



Date -

Reg. No -

**Registration Form**

- \* Patient Full Name BABY HRIDYANSHI
- \* Patient's Date of Birth 21/02/2024 Age 7 Months yrs
- \* Patient's Gender FEMALE
- \* Patient's Guardian Name RANVIJAY SINGH
- \* Relation With Child FATHER
- \* Parmanent Address 6/121, NEAR SUPER MARKET, THARERA VILLAGE, DELHI CANTT.
- Dist. DELHI CANTT. Pin Code 110010 State DELHI
- \* Contact Number +91- [REDACTED]
- \* Patient's Family Background PVT. JOB (Jobless)
- \* Parent / Guardian Proof AADHAAR Id No. [REDACTED]
- \* Hospital Name (where patient admitted) RML HOSPITAL DELHI
- \* Name of Department PAEDIATRIC DEPARTMENT, PICU, ECS 4<sup>th</sup> Floor
- \* Disease (patient suffering from) SPINAL MUSCULAR ATROPHY - Type 1
- \* Doctor's Name (who treated the patient) Dr. B. PATRA
- \* OPD Reg. No. 202461640 Date 23/10/2024
- \* Approximate Treatment Cost 70000/-

[Signature]  
(Parent / Guardian signature OR LTI)

\* Registration No. (records in NGO) MHOP 5/2024 (Only Office Use)

[Signature]  
Dealing officers signature

[Signature]  
Trustee signature with seal

22/10/24

Reference call  
to Social welfare.

CR. NO 20200  
202461640

Hridyanthi / 7mo/0

P3W / 6034M / 600  
President's  
Department

To  
the Social welfare  
incharge.  
Dr RmtH.

Respected Sir / Madam

From patient file is a case  
of Type 1 SMA & severe Bronchitis  
& type 2 ~~respiratory~~ failure  
Requirement of life long oxygenation.  
(20 N-m weakness).

Kindly issue / provide BIPAP Machine  
for this patient as it is a Case  
of type 1 SMA requiring life long  
oxygenation.

Refer to 'Mission Hopp.  
for Bipap. Machine. Multiple

6/121, near Super mkt -  
Vill Jhorera, Delhi Cantt.  
P. Code - 10

22/10/24  
Mission Hopp. Multiple  
Medical Social Welfare Officer  
Address: Dr. R.M.H. Hospital  
110001  
Dr. RmtH  
22/10/24

Sample Profile  
LSTP 263x Ultra

Printed: 22/10/2024 06:02:31 AM  
Analyzed: 22/10/2024 06:01:27 AM  
Analyzer ID: Z11817060N

विकृति विज्ञान विभाग

DEPARTMENT OF PATHOLOGY

डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली

M MANOHAR LOHIA HOSPITAL, NEW DELHI

रक्त की जाँच

EXAMINATION OF BLOOD

दिनांक: 22/10  
Date: \_\_\_\_\_

Sample # 84261  
Barometer 736.4 mmHg  
Sample Type Arterial  
Operator 123456  
Releaser auto  
Patient ID 61640  
Patient Name \_\_\_\_\_

HCO<sub>2</sub>% 20.9 %  
Accession#  
Accession#  
Other Flags

Age-Sex: 45y / Male OPD/IGHS/CR NO: 61640  
Ward/OPD: PIU Bed No: \_\_\_\_\_

Comments

Test	Value	Units	Flags
pH	7.462		
pCO <sub>2</sub>	27.8	mmHg	
pO <sub>2</sub>	165.5	mmHg	
Hct		%	UC
Hem	137.7	mmol/L	
K+	4.17	mmol/L	
Ca++	1.03	mmol/L	
TCO <sub>2</sub>	21.2	mmol/L	
SO <sub>2</sub> %	99.5		
BE-ed	-3.6	mmol/L	
SE-B	-1.4	mmol/L	
SBC	23.3	mmol/L	
HCO <sub>3</sub>	20.3	mmol/L	
pO <sub>2</sub> /fIO <sub>2</sub>	791.9	mmHg	
A	110.8	mmHg	
am	1.5		



