

संस्था को चिकित्सक सहायता हेतु आवेदन पत्र

सेवा में,

संस्थापक

चाइल्ड सेवा ट्रस्ट

टी-53/4, सब्जी मंडी,

रेलवे कॉलोनी

नई दिल्ली 110007



विषय : संगठन के संस्थापक को चिकित्सक सहायता संबंधित अनुरोध पत्र।

महोदय जी,

“सविनय निवेदन यह है कि प्रार्थी मधु रानी जम्मू रड कश्मीर (उधमपुर)
का निवासी हूँ। मेरे बच्चे का नाम समकक्षी राजपूत जिसका आयु 14 माह है।
जिसका इलाज सर गंगा राम हस्पिटल में चल रहा है, मेरा
बच्चा न्यूरोब्लास्टोमा कैंसर से पीड़ित है, बच्चे की चिकित्सक स्थिति संबंधित विवरण”
मेरा बच्चा हाई रिस्क न्यूरोब्लास्टोमा कैंसर से पीड़ित है। बच्चे के तत्काल रजिना वामरस
से उपचारित है। बच्चे को किमोथेरेपी, बाइओप्सी टेस्ट, बोनमैरो ट्रांसप्लांट और सीडी १९
की जर्मा रिफ्रैक्शन परिवार बच्चे का इलाज करवाने हेतु आर्थिक रूप से सक्षम नहीं है एवं बच्चे की
वर्तमान स्थिति के अनुसार बच्चे को सुचारु इलाज की शीघ्र आवश्यकता है।

प्रार्थी चाइल्ड सेवा ट्रस्ट से अनुरोध करता/ करती हूँ कि आप मेरे बच्चे के इलाज में
हमें आर्थिक सहायता प्रदान करें।

मैं अपनी सहमति से बच्चे के इलाज से संबंधित सभी चिकित्सक आलेख आपसे साझा
कर रहा/रही हूँ जिससे आपको मेरे बच्चे की वर्तमान चिकित्सक स्थिति से अवगत करवाया
जा सके।

मैं और मेरा परिवार चाइल्ड सेवा ट्रस्ट एवं आप से जुड़े सभी दाताओं का दिल से
आभारी रहेगा /रहूंगी।

धन्यवाद!

अभिभावक

Madhu Rani
हस्ताक्षर

अंगूठे का निशान



आपका अनुरोध चाइल्ड सेवा
ट्रस्ट द्वारा स्वीकार्य है

यह प्रारूप परिवार की से शैक्षिक स्थिति एवं कोविड-19 को ध्यान में रखते हुए तैयार
किया गया है, किसी प्रकार की त्रुटि के लिए संस्था क्षमा व्यापक है।



Exam report

Patient: **SAMAKSHI RAJPUT, -**
 ID: **3317453** Exam date: **03 April 2024**

Summary EMG data

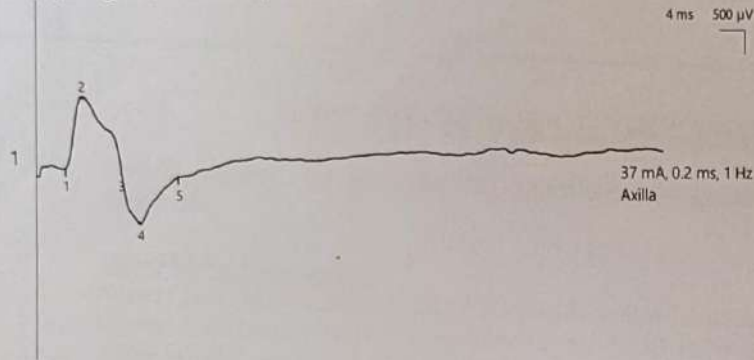
Motor CV

Test	Stimulation site	Lat., ms	Ampl., mV	Dur., ms	Area, mV×ms	Stim., mA	Stim., ms	Dist., mm	Time, ms	Vel., m/s
R, Diaphragma, Phrenicus, c3 C4 C5										
2	Axilla	4.7	1.5	8.92	7.8	37	0.2			
L, Diaphragma, Phrenicus, c3 C4 C5										
1	Axilla	5.1	1.9	12.7	17.4	66	0.2			

