



SAW THE WAY FOUNDATION.

PATIENT REGISTRATIN FORM FOR MEDICAL ASSISTANCE.

DATE:14-06-2025

PATIENT DETAILS:

PATIENT'S NAME : ROSHANI KUMARI

AGE: 02 yrs old

GENDER : FEMALE

FATHER'S NAME: Mr. SUBHASH KUMAR

OCCUPATION: LABOUR

MOTHER'S NAME: Mrs. SHITAL

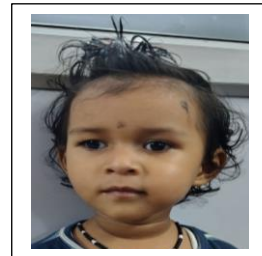
OCCUPATION: HOME MAKER

SIBLING :1 BROTHER

FAMILY INCOME: NA

PATIENT SUFFERING FROM :EYE CANCER (RETINOBLASTOMA)

TREATMENTIS DONE AT :Aiims Hospital, New Delhi



PATIENT SUMMARY:

Baby Roshani is receiving treatment at AIIMS Hospital for retinoblastoma. Her father, a laborer, faces financial hardship. We are seeking your support for her chemotherapy and surgery, which require ₹1,50,000/-. Your contribution can provide critical medical care.

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

सेवा में,
श्रीमान हस्ति महोदय
सॉर्टिंग कांउरेशन

महोदय शिवन, निवेदन यह है कि मैं सुभाष कुमार
का. नं. 14-282 पब्लिक मितार जैतपुर, पदरपुर नई दिल्ली
में रहने की दोनो ओरों में कैसा है जिसका नाम (शैशवी) है
और इसका इलाज हमस अस्पताल में चल रहा है।

डाक्टर ने स्वर्ण बताया है 1.500000 रु. I.T.C. के लिए
जिसका इलाज के स्वर्ण में हम अस्पताल है।

कृपया आपसे निवेदन है कि आप हमारे बच्चे का इलाज
में सहयोग करें आप की उम्मीद है कि,

मैं मेरे आपका आभारी रहूंगा।

धन्यवाद

सुभाष कुमार

पिला पदरपुर

जैतपुर

ESTIMATE CERTIFICATE TO WHOM IT MAY CONCERN

This is to certify that Shri/Ms. Moshni Age 19 years Gender M
S/o, D/o, W/o is getting treatment under Dept.

vide registration no. UHID No. 106554987

is suffering from BF RB

He/she has been advised for surgical items for IAC procedure of 1 cycles for 2 regimens and the

approximate cost of the total treatment is Rs. 1,10,5438

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

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

1. INJECTION OMNIPAQUE/LOMERON 300mg/50ml	1000RS
2. THREE WAY CONNECTOR(BD)-1	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
6. MEDICUT 18G/PUNCTURE NEEDLE 18G/21G-1	315RS
7. EXCHANGE GUIDEWIRE(TTRMO) 150cm, 32 ANGLED-1	2226RS
8. DOUBLE LARGE BORE Y-CONNECTOR(MERIT)-1	1250RS
9. FEMORAL SHEATH(ARROW) 5F X 7.5cm-1	1224RS
10. ENVOY 5F-1	12584RS
11. MARATHON-1/HEADWAY 21	52700RS
12. HYBRID/MIXAGE-1	26900RS
13. INJECTION MELPHALON 50mg/10ml	2,500RS
14. INJECTION TOPOTECAN 2.5mg/2.5ml	4,000RS
15. 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, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMF), MP Rural 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"

(Name & Signature of Consultant)

Dr. Sumit Grover
Consultant with Ophthalmology
सहायक आचार्य/Dep. Prof. of Ophthalmology
रोग विभाग/Dept. of Ophthalmology
जज्जर/IN. C. V. Jhajjar
AIIMS, New Delhi



फॉर्म संख्या / Form No. 5
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
दिल्ली नगर निगम
MUNICIPAL CORPORATION OF DELHI
जन्म प्रमाण पत्र / Birth Certificate

