

Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi

CR- 94102
AUMS No



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Name : *Arshad Husain*

UHID : *107832517*



Diagnosis: *JMML*

9/11/24

IMML

- BM done ✓
 - Pallet (+)
 - Conc'd. Had -AGE/dehydration : Improving.
 - Child active.
pallet (+). No bleeds.
- Rpt CBC - (NA) EBV - Negative

Advice:

1. CBC to do stat.
2. Pending reports :
Parvo, CMV -
NGS
BCR-ABL
3. To show CBC report in Daycare to assess Transfusion need.
4. Complete Abx course.
5. N/V 13/11/24.



Dr. Sanjana. S
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-100888

Order

wt = 7.6 kg

(1) Urgent Blood Transfusion
beds casualty @ 10ml/kg &
monitoring

(2) to start Hydrocortisone @ 25mg/kg/day
(500mg/tab) ↓
dissolve 1 tab in 5ml water 190mg OD
give 2ml OD

(3) Bone marrow → Monday / Tuesday
BM to send cytogenetics

(4) LFT / RFT / T₃ / T₄ / TSH / CBC

(5) To review in day care
on 4/11/24 8 AM

Dr. VISHAKHA VARSHNEY
Senior Resident
Dept of Paediatrics
AIIMS, New Delhi

(6) To review C report on
6/11/24 8 AM

LC0411242660 187832517
LH04112401962 187832517
AS
ARSHADHUSAN

2/11/24

Ⓢ

- No active issues.
- NO lethargy
- NO irritability.

O/E active alert
 HR = 130/min
 RR = 24/min
 CFT < 3sec
 Pulses = WP
 Peripheries warm.

? postular count change.
 ? distal dysmorphia.

Respi → Bil AE Ⓢ NO BS
 NO crepts no wheezing

Cvs → S, S, Ⓢ NO gallops

PIA → Heart 5cm ⊥ Rcm

Spleen 6.5cm ⊥ Lcm.

CNS → NR Ⓢ

monocytes = 4270

BC → 57 $\frac{73,410}{25660} < 1.33$

CR → B (4.9) $\frac{1}{1.07}$

POC file made

28/10/24

POC discussed

- ① BCR-ABL → to collect (confirm if sent)
- ② HbF to send.
- ③ CMV, EBV, Parvo
- ④ NGS to collect
- ⑤ cytogenetics *
- ⑥ Father counselled regarding disease.
- ⑦ to review in OPD on Saturday 2/11/24

2/11/24

suspected JMML

work up

→ ① BCR-ABL - to collect

② HbF → can't be sent as blood transfused to 3 months

③ CMV, EBV & Parvo sample sent report awaited.

④ to do Bone marrow on Monday & send cytogenetics

Diagnostic Work UP & Risk Stratification

- Age - 3m old.
- Symptomatic from 2 months
- fever ⊕ HSM + progressive pallor

cat I

Splenomegaly ⊕
monocytes >1000
BM Blasts >0.8%
BCR ABL → Awaited.

cat II

NGS - Awaited

cat III

circulating
myeloid
precursors ⊕
- cytogenetics - Not sent
- Hb F (to sent)

~~Blas~~

Name of treatment protocol JMML

Patient Details

Name : Arshad Hussain

Age / Gender : 8m/m

Father's Name : Sedlam Hussain

Address : Lucknow, U.P.

Contact No : 7715984138

POC / PCSC No.: 368/24

Diagnosis: JMML

Remarks :

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से जरूर संपर्क करें।



GOVERNMENT OF UTTAR PRADESH
 उत्तर प्रदेश सरकार
 DEPARTMENT OF MEDICAL AND HEALTH
 चिकित्सा एवं स्वास्थ्य विभाग
 DISTRICT HOSPITAL BAHRAICH
 जिला अस्पताल बहराइच

BIRTH CERTIFICATE
 जन्म प्रमाण पत्र

ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 113 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

(जन्म पत्र) जारी करने अधिनियम 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रेशन नियम 2002 के नियम 113 के अन्तर्गत जारी किया गया।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR DISTRICT HOSPITAL BAHRAICH OF TAHSIL/BLUCK BAHRAICH OF DISTRICT BAHRAICH OF STATE-UNION TERRITORY UTTAR PRADESH, INDIA.

