



<https://www.childhelpinghand.org/>

Telephones: 26588500, 26588700, 26588900, 26588500, 26588700, 26588900



अखिल भारतीय आयुर्विज्ञान संस्थान  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
अन्सारी नगर, नई दिल्ली-११००२६ (भारत)  
ANSARI NAGAR, NEW DELHI - 110029

**ESTIMATE CERTIFICATE  
TO WHOM IT MAY CONCERN**

संदर्भ सं / Ref. No.....  
दिनांक / Date 13/4/2022

This is to certify that Shri/Ms. ANOKHI DEVI Age 57 Gender F  
S/o, D/o, W/o RAM GULAM is getting treatment under PROF JS TITIAL Dept. OPHTHALMOLOGY

Wide registration no. .... UHID No. 160703108

is suffering from BOTH EYE HEALED KERATITIS WITH R/E OPTICALLY FAILED GRAFT  
STATUS POST OPTICAL TRIPLE AND L/E LEUCOMATOUS CORNEAL OPACITY  
WITH LEFT DIVERGENT SQUINT  
He/She has been advised for Medicine/Surgery/Surgical items/procedure/package and the approximate

Cost of the total treatment is amount to Rs INR 50,000/-

(in words) Rupees FIFTY THOUSAND RUPEES ONLY

# Item-wise break-up of expenditure of the estimate (if applicable) is as below.

Cost in Rs.

- |    |  |              |
|----|--|--------------|
| 1. | Tablet Mycophenolate Mofetil 1gm BD - 3 months | INR 45,000/- |
| 2. | Eye drop Cyclopentolate 1% 10ml                | INR 800/-    |
| 3. | Eye drop Fluon X 3 nos                         | INR 100/-    |
| 4. | Eye drop Combigan X 3 nos                      | INR 1500/-   |
| 5. | Eye drop Repatol X 3 nos                       | INR 750/-    |
| 6. | Eye drop Sodium hyaluronate 3 nos.             | INR 400/-    |
| 7. |  |              |

TOTAL COST: Rs. 48,550/-

Note:-  
# This Estimate certificate is being issued to avail financial assistance for treatment only.  
# The said estimate certificate is valid and applicable for avail financial assistance from Rastriya Arogya Nidhi (RAN), Delhi Arogya Nidhi (DAN), State Illness assistance fund, Prime Minister's Relief Fund, Health Minister's Discretionary Fund (HMDF), MP local area development fund, CM relief fund, and fund from other sources.  
# This Estimate Certificate is also applicable for Govt./PSU's employees and beneficiaries of ESI  
# The Cheaque is to be issued in favor of "Director AIIMS, New Delhi".

(Name & Signature of Consultant with Stamp)

डॉ. तुषार अग्रवाल/Dr. TUSHAR AGARWAL  
आचार्य नेत्र विज्ञान  
Professor of Ophthalmology  
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र

डॉ. तुषार अग्रवाल TUSHAR AGARWAL  
Prof. नेत्र विज्ञान  
ऑ. राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र  
Dr. R. P. Agarwal  
All India Institute of Medical Sciences  
New Delhi-110029

254

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# ब. रो. वि. कार्ड O.P.D. Card



अनुभाग व दिन  
Section and Day  
मंगलवार व शुक्रवार  
Tuesday & Friday

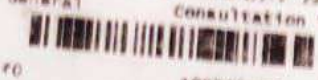
III

कमरा नंबर  
Cabin No.

डॉ० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र

ये सभी चरण हैं जो आप ही देखेंगे

Consultation Time: 9.00 AM-1.00 PM



Dept/Sec: 207

100703108

Dept: R. P. Centre (Eye Centre)

Dept. Regn. 2014/005/0130922

Unit: UNIT-III

Name: Mrs. ANKHI DEVI

Room: 3

W/O RAM GULAM, 55Y, F

F/12

PH: 8954348572

Days: Tuesday

VILLAGE- PHULASHI, TEH- AWALA, DISTT- BAREILLY, UTTAR PRADESH, INDIA

App. Date: 24/11/2020

ADDT. ID:



2020112400281

एस. टिटियल का एकक  
van S. Titiyal's Unit

आयु  
Age

पता  
Address

R. P. C

दिनांक DATE	निदान DIAGNOSIS	उपचार Treatment
		100703108

24 NOV 2020

- (R) optd. optical triph c failed graft.
- (L) atrophic bulbi.

<https://www.childhelpinghand.org/>

Adv.

24/11/20 (3 months)

- (R) [ Etd cnc 10.5% (1)
- [ Etd Vigamox (3)
- (Etd) P-loin (2)

F/U x 3 mon/sos.

Solivi

011-265931

वरिष्ठ रेजिडेंट / SENIOR RESIDENT  
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
Dr. R. P. Centre for Ophthalmic Sciences  
ब. रो. वि. केंद्र, आई. आई. एस. मॉड्यूल, एच. ए. टी. मॉड्यूल, एच. ए. टी. मॉड्यूल

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.  
१. धूम्रपान निषेध २. कूड़ा कर्कट केवल कूड़ेदान में ही डालें ३. थूकिये नहीं

244

# ब. रो. वि. कार्ड O.P.D. Card



अनुभाग व दिन  
Section and Day **III**  
मंगलवार व शुक्रवार  
& Friday

कमरा नंबर  
Cabin No.