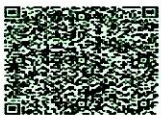


0123-2001282829

(Issued under section 17 of the Registration of Birth and Death Act, 1969 and 8/13 of Delhi Registration of Birth Rule, 1999)

This is to certify that the following information has been taken from the original record of BIRTH which is the register for Municipal Corporation Of Delhi of CENTRAL ZONE of N.C.T. Delhi

नाम / Name	ROSHANI KUMARI
लिंग / Gender	FEMALE
जन्म की तिथि / Date Of Birth	19-10-2022
जन्म का स्थान / Place Of Birth	ESI HOSPITAL OKHLA SHRI MAA ANANDHAYEE MARG PH I SOUTH NEW DELHI NEW DELHI NEW DELHI OKHLA INDUSTRIAL AREA PH-I,II,III,DSIDC,DDA SOUTH EAST DELHI INDIA 110020
पंजीकरण की तिथि / Date Of Registration	09-11-2022
पंजीकरण संख्या / Registration No	MCDOLIR-0122-0911282890
माता का नाम / Name of Mother	SHITAL KUMARI
पिता का नाम / Name of Father	SUBHASH KUMAR
वर्तमान / जन्म के समय पता Present / Address at the time of Birth)	HNO-A 282 BLOCK A,EKTA VIHAR,JAITPUR EXTN, PART-1 BADARPUR SOUTH DELHI INDIA 110044
स्थायी पता / Permanent Address	HNO-A 282 BLOCK A,EKTA VIHAR,JAITPUR EXTN, PART-1 BADARPUR SOUTH DELHI INDIA 110044
छपाई की तिथि / Print Date	22-01-2023



Note: This certificate is system generated and does not require any seal/signature in original. The authenticity of this certificate can be verified at mcdonline.nic.in

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे
ENSURE REGISTRATION OF EVERY BIRTH & DEATH

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

Discharge Report
PROVISIONAL DISCHARGE CERTIFICATE

Ref No: 106554987
Patient: Miss ROUSHANI ROUSHANI
Age/Sex: 2 years 6 mons 26 days - Female
Ref No: RPC 1A
Address: A-292 EKTA VIHAR BLOCK A JAITPUR EXT BADARPUR,
DELHI, INDIA
Mobile No: 9899545648
Date of Admission: 01/05/2025 01:08:20 PM
Date of Discharge: 28/05/2025 03:24:00 PM

Cr No: R-019089-25
Department: R. P. Centre (Eye Centre)
Unit: Unit-VI
Bed No.: 123

Drug Allergy, if any :- []