Signature of Physician

विशेष Differential Leucocytes	एन. एम. एम. एम. mm <sup>3</sup> / 10 <sup>9</sup> L	रक्त Abnormal Eosinophil Count	रक्त Total RBC
पॉलीमॉर्फ Polymorphs	%	एन. एम. एम. MCH	%
लिम्फोसाइट Lymphocytes	%	एन. सी. सी. MCV	FL
इयॉसिनोफिल Eosinophil	%	एन. सी. एम. MCHC	%
मॉनोसाइट Monocytes	%	एन. सी. एम. सी. MCHC	%
बेसोफिल Basophils	%	अन. सी. इन्डेक्स RDW	%
अन्य Other	%	रेटिक्यूलोसाइट गणना Reticulocytes count	%
प्लेटलेट गणना Platelet Count	रक्तस्राव का समय Bleeding Time	रक्तस्राव का समय Clotting time	min sec



PH: 011-23404040, 23365525

डॉ० राम मनोहर लोहिया अस्पताल, नई दिल्ली - 110001  
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI - 110001

बाह्य पंजीकरण कार्ड  
OPD Registration Card

रजि. नं. / Regd. No.

27/7/19

दिनांक / Date

COHD Token No.

क्लिनिक / Clinic

रूम नं. / Room No.

यूनिट / Unit

दिनांक / Date

रोगी का नाम / Patient Name

Hridyanshi

वयु / Age 8m

मास / Month

दिनांक / Date

निदान / Diagnosis

wt - 5.2kg

Diagnosis -> Severe Pneumonia

C/O - ? SMT type

- Fever x 5 days

- Cough & cold x 10 days

- B.P. Normal, Breathing x 3 days

- CBCES
- CRP
- Puccal
- Blood c/s
- Chest x-ray
- LFT
- RFT

01/07/19 11:05  
 01/07/19 11:05  
 01/07/19 11:05  
 01/07/19 11:05

Rx - Bz AEE, Course  
 Cefepim

- Oxygen supp
- Inj. Reptag 60  
IV TDS
- Asthalin Neb

आप ऑनलाइन पंजीकरण प्रणाली (DRS) ors.gov.in के माध्यम से ऑनलाइन अपॉइंटमेंट प्राप्त कर सकते हैं और घर पर ऑनलाइन OPD स्लिप प्रिंट कर सकते हैं।  
 You can get OPD appointment and print opd slip at home through online registration system (DRS) - ors.gov.in  
 हमेशा इस कार्ड को अपने साथ लाएं।  
 Always bring this card with you when you come to Hospital.  
 धूम्रपान आपके स्वस्थता के खतरा के लिए जानकार है।  
 Smoking is Injurious To Your & Others Health.  
 निजी अस्पताल में मुफ्त इलाज के लिए ई.एस.पी. रोगियों को भेजने की सुविधा यहाँ उपलब्ध है।  
 The Facility of referral of EWS Patients to private hospital for free treatment is available here.  
 समकालीन वैश्विक स्वास्थ्य सेवाएँ यहाँ उपलब्ध हैं।  
 Equivalent global Medicines are also available here.

आप टेलीमिडियम के माध्यम से अपने चिकित्सक से अपने घर पर सलाह ले सकते हैं। अधिक जानकारी के लिए कृपया देखें [rmlh.nic.in](http://rmlh.nic.in)  
 You can consult your doctor through telemedicine from your home for more detail please visit [rmlh.nic.in](http://rmlh.nic.in)  
 हमेशा पैदा न होने दें।  
 क्लिनिक को सफाई में एक बार साफ करने सुझाए।  
 पानी की टबियाँ व होटियों को ठीक से सही प्रकार से बंद।  
 किड़ियों के पानी पीने के कारन का पानी प्रतिदिन बदलें।  
 कोकसुई पानी/सनी प्लास्ट का पानी प्रति सप्ताह बदलें।  
 पूरने किमी, टायरों, टूटे यन्त्रों व कबाड़ आदि न निकालें।  
 साफता है, खुशे में न रहें।