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि जिला अस्पताल बहराइच तहसील बहराइच जिला बहराइच राज्य/राज्य प्रदेश उत्तर प्रदेश के संघ राज्य क्षेत्र/राज्य प्रदेश है।

NAME / नाम : ABSHAD HUSAIN

SEX / लिंग : MALE

AADHAAR NUMBER / आधार संख्या :

DATE OF BIRTH / जन्म तिथि :

25.01.2024

TWENTY FIVE JANUARY TWO THOUSAND TWENTY FOUR

PLACE OF BIRTH / जन्म स्थल :

DISTRICT HOSPITAL

NAME OF MOTHER / माता का नाम :

FARMEEN JAHAN

NAME OF FATHER / पिता का नाम :

SADIAM HUSAIN

AADHAAR NUMBER OF MOTHER / आधार संख्या :

XXXXXXXX 1092

AADHAAR NUMBER OF FATHER / आधार संख्या :

XXXXXXXX 7249

ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD /

माता के नाम के साथ माता पिता का पता

ADDRESS GHASIPUR FAKHARPUR TEHSIL KAISARGANJ DISTRICT BAHRAICH UTTAR PRADESH 271902H

PERMANENT ADDRESS OF PARENTS / स्थायी पता के साथ माता पिता :

ADDRESS GHASIPUR FAKHARPUR TEHSIL KAISARGANJ DISTRICT BAHRAICH UTTAR PRADESH 271902H

REGISTRATION NUMBER / रजिस्ट्रेशन संख्या :

B20240940034 201950

DATE OF REGISTRATION / रजिस्ट्रेशन तारीख :

20.10.2024

REMARKS (IF ANY) / टिप्पणी:

DATE OF ISSUE / जारी करने की तिथि :

20.10.2024

Updated On : 20-10-2024 04:31:35



This QR code can be used to check the authenticity of the certificate

SIGNATURE OF ISSUING AUTHORITY / जारी करने वाला अधिकारी :

REGISTRAR (BIRTH & DEATH)

रजिस्ट्रार (जन्म एवं मृत्यु)

DISTRICT HOSPITAL BAHRAICH

जिला अस्पताल बहराइच

ENSURE REGISTRATION OF EVERY BIRTH AND DEATH / प्रत्येक जन्म एवं मृत्यु का रजिस्ट्रेशन सुनिश्चित करें

DEPARTMENT OF PEDIATRICS, AIIMS NEW DELHI
MCH DAYCARE DISCHARGE SUMMARY

NAME: Arshad Husain	UHID: 107832517
AGE/SEX: 9 m/ M	DOA/DOD: 4/11/2024 TO 4/11/2024
FACULTY: Prof. R Seth	
Diagnosis: JMML	

After informed consent, under aseptic precautions, BMA sampling was done and sent for analysis. No post procedure complications.

Advise:

1. Continue OPD medications as advised.
2. Review with reports in peds onco opd.
3. Danger signs explained.

SENIOR RESIDENT

Dr Nikita/Dr Saurav

JUNIOR RESIDENT

Dr Aditi/ Dr Alapan

[Handwritten signature]
4.11.24

ICCHA SHAKTI CHARITABLE TRUST



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
 Department Of Lab Medicine (Emergency and Ward)

UID:	017812517	Sex:	Male
Patient Name:	Mr ARSHAD HUSAN	Sample Received Date:	09/11/2024 09:10 AM
Age:	9 months 13 days	Department:	Pediatrics
Unit Name:	Unit I	Unit Incharge:	Dr. Rakul Yadav
Lab Name:	Lab Medicine	Lab Sub Centre:	
Reg Date:	28/09/2024 08:48 AM	Sample Collection Date:	09/11/2024 09:00 AM
Report Generated Date:	09/11/2024 10:41:40	Dept / ICH No:	32/09/00000246
Recommended By:	Dr. Deepa Puri	Lab Reference No:	147