Nerve conduction study

Motor CV

R, Diaphragma, Phrenicus, c3 C4 C5

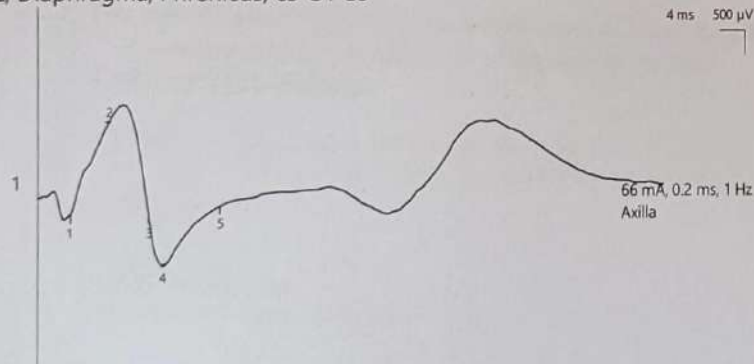


M-wave parameters (amplitude: baseline-to-peak)

N	Stimulation site	Dist., mm	Lat., ms	Ampl., mV	Dur., ms
R, Diaphragma, Phrenicus, c3 C4 C5					
1	Axilla	0	4.7	1.5	8.9

Motor CV

L, Diaphragma, Phrenicus, c3 C4 C5



M-wave parameters (amplitude: baseline-to-peak)

N	Stimulation site	Dist., mm	Lat., ms	Ampl., mV	Dur., ms
L, Diaphragma, Phrenicus, c3 C4 C5					
1	Axilla	0	5.1	1.9	12.7

03-04-2024



H-2008-0017
Since June 16, 2008



Sir Ganga Ram Hospital

DEPARTMENT OF PAEDIATRIC EMERGENCY & CRITICAL CARE
ADMITTED CASE SUMMARY

Dr. Anil Sachdev
Dr. Suresh Gupta
Dr. Dhiren Gupta
Dr. Neeraj Gupta

Patient Name	Ms SAMAKSHI RAJPUT	Registration No.	3317453
Age	15 Mnths	Episode No.	IP01370882
Sex	Female	Date of Admission	21-Mar-24
Discharge Type	ADMITTED CASE	Date of Summary	27-Mar-24
Ward	PICU	Bed	1180-K
Admitting Consultant	Dr. Anil Sachdev	Room Vacated on	Date Time

DIAGNOSIS

HIGH RISK NEUROBLASTOMA (ON COJEC REGIME CYCLE 4)
now with
SEPTIC SHOCK
ADENOVIRUS PNEUMONIA

CLINICAL HISTORY

Chief Complaints: FEVER ,COUGH,FAST BREATHING - 2 day(s) **History:** Child is a k/c/o High Risk Neuroblastoma , and Is on COJEC regime (Cycle 4),Last recived In Vincristine and Cisplatin 10 days prior to this admission. Child was admitted with complaints of Fever ,Loos motion and Decreased Oral intake 3-4 days .

PHYSICAL EXAMINATION

General Examination:

Child was lethargic , peripheries cold , pallor+,
No icterus, clubbing, cyanosis, lymphadenopathy or oedema.

Systemic examination:

RS - Crepts + left >right .Wheeze + B/L

CVS - Heart sounds normal. No murmur heard.

P/A -Abdomen is soft, not tender and not distended. No hepatosplenomegaly. Bowel sounds are normal.

CNS . Muscle tone increased in lower limbs .Plantars are down-going. No signs of meningeal irritation. Pupils are normal sized and normally reactive to light bilaterally

CLINICAL SUMMARY

With the above complaints child was admitted in PICU.

On admsission child was dehydration and in shock with need for fluid bolus and Inj Norepinephrine started in ER.Child was shifted to ICU after initial stablization .

Hemodynamics - Child had been hemodynamically stable throughout the hospital stay. Inj Norepinephrine tapered and stopped over 24 hrs .

Perfusion : Child had been passing adequate urine throughout the hospital stay.Post resuscitation child has been passing adequate urine . perfusion marker normalised over 24 hrs.