Atal Bihari Vajpayee Institute of Medical Sciences and  
Dr Ram Manohar Lohia Hospital  
Baba Kharak Singh Marg, New Delhi-110001

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT NAME Kanviya AGE 60 SEX Female  
S/O, D/O, W/O: Kanviya CONTACT NO.: \_\_\_\_\_  
CR NO./UHID: 61640 BED NO./WARD \_\_\_\_\_  
MLC NO. (IF ANY) \_\_\_\_\_ DATE: 17/9/21 TIME: 11:30pm  
ADDRESS: \_\_\_\_\_

ADMITTED WITH COMPLAINT OF:

HISTORY OF PRESENT ILLNESS:

Gold 30 days  
She was off sleep for 3 days then developed colic  
it was of greenish color. 3 days  
- dry - non-responsive, no flaccid/  
bilious vomit

HISTORY OF PAST ILLNESS:

not as in past known vomity  
no 1/2 stool while vomiting

fever > 3 days  
undocumented  
low grade intermittent, relieved after rehydration.  
no 1/2 loose stool / vomity / stool discharge

RISK FACTORS: no cp / Family dysphasia /  
 blue discoloration of skin  
 no cp because aspiration / metabolic etc

LOCAL EXAMINATION: ~~no cp~~  
 Past his. Not significant

family his. →

GENERAL PHYSICAL EXAMINATION

BP (mmHg): no H/o

PULSE RATE (PER MINUTE):

TEMPERATURE:

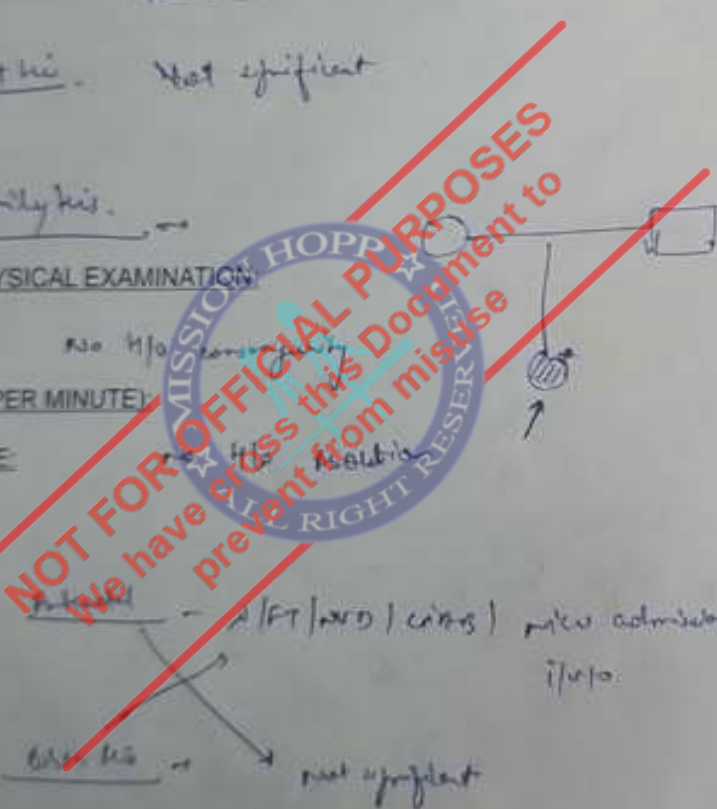
SpO<sub>2</sub>:

PALLOR:

OEDEMA:

ICTERUS:

CLUBBING:



