

SAW THE WAY FOUNDATION.

PATIENT REGISTRATIN FORM FOR MEDICAL ASSISTANCE.

DATE:15-04-2026.

PATIENT DETAILS:

PATIENT'S NAME :CHIRAG

AGE: 03 yrs

GENDER : MALE

FATHER'S NAME: Mr. SUNEEL SINGH OCCUPATION: LOADING UNLOADING WORKER

MOTHER'S NAME : MRS. AKRATI SINGH OCCUPATION: HOMEMAKER

SIBLING : 1 SISTER

FAMILY INCOME: RS 5000-6000 (APPROX)

PATIENT SUFFERING FROM :EYE CANCER (RETINOBLASTOMA)

TREATMENTIS DONE AT :Aaims Hospital, New Delhi



PATIENT SUMMARY:

Chirag is suffering with life threatening disease of Eye Cancer and his treatment is going on AIIMS Hospital. Chirag's father is not able to fulfill his family's need. They are in very miserable situation currently, kindly help child for his chemotherapy and surgery treatment in which financial assistance required is Rs.1,05,438/-

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.



(SIGN OF THE FATHER/GUARDIAN)

निवेदन पत्र



मेरा मैं

श्री मान दृष्टि महोदय
सौदव फाउंडेशन

महोदय, सविनय निवेदन है की मेरा नाम सुनील कुमार है मैं ग्राम पानीपत हरियाणा का रहने वाला हूँ। मेरे बच्चे का नाम चिरग है। मेरे बच्चे की उम्र 3 साल है। जिसका इलाज कैलिंग दिल्ली आई हूँ। जिसका खर्चा 1,05,438 बाताया गया है। कृपया आपसे निवेदन है कि मेरे बच्चे के इलाज में मुझे सहयोग प्रदान करें मैं आपका सदा आभारी रहूंगा।

धन्यवाद

आपकी निवेदन

सुनील कुमार
पानीपत हरियाणा





सं. 1
NO. 1



उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
जिला महिला चिकित्सालय हरदोई
DISTRICT MAHILA HOSPITAL HARDOI

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि जिला महिला चिकित्सालय हरदोई तहसील हरदोई जिला हरदोई राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR DISTRICT MAHILA HOSPITAL HARDOI OF TAHSIL/BLOCK HARDOI OF DISTRICT HARDOI OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME: CHIRAG SINGH

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:

09-10-2022

NINTH-OCTOBER-TWO THOUSAND TWENTY TWO

जन्म स्थान/ PLACE OF BIRTH:

DISTRICT MAHILA HOSPITAL HARDOI

माता का नाम / NAME OF MOTHER:

AKRATI SINGH

पिता का नाम / NAME OF FATHER:

SUNEEL KUMAR SINGH

आधार नंबर / MOTHER'S AADHAAR NO:

XXXXXXXX5938

आधार नंबर / FATHER'S AADHAAR NO:

XXXXXXXX6468

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

RANIYAMAU,

PIHANI DEHAT, PIHANI, SHAHABAD, HARDOI, UTTAR PRADESH- 241406

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:

RANIYAMAU,

PIHANI DEHAT, PIHANI, SHAHABAD, HARDOI,

UTTAR PRADESH- 241406

पंजीकरण संख्या / REGISTRATION NUMBER:

B-2022: 9-91083-008980

पंजीकरण तारीख / DATE OF REGISTRATION:

28-10-2022

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:

28-10-2022

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
जिला महिला चिकित्सालय हरदोई
DISTRICT MAHILA HOSPITAL HARDOI

UPDATED ON :

28-10-2022 16:09:00



"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"



ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN

This is to certify that Shri/Ms. CHIRAG Age 2 1/2 yrs Gender M
s/o, D/o, W/o..... is getting treatment under..... Dept

vide registration no.....UHID No. 106893732

is suffering from (L) Group D RB

He/she has been advised for surgical items for IAC procedure of 1 cycles for Double drug regimen and the approximate cost of the total treatment is Rs. 1,05,438

(in words): Rupees One lakh five thousand four hundred thirty eight

Item-wise break-up of expenditure of the estimate (if applicable) is as below.

