be accepted if it is not signed or any section is left blank.

Patient's Name Harnoor Singh (48) C.R.No. 202203941934

Age 9y Sex M Ward PHO Diagnosis Severe Aplastic Anemia & Hemeteneis

Clinician Incharge Dr. Amit Blood Group B Rh positive

(Send fresh 2ml sample in EDTA vial for blood grouping. If the patient has received transfusion check Blood Group and DTM No. from records as it's correct information is responsibility of the doctor filling this requisition form).

SAMPLE NO.:
CR No. 202203941934
Harnoor Singh /9 Y/M

Indication for Transfusion : ***Prophylactic Platelet Transfusion :***

- ☑ Platelet count ≤ 10,000 in a patient without bleed
- ☐ Platelet count ≤ 20,000 in a patient with Fever/Sepsis/Chemotherapy and other drugs
- ☐ Platelet count ≤ 50,000 for an invasive procedure (Liver Biopsy/ATG Therapy/Central Line Insertion)
- ☐ Platelet count ≤ 1,00,000 for major surgical procedure like _____ (Name of the surgery)

Therapeutic platelet transfusion :

- ☐ Cutaneous Bleed (Petechiae, Ecchymosis)
- ☐ Muscosal Bleed (Epistaxis)
- ☑ Mucosal Bleed (LGI, UGI Hematuria, ICH, SAH, SDH)
- ☐ DIC
- ☐ Massive transfusion : If Platelet count is < 50,000/µL

Kindly issue 30 Irradiated Platelets [since planned for Hematopoietic Stem cell transplant.

FFP/Plasma :

- ☐ Hemophilia A/Hemophilia B
- ☐ Von Willebrand Disease
- ☐ DIC
- ☐ Liver Disease
- ☐ Deranged Coagulogram
- ☐ Shock
- ☐ Vitamin K Deficiency / Warfarin overdose
- ☐ ATP Deficiency
- ☐ Burns

Cryoprecipitate

- ☐ Hemophilia A
- ☐ Von Willebrand Disease
- ☐ Uraemia
- ☐ Factor XIII Deficiency
- ☐ Afibrinogenemia/Dysfibrinogenemia

Pre-Transfusion Values :

Platelet Count 18,000 /10⁹/L PT _____ sec PT _____ sec PTI: _____ % Serum albumin : _____ g/dL

Quantity of Unit (s) required :

Platelets : 30 FFP/Plasma : _____ Cryoprecipitate : _____ SDAP : _____ SDP : _____

Previous Transfusion ☐ Yes ☐ No. If yes, Blood Group of unit transfused _____ Date : _____ ☐ in PGI ☐ Outside PGI

Previous Transfusion Unit in No. _____ Adverse Reaction, If any Yes / No.

(In case of previous transfusion, please attach completely filled & duly signed reaction form.)

Certified that I have personally collected the blood sample after identification of Patient's C.R. No. and Name etc.

I have explained the necessity of component transfusion and the risks associated with it to patient / relatives.

Resident/I/c Signature _____

Name/Mobile No. _____

Time 10 AM/PM

Date 9/7/26

(Spaces to be used by the Department of Transfusion Medicine)

PATIENT'S BLOOD GROUP

Cell Grouping				Serum Grouping			Blood Group	
Anti A	Anti B	Anti AB	Anti D	A Cells	B Cells	O Cells	ABO	Rh(D)

Auto Control : Positive / Negative

Signature of Medical Technologist

S. No.	Component Unit No.	Quantity (ml)	Blood Group	Screened for infection markers	Type of component

Signature of Resident/Medical Technologist/Nursing Officer

Date _____ Time _____ AM/PM

Remarks/Notes-Overleaf

TAX INVOICE

AMRIT PHARMACY - EMERGENCY BLOCK
(A DIVISION OF HLL LIFECARE LTD)
CHANDIGARH
POMER
SECTOR 12
CHANDIGARH 160012
PH: 8580424214 E-mail : amrit_emergency@hlfecare.com

DL No.: RLF21CH2024000006 ,RLF20CH2024000006
GSTIN :04AAACH5598K1Z9 STATE : CHANDIGARH(04)

Patient Name : HARNOOR

Inv No :262398300149008
Dated :23-07-2026 (11:36 AM)
Pay Type :CASH Invoice
S Man :THLL1970 User : THLL1970

Doctor Name: DOCTOR DL No.:
GSTIN :
UIN No. : State : CHANDIGARH(04)
Card No:

Misc	Description of Goods / HSN /SAC Code	Pack	Qty	Ls Qty	Batch No / Exp Dt	Sale Rate	Mrp	Disc %	Disc Amt	Taxable value	CGST %	CGST Amt	UTGST %	UTGST Amt	Amount
SMAM	150 CM EXTENSION DUAL IV CONN 90181100	1X1	1		245315 12-29	472.97	618.00	19.84	121.39	472.97	2.50	11.82	2.50	11.82	496.61
MF3SC	SML SYRINGE (CADILA) 90183100	1X1	2		LF24036 01-27	4.11	9.50	46.64	8.50	9.62	2.50	0.24	2.50	0.24	10.10
GHSD	ENCORE LATEX MICSD POWDERFR 40151100	1X1	4		260000611T 02-29	74.525	128.00	38.79	198.58	298.50	2.50	7.46	2.50	7.46	313.42
WI	OMNIPAQUE 300MG (IN) 100ML 30063000	100ML	1		17451018 12-28	1296.000	1922.23	29.21	561.43	1296.00	2.50	32.40	2.50	32.40	1360.80
MF377	OMNIVAN 10 ML DUO (LL) 21GX1 1 90211000	1X1	1		26002M8202 03-31	9.24	32.44	69.85	22.66	9.32	2.50	0.23	2.50	0.23	9.78
MF377	OMNIVAN 2 ML DUO 24GX1 90101000	1X1	4		25L30M8202 09-30	4.161	13.61	67.78	36.90	16.72	2.50	0.41	2.50	0.41	17.54
VI	VIGGOFLON IV CANNULA 20G 30049099	1X1	11		B51436/0483 11-30	44.650	346.00	86.39	298.91	44.85	2.50	1.12	2.50	1.12	47.09
									1248.77	2147.99		53.68		53.68	2255.35

Remark :
Amt In Words : Two Thousand Two Hundred Fifty Five Rupees only

TAX%	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	UTGST%	UTGST AMT	CGST%	CGST AMT
0%	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00
5%	2147.99	0.00	0.00	2147.99	2.5%	53.68	2.5%	53.68
12.0%	0.00	0.00	0.00	0.00	6.0%	0.00	6.0%	0.00
18.0%	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00
28.0%	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00

TOTAL :	3504.11
DISCOUNT RS. :	1248.77
TOTAL TAX AMT :	107.36
PC/BC CHARGE :	
ROUND OFF :	-0.34
TCS AMT :	
INV TOTAL :	2255.00

MULTI PAY:

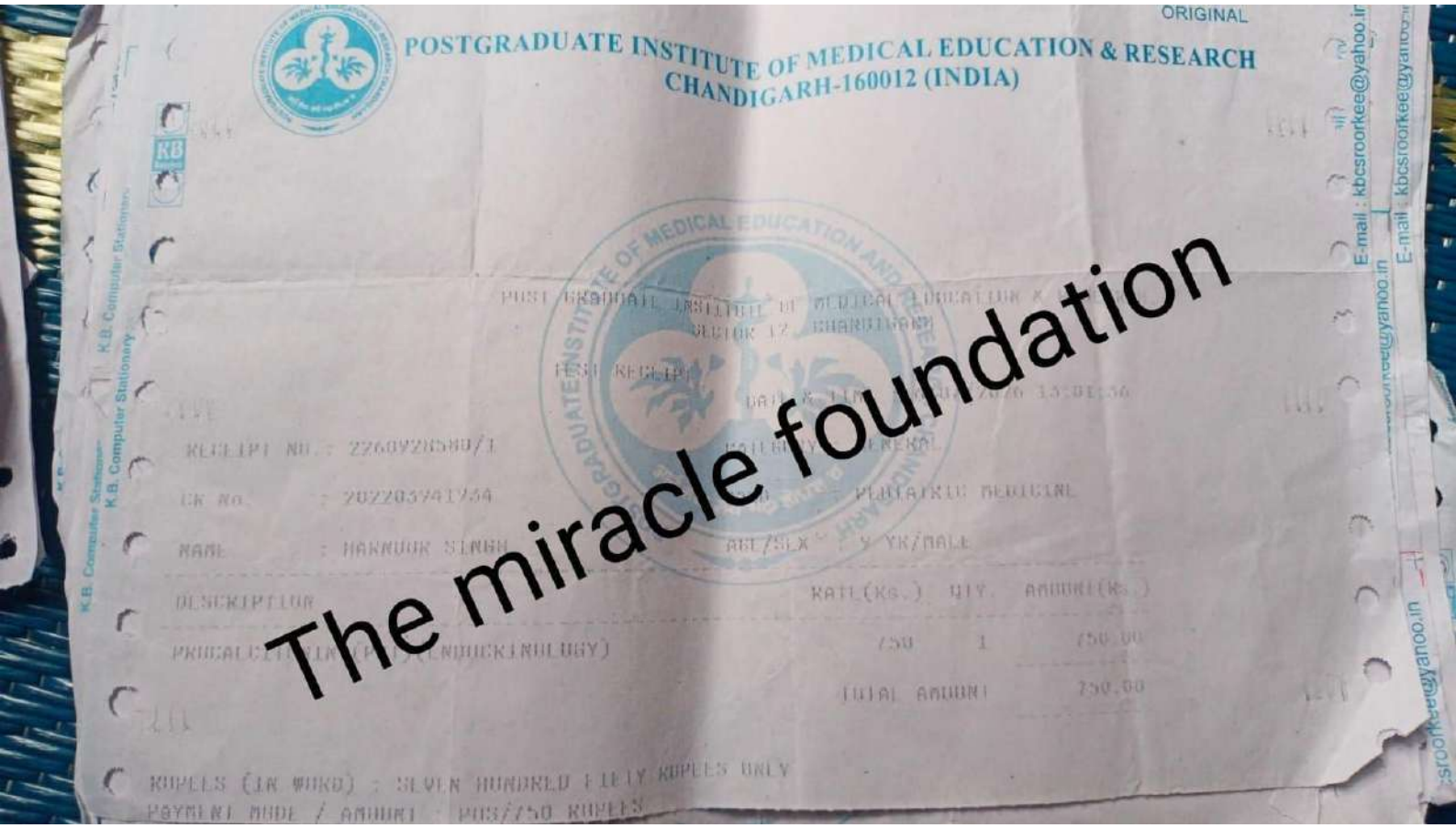
Receiver's Signature :