CYS: Delayed H/o - loss @ 3.5m of H/o family - ECG for  
development H/o

P/A: Not able to delayed hold neck:

9+6

HR = 138/min

EST:

RR = 66/min → put on bubble CPAP

RF ⊕

ILR ⊕

PHYSICAL EXAMINATION:

crackles - L3/4

8pt - unremarkable

PE / AV - +/0

SpO<sub>2</sub> = 92% on bubble CPAP @ 5L/min  
→ scan

P<sub>1</sub> (mid)

SYNCHRONOLOGICAL EXAMINATION

① → RF ⊕  
ILR ⊕  
ILR ⊕

the chest may be asymmetrically

fracture - costal

auscultation = b/l AF ⊕

- the coarse crackles in all lung fields
- b/c R2L: diffuse



CARE PLAN

Adv (S. 7 Ky)

- Diphen 75mg iv tid
- ~~gabapentin 300mg iv tid~~
- ~~gabapentin 300mg iv tid~~
- ~~gabapentin 300mg iv tid~~

PREVENTIVE CARE:

- ( ) VACCINATION/IMMUNIZATION
- ( ) SMOKING CESSATION
- ( ) CONTRACEPTIVES
- ( ) ALCOHOL/SUBSTANCE ABUSE
- ( ) DIET MODIFICATION
- ( ) EXERCISE
- ( ) BED SORE PROPHYLAXIS
- ( ) DVT PROHYLAXIS

res c acetamin 1000mg qd  
 2nd rd of 4 daily  
 5L/min  
 100 kcal @ 22 ml/hr

MISSION HOPP  
 NOT FOR OFFICIAL PURPOSES  
 We have cross this document to prevent from its use



ANY OTHERS:

Dr. ANKITA SINGH  
 PG Resident  
 Department of Pediatrics  
 New Delhi-110001

SR. RESIDENT

NAME: Dr. Rohan DATE/TIME: 18/9/24 SIGNATURE: ISHAGGARWAL  
 DEF: RESIDENT  
INT OF PEDIATRICS

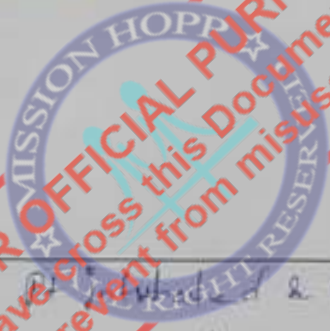
FACULTY:

NAME: Dr. V.K. Mishra DATE/TIME: 18/9/24 SIGNATURE: [Signature]  
9.4.0 A



(Time)	Nursing Notes	Signature & Emp Code
09/24	<p>(M) G.C. pass, on vent (1)            Bedding done, Ilo (1).            V/S checked and recorded.            One Rx given.            Midy Nitaz on flow            inf (1) . <sup>Pipe</sup> cap line (1)            A awarded</p>	Renti
	<p>(E) G.C. pass. P. included &amp; ventilation            support. V/S checked &amp; recorded.            All due Rx given. By Midy.</p>	

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ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL  
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	जटिल/Dist
2/1/24	<p><u>Transfer Summary</u> ICU → PACU</p> <p>Above mentioned patient is presented                      T of fever x 3 days                      Cough &amp; cold x 3 days                      Fast Shaky x 1 day</p> <p>o/s - HR 100/min                      RR 14/min                      CRT 2 sec                      SpO2 92% on RA                      CxR = S. 1.2 cm                      CxR = <del>1.2 cm</del> 1.2 cm                      By RCM, rupt = S. 1.2 cm                      Tbx = 1.2 cm                      DTR = Absent                      P/A = left, NT                      L = 1 cm Bx                      C = NP                      DTR = Absent                      P/A = NT</p> <p>managed with O2 via NP. but tachypnea                      persistent so by RCM, child shifted                      O2 via CPAP, managed with Nebi + Ashale, Spont                      3RF, 3mg/kg, by monocef added                      Initial investigations CBC = Hb = 11.3                      TLC = 25000 - 52                      - 41                      P/H = 4.2 lakh</p>	<p>Hidycase                      Gnaif</p> <p>P 1 S-Cy - 12-12-                      Chx = B L 10 (+)                      B/L Loath (w/le                      B/L Rhochi (+)                      L = 1 cm Bx                      C = NP                      DTR = Absent                      P/A = NT</p>