1. INJECTION OMNIPACHE/OMERON 300mg-50ml	1000RS
2. THREE WAY CONNECTOR(BD)	268Rs
3. SHORT CONNECTING TUBES WITH 3 WAY-2	120Rs
4. LONG CONNECTING TUBES WITH 3 WAY-2	308Rs
5. LUER LOCK SYRINGES 10ml/0.1ml-1	43Rs
3. MEDICUT 18G/PUNCTURE NEEDLE 18G/21G-1	315Rs
4. EXCHANGE GUIDEWIRE(TERMO) 150cm, 32 ANGLED-1	2226Rs
5. DOUBLE LARGE BORE Y-CONNECTOR(MERIT)-1	1250Rs
6. FEMORAL SHEATH(ARROW) 5F X 7.5cm-1	1224Rs
7. ENVOY 5F-1	12584Rs
8. MARATHON-1/HEADWAY 21	52700Rs
9. HYBRID/MIRAGE-1	26900Rs
10. INJECTION MELPHALON 50mg/10ml	2,500Rs
11. INJECTION TOPOTECAN 2.5mg/2.5ml	4,000Rs
12. INJECTION CARBOPLATIN 150mg/15ml	1,000Rs

Note:

- # This estimate certificate is being issued to avail financial assistance for treatment only.
- # The said estimate certificate is valid and applicable to avail financial assistance from Rashtriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State illness assistance fund, Pwya Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF), MP local area development fund, CM relief fund, and fund from other sources.
- # This Estimate Certificate is also applicable for Govt./PSU's employees and beneficiaries of ESI
- # The Cheque is to be issued in favor of Director AIIMS, New Delhi.

[Signature]
(Name & Signature of Consultant with Stamp)

ब० रो० वि० कार्ड

दृष्टि

अनुभाग व दिन
Section and Day

कमरा नंबर

O.P.D. Card

R. P. Centre (Eye Centre)

Gender

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र
अ० भा० आयु० सं०, नई दिल्ली - 110029
Dr. Rajendra Prasad Centre for Ophthalmology
A.I.I.M.S., New Delhi-110029

UHID: 108489778

Date: 23/01/2026

Dept. No.: 20250050088343

Oculoplasty and Oncology

Clinic. No.: 2026/OCULO/156

Clinic-Dr. SR/JR OP -V-

AKRITI SINGH

29Y/F

R.1

W.O: SUNIL SINGH

Unit-V

Room No.: 1

Address: herdoi uttar pradesh, UTTAR PRADESH, INDIA

Mobile: 9711412805



रोगी का नाम
Name of the Patient

AKRITI SINGH

F

29Y

दिनांक
DATE

निदान
DIAGNOSIS

उपचार Treatment

23/1/26

US/1 New OP clinic ↓ Unit V.
(Dr Archana Naam)

(R) enucleated PESS (R) (No implant palpable
+ severe contracted socket.

(27) (R) USG to see for
intraocular implant
No implant in situ

Advise

HIV
HbsAg
Anti-HCV

(19) DDA surface reconstruction
+ MMG ± AMG ↓ CA

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।
Kindly keep this Card safely and bring it on your follow-up visits.

1. धूम्रपान निषेध
2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें
3. थूकिये नहीं
1. No Smoking
2. Use Dustbin
3. No Spitting

ALLERGIC TO MILFLO DEX



Dr. Rajendra Prasad Centre for Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New Delhi, 110029

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

UHID : 106893732
Name: CHIRAG
Age/Sex: 3 years 1 mon 14 days / Male
Ward Name: RPC 2
Address: PANIPAT, HARYANA, INDIA
Mobile No: 7082837395
Date of Admission: 11/11/2025 02:20:27 PM
Date of Discharge: 13/11/2025 08:45:00 AM

Ref No: R-049909-25
Department: R. P. Centre (Eye Centre)
Unit: Unice-IV
Bed No.: 223

Drug Allergy, if any :-

ICD Code:
ICD Description:

Diagnosis

RE WNL
LE MULTIFOCAL GRP D RB

Investigation

Systemic: NO SI

Ocular

RE
VA FOLLOWS LIGHT
IOP DIG NOR, AL
LE
VA FOLLOWS LIGHT
IOP DIG NOR, AL

Treatment/Operative Procedure

Surgeon: DR DEEP
Date: 23/11/2025

Surgery

BE EUA RE INTRAVITREAL TOPOTECAN
50MICROGRAMS/0.1ML

Supernatant
(temporal
awadant)

Condition at Discharge

Vision: LE FOLLOWS LIGHT
Anterior Seg.: LE DISCHARGE ABSENT
CONGESTION PRESENT
WOUND WELL OPPOSED
CORNEA CLEAR
AC FORMED
LENS CLEAR

IOP

Posterior Seg.