Sample Details : WC-0611240265

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	33.9 mg/dl		• 15 - 46 mg/dl
Creatinine (Creatine aminohydrolase - Enzymatic method)	0.19 mg/dl		• 0.66 - 1.25 mg/dl
Uric Acid (Urease Method)	5.9 mg/dl		• 3.5 - 8.8 mg/dl
Calcium (Arsenazo III method)	9.2 mg/dl		• 8.4 - 10.2 mg/dl
Phosphorus (p-methylaminophenol sulfate)	1.7 mg/dl		• 2.5 - 4.5 mg/dl
Sodium (Potentiometric)	138 mmol/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	3.7 mmol/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	115 mmol/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	1.63 mg/dl		• 0 - 1 mg/dl
Direct Bilirubin (Calculated)	0.74 mg/dl		• 0 - 0.6 mg/dl
Indirect Bilirubin (Caffeine sodium benzoate method)	0.89 mg/dl		• 0 - 0.3
ALT (UV with pyridoxal phosphate method)	57 U/L		• 0.6 - 10.5 mg/dl
AST (UV with pyridoxal phosphate method)	195 U/L		• 0 - 1.1
ALP (PNPP/AMP Buffer/IFCC)	265 U/L		• 0.6 - 10.5
Albumin (Dye G Method)	3.3 gm/dl		• < 50 U/L
Globulin (calculated)	3.2 gm/dl		• < 35 U/L
A/G ratio (Calculated)	1.03		• 17 - 59 U/L
Total protein (Buret reaction)	6.5 gm/dl		• 38 - 126 U/L
			• 134 - 518 U/L
			• 3.5 - 5 gm/dl
			• 3 - 3.7 gm/dl
			• 0.8 - 2
			• 6.3 - 8.2 gm/dl

Over All Comment :

Authorised Signatory

Verified By
 Chandanm



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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW
DELHI

Department of Microbiology



UHID:	107832517	Reg Date :	28/09/2024 08:48 AM
Patient Name :	Mr ARSHAD HUSAN	Age :	9 months 13 days
Sex :	Male	Unit Name :	Unit-I
Department :	DEPT. OF EMERGENCY MEDICINE	Sample Collection Date:	06/11/2024 02:03 PM
Unit Incharge :	Dr. Rakesh Yadav	Lab Sub Centre:	Stool Culture (Microbiology Room No 20211)
Lab Name:	Microbiology	Report Generated Date:	07/11/2024 04:03 PM
Sample Received Date:		Recommended By:	Dr. AMBICA SINGH
Dept / IRCH No:	20240030028246		
Lab Reference No:			
Ward Name:	DAY CARE PEDIATRIC		

Sample Details : MSL-061124011 (Stool)

TEST NAME : STOOL FOR CULTURE

Result of investigation:

Culture Result: No Salmonella/Shigella/Vibrio grown on culture

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All India Institute Of Medical Sciences, New Delhi

UID: 60782117 Sex: Male
 Patient Name: **MR. ARSHAD HUSAN** Sample Received Date: 21/06/2024
 Age: 56 Yr Department: Hematology
 Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab
 Reg. Date: 21/06/2024 12:45 PM Sample Collection Date: 21/06/2024
 Recommended By: Dr. Rakesh Yadav Lab Reference No: 543

Sample Details: TC 2110241508 Sample Type: Serum
 Report

IMMUNOASSAY

Test Name	Result	UOM	Reference
TSI (ultrasensitive)	2.70	ng/mL	0.27-4.20

Remarks:
 "Immunossays are subjected to dietary interferences most commonly by fluids. Please ensure appropriate patient preparation. In case of discrepancy, kindly communicate with the SMART phone number 2526."

13	148	ng/dL	56 - 263
14	8.3	ug/dL	5.7 - 16.0

—End of Report—

Dr. Sudip Kumar Datta (MD Haematology) Dr. Tushar Sehgal (DM Hematopathology)
 Dr. Sumeeta Meena (MD Microbiology) Dr. Sudip Kumar Datta MD (Biochemistry)
 21/06/2024 15:24

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling is strictly avoided. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, and transport. Please inform SMART Lab in case of any discrepancies with the expected results on the same day on Fax no. 2526.



NABL Accredited Testing Laboratory
DEPARTMENT OF MICROBIOLOGY
 National HIV Reference Laboratory, Room No-2103
 2nd Floor, Teaching Block, Ph: 011-26594340/3198
 AIIMS, New Delhi- 110029



HIV TEST REPORT FORM

Name and Address of ICTC center: AIIMS, New Delhi (form to be filled in duplicate)

NAME: Surname HUSSAIN Middle Name - First Name SADDAM

Gender: M/F/TG Age: 32 years PID: GCSAICTCDLSOU0012 416331 Lab ID 3416395

Date and time blood drawn: 03/10/24 (DD/MM/YY) 07:00 (HH:MM)

Test Details:

Specimen type used for testing: Serum / Plasma / Whole Blood Specimen Quality: Good / Compromised

Date and time specimen tested: 04-10-2024 (DD/MM/YY) 09:00 - 09:00 (HH:MM)

Note:

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
Name of HIV test Kit	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
COMB AIDS	—	—	NON REACTIVE
Test II:	—	—	—
Test III:	—	—	—

Interpretation of the result: Tick (✓) relevant

- Specimen is negative for HIV antibodies
- Specimen is positive for HIV-1 antibodies
- Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
- Specimen is indeterminate for HIV antibodies. Collect fresh sample in two weeks.
- * Confirmation of HIV 2 sero-status at identified referral laboratory through ART centers.

