

Neck Cancer



**Mrs. Kishwar
(40 Year Old)**

Neck Cancer



**Mrs. Kishwar
(40 Year Old)**

Concession to Cancer/Thalassemia Major/Heart (only for Heart operation)/T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres / Kidney patients only for dialysis/kidney transplant operation patients/ Sickle cell Anaemia/ Aplastic Anaemia patients.

Outward Journey

Form for the purpose of issue of Rail Concession to Cancer/Thalassemia Major / Heart (only for heart operation) / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation/ Sickle cell Anaemia/ Aplastic Anaemia patients** to be used by Officer-in-charge of the recognized hospital by Health Department of central Government or its concerned State Government

To

The Station Master,
(Station)
Muzaffarnagar (Railway)

Kishuvar

This is to certify that Mr./Mrs./Ms. Kishuvar, whose particulars are furnished below, is bonafide Cancer/Thalassemia Major / Heart only for heart operation / T.B./Lupas Valgaris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation / Sickle cell Anaemia/ Aplastic Anaemia patients ** and is required to travel from Muzaffarnagar (Station) to Delhi Shahadara (Station). The patient has secured admission for treatment/is travelling for periodically check up/operation ** at DSG + hospital/Institute/centre**

Delhi Shahadara

Muzaffarnagar
of-8304/16

Particulars of the Patient

(a) Age 40
(b) Sex F + Owe #11

Station Delhi
Date 9/9/12

Dr. AFSANA
Senior Resident (Clinical Oncology)
DELHI STATE CANCER INSTITUTE
Officer-in-Charge of the

(Hospital/Institute recognized by Health Department of Central Government/ State Government/ Nominated Anti Retroviral Therapy(ART) centre in case of AIDS patients)
(Name of the State)



** Strike out where not applicable.

1. Indicate name of the Hospital /Institute/ (recognized by Health Department of Central Government or the State Government concerned)/Nominated Centre.

Note:

1. This certificate is valid for three months from the date of issue except for cancer patients which is valid for one year.
2. No alteration in this form is permitted.
3. Certificate should be issued to patients only for travelling from the station serving his place of residence to the station serving the recognized Hospital/Institute/centre.

Concession to Cancer/Thalassemia Major/Heart (only for heart operation) / T.B./Lupus Valgarris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres / Kidney patients only for dialysis/kidney transplant operation patients/ Sickle cell Anaemia/ Aplastic Anaemia patients.

Return Journey

Form for the purpose of issue of Rail Concession to Cancer/Thalassemia Major/Heart (only for heart operation) / T.B./Lupus Valgarris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centres/ Kidney patients only for dialysis/kidney transplant operation/ Sickle cell Anaemia/ Aplastic Anaemia patients** to be used by Officer-in-charge of the recognized hospital by Health Department of central Government or the concerned State Government

The Station Master,
Delhi Shahadad (Station)
(Railway)

Kishwar

This is to certify that Mr./Mrs./Ms. Kishwar whose particulars are furnished below, is bonafide Cancer/Thalassemia Major/Heart (only for heart operation) / T.B./Lupus Valgarris/ Non-infectious Leprosy / Patients suffering from severe/moderate form of Haemophilia/ AIDS patients for treatment at nominated ART centre/ Kidney patients only for dialysis/kidney transplant operation/ Sickle cell Anaemia/ Aplastic Anaemia patients** and is required to travel from Delhi Shahadad (Station) to Myzaffarabad (Station) on discharge from/after re-examination/periodical checkup/operation** at DSC + hospital/Institute/Centre**

Myzaffarabad
DSC

CR-8304/16

Particulars of the Patient

(a) Age 40
(b) Sex F to Health

Station Delhi
Date 8/9/17

Dr. AFSANA
Senior Resident (Clinical Oncology)
Signature DELHI STATE CANCER INSTITUTE
DMC Reg
Officer-in-charge of the

(Hospital/Institute recognized by Health Department of Central Government/ State Government/ Nominated Anti Retroviral Therapy(ART) centre in case of AIDS patients)

(Name of the State)

Seal/Stamp of the
Hospital/Institute/Centre

** Strike out where not applicable.
+. Indicate name of the Hospital/Institute recognized by Health Department of Central Government or the State Government concerned/Nominated Centre.