Terms & Conditions:
1. Subject to Chandigarh Jurisdiction only.
2. Goods can be returned back within 15 days from the date of billing.
3. Temperature sensitive products used or tampered products can't be returned back.

(Common Seal)

For AMRIT PHARMACY - EMERGENCY BLOCK

Signature of Qualified Person



ORIGINAL

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

POST GRADUATE INSTITUTE OF MEDICAL EDUCATION &
SECTOR 12, CHANDIGARH

FEES RECEIPT

RECEIPT NO.: 2260Y2105H0/1 DATE & TIME: 20/6 13:01:56

UK No. : 20222035417/54 PAID BY: GENERAL

NAME : HARNOOR SINGH AGE/SEX : 9 YR/MALE

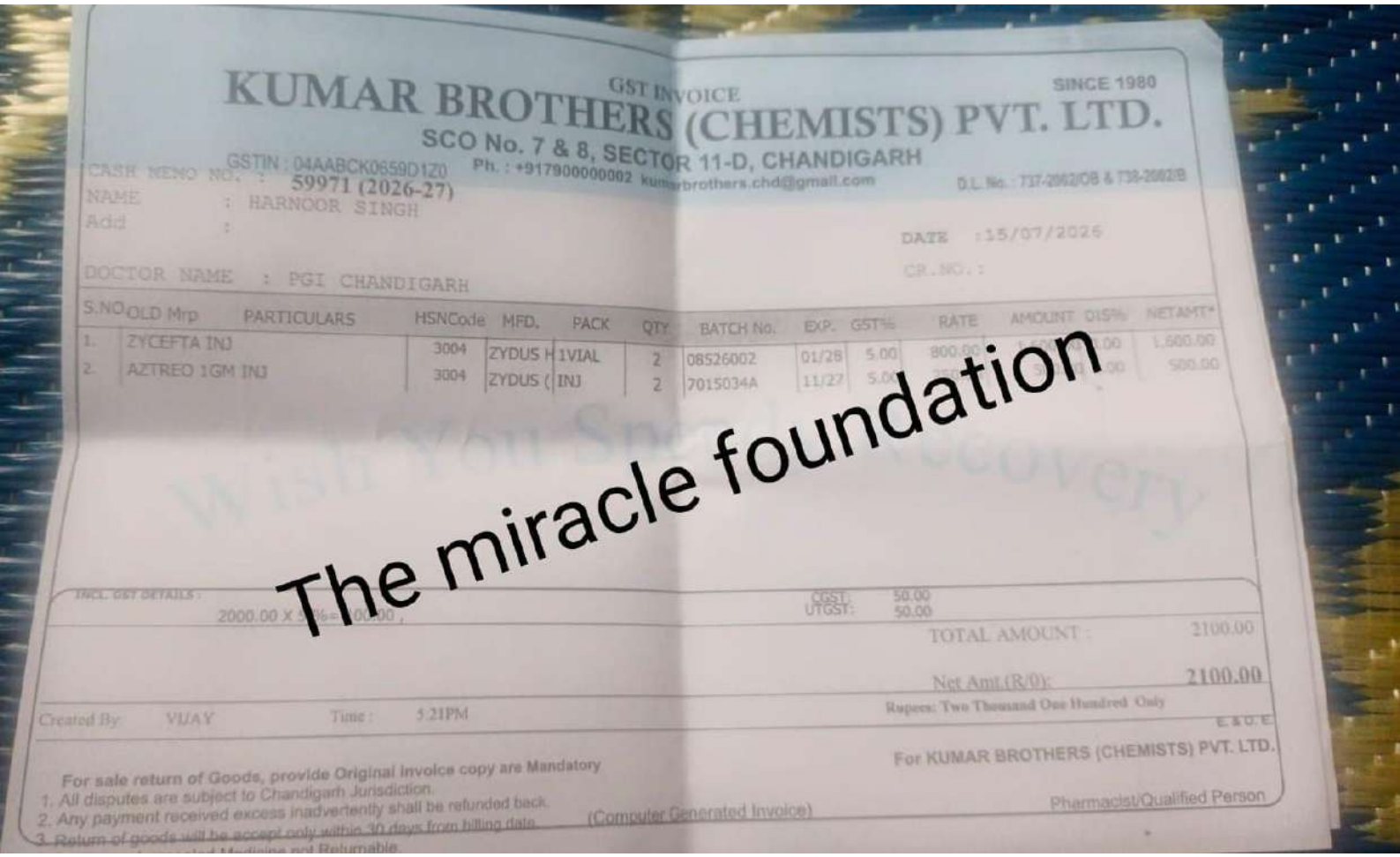
DESCRIPTION	RATE(Rs.)	QTY.	AMOUNT(Rs.)
PAEDIATRIC MEDICINE			
PAEDIATRIC ENDOCRINOLOGY)	750	1	750.00
	TOTAL AMOUNT		750.00