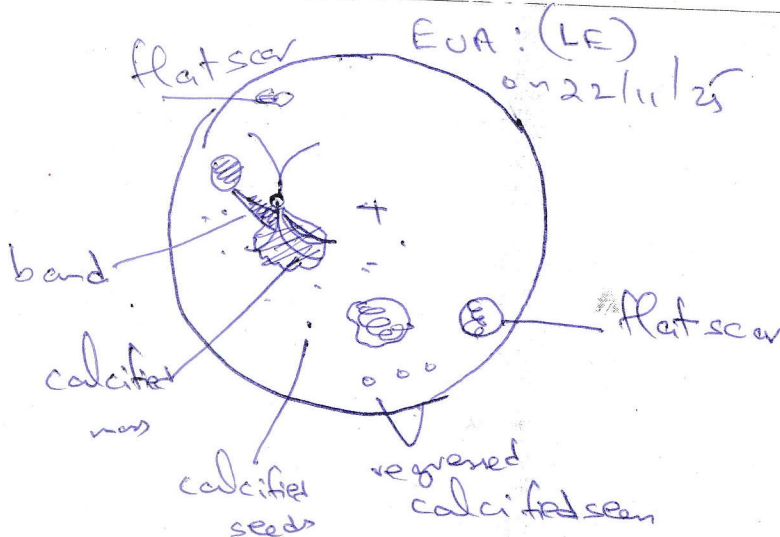
LE DIG NORMAL
LE GLOW PRESENT

Advice During Discharge

Oral: TAB DIAMO. 1/4TH TALS 3D
Follow Up: WITH DR DEEP AFTER 1 WEEK ON 1/12/25 AT 9AM 11
ROOM NO 43

Topical Position

RE BE (EUA Moxio 5% (u)
BE ED MYCIN 3TD FOR 3 DAYS
~~RE BE (EUA Moxio 5% (u)~~
Moxi (allergic to milflo dex)



Anneet Pathy
Prepared By: Dr. Ankush Karboj

Signature Of Senior Resident

Date & Time

No cycloplegics
last on 12/11/25
Once single drug AC dot
Twice double drug AC
bt on 13/11/25
No intravitreal topotecan
in LE in July 2024

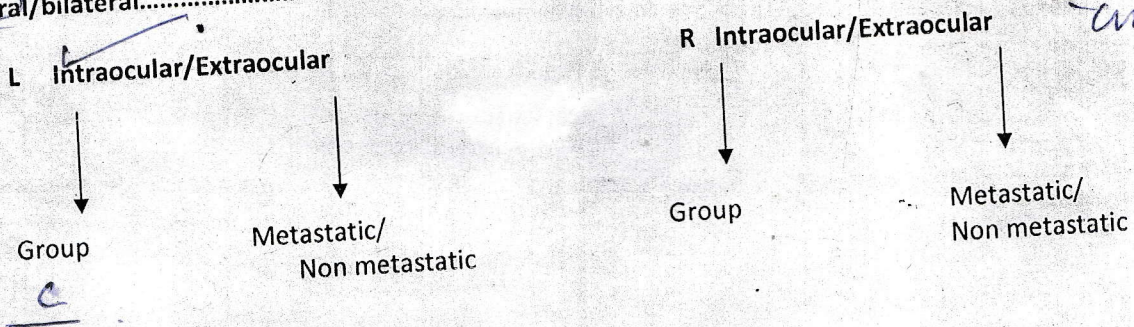
TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name: Chinag Father's name: Saman Age: 8m Sex: M POC NO:

Family history: HO - Metastatic RB - (L)

Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis/Others: 15 - today

Unilateral/bilateral: MT MT: exo HBsAg: NR HIV: NR



Baseline workup/Investigations

USG: (L) large Intraocular mass - evidence of calc'n

EUA: (L) up - CRB

Indirect Ophthalmoscopy

.....

MRI Date: NRC
 Report: (L) - Enhancing lesion over optic head & nasal retina. No evidence of involvement of extraocular muscles.

Review of imaging in Radioconference: Yes/No NRC
PO - LC (today)

Date: 9.1 TLC: 3940 Platelet: 512 ANC: 2600 SGOT/SGPT/S.Bil/SAP: (N)
 Hb: HIV: NR
 MT: exo HBsAg: NR

Enucleation: upfront/late..... Radiation: Yes/No.....
 Chemotherapy details.....
 Local treatment.....