Developmental  
 history  
 Initially child  
 had anty  
 movement of  
 all limbs till  
 1 1/2 month of age,  
 Motor milestones  
 not achieved  
 - language  
 milestones  
 achieved

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Nursing Notes

12/9/21 GIC fair All due done given as advised  
All need of Pt attended. V/S checked &  
Recorded

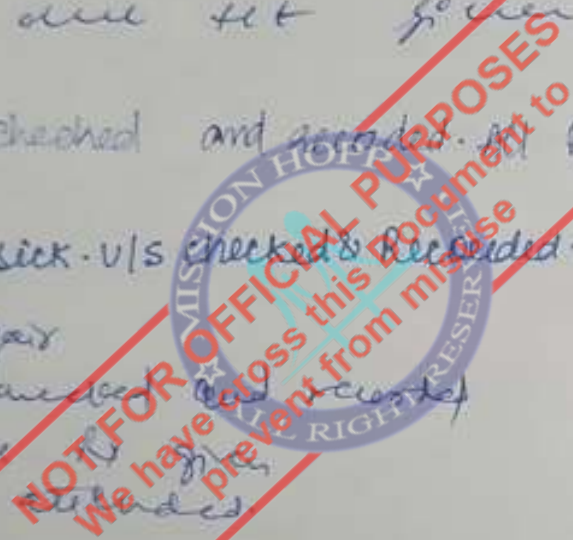
(E) - Pt. Conscious / oriented  
- V/S checked and recorded.  
- due tet given

(M) - Vitals checked and recorded. All Rx given.

18/9  
(M) GIC sick. V/S checked & recorded. Rx given @

(E) GIC fair  
V/S checked and recorded  
Due tet given  
Pt attended.

(A) G.C of pt is fair.  
Vital signs are checked and recorded.  
Due treatment done. Pt attended.



Info  
Ur/Co 25/1.04  
TR/OS 0.3/0.13  
D/Gr 78/68  
Noth 135/4.7

Car - S/O gash

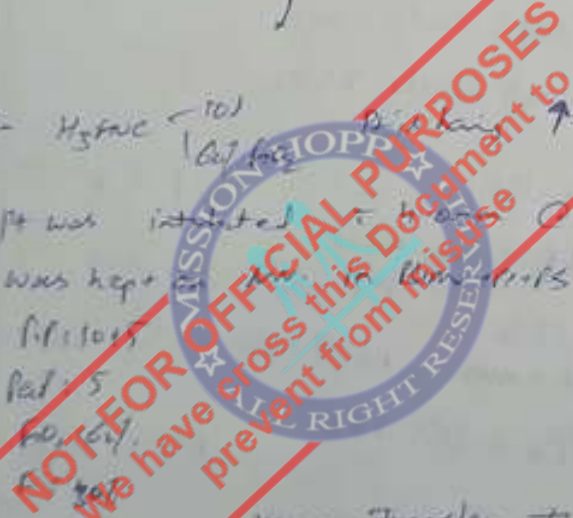
→ P/S persistent  
Part A Sec @ ICE @ WC @ Technology @  
S/I Course Crept

18/5

↓  
Apted to H<sub>3</sub>auc - 101  
V<sub>2</sub>/e H<sub>2</sub>

19/5

I H<sub>3</sub>auc - 101  
Cut face  
It was initiated to H<sub>3</sub>auc @ night 12:00am  
was kept in H<sub>3</sub>auc  
file 1015  
Pat: 5  
No. 01/  
H<sub>3</sub>auc