ICD code: C69.2
ICD description: Malignant neoplasm Retina

1. PARTIALLY REGRESSED GROUP E RE
2. REGRESSED MULTIFOCAL GROUP B RE

Investigation

Systemic: Nil

Ocular

RE
VA ATLEAST 1/60
CARDIFF 6/19 AT 50 M
IOP DIGITALLY NORMAL

LE
VA ATLEAST 6/60
CARDIFF 6/19 AT 50 M
IOP DIGITALLY NORMAL

Investigative Procedure

Surgeon: Dr. Pooja Yadav
Date: 28/05/2025

Surgery

RE DOUBLE DRUG IAC (M B) UNDER GA

Investigative Procedure

Anterior Seg: NO CHANGE PRESENT
CONJUNCTION PRESENT
LUNEA APPEARS CLEAR
NO APPEARS DEEP
IOP CIRCULAR
NO APPEARS CLEAR

IOP

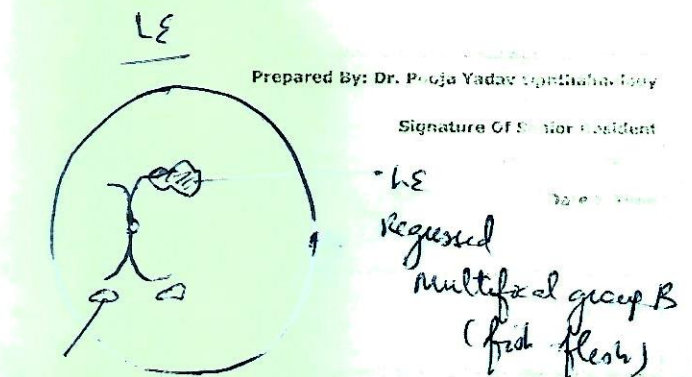
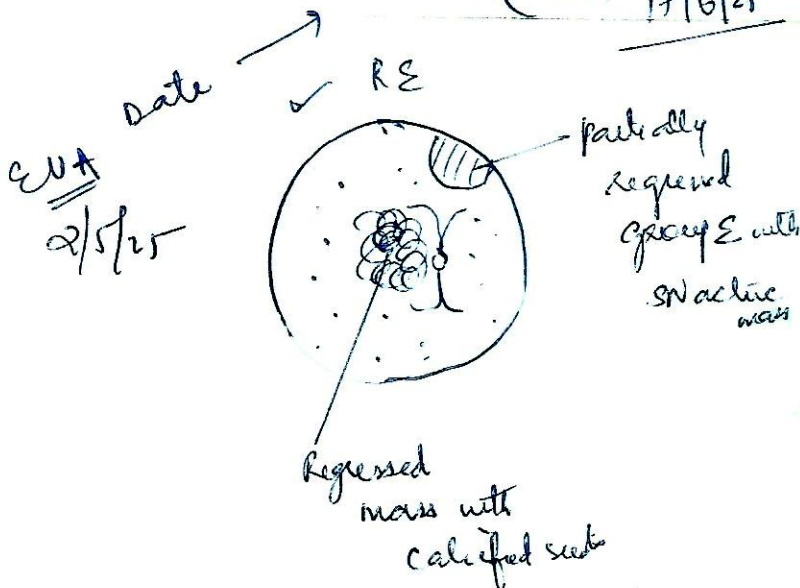
RE
DIGITALLY NORMAL
LE
GLOW PRESENT

Discharge Advice

1. 25-30 MIN FOR 10-15 MIN
2. 10-15 MIN FOR 10-15 MIN

Topical
Position

RE
E/D REFRESH TEARS 6 T.D.
1. Eto Mycin 3



Prepared By: Dr. Pooja Yadav (ophthalmologist)

Signature Of Senior Resident



GOYAL MRI & DIAGNOSTIC CENTRE

B-1/12, SAFDARJUNG ENCLAVE, NEW DELHI - 110029

Phone : 011-40771234, 26107559 E-mail : goyalmri@yahoo.com

Dr. Ankur Gadodia
MD (AIIMS), DNB, FRCR

Dr. Pranay R Kapur
MBBS, DNB

18.05.2024

BABY ROSHANI, 1 YRS 6 MONTHS / F

UID: 05.24.919

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Follow up case of bilateral retinoblastoma, on chemotherapy. Previous scans are not made available for comparative evaluation.

Right globe is normal in size. 10 x 4 mm focal lesion is seen in the posterior chamber of the right globe, lateral to the optic nerve head. No extraocular extension is seen. Lesion displays hypointense signal on both T1 and T2 weighted images. There is subtle enhancement following administration of contrast. Findings are suggestive of residual disease.

Left globe is normal in size and signal intensity. No focal enhancing lesion is seen.

Bilateral optic nerves are unremarkable.

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

Paranasal sinuses are unremarkable.

Fluid / mucosal thickening is seen within bilateral mastoid air cells (? Mastoiditis).

IMPRESSION:

- 10 x 4 mm minimally enhancing focal lesion in the posterior chamber of the right globe, lateral to the optic nerve head. No extraocular extension is seen. Findings are suggestive of residual disease.

Recommended: Clinical correlation and comparison with previous scan for further evaluation, if clinically suggested.