Ventilation ::Child was continued on HFNC support . which was tapered and stopped 48hrs .After stablization . Child was

Page 1 of 2

CASE SUMMARY

Samakshi, 15 months female , case of high risk neuroblastoma was admitted RAPID COJEC cycle 4, Course B chemotherapy. She had complaints of mild cough and coryza. she had no complaints of fever , loose stools , pain abdomen

EXAMINATION:

On admission, afebrile, temp-afebrile, HR-100/min, BP – 90/60 mm Hg, RR-24/min, pallor absent, no lymphadenopathy. P/A: soft non tender, no mass palpable in the periumbilical area reduced in size from earlier. 2 x 2 cm firm mass in the inguinal area on the left side RS- b/l equal air entry, clear; CVS-S1 S2+, CNS – conscious, no genitourinary anomaly, no aniridia,. No Dysmorphism, no signs of precocious puberty

HOSPITAL COURSE

Samakshi was admitted. CBC/DLC revealed Hb- 6.3 gms/dl, TLC- 17130/cumm, Platelets- 21000/cumm, ANC- 8051/cumm. PRBC transfusion was given as per requirement . repeat CBC/DLC revealed Hb- 11 gms/dl, TLC- 11700/cumm, Platelets- 25000/cumm, ANC- 6131/cumm SGPT was 15 IU/L , Creatinine was 0.34 mg/dl . She was started on RAPID COJEC Course B from 13/03/24 with Inj Vincristine and Inj Cisplatin. She tolerated the chemotherapy well. She was given symptomatic medications and continued on 3%NS nebulisations for the cold. Chest Xray was done which was suggestive of infiltrates. Platelet count prior to discharge was 34000/cumm. She was started on oral antibiotics on discharge and continued on nebulisations

At present she is afebrile, with good oral intake, hemodynamically stable and is being discharged with advice to follow up on 22/03/24 at 11 am in F-55 OPD with CBC/DLC , or SOS if fever in ward 9

PROCEDURES: none

REPORTS AWAITED: none

INVESTIGATIONS: Attached

Dr Ayush/Dr Srijib
Dr. Ankita/ Dr. Shivani
PHO fellows

Dr. Swati Bhayana
Clinical Assitant

Dr. Anupam Sachdeva
Dr. Manas Kalra
Dr. Divij Sachdeva
Consultants



Sir Ganga Ram Hospital



H-2008-0017
Since June 16, 2008



MC - 2194

Department of Pathology (Histopathology Division)

Name	: SAMAKSHI RAJPUT	Age/Sex	: 13 Mths/Female
Registration No.	: 3317453	Ward No.	: WARD 9
Lab Request No.	: 4424002312	Room No.	: 1277 /1277-F CAT3
Episode No.	: IP01359212	Location Type	: In Patient
Specimen	: Tissue	Collected On	: 08/02/2024 05:03PM
Referred By	: Consultant Paediatric Hemato-Oncology	Received On	: 09/02/2024 09:42AM
External Doctor	:	Reported On	: 12/02/2024 04:58PM
Location	: PAEDIATRIC HEMATO-ONCOLOGY-Dr. Anupam Sachdeva		

Lab No. S-2115/24

Gross description

Sp-I. Tissue biopsy from suprarenal SOL (Left): Multiple linear cores ranging from 0.2-0.4 cm. A

SP-II. Tissue biopsy from abdominal (ovarian) SOL (Right): Multiple linear cores ranging from 0.3-1.1 cm. B

Microscopic examination

I. Biopsy from left suprarenal SOL shows few fragments of viable tumor cells arranged in solid sheets with intervening variable fibro-vascular septae. May of the fragments are necrotic. Tumor cells are relatively monomorphic with rounded to ovoid nuclei, hyperchromatic nuclei, condensed chromatin and ill defined pale-clear cytoplasm. Significant mitotic activity is seen. Focal areas show vague rosette formation with central pale eosinophilic material. Many fragments show large areas of necrosis. No neuropil seen. No nodules/ schwannian stroma seen.

II. Section from right ovarian mass shows fibroconnective tissue cores infiltrated by a tumor having similar morphology as described above.

Diagnosis

CAP PROTOCOL

Clinical - Patient age - 13 months (Less than 18 months).

Procedure: Needle core biopsy

Tissue Allocation: Formalin fixed paraffin embedded (FFPE)

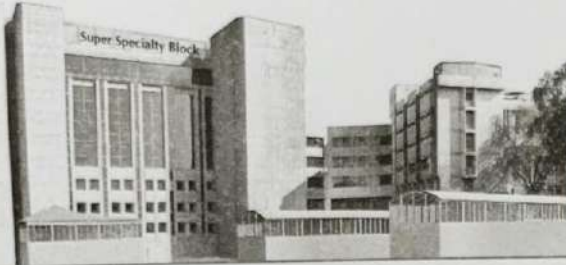
Tumor site: Left suprarenal mass and right ovarian mass

Histologic type: Neuroblastoma

- 1) Duplicate tissue sections will be given on payment after a minimum of 48 hours of request.
- 2) Extra charges will be levied, if special tests are required.