Hence transferring to pt 5 with  
please verify

H<sub>3</sub>auc - 120/m

PA - 6/m (F. Co)

St. - 987 ↓ MV

10/11 - @W

Car - C3K

Relo you

Dr. Wilson

लगातार चार्ट / CONTINUATION CHART

नाम/Name HB. IDYAN JHI Gm / F कमरा/क्याता नं./Room/Bed No. \_\_\_\_\_

नाम/Date \_\_\_\_\_ प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment खाहार/Diet \_\_\_\_\_

28/09/24

Severe pneumonia / hypoxemia & resp. failure  
& phosphate hypomagnesemia ? neuromuscular disorder  
? SAsA

Patient intubated with ET 3.5

inc. increasing distress

at 2am 20/12/24

SpO<sub>2</sub> 70%

transferred to

ICU made

at 9 AM

V<sub>T</sub> - 6ml/kg

from ICU  
+ES  
at  
9am

SpO<sub>2</sub>

SpO<sub>2</sub> - 88%

HR - 124/min

RA - on HR

RA - 30-35/min

SpO<sub>2</sub> - 88%

HR - 100/min

HR - 90/min

HR - 90/min

HR - 90/min

HR - 90/min

HR - 90/min

analysis of

ventilation

HR - 90/min

HR - 90/min

HR - 90/min

HR - 90/min

HR - 90/min

HR - 90/min

HR - 90/min

Plan

check

HR



18/09  
Gm - 5.7mg/kg

wt - 5.7kg

Alb:

- ① N.P.O. All finished orders /NG drain
- ② ET core / vent core / head end classin / 30" by middle

- ③ D<sub>4</sub> 30mg Monocel 300mg iv. bid (10am)
- ④ D<sub>4</sub> 30mg vancomycin 300mg iv. QID (9am)
- ⑤ D<sub>4</sub> 30mg PCM Gony iv. QID / 30mg
- ⑥ Nib T 10mg bid

20ml w/H  
9am  
kill  
finished  
advised  
patient ordered  
+ 20ml  
12-9

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① 3-0 dressing

② 25% 1/2 + 30.0% + 1.100 kcal @ 20ml/hour TFA - 100% 500ml

Alb  
Dr. Allender

Days - 50ml  
30/flat - 500ml

Alb

लगातार चार्ट / CONTINUATION CHART

नाम/Name \_\_\_\_\_ कमरा/रूम नं./Room/Bed No \_\_\_\_\_

दिनांक/Date \_\_\_\_\_ प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment \_\_\_\_\_ आहार/Diet \_\_\_\_\_

Re (1st-5-74)

1 UPO

2 Et Gro / Vent Gro / Kenda relation

M 3. Inj Kanaval 5mg in SID

M 4. Inj Kanaval 5mg in SID

Inj Kanaval 5mg in QID

Aspirin 1mg quly

27 NS 3rd 2 Guly

Budebut 5mg x 12 Guly

7 Inj Lidoc 8mg + 24ml NS @ 1ml/hr

@ 1ml/hr ~

8 10 chuly

9 Inj N/2 + 57 P + 1110 chuly @ 2ml/hr

↓

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Adv (21 - 5.21g)

(1) NPO till further order.

(2) ET care / suctioning / head end care

(3) IVF N/2 + D5 + 1:100 KCl @ 200ml/hr

(4) inj. morphine 300mg IV BD.

(5) inj. Valproic acid 300mg IV BID.

(6) inj. Paracetamol 300mg IV TDS.

(7) inj. Pantoprazole 40mg IV QID.

(8) Nsg. - as per protocol 4mg 2hrly.

̄ Adecorant 300mg 2hrly.


̄ S-I. NS 5ml 6hrly.

(9) Nil M. , 1/0 Charted.

(10) inj. midazolam infusion 3mg + 24ml NS

@ 1ml/hr.