DR. ANKUR GADODIA
MD (AIIMS), DNB, FRCR (UK)

This is a professional opinion and not the diagnosis. Findings should be clinically correlated

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
 आपातकालीन विभाग

(REV)

(DEPT. OF EMERGENCY MEDICINE)



UHID No:106554987

आपातकालीन नं. (Emergency No): 2025/030/0044602

दिनांक DATE: 22/04/2025

समय TIME: 08:09:51 PM

NON-MLC

NAME: MISS ROSHANI ROSHANI

आयु Age: 2 years 5 months 21 days

लिंग SEX: F

DOCTOR: SUBHASH KUMAR

ADDRESS:

मकान संख्या ILNO:

A- 282 LK LA VIHAR BLOCK-A
 JAILPURI EXT BADARPUR

गली / मुहल्ला STREET MOH:

शहर प्रकट CITY/BLOCK:

पिन PIN:

राज्य STATE:

DELHI

दूरभाष नं. PHONE NO:

9899535648

मोबाइल MOBILE NO:

9899535648

स्थान Location:

Paediatrics Emergency

आपातकालीन BY: Relative

Criticality: Red / Yellow / Green

Image: Responsive/
 Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

B/L Retinoblastoma

(Last Chemo - 11/4/22)

Presenting Complaints

Pain in @ flank region x since evening

No H/O fever

Primary Assessment (ABCDE) : Assessment Pentagon

Airway

Open & stable : Yes/No
 If No.....

Breathing: RR 24 min

Efforts: Normal/Poor/increased

Auscultation:

Air entry:

Normal/poor/Differential

Added sounds:

None/Stridor/Wheeze/Crackles

SpO2 on Room air..... 94%

Circulation

HR 150 min

CFI 23 secs.

BP.....mmHg

Peripheral pulse: Poor/Good

Central pulse: Poor/Good

Skin temp: Warm/cool

Others

Disability

GCS 15/15

Pupil size..... min

Pupillary Reactions.....

Motor activity:

Normal & Symmetrical

Asymmetrical

Posturing/Flaccidity/Seizure

Blood Sugar.....mg/dl

Exposure:

Temp..... 97.8

Colour: Normal/pallor/cyanosis
 mottled

Any other skin lesions.....

wt: 13 kgs

Adv

Diagnosis

CAC/LEI/RFI

USG W/A

11.49 pm
 Dr. Khushbu Aggarwal

Inj. Pantop 15 mg IV stat

Inj. ~~excess~~ PCM 150 mg IV stat

Dr. Khushbu Aggarwal
 Resident
 Paediatrics

Reels.

106554987

एम.आर.-3 जनरल हिस्ट्री
M.R.- 3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.एच.आई.डी. नं. UHID No.
Roshani	21 / F		23/04/11	106554987
प्रोफेसर इंचार्ज Professor I/C	Dr. P. Acharya	Dr. J. P. Meena	Notes written by Dr. Rukman	

CLINICAL NOTES

Dr. A. K. Gupta

Δ: Bilateral retinoblastoma.
 (Rt) Group B
 (Lt) Group C.

Start chemo.

11/05/24

Progression after 6 cycles 17 DCFE.

Recurrent IAC, 11+

Recurrent 3wde
augmented chemo.

EUA (04/3)

(Rt) Partially regressed.
Group C RB.
(Lt) Regressed multifocal group B

Pain in (Rt) flank region.
Congo } x 1 day.

No/ abdominal pain / abdominal distension / vomiting

PHYSICAL EXAMINATION

Temp.

Pulse

Resp.

B.P.

Weight

%E Afebrile

Chest — crackles +, NUS

No palp

CVS — S₁ heard, NUS₃ gallop.

Spu — 99% sat

P/A — soft, nondescript

USG abdomen

Normal

Adx/

Chest Xray. → Review

Syp. Paracetamol (250mg/5ml) 3ml PO QID

Syp. Augmentin (200mg/5ml) 5ml PO TDS x 5 days.

Tab Lanzol 15mg PO OD x 5 days.

Oral acceptance good & no respiratory urgency

child can be discharged on oral antibiotic.