Ganga Ram Hospital



H-2008-0017
Since June 16, 2008



MC - 2194

Department of Pathology (Histopathology Division)

Name	: SAMAKSHI RAJPUT	Age/Sex	: 13 Mnths/Female
Registration No.	: 3317453	Ward No.	: WARD 9
Lab Request No.	: 4424002312	Room No.	: 1277 /1277-F CAT3
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External Doctor	:	Reported On	: 12/02/2024 04:58PM
Location	: PAEDIATRIC HEMATO-ONCOLOGY-Dr. Anupam Sachdeva		

Treatment history: No known pre-biopsy therapy

Degree of differentiation: Undifferentiated subtype

Mitotic - karyorrhectic index: Intermediate (100-200/5000 cells).

International neuroblastoma pathology classification (INPC): Unfavorable histology
Neuroblastoma, undifferentiated subtype, any MKI, any age

Ancillary studies:

On Immunohistochemistry:

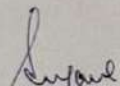
Tumor cells are positive for Synaptophysin and CD56

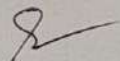
Tumor cells are positive for SALL4.

Tumor cells are negative for CK, EMA, Chromogranin, NSE, Desmin, myogenin, CD117, CD99, NKX2.2, WT1, LCA, CD117, D240, OCT3/4 and CD30.

INI-1: retained in tumor cells.

Ki67 index is 25-30%

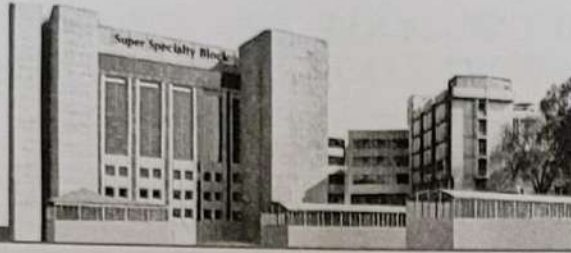

Dr. Sunayana Misra
Consultant Pathology


Dr Seema Rao
Sr Consultant Pathology

- 1) Duplicate tissue sections will be given on payment after a minimum of 48 hours of request.
- 2) Extra charges will be levied, if special tests are required.



H-2008-0017
Since June 16, 2008



Sir Ganga Ram Hospital

DISCHARGE SUMMARY
INSTITUTE OF CHILD HEALTH
DEPARTMENT OF PAEDIATRICS
SIR GANGA RAM HOSPITAL

PAEDIATRIC HEMATO-ONCOLOGY AND BMT UNIT (PHO)

Photocopy

FINAL

NAME: Samakshi	AGE: 13months	SEX: FEMALE
DOA: 20/02/24	DOD: 22/02/24	MRD NO: 331453
Wt: 8.8 kg	Length: 76 cm	BSA: 0.46 m ²

DIAGNOSIS:

High Risk Neuroblastoma (INRG staging –stage M)

NMYC- awaited, Bone marrow- negative

RAPID COJEC Cycle 1 Course A (10/02/24)

Admitted for Rapid COJEC Cycle B- Cumulative cycle 2

Discharged on Day +3

DISCHARGE ADVICE:

- Inj Neukine (300ug/1ml) 50ug (6 units on insulin syringe or 0.15ml via 1 ml syringe) s/c once daily for 5 days from from 23/02/24- 27/02/24
- Tab Septran DS (240mg/5ml) 2.5ml-0- 2.5ml (Mon/Wed/Fri)
- Candid 4 drops thrice daily to continue
- Sachet Laxopeg ½ sachet twice daily for constipation
- Siloderm cream local application.
- Sitz bath thrice daily.
- Avoid raw fruits, salads
- Plenty of oral fluids, No visitors, Strict hygiene
- Follow up on 29/02/24 in F55 OPD with CBC/DLC , or sos in ward 9 if fever>100 degree F.
- To follow with prior appointment with Dr. Anupam Sachdeva/ Dr. Manas Kalra