Note:

1. This certificate is valid for three months.
2. No alteration in this form is permitted.
3. Certificate should be issued to patients only for travelling from the station serving the recognized hospital/Institute/centre to the station serving his place of residence.



DELHI STATE CANCER INSTITUTES

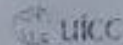
Centres par excellence in the service of humanity
(A group of autonomous institutions under the Govt. of NCT of Delhi)

DILSHAD GARDEN, DELHI-110095

EPABX: +91-11-2213 5200 / 2213 5700 FAX: +91-11-2211 0505

Website: www.dscit.ac.in E-mail: dso.delhi@yahoo.co.in

Radiotherapy Extn.No: 2046 / 2096 / 2097



Radiotherapy Reporting Card

Name : Kishwar. CR No. : 8304/16
 Age : 40 yrs M/F : (F)
 Diagnosis : Cg-BM Dose (Gy) :
 Day's : Monday to Friday Fractions : 22#
 Time : 9:20am Linear Accelerator PRIMUS :
 CLINAC :
 ONCOR - MV : 6 18

S. No. (#)	Date	Technologist Signature	S. No. (#)	Date	Technologist Signature
1	14/6/17	WV/SA	19	31/7/17	Ru/Tab
2	15/6/17	WV/UB	20	1/8/17	SD/MS/SA
3	16/6/17	OK/UB	21	4/8/17	SD/MS
4	17/6/17	SR/VB	22	7/8/17	VB/SCU
5	20/6/17	VB/K	23	8/8/17	SA
6	21/6/17	VB	24	11/8/17	OK/RS
7	22/6/17	SR/MS	25	18/9/17	M/BR
8	3/7/17	R/OK	26		
9	4/7/17	R/SCU	27		
10	7/7/17	M/Tab	28		
11	17/7/17	SR/MS	29		
12	18/7/17	R/Tab	30		
13	19/7/17	MS/R	31	8/9/17	BKA
14	20/7/17	VB/OK	32	11/9/17	Ru/RS
15	24/7/17	SA/MS	33	18/9/17	R/SCU
16	25/7/17	MS/Tab	34	19/9/17	Ru/MS
17	27/7/17	DU	35	20/9/17	Ru/RS
18	28/8/17	RS/VB	-	21/9/17	Ru/Tab
				22/9/17	MS/RS

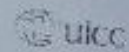
Star at 12/12

Law reporting



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ESCI DILSHAD GARDEN, DELHI 110095
 EPABA: +91-11-2213 5200, 2213 5700 FAX: +91-11-2211 0505
 Website: www.dscli.nic.in E-mail: dscli.delhi@yahoo.co.in
 Radiotherapy Extn.No: 2046 / 2096 / 2097

DUPLICATE CARD

Radiotherapy Reporting Card

Name : KISHWAR CR No. : 8304/16
 Age : 40 M / F : F
 Diagnosis : CA BM Dose (Gy) : (44+0.5)Gy
 Day's : Monday to Friday Fractions : 22 + 8 #
 Time : 9:00 AM Linear Accelerator PRIMUS :
 CLINAC :
 ONCOR - MV : 6 18