N/V — ~~28/04/25~~ 28/04/25 PR @ 2pm

Dange hgm explained

Urine RE, Urine CB

DR. RUKSANA SIDHIQUE
DM Resident
Paediatric Oncology
AIIMS, New Delhi



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UHID: 106554987 Sex: Female
Patient Name: Miss ROSHANI ROSHANI Sample Received Date: 23/04/2025 05:04 AM
Age: 2 years 5 months 21 days Department: DEPT. OF EMERGENCY MEDICINE
Unit Name: Unit-I Unit Incharge: Dr. Rakesh Yadav
Lab Name: Lab Medicine Lab Sub Centre:
Reg Date: 01/03/2023 08:36 AM Sample Collection Date: 22/04/2025 10:01 PM
Report Generated Date: 23/04/2025 08:08 am Dept / IRCH No: 20250300044602
Recommended By: Dr. Rakesh Yadav Emergency HOD Lab Reference No: 203

Sample Details : WC-2204251003

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	25 mg/dL		• 15 - 42 mg/dL
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.3 mg/dL		• 0.52 - 1.04 mg/dL
Uric Acid (Uricase Method)	3.3 mg/dL		• 2.5 - 6.2 mg/dL
Calcium (Arsenazo III method)	12.4 mg/dL		• 8.4 - 10.2 mg/dL
Phosphorus (p-methylaminophenol sulfate)	5.5 mg/dL		• 2.5 - 4.5 mg/dL
Sodium (Potentiometric)	144 mmol/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	6.9 mmol/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	111 mmol/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	0.47 mg/dL		• 0 - 1 mg/dL
Direct Bilirubin (Calculated)	0.18 mg/dL		• 0 - 0.6 mg/dL • 0 - 0.3
Indirect Bilirubin (Caffeine sodium benzoate method)	0.29 mg/dL		• 0.6 - 10.5 mg/dL • 0 - 1.1 • 0.6 - 10.5
ALT(UV with pyridoxal 5 phosphate method)	16 U/L		• < 35 U/L
AST(UV with pyridoxal 5 phosphate method)	41 U/L		• 14 - 36 U/L
ALP(PNPP,AMP Buffer-IFCC)	243 U/L		• 38 - 126 U/L • 156 - 369 U/L
Total protein (Biuret reaction)	8.2 gm/dl		• 6.3 - 8.2 gm/dl

Over All Comment :

Kindly correlate results clinically.

Authorised Signatory:
Dr. Shyam Prakash

VBG

Verified By:
drsunilabmed

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२९

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Rohoni Age/Sex : 2y/F Ref. Deptt./Unit : Ped Date :

Indoor (Bed No.) / Outdoor / Casualty UHID No. : LMP :

Examination Required : 106554987.

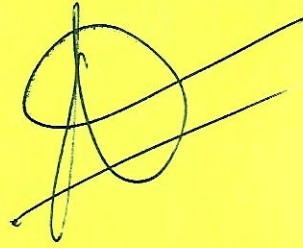
Clinical History and Examination :

USG Abdom

3 Pancreatic

Clinical / Working Diagnosis :

Blood Urea / S. Creatinine :
Any h / o allergy or asthma :
(for IVU patients only) :



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 : _____

Your appointment is on : _____

Room No. : _____

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : Size / No. of Films

Date : Kvp/mAS:

Sign. of Radiographer :

P.T.O.

5/25

114.