Ankita

Dr Ayush/Dr Srijib
Dr. Ankita/ Dr. Shivani
PHO fellows

Dr. Swati Bhayana
Clinical Assitant

Dr. Anupam Sachdeva
Dr. Manas Kalra
Dr. Divij Sachdeva
Consultants



**SIR GANGA RAM HOSPITAL
DEPARTMENT OF PAEDIATRIC HEMATO-ONCOLOGY-DR.ANUPAM SACHDEVA
INVESTIGATION SUMMARY**

Patient Name	Ms SAMAKSHI RAJPUT	Registration No.	3317453
Age	1 yrs	Episode No.	IP01362498
Gender	Female	Date of Admission	20 Feb 2024 13:35
Episode Status	CURRENT	Date of Discharge	
Ward	WARD 9	Bed	

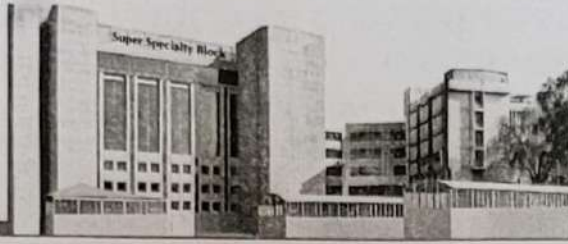
Department of Biochemistry

TestSetName	TestItems	Range	Unit	20 Feb 24	
				Time	Result
ALT / SGPT	SGPT / ALT	0-55	IU/L	14:26	25 Normal
Serum Creatinine	CREATININE	.57-1.11	mg/dL	14:26	0.29 Low

22/02/2024



H-2008-0017
Since June 16, 2008



Sir Ganga Ram Hospital

DISCHARGE SUMMARY
INSTITUTE OF CHILD HEALTH
DEPARTMENT OF PAEDIATRICS
SIR GANGA RAM HOSPITAL

FINAL

PAEDIATRIC HEMATO-ONCOLOGY AND BMT UNIT (PHO)

NAME: Samakshi	AGE: 15 months	SEX: FEMALE
DOA: 12/03/24	DOD: 15/03/24	MRD NO: 331453
Wt: 7.5 kg	Length: 76 cm	BSA: 0.39 m ²

DIAGNOSIS:

High Risk Neuroblastoma (INRG staging –stage M)

NMYC-negative, Bone marrow- negative

RAPID COJEC Cycle 1 Course A (10/02/24)

Admitted for Rapid COJEC Cycle B- Cumulative cycle 4

Discharged on Day +3

DISCHARGE ADVICE:

- Syp Cefpodoxime Proxetil (100mg/5ml) 2ml-0-2ml for 7 days
- Syp Ondem (5ml/4mg) 3ml thrice daily for 1 day then SOS if vomiting
- Tab Septran DS (240mg/5ml) 2.5ml-0- 2.5ml (Mon/Wed/Fri)
- Syp Alerid 3ml BD for 3 days
- Nebulisation with Levolin (0.63mg) twice daily for 3 days
- Candid 4 drops thrice daily to continue
- Sachet Laxopeg ½ sachet twice daily for constipation
- Siloderm cream local application.
- Sitz bath thrice daily.
- Avoid raw fruits, salads
- Plenty of oral fluids, No visitors, Strict hygiene
- Follow up on 22/03/24 in F55 OPD with CBC/DLC , or SOS in ward 9 if fever>100 degree F.
- To follow with prior appointment with Dr. Anupam Sachdeva/ Dr. Manas Kalra

Dr Ayush/Dr Srijob

Dr. Ankita/ Dr. Shivani

PHO fellows

Dr. Swati Bhayana

Clinical Assitant

Dr. Anupam Sachdeva

Dr. Manas Kalra

Dr. Divij Sachdeva

Consultants

11 Chemotherapy Regimen Details

Any organ dysfunction which could lead to an important alteration of drug elimination should be discussed with the national trial co-ordinator.

The administration regimens that appear below are guidelines only. In cases where national and/or local institutional guidelines differ to these, the local/national guidelines may be used and this is at the discretion of the local/national investigators.

11.1 Rapid COJEC Induction

All drugs given in COJEC induction are non-IMPs (NIMP).

This induction treatment will be administered over ten weeks and proceeds regardless of neutrophil or platelet counts and controlled infection. Three different cycles are given every 10 days. Consult the study co-ordinators if glomerular filtration rate <80 ml/min/1.73m².