२३

डा० रा  
अ०भा०  
Dr. Raj  
A.I.I.M  
यु एच  
UHID

R. P. Centre (Eye Centre)

UHID: 100703108  
Dept. No.: 20140050130922  
ANOKHI DEVI  
W/O: RAM GULAM

56Y/F

Date: 03/12/2021  
RPC OPD-Dr. SR./JR  
UNDER UNIT III R.18A  
Unit-III TUE, FRI  
Room No.: 18A

Address: VILLAGE- PHULASHI, TEH- AWALA, DISTT- BAREILLY, UTTAR  
PRADESH, INDIA  
Mobile: 8954348572

Na



टिटियाल का एकक  
Titiyal's Unit

100703108

यु  
जे

पता  
Address

RPC

दिनांक  
DATE

निदान  
DIAGNOSIS

उपचार Treatment

3- DEC 2021

(124) VER <

(615) 90P < (R)

(19)

patient registered for (R) PKP.  
<https://www.childhelpinghand.org/>

DOA = 28/01/2022  
Ward 2B, 7:30am.

R.  
3/12/2021

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

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
 Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
 A.I.I.M.S.  
 Ansari Nagar, New Delhi-110029

Consultant Prof. J.S. Tikiyal

Sr. Resident Dr. Akshaya

Section III

Jr. Resident Dr. Anchal

C.R. No. 009930-22

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES  
 UHID: 100703108 Date: 01/04/2022  
 CR No.: R-009930-22 Ward No.: 20 Bed No.: 204  
 Name: MRS. ANOKHI DEVI Unit In-charge: Dr. J.S. TIKIYAL  
 Age: 57 Y 3 M 14 D UoR-III  
 W/O RAM GULAM ACCOUNTS- RS  
 21-195/202223 140  
 Address: VILLAGE- PHULASHI, TEH- AWALA, DISTT- BASTI, UTTAR  
 PRADESH



Sp. Clinic No. \_\_\_\_\_

Ward / Bed No. 244

Age \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_

Family Income \_\_\_\_\_ Single / Married \_\_\_\_\_

Permanent Address \_\_\_\_\_

Local Address \_\_\_\_\_

Tele No. \_\_\_\_\_

Occupation FARMER

C.D.A. \_\_\_\_\_ Time \_\_\_\_\_

C.D.D. \_\_\_\_\_ Time \_\_\_\_\_

Previous Admission / CR No. \_\_\_\_\_

Admission-Routine / Emergency / EHS / \_\_\_\_\_

DIAGNOSIS	Primary	2nd	3rd	Code No.
Right Eye HMCF $\begin{matrix} + & + \\ \times & + \\ + & + \end{matrix}$	B/E healed	keratitis		1) 2) NoSL 3)
Left Eye PL $\oplus$ $\begin{matrix} + & + \\ \times & + \\ + & + \end{matrix}$	⊙ optically failed cornea 'SIP optical triple	⊙ LCo + LPS		1) 2) 3)

Medical / Operation Treatment \_\_\_\_\_

Result : Cured / Relieved / Stationary / Failure

Photographs No. \_\_\_\_\_

Histopath Report No. \_\_\_\_\_

X-Ray No. \_\_\_\_\_

XST, wjeb  
wt - 50k

Room (114)

एम.आर. 9  
M.R.-9

डॉ० राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र  
Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029  
All India Institute of Medical Sciences, New Delhi-110029  
परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	Anokhi Devi	आयु Age	57	लिंग Sex	f	वैवाहिक स्थिति Marital Status	Married	के.पं.सं. C.R. No.
सेवा Service		वार्ड Ward		विस्तर Bed	244 2B	व्यवसाय Occupation	Farmer	धर्म Religion
								स्थिति Status
Referred by Dr.	Requesting Doctor			to Dr.	Consultant & Specialty			

Findings :

Date : 13/4/22

Respected Madam/Sir,

We have a patient named Anokhi Devi, 57/F. She is a case of B/E healed keratitis with R/E failed optical triple procedure and left eye leucomatous corneal opacity with LDS.

<https://www.childhelpinghand.org/>

Diagnosis or Impression :

She is planned for repeat R/E optical PK and she requires Mofetil. The patient and her attendant are poor and non-affording. Kindly make the treatment available for her.

Recommendations:

Thanking you.

Yours sincerely



Dr Anchal Gure  
JR ophthalmology  
4th Semester  
Bed Incharge.

डॉ. तुषार अग्रवाल / Dr. TUSHAR AGARWAL  
आश्रय नेत्र विज्ञान  
Professor of Ophthalmology  
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केंद्र  
Dr. R. P. Centre for Ophthalmic Sciences  
एम.आर. 9, नई दिल्ली / A.I.I.M.S., New Delhi-29

Consultant's Signature