[Signature]
 Name & Signature
 Laboratory Technician

[Signature]
 ---End of report---

[Signature]
 Name & Signature
 Laboratory In-charge
4/10/24



प्रयोगशाला अर्बुद विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
अखिल भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली -110029
LABORATORY ONCOLOGY, Dr B R A. Institute Rotary Cancer Hospital All India Institute
of Medical Sciences, New Delhi-110029

UHID:	107832517	Reg Date :	28/09/2024 09:46 AM
Patient Name :	Mr ARSHAD HUSAN	Age :	6 months 6 days
Sex :	Male	Unit Name :	Unit 1
Department :	DEPT OF EMERGENCY MEDICINE	Sample Collection Date:	30/09/2024 01:54 PM
Unit Incharge :	Dr. Rakesh Yadav	Lab Sub Centre:	Lab Oncology (IRCH)
Lab Name:	Lab Oncology	Report Generated Date:	07/10/2024 04:47 PM
Sample Received Date:	01/10/2024 03:05 PM	Recommended By:	Dr. I. MURMU
Dept / IRCH No:	20240030028246		
Lab Reference No:	2846		

Sample Details : LOI-300924124-PS (Blood)

PS

WBC :

N 54 L 22 E 9 M 12 B 1 Meta Myelo 2 Pro
Blast Occasional Others Leucocytosis

Cell Morphology

RBC: Ncyl + Nchrom + Aniso Micro Macro Polk Elpto Dacbro
Schisto Acantho
Crenat Sphero Blater Bite Hypo Target Polychr
Anisochrom Nucleated RBC 10/100
HJ Body Baso Stipl Cabot ring Parasite Rouleaux Agglutination Others

PLATELETS: reduced.

Adv: Clinical correlation for leucoerythroblastic picture with monocytosis

Senior Resident: Dr Yukim

Consultant: Dr Anita Chopra

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अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029
आपातकालीन विभाग



UHID No: 107832517

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 20240300116956

दिनांक DATE: 20/10/2024

समय TIME: 01:47:06 PM
NON-MHC

नाम NAME: **MR ARSHAD HUSAN** आयु AGE: **8 months 27 days** लिंग SEX: **M**
S/O: Saddam Hussain
घर का पता HOME ADDRESS: मकान संख्या H NO: Bahouch Lucknow
शहर/प्रदेश CITY/BLOCK: उत्तर प्रदेश UTTAR PRADESH
पिन PIN: गेली / मुहल्ला STREET: MOH
दूरभाष नं. PHONE NO: 7715954138
मोबाइल नं. MOBILE NO: 7715954138
स्थान Location: Paediatrics Emergency
Criticality: Red / Yellow / Green

बrought by: Relative

Triage: Responsive/ Unresponsive
Shifted to Paeds/ Main/ New Emergency
HR /min BP mmlHg RR /min SpO2 %
Presenting Complaints: **Wt - 7.5 kg**
→ have received 10BT yesterday
F/U/c Bicytopenia mein bulley NSM ↓ evaluate.
c/o ① loose stool x since today morning
- a/w mucoid / blood in stool.
② Vomiting x since today morning
③ Fever

Airway Open & stable: Yes/No If No: _____ Breathing RR 24 /min Efforts: Normal/Poor/increased Auscultation Air entry: Normal/poor/Differential Added sounds: None/Sibilant/Wheeze/Crackles SpO2 on Room air: 96	Circulation HR: _____/min CFT: 2 secs. BP: 110/75 mmlHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others: _____	Disability GCS: 15 Pupil size: _____/mm Pupillary Reactions: NSNR Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar: _____ mg/dl Exposure: Temp: _____ Colour: Normal/pallor/cyanosis/ mottled Any other skin lesions: _____
--	---	---

Diagnosis: **Bicytopenia mein bulley NSM ↓ evaluate c Dependent**

Inv
[CBC
- stool (R)
- stool (M)
- stool (S)

Adv: - - WHO-ORS as advised.
- Syb Zinc (2015) 5ml x PO x OD x 4days.
- Syb Cefixime (40015) 4ml x PO x BD x 7days.
- Danger sign explained.
- R/w SOS.