COURSE A starts on Days 0 and 40; **COURSE B** on Days 10, 30, 50 and 70 and **COURSE C** on Days 20 and 60.

COURSE A: Vincristine 1.5mg/m² (Max. dose: 2mg), carboplatin 750mg/m² and etoposide 175mg/m² x 2.

COURSE B: Vincristine 1.5mg/m² (Max. dose: 2mg) and cisplatin 80 mg/m².

COURSE C: Vincristine 1.5mg/m² (Max. dose: 2mg), etoposide 175mg/m² x 2 and cyclophosphamide 1,050mg/m² x 2.

IF THE PATIENT'S BODY WEIGHT IS LESS THAN 12KG IT IS RECOMMENDED THAT THE DOSES ARE CALCULATED PER KG. OF BODY WEIGHT USING THE FORMULA THAT 1M² IS EQUIVALENT TO 30 KG. FOR INFANTS WITH A BODY WEIGHT ≤ 5 KG, A FURTHER 1/3 REDUCTION IS ADVISED.

Table 17: Rapid COJEC schedule

DAY	Dose/day	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days
DAY		0	10	20	30	40	50	60	70	80	90	100	110
COURSE		A	B	C	B	A	B	C	B				
CYCLE		1	2	3	4	5	6	7	8				
Carboplatin	750 mg/m ²	↓				↓							
Etoposide	175 mg/m ²	↓↓		↓↓		↓↓		↓↓					
Vincristine	1.5 mg/m ²	∇	∇	∇	∇	∇	∇	∇	∇				
Cisplatin	80 mg/m ²		Over 24 hrs		Over 24 hrs		Over 24 hrs		Over 24 hrs				
Cyclophos.	1,050 mg/m ²			↓↓				↓↓					
G-CSF	5 µg/kg	3-8	12-18	23-28	32-38	43-48	52-58	63-68	72 until harvest				
HARVEST										H⇄	H⇄	H⇄	
SURGERY										Sx⇄	⇄		
													MAT
STAGING	◆				•					◆		•	

- ◆ Primary site MRI or CT, ultrasound, mIBG, Bone Marrow: 2 aspirates/ 2 biopsies
- Bone Marrow: 2 aspirates, primary site ultrasound
- Primary site: control of surgical success (method MRI, CT: 2 weeks after surgery; and postoperative mIBG scan prior to MAT)

DEPARTMENT OF CLINICAL NEUROPHYSIOLOGY
SIR GANGA RAM HOSPITAL, NEW DELHI
PH.NO. 011-42251714 / 42251718

PATIENT NAME : SAMAKSHI RAJPUT	REG. NO. :
AGE :	WARD NO./BED NO. : /
SEX : Female	REFERRED BY :

NCV/EMG SUMMARY REPORT

Motor CV

Test	Stimulation site	Lat., ms	Ampl., mV	Dur., ms	Area, mV×ms	Stim., mA	Stim., ms	Dist., mm	Time, ms	Vel., m/s
L, Median										
1	Wrist	2.0	1.7	8.4	6.7	29	0.2			
	Elbow	4.7	0.8	4.68	2.3	90	0.2	120	2.68	44.8
L, Ulnar										
3	Wrist	2.0	4.9	6.48	15.6	41	0.2			
	Elbow	4.6	2.2	4.92	5.8	60	0.2	130	2.52	51.6
R, Peronial										
7	Sole of the foot	3.8	2.1	8.36	24.4	100	0.2			
	Head of fibula	6.4	1.1	7.28	5.5	46	0.2	140	2.6	53.9
	Popliteal fossa	6.9	1.3	8.08	6.9	46	0.2	20	0.481	41.6
R, Tibial										
9	Medial malleolus	3.4	4.0	6.8	13.0	31	0.2			
	Popliteal fossa	6.8	4.1	7.0	12.6	45	0.2	160	3.36	47.6

Sensory CV

Test	Site	Lat., ms	Ampl., μ V	Dur., ms	Area, nV×s	Stim., mA	Stim., ms	Dist., mm	Time, ms	Vel., m/s
L, Median										
5	Digit	1.4	11.3	1.5	7.6	6	0.1	70	1.36	51.5
L, Ulnar										
6	Digit	0.9	24.1	1.1	12.1	21	0.1	60	0.88	68.2
R, Sural										
11	1	1.2	8.6	1.2	5.5	37	0.1	60	1.24	48.4