EEA 1 unit 6 (Pr of Bhanna / Dr Lomi)
Dr Niranjana

Ocular Prosthesis:

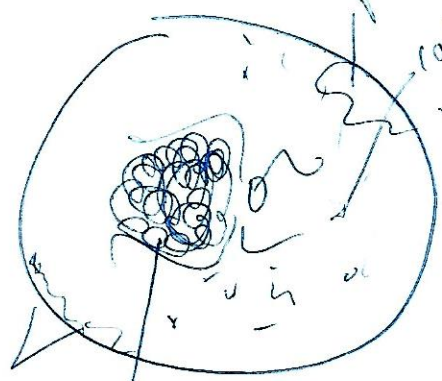
Double drug IAC - 12/12/25
SIP TTT 28/11/25 -
Total 8 chems done - last 11/25

- ② partially regressed proptosis
- ③ Regressed neurological proptosis

1st SVA
post IAC R/E

Low Vision Trial:

OD

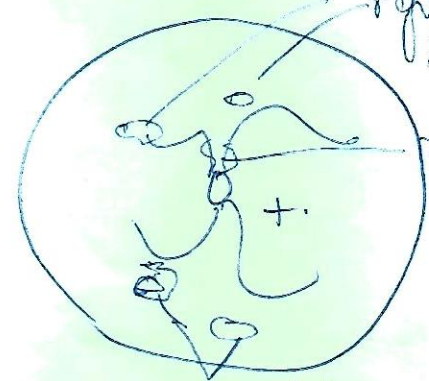


partially regressed lesion.

calcified vitreous body

calcified regressed lesion

OS



regressed lesion

regressed lesion

regressed lesion

4th floor

PHDU

CID/W Dr Lomi

ADV: B/E - EIO mycin ovs x sclera

ADV: (R) Repeat IAC (M+T)

DOA:

15/3/25
Ward 1A
7:30 Am

(880257840)
Cathids Trija

apashree
baw.

19/3/25
ward 1A
7:30 am

15/25

EUA done 1 unit 6

Dr Bhama / Dr N. Loni / Dr Abhishek

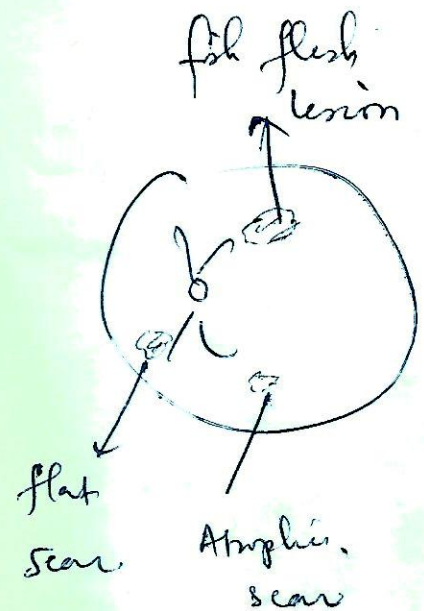
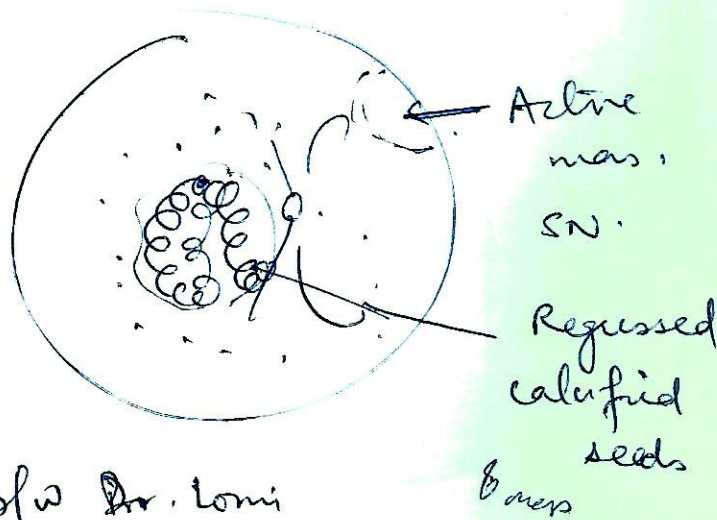
- Total chemo = 8 @

60 SDCPR + 20 HDCEV

(last 7/2/23)

(last 15/5/24)

- IAC \leftarrow (M) 4/11/24
(M+T) (12/2/25)



clp/w Dr. Loni

Repeat Double Drug IAC
(M+T)