
Child life care foundation


Child life care foundation

हृदय वक्ष एवं तंत्रिका विज्ञान के
ह० रो० वि०
अ० भा० आ० सं०, नई दिल्ली-1

Cardiothoracic & Neurosciences Ce
A.I.I.M.S., New Delhi-11002

LH30082500337
Mr.ANKITKU

दिनांक/Date

विभाग
Deptt.

यू०एच०आई०डी०सं०
UHID No.

CV 2025/014/0026097 ₹0 Cardiology
Paed.Cardiology
UHID: 108571404 1Y 3M /M
Date 29/08/2025
Name ANKIT KUMAR General
S/O NIRANJAN PASSWAN
[redacted]
Dr. S RAMAKRISHNAN
Consultant Room 21 DR VEENA Prv. Reg. No.
SR Room 14

Diagnosis

CCHD c̄ ↓Qp.

Adv

· ~~Syp. Furoped (1ml/10mg) ... BD~~
· Syp. Vit. D_3 (1ml/400IU) 1ml OD
· Syp. Tonoferon (1ml/25mg) 0.3ml OD
· F/U c̄ report on mon/wed/fri @ 2PM

(21)

· Tab CIPLAR 10mg 3/4 tab TDS.

(18)

SpO2 - 65%
H.R. - 146

ECG: LAD
HIL

Measurements	Normal Values		Normal Values
Aorta	(21-22 mm/m²)	LA es	(21-22 mm/m²)
LV es	(16-19 mm/m²)	LV ed	(19-32 mm/m²)
IVS ed	(06-10 mm)	PW(LV)ed	(07-11mm)
RV ed	(4-14mm/m²)	RV Anterior Wall	(Upto 5mm)
EF	(62-80%)		
IVS Motion	Normal/Plat/Paradoxical		
IAS			

CHAMBERS

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy Contraction Normal/Reduced
LA	Normal/Enlarged/Clear/Thrombus
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus

PERICARDIUM Nromal/Thickened/Calcification/Effussion.

REMARKS

TEE

DIAGNOSIS

Final impression

Resident Consultant

TAX INVOICE

AMRIT PHARMACY- AIIMS, NEW DELHI
(A DIVISION OF HLL LIFECARE LTD)
INSIDE AIIMS HOSPITAL, NEAR OPD CANTEEN,
ANSARI NAGAR,
NEW DELHI-110029
Ph : 8743036054 ,E-mail : amritpharmacy@lifecarehll.com

DL No.: : S(2311)15R ,DL-MLN-156165 & 66
GSTIN : 07AAACH5598K1Z3

STATE : DELHI(07)

Inv No : 25003830083821
Dated : 29-08-2025 (04:55 PM)
Pay Type : CASH Invoice
S.Man : THLL2811
User : THLL2811

Patient Name : ANKIT
Mobile
Doctor Name: DOCTOR
GSTIN :
UIN No. :
DL No.:
State : DELHI(07)
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 % / Amt	UTGST % / Amt	Amount
MANKI	D3 MUST DROPS 15ML 3004	1X1	1		E5BEY020 02-27	33.252	43.84	15.08	6.61	33.25	6.00 1.99	6.00 1.99	37.23
EAST I	TONOFERON DROPS 15ML 30042019	1X1	1		TD5018 04-26	82.080	105.00	12.46	13.08	82.08	6.00 4.92	6.00 4.92	91.92
									19.69	115.33	6.91	6.91	129.15

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Remark :
Amt In Words : One Hundred Twenty Nine 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%	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00
12.0%	115.33	0.00	0.00	115.33	6.0%	6.91	6.0%	6.91
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	:
DISCOUNT RS.	:
TOTAL TAX AMT	:
PC/BC CHARGE	:
ROUND OFF	:
TCS AMT.	:
INV TOTAL	:

MULTI PAY:

Terms & Conditions:
1. Subject to Delhi 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.