Dr. P. S. ...
Paediatrics
All India Institute of Medical Sciences
New Delhi-110029

(REVISED)

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029
आपातकालीन विभाग



(DEPT. OF EMERGENCY MEDICINE)

समय TIME: 12:59:28 PM
NON-ACU

आपातकालीन नं./Emergency No: 2024003000122460

दिनांक DATE: 02/11/2024

नाम NAME: **MR ARSHAD HUSAN** आयु AGE: **9 months 9 days** लिंग/SEX: **M**
 S/O: **Saddam Hussain**
 पता ADDRESS: **मकान संख्या/H NO: Bahraich Lucknow**
शहर ब्लॉक/CITY BLOCK: MOH
राज्य/STATE: UTTAR PRADESH पिन PIN: **715954138**
मोबाइल नं./MOBILE NO: 7715954138 स्थान Location: **Pediatrics Emergency**
 Criticality: **Red / Yellow / Green**

द्वारा BROUGHT BY: **Relative**

Triage: **Responsive/ Unresponsive** HR **/min** BP **/min** mmHg RR **/min** SpO2 **%**
 Shifted to Paed/ Main/ New Emergency
 Presenting Complaints: **64y**
referred from daycare
Suspected [Viral]
no current issues
 Primary Assessment (ABCDE) - Assessment Pentagon

Airway Open & stable Yes/No If No _____ Breathing RR <u>38</u> /min Efforts Normal/Poor/Increased Auscultation Air entry Normal/poor/Differential Added sounds None/Sibilant/Wheeze/Crackles SpO2 on Room air 96.1 on RA WT - 7.6 kgs.	Circulation HR 153 /min CTT 2 sec BP _____ mmHg Peripheral pulse: Poor/Good Central pulse: Poor/Good Skin temp: Warm/cool Others: no signs of LHF	Disability GCS awake/alert Pupil size _____ /min Pupillary Reactions _____ Motor activity: Normal & Symmetrical Asymmetrical Posturing/Flaccidity/Seizure Blood Sugar _____ mg/dl Exposure Temp 97.6 Colour: Normal/pallor/cyanosis/mottled Any other skin lesions _____
--	---	---

Diagnosis Common
Use Adha

- Transfuse 80 ml FBC @ 10ml/kg
→ Peds on to serum
- Monitor vitals
Dr. Anurag

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name	उम्र Age	सर्विस Service	दिनांक Date	यू.आई.सी. सं. नं. UHID No.
प्रोफेसर कुंचाजं Professor I/C			12-Oct-24	

Notes written by _____

Fever x 1 month
progressive
pallor x 2 months

CLINICAL NOTES
SR notes

Anemia
monocytosis
eosinophilia

103 - CBC
25340
2.8L
Hct 3.1
monocyte >1000
eosinophil >1000

C/E
splenomegaly

- sent from pediatric oncology day care for blood transfusion.
acute leukemia.

- sent from day care for blood transfusion.

BMP/flow cytometry: awaited

plan to transfuse blood & follow up in pediatric oncology in

Kun/Vashi
SR pediatrician



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 ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029
 आयुर्विज्ञान संस्थान

7 (REVISED)



UID No: 102832517

DEPT. OF EMERGENCY MEDICINE

आपातकालीन चिकित्सा (Emergency) No: 2021003001210001 दिनांक DATE: 06/11/2024 TIME: 10:56:17 PM

NO. MED

MR NAME: **MR ARSHAD HUSAN** AGE: 9 months 12 days Gender: **M**
 S/O: **Saddam Husain**
 Q11 ADDRESS: **DEEJ ROAD HUDA, Bahadurpur Lucknow**
202002, CIVIL BLOCK, PUNJAB
71951411 **71951411**
71951411 **71951411**
71951411 **71951411**
 Q12 PROCAT BY: **Relative - FATHER** **Critically: Red/Yellow/Green**

Triage: **Responsive/Unresponsive** HR **160/min** BP **mmHg** RR **40/min** SpO2 **100%**
 Shifted to Paeds/ Main/ New Emergency

Presenting Complaints: **1/10 IMM**
40% fever & cough
Breathing difficulty
 Primary Assessment (ABCDE): **chemo nasix**
(↓ Paeds oncology)