RUPEES (IN WORD) : SEVEN HUNDRED FIFTY RUPEES ONLY

PAYMENT MODE / AMOUNT : PHS//50 RUPEES

K.B. Computer Stationary

E-mail : kbcsroorkee@yahoo.in



GST INVOICE

SINCE 1980

KUMAR BROTHERS (CHEMISTS) PVT. LTD.

SCO No. 7 & 8, SECTOR 11-D, CHANDIGARH

GSTIN : 04AABCK0659D1Z0 Ph. : +917900000002 kumarbrothers.chd@gmail.com D.L. No. : 737-2662/OB & 738-2662/B

CASH MEMO NO. : 59971 (2026-27)

NAME : HARNOOR SINGH

Add :

DATE : 15/07/2026

DOCTOR NAME : PGI CHANDIGARH

CR.NO. :

S.NO	OLD Mrp	PARTICULARS	HSNCode	MFD.	PACK	QTY.	BATCH No.	EXP.	GST%	RATE	AMOUNT	DIS%	NETAMT*
1.		ZYCEFTA INJ	3004	ZYDUS H	1VIAL	2	08526002	01/28	5.00	800.00			1,600.00
2.		AZTREO 1GM INJ	3004	ZYDUS (	INJ	2	7015034A	11/27	5.0				500.00

The miracle foundation

INCL. GST DETAILS :

2000.00 X [illegible]=[illegible],

CGST: 50.00
UTGST: 50.00

TOTAL AMOUNT : 2100.00

Net Amt.(R/0): 2100.00

Rupees: Two Thousand One Hundred Only

Created By: VIJAY Time : 5:21PM

E & O.E

For sale return of Goods, provide Original Invoice copy are Mandatory

1. All disputes are subject to Chandigarh Jurisdiction.
2. Any payment received excess inadvertently shall be refunded back.
3. Return of goods will be accept only within 30 days from billing date. [illegible] Medicine not Returnable.

(Computer Generated Invoice)

For KUMAR BROTHERS (CHEMISTS) PVT. LTD.

Pharmacist/Qualified Person

भारत सरकार

Government of India

आधार

Harnoor Singh

Harnoor Singh

जन्म तिथि/DOB: 28/12/2015

पुरुष/ MALE

Download Date: 07/08/2021

Issue Date: 17/03/2021

The miracle foundation

3548 3688 7488

VID : 9131 7192 9798 2027

मेरा आधार, मेरी पहचान

ORIGINAL

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

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

TEST RECEIPT

DATE & TIME :10/07/2026 09:39:26

RECEIPT NO.: 2260897581/1
CR No. : 202203941934
NAME : HARNOOR SINGH

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

DESCRIPTION	RATE(Rs.)		AMOUNT(Rs.)
GALACTOMANNAN ASSAY FOR ASPERGILLUS BY ELIS - A(MEDICAL MICROBIOLOGY)	500	1	500.00
		TOTAL AMOUNT	500.00

RUPEES (IN WORD) FIVE HUNDRED RUPEES ONLY
PAYMENT MODE / AMOUNT CASH/500 RUPEES

VISHALI BATIAL (NA)


The miracle foundation