



**Master Om Prakash Nayak (Hole In Heart)
10 Year Old**



NEW JEEVAN PRAKASH FOUNDATION

461,Pole-70,Jaat Chowk Wali Gali,Nangloi,New Delhi-110041

(REGD.)

Website :www.newjeevanprakash.org , Email Id :info@newjeevanprakash.org

Contact No.:+91-8745875101,+91-7053524579, Regd. No.: 388, Pan No.:AACTN6064B

Patient Profile :-

About Patient :-

Name Of Patient Mr./Ms./Mrs. :-Master Om Prakash Nayak
D.O.B. :-15-10-2009
Age :-10 Year Old
Gender :-Male
Education Qualification :- 3rd Class
Address :-Krushnapur Sasan, Balichandrapur,Jajapur-755049
Disease :-Hole in Heart



About Family :-

Father Name Mr./Ms./Mrs. - Mr. Prashant Nayak
Occupation Of Chief Wage Earner Of Family -Labour
Family Annual Income - 60,000/-

About Treatment :-

Madical Problem - Hole in Heart
Hospital Name - AIIMS, Hospital,New Delhi
Total Expenditure On Treatment - 2,80,000/-

Treatment Sponsored By New Jeevan Prakash Foundation

Request Letter for help my son's treatment : -

My name is Prashant Nayak. This is my son Om Prakash Nayak, his age is 10 years old. I am a resident of the Krushnapur sasan, Balichandrapur, Jajapur-755049,He is suffering from Hole in Heart the young age. Whose treatment has been going on in Delhi's AIIMS Hospital from the past few months. The doctor says that the treatment of this child will last long, which will cost a lot. I am a labourer and earn Rs 5000/-,6000/- month only. For this reason I am very nurturing my family very difficult. Because of which I can not get treatment for my child.

New Jeevan Prakash Foundation is helping us to treatment my child. I pray to you people that you people have come forward and help my child. I will be grateful to all of you. **"A poor parent,will bless you"**

Support for Poor Child's Treatment :-

New Jeevan Prakash Foundation is a non profit organization. This foundation is providing assistance to the poor families of children health, women empowerment and education.. It also provides assistance to poor children suffering from fatal disease like cancer, who can not afford to treat their treatment. We make a successful effort to do this work with the help of some capable people. It is a humble request to all the people that all of you please come forward and help to poor family, bring a sweet smile on their face.

"For a poor family, take a small step"

ACCOUNT NAME - NEW JEEVAN PRAKASH FOUNDATION			
Bank Name	Account No.	Ifsc Code	Address
Yes Bank	063688700000116	YESB0000636	New Delhi



Authorized Signature



ଭାରତ ସରକାର

Government of India

ଓମ୍ ପ୍ରକାଶ ନାୟକ

Om Prakash Nayak

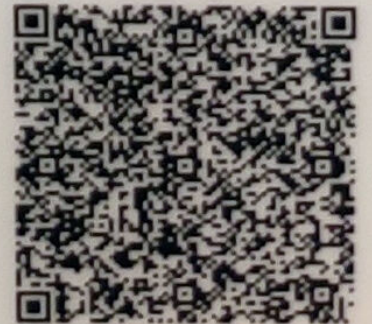
ପିତା : ପ୍ରଶାନ୍ତ ନାୟକ

Father : PRASHANTA NAYAK

ଜନ୍ମ ତାରିଖ / DOB : 15/10/2009

ପୁରୁଷ / Male

5143 6208 6116



ମୋ ଆଧାର, ମୋ ପରିଚୟ

Orth for 126

HBC-250918235 103736717

CHC-250918291 103736717

OmPrakashNayak

6869201
22/9/18

हृदय वक्ष ए

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Cardiothoracic & Neurosciences Centre, O.P.D.
AIIMS New Delhi-110029

ARADIOLOGY.CTYS OPD
Monday/Wednesday/Friday
(रोगी के लिए)

दिनांक
Date

CV 2018/04/028686
UHID: 103736717

Cardiology
Paed. Cardiology

विभाग
Deptt.

Date 24/09/2018 MON, FRI

Name OM PRAKASH NAYAK

BY 11M 9D
/M

बंरोविंसं
O.P.D. No.

C/O Prasant Nayak
Phone No.

Consultant Room 10

Dr. SOURABH
KUMAR GUPTA

SR Room 14

DR. SURENDRA

निदान

Diagnosis

20/9
10

22/9/18

CCHD.

Situs Inversus - dextrocardia

d-TGA

VSD, PS

① Symp Vitcofol 5ml po BD.

② Tab. Ciplar 40mg $\frac{1}{2}$ tab BD.

Hydration as advised

hej

24/9/18

PLW
CIP
7/2/18

दिनांक
Date

SPM - Band 71%
- estimated 53%

(Chn) Jyp
ASDC
AVSS, severe PS

- Family explained chest
line vascular physiology
wants to get operated

Adv Cath JH BOS
↓

sinus
Cath selective ypr
24A

deposit 6,000/- ALMS Aje
Arrest

✓ tes CIPAR (40M) 1/2 tes 00 2846m ^{color}

✓ Syp vitreol Sml OS

Syp Answdils Sml 30x Sdey →

To meet
prst sitalwar

At

Refer to CMS
(37)

R18 (34)
28/9/18

(31)
(31)

~~28/9/18~~

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली - 110029

Cardiothoracic & Neurosciences Centre, O.P.D. Afternoon
A.I.I.M.S., New Delhi-110029

प्राग्विज्ञान/साइट/वीएस मोदी
CARDIOLOGY/CTVS OPD
सोमवार/बुधवार/शुक्रवार
Monday/Wednesday/Friday
(दोपहर के बाद)

दिनांक
Date

12/27/2017

CTVS-101132

विभाग
Deptt.

CV 2018/014/0028686 ₹०

Cardiology
CTVS (101132/2018)

9

UHID: 103736717

Date 14/12/2018

MON, WED, FRI

Name OM PRAKASH NAYAK

9Y 1M 30D
/M

S.no-4(197)
AVSD
45000/-

M

ब०रो०
O.P.D

C/O Prasant Nayak

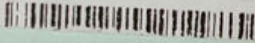
Phone No.

Consultant Room 6

Dr. MILIND

PAADMAKAR HOTE

SR Room



p/coth & p/rech

AL-4529/18 6/12/18

~~AVSD~~ sv physiology
sev

conf good sized pt.

B/L SVC (LVC small)

good sized connective cord.

APC

plan APC coil → BDG.

(if planned for 10 TIPS then better
to leave fenestration in/age)

explained to the father in detail
about: Heart disease

Need a nature of palliative cardiac surgery

P-18 (23)
18/12/18
P-18 (20)
14/12/18

105 Package charges Approved from
Pan Date on 24/12/19

27/12/19

दिनांक
Date

Refer to (TR/37)

sw
14/12/18

Coil Embolizer

↓ BDA lens / r/c

Sw
17/2/19

c/s/b: Dr. Sachin Salwan.

Accepted for BDA lens.

To deposit Rs 45000/- in AIMS cr pt. account.

To deposit 40 of blood in CMC blood bank.

Long wait list explained.

POA. 10/2/2020

Blood grouping typing
Juh
sr

26/2/20

401000
4000
To deposit
move to AIMS cr
pt account.
for Surgery (Fontan)

sr. crs

(204)
26594804
26588773

New Case
R-6 (2)
14/12/18

Coiling estimate
19,500/-

AIMS ANGIOPLASTY
PATIENT ACCOUNT

Room No
IDA

Coiling estimate

Cath done
PA pressures n/a
Recheck ASD -
Dr. J. H. Meany
2
6

2D wise tight AS
poorly aligned on Doppler.

Ayio review of tight AS.

plan - BDI / TOR.

sw
12/2/18

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली-110029
 Cardiothoracic & Neurosciences Centre, O.P.D.
 A.I.I.M.S., New Delhi-110029

दिनांक/Date 10373677 Om 10/1/32

विभाग Deptt. Om PROKASH 9

नाम Name Om PROKASH

उम्र Age 9

ब०रो०वि०सं० O.P.D. No. 6 78686/18 MAHAR me

पुत्र/पुत्री/पत्नी S/D/W MAHAR

लिंग Sex me

निदान Diagnosis

21/2/2020

PT needs coil embolization of a MATCA that is scheduled for 27/2/2020 to come on 26/2/2020 for admission subject to availability of beds.

Jainul

Redacted - 21/2/2020
 14/2/2020

35
14/2/20

61
14/2/20

51
21/2/20

दिनांक
Date

28/2/20

kindly deposit 40,000 in A/c of PT account
for Surplus (Completion Penjan)
earlier PT had deposited money for BD term only.

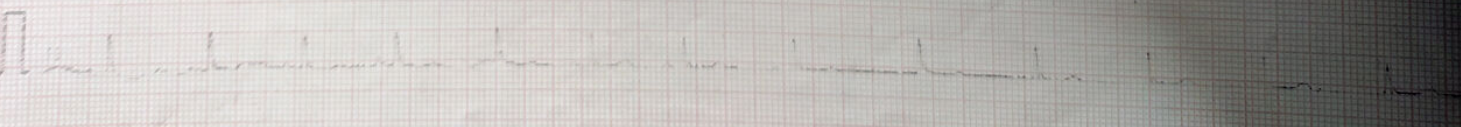
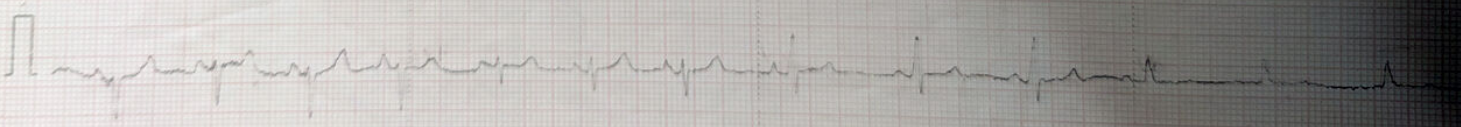
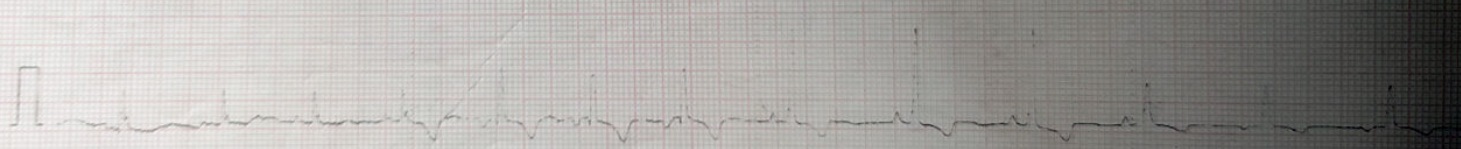
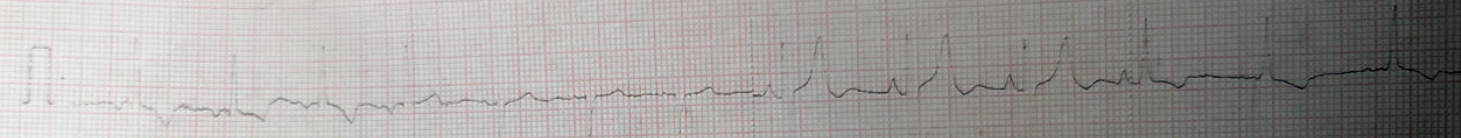
Ans
S.R. CRUS
Jandapur

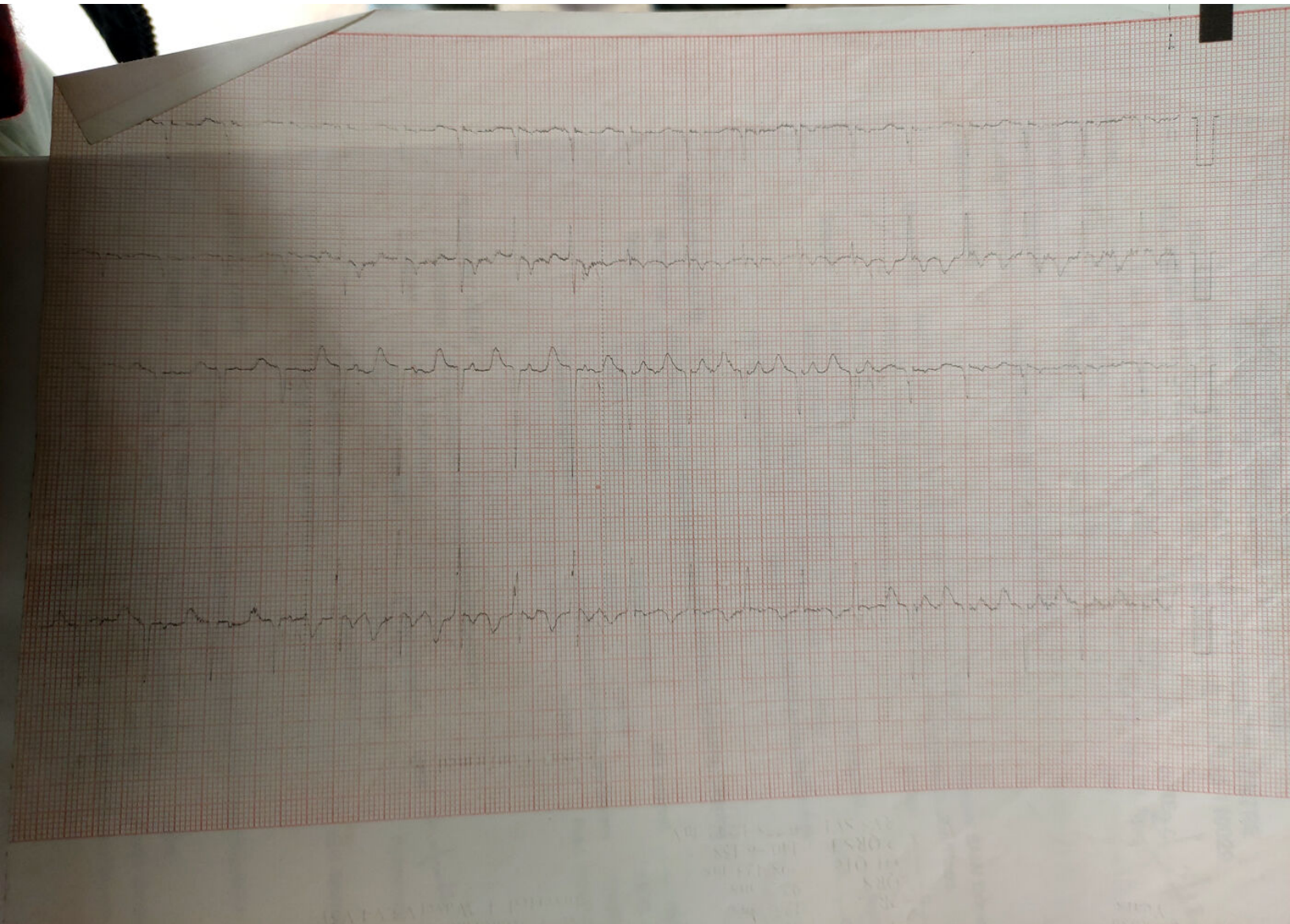
R-6 (20)
26/2/20

R-6 (33)
28/2/20

R-6 (61)
2/3/20

Om Prakesh
8/11







DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. CENTRE, ANSARI NAGAR, NEW DELHI - 110029

Dated: 17/12/2018.

ESTIMATE CERTIFICATE

Name of Patient Mr/Ms. Om Prakash Nayak.
Age 9y. Sex M. C.V. No./CTVS No. 101132.
Nature of Disease Unbalanced AVSD, Sec. PS.
Nature of Surgery required BD Alenn
Units of Blood required for operation 40.
Amount required for Surgery 45000/-.

The above mentioned amount must be deposited in advance by bank draft drawn in favour of "AIIMS CT PATIENT'S ACCOUNT". The said estimate will be valid for employee of CGHS/ESI/Govt. Undertaking beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

(Signature & Rubber Stamp of Consultant)

Dr. SACHIN TALWAR
Professor
Department of C.T.V.S.
All India Institute of Medical Sciences, New Delhi 29

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BILLING SECTION, CNC

L. No.-140/Billing Section/Umbrella/19-20

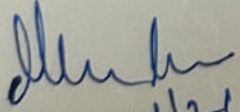
Dated:- 11.02.2020

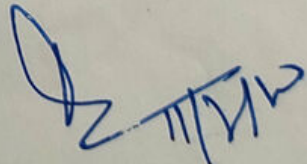
TO WHOMSOEVER IT MAY BE CONCERN

This is to certify that financial assistance for following patient has been approved by RAN (UMBRELLA SCHEME) Sub-committee out of Revolving Funds provided by Ministry of H & F.W as per details given.

Name of Patient	Om Prakash Nayak
UHID	103736717
Amount Approved	45,000/-
Date of approval	24.12.2020
Serial no.	04(197)
Date of Admission	10.02.2020
Disease	AVSD
Department	Cardiology

This certificate must be enclosed with the utilization forms submitted by the treating doctor/unit/department to Billing Section.


(M.S.S.O) 11/2/2020
SHIVANI RAI
चिकित्सा समाज सेवा अधिकारी
Medical Social Service Officer
हृदय केंद्र/Cardiothoracic Centre
अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-110029


(Accounts Officer)
Billing Section, C.N.Centre

लेखा अधिकारी / Accounts Officer
हृदय तंत्रिका केंद्र / C.N. Centre
अ.भा.आ.सं., नई दिल्ली-110029
A.I.I.M.S., New Delhi-110029

DEPTT. OF CARDIOVASCULAR RADIOLOGY & ENDOVASCULAR INTERVENTIONS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

Date: 12-02-2020

ESTIMATE CERTIFICATE

Name of the Patient OM PRAKASH NAYAK

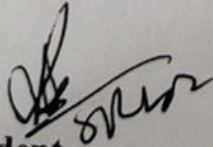
Age 9y Sex _____ CV No. /CTVS NO. _____

Nature of Disease CMD

Nature of investigation required APC Embolization

Amount required 19,500/-

The above mentioned amount must be deposited as draft in name of "AIIMS ANGIOGRAPHY PATIENT ACCOUNT" before the procedure in room 28B



Senior Resident

वरिष्ठ रेजीडेन्ट / SENIOR RESIDENT

हृद वाहिका विकिरण विज्ञान एवं

अंतःवाहिका इंटरवेंशंस विभाग

Deptt. of Cardiovascular Radiology and
Endovascular Interventions

अ.भा.आ.सं., नई दिल्ली/A.I.I.M.S., New Delhi-110029

File No :5173/ANGIO/19-20
Depositor Name :PRASHANT NAYAK

Phones } 26593670
26546617
26593824

CASH RECEIPT
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

13/02/2020

Dated :

Patient Type :

Room No. :

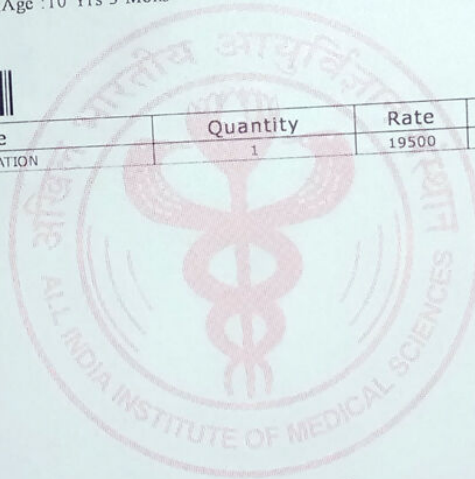
-12/4344/201920
NGIOGRAPHY PT

I PRAKASH NAYAK ,Age :10 Yrs 3 Mons

717 (OPD)

10:31:41 AM

Service Name	Quantity	Rate	Net Amount
OTHER - APC EMBOLIZATION	1	19500	19500



शरीरमाद्यं खलु धर्मसाधनम्

INR (Rs.) :
Rs. in Words

Debit Card Card Holder's Name : PRASHANT NAYAK , Approval No : 187197

19500.0

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

Rupees Nineteen Thousand Five Hundred Only

MR.ABDUL ANSARI



AIIMS
NEW DELHI
DELHI

DATE : 13/02/2020 TIME : 10:45:50
MID : 022000000145939 TID : DL006826
BATCH NO: 000293 INVOICE NO : 003945

SALE

APPL: *****
*****6882

CARD TYPE: RUPAY CHIP
AUTHCODE: 187197 RRN: 002348107179
SALE AMT ₹ 19500.00

TOTAL ₹ 19500.00

TNR: 00000000
TSR: 6800
Application Name: RuPay Debit
Tx Cert: 00466602F4D57A24
PIN VERIFIED OK
SIGNATURE NOT REQUIRED
PRASHANT NAYAK

Debit Card Card Holder's Name : PRASHANT NAYAK , Approval No : 187197

*** Cardholder Copy ***
Version 6.10 (07/SEP/18) (ICT)(L)



शरीरमाद्यं खलु धर्मसाधनम्

80140028686

File No :2342/CT/2019-20
Depositor Name :PRASHANT

CASH RECEIPT

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
C.N. Centre, Ansari Nagar, New Delhi-110029

Phones } 26593670
26546617
26593824

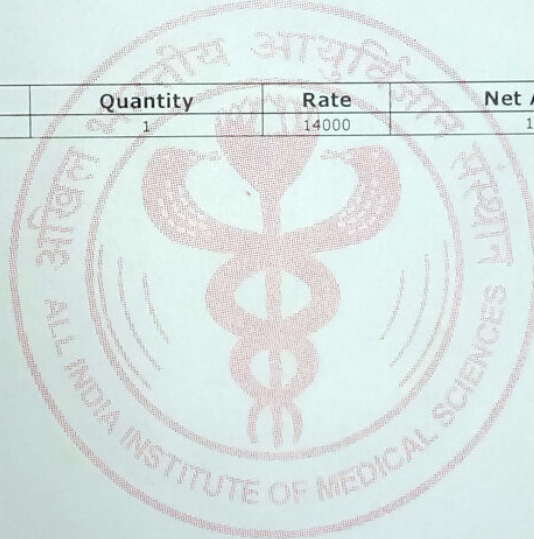
Receipt No.: ACCOUNTS-13/2811/201920 [Original]CT
Received From: PATIENT ACCOUNT
OPD/ MRD No.: MR. OM PRAKASH NAYAK, Age :10 Yrs 4 Mons 13
ON ACCOUNT OF Days
105736717 (OPD)

28/02/2020 Dated :
General Patient Type :
Room No. :



Sl No.	Service Name	Quantity	Rate	Net Amount
1	OTHER - BD GLEAN	1	14000	14000

Printed on 28 Feb 2020 11:56:04 AM



शरीरमाद्यं खलु धर्मसाधनम्

Payment Mode : Debit Card Card Holder's Name : PRASHANT , Approval No : 121533
INR (Rs.) : 14000.0
Rs. in Words Rupees Fourteen Thousand Only

MR.PRIYA RANJAN

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