F-Wave Findings

Test	Fmin lat., ms	M lat., ms	Fmin-M lat., ms	Max Vprox, m/s
L, Median				
2	20.5	2.04	18.4	
L, Ulnar				
4	17.5	2.04	15.5	
R, Peronial				
8		5.32		
R, Tibial				
10	25.1	3.32	21.8	



2008-0017
June 16, 2008



Sir Ganga Ram Hospital

Spot Urine HVA –Awaited

Spot Urine VMA was 29.7 mg/g of creatinine (<25)

Nmyc amplification status of the tissue was sent and it is awaited.

In view of Stage 4 Tumor, she was started on High Risk Neuroblastoma Protocol on 10/02/24- Rapid COJEC Cycle1 Course A

After informed consent, chemotherapy course A was given with Inj Vincristine, Inj Carboplatin and Inj Etoposide. She tolerated the chemotherapy well.

They were told that treatment comprises of chemotherapy (RAPID COJEC) , followed by surgery, radiation therapy , hiugh dose chemotherapy with autologus stem cell transplant followed by targeted therapy . They were told even in the best circumstances the cure of high risk neuroblastoma is in the tune of 50-60%. Adverse effects during therapy were duly explained .They were informed that the child would require regular follow up and admissions and the probability of developing febrile neutropenia ,sepsis and the need for regular blood product support .

Hb on discharge was 12.6 gms/dl.

At present she is afebrile, with good oral intake, hemodynamically stable and is being discharged with advice to follow up on 19/02/24 at 11 am in F-55 OPD with CBC/DLC , or SOS if fever.

PROCEDURES: USG guided true cut biopsy of the Suprarenal and adenexal mass, Bone marrow aspiration and bilateral bone marrow biopsy, Urine HVA, Biopsy NMYC Status

REPORTS AWAITED: None

INVESTIGATIONS: Attached

Dr Ayush/Dr Srijib

Dr. Ankita/ Dr. Shivani

PHO fellows *Shivani*

Dr. Swati Bhayana

Clinical Assitant

Dr. Anupam Sachdeva

Dr. Manas Kalra

Dr. Divij Sachdeva



**PEDIATRIC AND ADOLESCENT HEMATOLOGY,
ONCOLOGY & STEM CELL TRANSPLANT SERVICES**

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20/02/24

SAMAKSHI

Δ - High Risk NB Rapid COJEC
Due for Course B

10-9/4860/
89,000
N-45-61.
L-48-81

Adm

Admission Ped-SP

- Inj Vincristine
- Inj Cisplatin

Block for

To get N-MC from Histopath
& send for review



PAN No : AACTC8249B

CHILD SEWA TRUST

"YOU CAN RELY ON US"

Khasra No. 337-F, Gali No. 8 Ram Park Extn., Loni Dehat,
.P.-201102

Ref. No.74.....

Dated04-04-2024.....

चाइल्ड सेवा ट्रस्ट द्वारा आर्थिक चिकित्सक सहायता प्रदान करने पश्चात प्राप्त स्वीकृत सर्वनाम लेखन पत्र

चाइल्ड सेवा ट्रस्ट संस्था के माध्यम से आपके बच्चे समावश्री राजपूत जिसकी ..
आयु - 14 माह है मधु रानी के निवेदन के आधार पर आपके बच्चे की
चिकित्सक स्थिति एवं आपके द्वारा प्राप्त चिकित्सक साक्ष्यों के आधार पर बच्चे की वर्तमान
चिकित्सक स्थिति एवं परिवार की आर्थिक स्थिति को देखते हुए संस्था चाइल्ड सेवा ट्रस्ट
द्वारा आपके बच्चे के सुचारु इलाज के लिए आर्थिक सहायता प्रदान की जा रही है।

आशा करते हैं संस्था कि इस छोटी से पहल के द्वारा आपके बच्चे का इलाज
सुव्यवस्थित ढंग से हो पाएगा

अतः संस्था अपने सभी दाताओं के सहयोग से सदैव आपको इसी प्रकार आर्थिक अनुदान
सहायता प्रदान करती रहेगी एवं सदैव आपके साथ है

अभिभावक

हस्ताक्षर Madhu Rani

अंगूठे का निशान



संस्थापक
चाइल्ड सेवा ट्रस्ट