(@ 1mc/kg)

  
SUBHALAXMI BEHERA  
PG Resident  
Department of Pediatrics  
SVMH & HLL Hospital  
New Delhi



ABVIMS & DR. RAM MANOHAR LOHIA HOSPITAL  
NEW DELHI-110001

लगातार चार्ट / CONTINUATION CHART

Name: Hridyanshi, 6mof, CR-61640 कमरा/शय्या सं/Room/Bed No.

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
<p>10/09/24 1.30 AM.</p>	<p>child not maintaining SaO<sub>2</sub> on HFNC @ flow 10L/min &amp; SpO<sub>2</sub> - 60% (SpO<sub>2</sub> - 85%)</p> <p>- <del>SpO<sub>2</sub></del> breathing pattern - See-Saw pattern</p> <p><u>VBG</u></p> <p>pH - 7.37 PCO<sub>2</sub> - 27.1 PO<sub>2</sub> - 16 HCO<sub>3</sub> - 16</p> <p>Child <del>not</del> <u>uncovered</u> ET 2 3-5 m</p> <p>antubun Vitals</p> <p>HR - 135/min RR - 31/min (SIMV mode) SpO<sub>2</sub> - 100% J.A.A. BP/PPV - +10 CRT &lt; 3Sec.</p> <p>ETT on SIMV + PS + PEEP</p> <p>ART - 100/60/40 PEEP - 5 PIP - 12 PS - 10 FiO<sub>2</sub> - 50% Wing - 1 S - 30</p>	

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SUBHAJYOTI BETHERA  
Department of Pediatrics  
ABVIMS & RML Hospital  
New Delhi

लगातार चार्ट / CONTINUATION CHART

नाम/Name: Hridayanvi 6m | F

कमरा/रोग्या सं/Room/Bed No

दिनांक/Date	प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment	आहार/Diet
23/9/24 6 pm	<u>EXTUBATION CHECKLIST</u>	
①	Surgical Procedure within Next 24 hrs.	X
②	$PaO_2 \geq 60$ mm Hg on $FiO_2 \leq 60\%$	✓
③	PEEP $\leq 5$ , RR $> 20$ /min	✓
④	Spontaneous RR acceptable to minimal settings	✓
⑤	Cough/gag reflex present	✓
⑥	RR acceptable to minimal sedation	✓
⑦	$V_t > 6$ ml/kg	✓
⑧	HR increased by $> 20-40$ bpm	✓
⑨	$SaO_2 > 92\%$	✓
⑩	SBP $> 20$ above Baseline	✓
⑪	⊘	

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लगातार चार्ट / CONTINUATION CHART

नाम/Name  
कमरा/बिस्तर नं./Room/Bed No  
दिनांक/Date  
प्रतिदिन विवरण और चिकित्सा/Daily Notes and Treatment  
आहार/Diet

23/9/21

New Reference

Handwritten  
CR No. 61640

To  
The SA/PDS  
Dept of Neurology  
Dr. Ramani.

Fmo / F  
↓ PICU  
- Bed 4.  
Dr. AMLH.

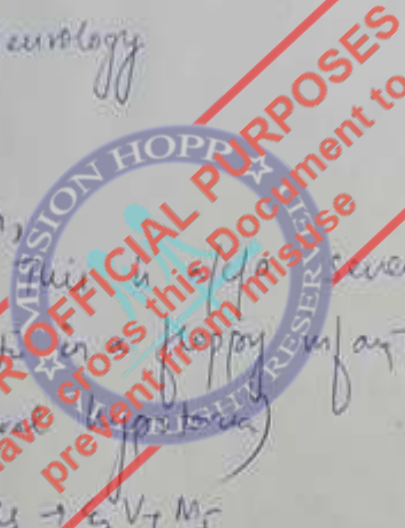
Sir/Ma'am,

This is a severe  
bronchiolitis in a floppy infant  
(1 year old)

CNS 4s → 5 V7 M5  
Pupils → B/C 3mm RTL  
Tmr →  $\begin{matrix} \downarrow & \downarrow \\ \hline & \end{matrix}$   
Power →  $\begin{matrix} 3/5 & 3/5 \\ \hline 1/4 & 1/5 \end{matrix}$   
DTR → B/C absent  
Plantar → B/C ntk.