**Dr. Rajendra Prasad Centre For Ophthalmic Sciences
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New
Delhi, 110029**

**Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE**

UHID : 106893732
Name: Mr. CHIRAG
Age/Sex: 3 years 5 days / Male
Ward Name: RPC 1A
Address: PANI PAT, HARYANA, INDIA
Mobile No: 7082837395
Date of Admission: 13/09/2025 10:48:09 AM
Date of Discharge : 14/10/2025 07:40:00 AM

Cr No: R-038926-25
Department: R. P. Centre (Eye Centre)
Unit: Unit-VI
Bed No.: 120

Drug Allergy, if any :- []

ICD Code: ,D31.2,C69.2
ICD Description: Benign neoplasm Retina, Malignant neoplasm Retina

Diagnosis
 RE FELLOW EYE
 LE PARTIALLY REGRESSED GROUP C (MULTIFOCAL)
 RB

Investigation
Systemic .NO SI
Ocular .VISION BE 6/24 AT 50 CM
 IOP BE DIGITALLY NORMAL

Treatment/Operative Procedure
Surgeon .DR SB GAIKWAD / DR EKAM/ DR SURAJ
Date 13/10/2025
Surgery .LE TWO DRUG IAC UNDER GA

Condition at Discharge
Vision .LE follows light
Anterior Seg. .LE not present
 DISCHARGE
 CONGESTION
 AC rained
 WOUND appeared
 CORNEA clear
 PUPIL round, central
 LENS clear
IOP .LE dig ①
Posterior Seg. .LE glow + wk
 FUNDUS

Advice During Discharge
Oral SYP PCM 7ML (125MG/5ML) TDS FOR 1 DAY F/B SOS
Follow Up .F/U AFTER 3 WEEKS FOR EUA
Topical [E/D MILFLODEX 4T/D
 E/D REFRESH TEARS 6T/D
 .RE LL IMMOBILIZATION
 8-12-4-8
 -61 9112 369

↓
 8/11/25 (Saturday)
 7:00 am

Prepared By: Dr. Khatheerja Saiwa-RPC
 Signature Of Senior Resident
 Date & Time

EVA done 4 Unit 4 1 D₂ Stroma / D₂ ...
 D₂ Areas / D₂ SWK / D₂ ...

Date: 26/1/26

ASOCT 8/12/10 (R) WNL

(L) Multiple GP D RB

PSOCT/OCTA (10) (L) CV (SD)

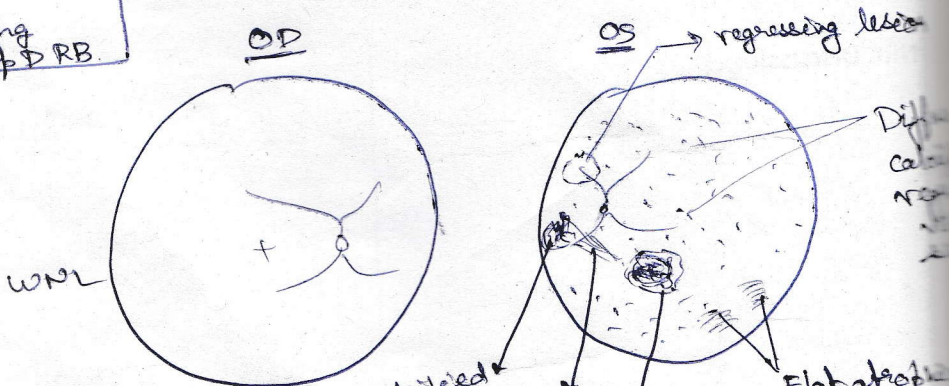
(L) IV topoker (17/7/24)

FAF/FFA ZAC (M) - May 25
 (M+7) - 24/2/25
 (M+7) - 13/10/25

ICGA IV topoker (22/11/25)
 (50 mg / 0.5 ml)

Imp: (R) WNL
 (L) Regressing Group D RB.

USG Apical Height Basal Diameter



UBM (BE) myx (L) 5 days.

Good response to treatment #7

Adv:-

F/u after 6 weeks in old oncology clinic (142)
 wed @ 2:00 PM for date of EVA

J. Mulka
 Dr. Tanna

Ocular Prosthesis:

R/D 12/14/26 | 7:30 am | 6th Floor
RPD explained → Solids R/D
→ 4kg R/D
Master R/D

Low Vision Trial: