



# Jan Sanjeevni Trust

*Soch Hamari Suraksha Aapki*

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJO816E

Jan Sanjeevni Trust Website : [www.jansanjeevnitrust.org](http://www.jansanjeevnitrust.org)

Jan Sanjeevni Trust E-mail : [contact@jansanjeevnitrust.org](mailto:contact@jansanjeevnitrust.org)

|                           |   |
|---------------------------|---|
| PATIENT NAME              | <u>Mehak</u>  |
| PATIENT FATHER NAME       | <u>Nadeem</u>   |
| D.O.B. AND SEX            | <u>22/04/2010, Female</u>                                     |
| DISEASE NAME              | <u>Secondary Glaucoma</u>                                     |
| TREATMENT HOSPITAL        | <u>AIIMD</u>  |
| UHID NO                   |   |
| DEPARTMENT NAME           | <u>Dr. Rajendra Prasad Centre<br/>for Ophthalmic Sciences</u> |
| TREATMENT COST            | <u>THIRTY FIVE THOUSAND</u>                                   |
| PATIENT FATHER OCCUPATION | <u>Auto Rickshaw Driver</u>                                   |
| PATIENT ADDRESS           | <u>D-405 Janta Majdoor Colony Delhi</u>                       |



00222 21/2/23

ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES  
Medical social Welfare Unit

Performa to provide assistance of Medicines/Surgical consumables for BPL/Poor Indigent/Non-affording Patient through Poor Patient's fund /volunteers/direct donation/N.G.O.at Dr.R.P.Centre For Ophthalmic Sciences

**A. Patient's Details**

1. UHID NO: 106710950....., Unit: II....., Ward/Bed:.....
2. Patient's Name: MEHAK Age: 14 Male/Female/Others: \_\_\_\_\_
3. Address: D/O MD. NADIM. D-405 GALI No-1 JANTA MAJDOOR COLONY, GARHI ROAD.
4. Domicile State: DELHI Contact no.: 9711849311
5. Name of the treating faculty: VINEY GUPTA
6. Diagnosis: (R) secondary Glaucoma Surgery/Procedure: (R) AGV
7. Assistance Required for : AGV
8. Amount of financial assistance required: Rs. 35000/- approx.
9. Recommendations of treating faculty:

**DR. VINEY GUPTA**  
Professor of Ophthalmology  
Dr. R. P. Centre for Ophthalmic Sciences  
New Delhi-29  
(Signature & Seal of the Faculty Member)

**B. Assessment of Socio-economic status by Medical Social Welfare Unit**

10. Ration Card No. and Type: 077003662507 Total family member: 05
11. Income Certificate No.: \_\_\_\_\_ Income per month: 10,000/- 2,000/-
12. Category as per Socio-economic assessment : (BPL/EWS/APL\*
13. If patient doesn't have Ration Card & Income certificate (interaction with Patients/Family member for assessing the Socio-economic status).
  - a) Number of Family members: 06 (Adults 02 Minors 04)
  - b) Number of earning family members: 02, Source of Income of the family: \_\_\_\_\_
  - c) Occupation of patient/Head of family: AUTO RICKSHAW DRIVER + FABRIC WORKER.
  - d) Monthly family Income: Rs. 12,000/-
14. Is the patient covered under any government scheme :- (Yes/No)
15. If yes, Name of Scheme and E.Card no.: \_\_\_\_\_
16. Is the prescribed treatment covered under the scheme?:- Yes/No

If patient is not eligible to take assistance under any government scheme, reason for recommending the treatment under BPL/Poor Indigent/non affording Patient through volunteers/direct donation/N.G.O.at Dr.R.P.Centre For Ophthalmic Sciences.

Patient can't afford the expenditure of AGV. Her father is only bread winner of the family. They have avrayed Rs. 10000/- only, but needs Rs. 25000/- more for the treatment.



Patient's Name and UHID NO: Melak ( 106710950 )

**Declarations**

I declare that the applicant or the person on whom the patient is dependent, is neither an employee of Centre/State Govt./pensioner/semi-government job nor availing any type of benefits such as ESI/Medical insurance etc. I declare that I or my family is unable to bear the expenses of the treatment and all the details given by me about my family's socio- economic status are true to the best of my knowledge. The family of the patient cannot afford the cost of treatment, so and it is requested to provide financial assistance for Medicines /spectacles/Surgical Consumables/ investigations.

**I declare that the information given above is correct and complete in all aspects.**

मैं घोषणा करता/ करती हूँ कि आवेदक या वह व्यक्ति जिस पर रोगी निर्भर है, न तो केंद्र/राज्य सरकार/पेंशनभोगी/अर्ध-सरकारी नौकरी का कर्मचारी है और न ही ईएसआई/चिकित्सा बीमा आदि जैसे किसी भी प्रकार का लाभ प्राप्त कर रहा है। मैं घोषणा करता/ करती हूँ कि मैं या मेरा परिवार इलाज का खर्च वहन करने में असमर्थ है और मेरे परिवार की सामाजिक-आर्थिक स्थिति के बारे में मेरे द्वारा दिए गए सभी विवरण मेरी जानकारी के अनुसार सही हैं। रोगी का परिवार दवा/सर्जिकल उपभोग्य सामग्रियों/जांच में सहायता प्रदान करने के लिए लागत और अनुरोध का खर्च वहन नहीं कर सकता है। मैं घोषणा करता/करती हूँ कि ऊपर दी गई जानकारी सभी प्रकार से सही और पूर्ण है।


Name and signature of Applicant : HASEENA (  )

Relation with the patient: MOTHER ,

Aadhaar card number of applicant/patient: 4873 - 6999 - 8382

**Medical Social Welfare Officer's Remarks (if any):**

for further assistance arrange Ration card & income cert. if needed.

Name and Signature of  Medical Social Welfare Officer

**Acknowledgement Of Assistance Through Direct Donation/Volunteers/ N.G.O**

1. Assistance required for:.....
2. Amount of financial assistance required: Rs...../-(.....)

(Copy of bill or payment receipt for amount paid through donation attached)

3. Financial Assistance provided through .....

I acknowledge that I/my patient received financial assistance of Rs...../ (.....) through Medical Social Service Unit. मैं स्वीकार करता हूँ कि मुझे/मेरे मरीज को रु...../- (.....) की वित्तीय सहायता मेडिकल सोशल सर्विस यूनिट के माध्यम से प्राप्त हुई।

Signature of Applicant : \_\_\_\_\_ Relation with the patient: \_\_\_\_\_ ,

Aadhaar card number of applicant/patient: \_\_\_\_\_



316

# ब० रो० वि० कार्ड O.P.D. Card



अनुभाग व दिन  
Section and Day II  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

डा० रामेश्वर प्रसाद नेत्र विज्ञान केन्द्र

अ० म  
Dr. R  
A.I.I.  
यू०ए  
UHI

R. P. Centre (Eye Centre)

OPD ID: 106710950  
Dept. No.: 20230050059777  
MEEAK  
DPO: MD.NADIM

Date: 13/01/2024  
RFV OPD-Dr. Viney Gupta  
Unit: IT  
Room No.: 22

Address: D-408 GALINDO, JANTA MAUDA, 76 CITY GARHI ROAD, JANTA MAUDA, INDIA  
Mobile: 9711849311

पता  
Address

| दिनांक<br>DATE | निदान<br>DIAGNOSIS |
|----------------|--------------------|
|----------------|--------------------|

### उपचार Treatment

13 JAN 2024

Tn (R) → 45mmHg

Adh: start T-Diamon  
1/2 000.

Consider (R) AGV.

for IOP control.

(Social Worker)

21/2/24  
3A ward  
8:00 AM

- on Brin 20x (2)
- moxl (3)
- Timbulim (2)
- predmet (3)
- HA 2d. (2)

R/E

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं
- No Smoking
- Use Dustbin
- No Spitting