Kindly assess & consider for  
nerve conduction studies  
Thank you,

Dr. Ramani, Pg-1



CLSB Neurology SR

23/9/24  
6:00pm

6m, Female

ClO Cold, cough, fever

→ DIF:-

GLS →

E3VEM5

Pupils B/L Symmetrical

Tone ↓

Power 2/5 to 3/5

DTR → Absent

12/ → Noted

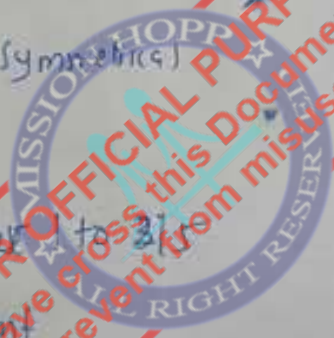
To R/O

- Inborn errors

- SMA

→ Adv:- 1) NCS of all 4 limbs

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We have cross this document to prevent from misuse



DR. IFTIKAR KHADAS  
Senior Resident  
Department of Neurology  
ABVIM Hospital  
New Delhi - 110001



प्रपत्र-5  
FORM-5



राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार, भारत  
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI, INDIA  
स्वास्थ्य विभाग, नई दिल्ली नगरपालिका परिषद  
HEALTH DEPARTMENT, NEW DELHI MUNICIPAL COUNCIL



जन्म प्रमाण पत्र / BIRTH CERTIFICATE

जन्म एवं मृत्यु रजिस्ट्रेशन अधिनियम, 1969 की धारा 12(1) के अन्तर्गत जारी किया गया है।  
Issued under Section 12(1) of the Registration of Births and Deaths Act, 1969 and Rule 12(1) of the rules regulations of Birth and Death Act, 1969.

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेखा से ली गई है जो कि (स्थायी क्षेत्र)  
This is to certify that the following information has been taken from the original records of birth which is the  
के अधिनियम से प्रमाणित है।  
registered in (Classified Area)

MANDIR MARG, NEW DELHI

नई दिल्ली नगरपालिका परिषद के जिला- नई दिल्ली के.रा.क्षेत्र दिल्ली  
New Delhi Municipal Council Of District- NEW DELHI Govt. of NCT of Delhi

नाम Name: HRIDYANSHI  
लिंग Gender: FEMALE  
जन्म तिथि Date Of Birth: 21-Feb-2024  
जन्म स्थान Place Of Birth: DR RAM MANOHAR LOJIA HOSPITAL NEW DELHI  
माता का नाम Name Of Mother: NEHA  
माता का पंजीकी नम्बर UID No. Of Mother: 9  
पिता का नाम Name Of Father: RANVIJAY  
पिता का पंजीकी नम्बर UID No. Of Father: 9  
बच्चे के जन्म के समय माता-पिता के पते Address of parents at the time of Birth of the Child:  
6/121, JHARERA VILLAGE, DELHI CANTL, NEAR SUPER MKT, DELHI, PIN: 110010, INDIA  
जन्म स्थान का पता Address of Birth Place:  
6/121, JHARERA VILLAGE, DELHI CANTL, NEAR SUPER MKT, DELHI, PIN: 110010, INDIA  
पंजीकरण संख्या Registration No: 514  
आवेदन संख्या Application No: BMLB0000535/2024  
प्रमाणित तिथि Date Of Declaration: 08-Mar-2024  
जारी करने की तिथि Date Of Issue: 01-Jun-2024 11:35 AM

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Dr. Anand CT