S. No. (#)	Date	Technologist Signature	S. No. (#)	Date	Technologist Signature
1	14/8/17	VK/SA	19		
2			20		
3			21		
4			22	14/8/17	Sw/MS
5			23	14/8/17	Sw/MS/MS/MS
6			24	16/8/17	MS/DK/MS/MS
7			25	17/8/17	MS/SD/DK/MS
8			26	18/8/17	SD/MS/MS/MS
9	To be added		27	24/8/17	Rajm/VK
10			28/8/17	MS/SD	
11			29	29/8/17	MS/DK
12			30	30/8/17	MS/MS
13			31	19/9/17	Ruppy
14			32	21/9/17	Raj/Tal
15			33	22/9/17	MS/MS
16			34	25/9/17	SA/MS
17			35		
18			-		

DELHI STATE CANCER INSTITUTE DILSHAD GARDEN DELHI
 □ (EQUIPMENT-1)

NAME: KISHWARI 40Y

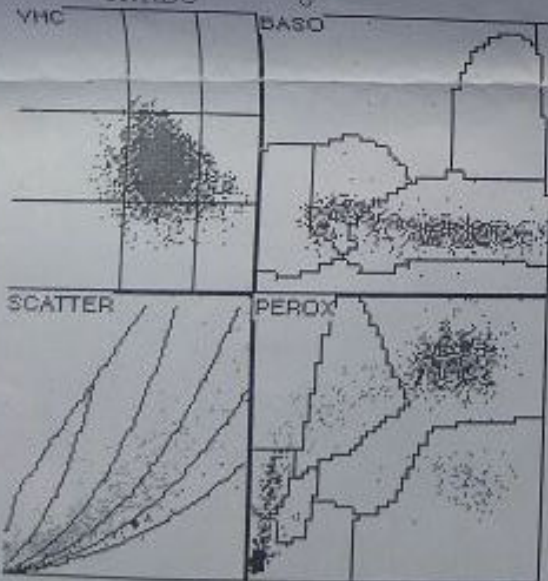
PAT#: 8304/16

SAMPLE ID: 360

SEX : F

SAMPLE DATE: 14-08-17 02:31 PM

TEST	RESULT	ABN	NORMALS	UNITS
HGB		10.1	(12 - 15)	g/dL
WBC	5.21		(5.2 - 12.4)	10e3/ μ L
PLT		409	(130 - 400)	10e3/ μ L
%NEUT	69.4		(40 - 74)	%
%LYMPH		15.8	(19 - 48)	%
%MONO	5.1		(3.4 - 9)	%
%EOS		7.3	(0 - 7)	%
%BASO	0.5		(0 - 1.5)	%
%LUC	1.9		(0 - 4)	%
RBC		3.65	(4.5 - 5.5)	10e6/ μ L
HCT		31.0	(36 - 46)	%
MCV	85.1		(81 - 99)	fL
MCH	27.7		(27 - 31)	pg
MCHC		32.5	(33 - 37)	g/dL
CHCM		32.9	(33 - 37)	g/dL
RDW		15.5	(11.5 - 14.5)	%
MPV	7.8		(7.2 - 11.1)	fL
%NRBC	0		(0.0 - 2.0)	NRBC/100



MICRO +

[Handwritten signature]

DELHI STATE CANCER INSTITUTE
DILSHAD GARDEN, DELHI - 110095
EQUIP-01

DATE 14/08/17 19:02:50

PATIENT NAME KISHWAR

ID 8304/16/14/8

SR.NO. 360

AGE

SEX

S.TYPE Ser/Pl

TEST

RESULT

UNIT

EXPECTED VALUE

UREA

29

mg/dL

(16.6- 48.5)

CREATININE

0.8

mg/dL

(0.7- 1.2)

HEAD & NECK

TOKEN NO:13

12/01/2018

**देल्ली राज्य कैंसर चिकित्सा संस्थान
DELHI STATE CANCER INSTITUTES**

- centres par excellence in the service of humanity
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EAST: DILSHAD GARDEN, DELHI 110095

EPABX: +91-11-2213 5200, 2213 5700 FAX: +91-11-2211 0505

WEST: C-2/B, JANAK PURI, NEW DELHI 110058

EPABX: +91-11-2550 1111, 2554 1111 FAX: +91-11-2554 9999

Website: www.dsai.nic.in E-mail: dsai.delhi@yahoo.co.in



बाह्य रोगी कार्ड/OPD ADVICE CARD

EAST WEST



श्री दीर्घा कैंसर
06
20/01/18
20
20/10/12

351
9/10/18
CR

08304/16

Name:- **MRS KISHWAR (श्रीमती किश्वर)**

Reg. Date 21-Nov-2016

Age- 40 Years

Sex- Female

Address - H NO -190, NIYAZPURA, DISTT- MUZAFFARNAGAR, U.P. - 251002

Diagnosis:-

CBM

दिनांक / Date	जांच / Investigations	चिकित्सा परामर्श / Treatment Advice
4/8/18	CBM	Transverse to 1x3dx Brown (1) Lymph node 4x4x5 L/A
	CBM	(CECA)

आवश्यक सूचना / चेतावनी

अपनी भलाई के लिए अपने इलाज को बीच में न छोड़ें। इस बीमारी में इलाज लम्बे समय तक तथा चेकअप जीवन भर चलते रहने की जरूरत होती है। बीमारी की बढ़ी हुई अवस्था में नियंत्रण कठिन होता है, परन्तु नामुमकिन नहीं। इसके अतिरिक्त, प्रथम सफल उपचार के बाद भी यह बीमारी किसी भी रूप में दोबारा आ सकती है। इसलिये डॉक्टर द्वारा दी हुई हिदायतों का कृपया पूरी तरह से पालन करें। कैंसर का हो सकता है समाधान, यदि समय रहते करा लें इसका निदान।

RULE OUT CANCER BEFORE IT RULES YOU OUT!

DELHI STATE CANCER INSTITUTE
DILSHAD GARDEN , DELHI - 110095
(EQUIP - 02)
12:03:14

DATE 09/12/17
PATIENT NAME KISHWAR
ID
SERIAL NO. 149
AGE
SEX

8304/16/9/12

TEST	RESULT	UNIT	EXPECTED VALUE
UREA	29	mg/dL	(16.6- 48.5)
CREA	0.7	mg/dL	(0.7- 1.2)

Qui

HEAD & NECK

TOKEN NO.11

09/01/2018

दिल्ली राज्य कैंसर चिकित्सा संस्थान DELHI STATE CANCER INSTITUTES

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बाह्य रोगी कार्ड/OPD ADVICE CARD

EAST WEST



Name - **MRS KISHWAR (श्रीमती किश्वर)**

172
9/1/18
8304/16

Age - 40 Years

Sex - Female

Address - H NO-190, NIYAZPURA, DISTT- MUZAFFARNAGAR, U.P. - 251002

Diagnosis -

दिनांक / Date	जांच / Investigations	चिकित्सा परामर्श / Treatment Advice
12/12/17		<p>Tab. Betadine gargle Q10 @</p> <p>Tab. Diclofenac spray 100/100</p> <p>Tab. Kantridine spray 100/100</p> <p>Tab. Mucil. 100</p> <p>15 days</p>
9/1/18	Fol L. room 12/1/18 in Ludokeyy Room at 9.00am	<p>Tab. Betadine gargle Q10 @</p> <p>Tab. Tramadol spray 100/100</p> <p>Tab. Kantridine spray 100/100</p> <p>Tab. Mucil. 100</p> <p>15 days</p>
	HIV H screening - HbsAg - HCV	<p>Tab. Mucil. 100</p> <p>Clinical Otolaryngology</p>

Dr. AMIT YAGI
Senior Resident (Oncology - Subspecialty)
DELHI STATE CANCER INSTITUTE
DMC Regd. No. 37810

Dr. Amiji YAGI
Senior Resident (Oncology - Subspecialty)
DELHI STATE CANCER INSTITUTE
DMC Regd. No. 37810

आपश्यक सूचना / चेतावनी

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