Receiver's Signature :

For AMRIT PHARMACY- AIIMS, NEW

(Common Seal)

Signature of Qualified Person

Sri Sathya Sai Sanjeevani Hospital
Sector 2, Naya Raipur Chhattisgarh – 492101
CONTACT :+918010119000

SRI SATHYA SAI SANJEEVANI HOSPITAL

Consultation Summary

Name:	Baby ANKIT KUMAR	MR No:	0125004242
Age:	14 Months DOB: 23-05-2024	Visit ID:	OP0125015734
Gender:	Male	Visit Date:	20-08-2025 10:20
Address:	VILL LALGADA POST PATHAK PAGAR PS TARSAHI	Doctor:	DR PRASHANT THAKUR
		Department:	Pediatrics Cardiology
Location:	PALAMU, JHARKHAND	Referred By:	Pvt Doctor
Mob No:	+919296306417	Reference No:	70522

Vitals

Date	Pulse (bpm)	B.P (mmHg)	Resp(per Minute)	Temp(° F)	Height (cm)	Weight (Kg)	SPO2 (%)	User
20-08-2025 11:14	133		24	98	75	7.4	70	dranoop.s

Clinical Assessment Summary

Chief Complaints:
Repeated LRTI with Fever
Breathing Difficulty
Poor weight gain
Hospitalization for LRTI for 1 day

No H/O:
Repeated LRTI with Fever
Breathing Fast
Poor weight gain
Hospitalization for LRTI for 3 days

Family History Details:
2nd Child of total 2 to FTN delivery at hospital(Uneventful Pregnancy), birth wt. - 2.2kg.

Cyanosis:
Yes

Systemic Examination:
Apex beat in Lt 5th ICS at MCL, S1, S2

Cardiac Consultation Summary

Conducting Doctor:
Dr. Sudipta Bandyopadhyay

Echo Details:
Situs Solitus, Mesocardia, AV-VA discordance
Intact IAS
Large Sub Ao VSD with PM extension with Bidirectional shunt
Severe PS with peak gdt of 50mmHg,
Lt. & Anterior Aorta

CASH RECEIPT

Phones :2658850
2658870

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi 110029

Settlement Id :**938957**

Last Ward Name CT-6 and Bed No. :23 Carc

ANKIT KUMAR 1 year 3 mons 8 days Male UHID :1085714

Admission date: 05/09/2025	**Advance Paid:**	**Rs.350.00**
Settelement date:06/09/2025		LONG ADMISSION For General **Rs :*350*** of Receipt No :ACCOUNTS-18-107731/202526

Sl.No	Service Name	Quantity	Rate	GST	Amount
Admission Charge					
1	BED CHARGE (GEN)	2	35.00	0.00	₹ 70
			Total Amount :	0.00	70

Sl.No	Service Name	GST	Amount

Total(Including GST as applicable above) Rs : Rs. 70.0

(-) Donation Amount : Rs. 0.0

(-) Advance : Rs. 350.00

(-) Grant Amount : Rs. 0.0

Exempted Amount : Rs. 0.0

Amount to be Refund : Rs.280.0

Amount in Words

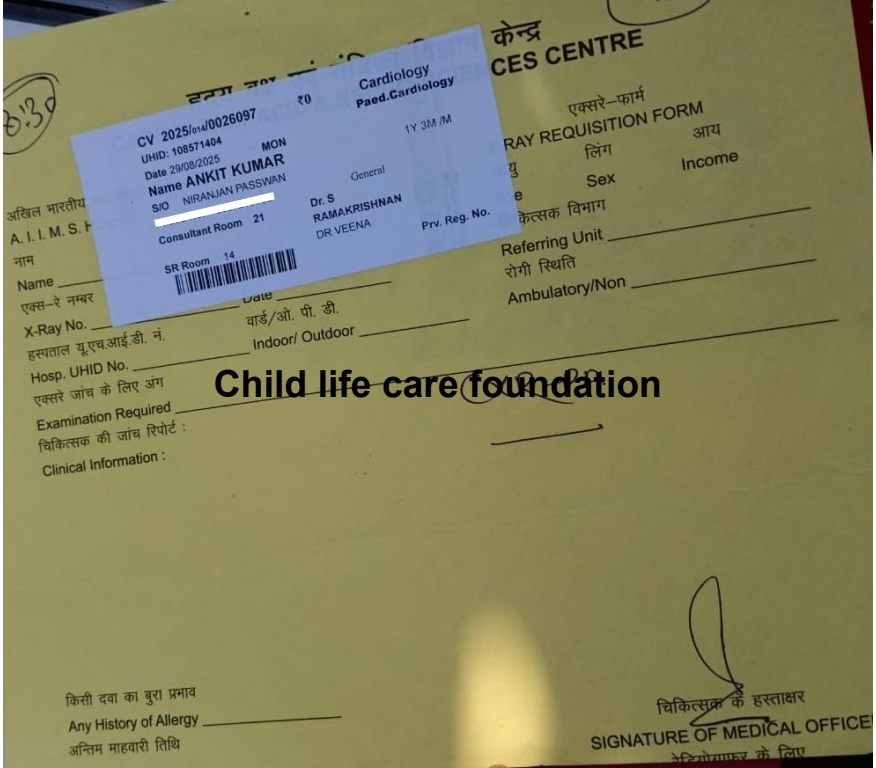
Rupees Two Hundred Eighty Only

Remarks :

Note: Rs.25/- is paid against Admission charges which is non-refundable

Prepared ByMr.DIPU DASS

Verified By AO/AAO/Cashi


केन्द्र
CES CENTRE
CV 2025/or4/0026097
₹0
Cardiology
Paed.Cardiology
UHID: 108571404
MON
1Y 3M /M
Date 29/08/2025
Name ANKIT KUMAR
S/O NIRANJAN PASSWAN
General
Consultant Room 21
Dr. S RAMAKRISHNAN
DR VEENA
Prv. Reg. No.
SR Room 14
एक्सरे–फार्म
RAY REQUISITION FORM
लिंग
Sex
आय
Income
केत्सक विभाग
Referring Unit
रोगी स्थिति
Ambulatory/Non
अखिल भारतीय
A. I. I. M. S. H
नाम
Name
एक्स–रे नम्बर
X-Ray No.
Date
हस्पताल यू.एच.आई.डी. नं.
वार्ड/ओ. पी. डी.
Indoor/ Outdoor
Hosp. UHID No.
एक्सरे जांच के लिए अंग
Examination Required
चिकित्सक की जांच रिपोर्ट :
Clinical Information :
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किसी दवा का बुरा प्रभाव
Any History of Allergy
अन्तिम माहवारी तिथि
चिकित्सक के हस्ताक्षर
SIGNATURE OF MEDICAL OFFICE

https://ehospital.aiims.edu/ehospital/billing/moneyreceipts/settled

CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

C.N. Centre, Ansari Nagar, New Delhi-110029

Phones 26546617, 26593824, 26588700

CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi 110029

Receipt No.
Received From :
OPD / MRD No. :
ON ACCOUNT OF

Dated:
Patient Type :
Room No. :

Printed on 06 Sep 2025 13:01:46 PM

Refund Receipt After Bill Settlement of Settlement Id: 938957

Receipt No: REFUND-18/12612/202526 [Original]CNC Receipts
Received From: MR. ANKIT KUMAR ,Age : 1 Yrs 3 Mons 8 Days
Billing Type :

Dept No: 0
UHID :108571404
DATED: 06/09/2025

Sl No.	Service Name	Quantity	Rate	GST	Net Amount
2	ADMISSION CHARGE - BED CHARGE PER DAY	2	35	0.00	70.00

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Payment Mode : Cash

Total Service Amount(Including GST as applicable above) Rs.: 70.0

Donation Adjusted Rs.: 0.0
Advance Adjusted Rs.: 350.0
Grant Adjusted Rs.: 0.0
Exempted Amount Rs.: 0
Refund Amount Rs.: 280.0
Refunded Successfully

Rupees Two Hundred Eighty Only

शरीरमाद्यं खलु धर्मसाधनम्

Note: Excess Deposit^NA 280

Payment Mode :
INR (Rs.) :
Rs. In Words

MR.VISHU

Please share your feedback to improve our hospital on the Website link : meraaspataal.nhp.gov.in