Airway Open & stable (Yes/No) If No _____ Breathing RR _____ /min Efforts Normal/Poor/increased Auscultation Air entry _____ Normal/poor/Differential _____ Added sounds: mild None/Stridor/ Wheeze (rattles) _____ SpO2 on Room air 100% 160%	Circulation HR 160/min (40b/min) CRT <3secs BP _____ mmHg Peripheral pulse: Poor (Good) Central pulse: Poor (Good) Skin temp: Warm /cool Others _____	Disability GCS 14/15 Pupil size _____ /mm Pupillary Reactions: Bip reactive Motor activity Normal & Symmetrical/ Asymmetrical/ Posturing/Flaccidity/Seizure Blood Sugar _____ mg/dl Exposure Temp 100 °F Colour: Normal /pallor/cyanosis/ mottled Any other skin lesions _____
---	--	--

Diagnosis: **Community acquired pneumonia**

VDG
 CBC
 Blood C/S
 CXR

6/11 **ddv**
 by **MM** 100% W stat
 1-300W
 Review Reports

विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२९
DEPARTMENT OF RADIODIAGNOSIS
A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

बाल विकिरण विभाग
UHID: 107832517
ABHA
hushehshad2520241@ebdm
Dept No: 20240030027315
ARSHAD HUSAN

कमरा / Room: C-210
Queue / संख्या: N10
Unit: Paediatric

Ref. Deptt./Unit : _____ Date : _____

UHID No. : _____ LMP : _____

Dr. Saadati Hussain
Dr. Saadati Hussain
Saharsh, Lucknow, UTTAR PRADESH
INDIA
Ph: 7712964138 General. Re. 0
New Patient

डा० सुहादी



Reporting: 08:48:14
28-08-2024

Clinical / Working Diagnosis

Blood Urea / S. Creatinine :

Any h / o allergy or asthma :
(for IVU patients only) :

Signature of Referring Physician / Date :

Consent :

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and / or sedation. The associated complications and risks have been explained to me.

Signature of Patient / Date :

Your appointment is on : 1/10

Room No. : Bm-5

Time Slot : 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30

X- Ray No. : _____ Size / No. of Films _____

Date : _____ Kvp/mAS: _____

Sign. of Radiographer :

P.T.O.

अखिल भारतीय आयुर्विज्ञान संस्थान
 ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२९
 ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : ARSHAD HUSAN आयु : 8m लिंग : M यू.एच.आई.सी. नं. : 107832517
 WARD : PCCPD BED NO. : DIAGNOSIS :
 PATIENT'S BLOOD GROUP : B(+) UNIT CHIEF :

Date	Starting time	Bag No	COMPONENTS							Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
			WB	RBC	PLT	FFP	PLSM	CRYO	QTY							
<u>13/10/24</u>	<u>7pm</u>	<u>2024</u> <u>C07331</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>B (+)</u>	<u>Dr. Sushant</u>	<u>Shel</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
		<u>(60 + 50 K)</u>														
		<u>Total = 112 ml</u>														

Dr. Sushant
 13/10/24
 7pm
 107832517
 B (+)
 Dr. Sushant
 Shel
 112 ml
 Total = 112 ml
 (60 + 50 K)
 C07331
 2024
 13/10/24
 7pm

- WB = WHOLE BLOOD
- RBC = RED BLOOD CELL
- PLT = PLATELET
- PLAM = PLASMA
- CRYO = CRYOPRECIPRATE
- QTY = QUANTITY
- FFP = FRESH FROZEN PLASMA

DATE:

DETAILS OF BLOOD REACTION, IF ANY	
ACTION TAKEN	
CAUSE OF BLOOD REACTION	
OUTCOME	

LABORATORY ONCOLOGY (IRCH LABORATORY)

4th Floor, Room No. 414, G.F., Room No. 8, Dr BRAIRCH, AIIMS, New Delhi, Tel : 5414, 3358, 5048

Referral form for Bone Marrow, Peripheral Smear, Flowcytometry, Molecular and Myeloma & Other Studies

MATERIAL SENT

- (a) Bone marrow aspiration No _____ Site _____
- (b) BM touch preparation No _____ Site _____
- (c) Peripheral smear _____
- (d) Blood (ml) _____
- (e) Any other _____

(For Lab Use Only)

Lab Ref No _____

Received on _____

at _____ AM/PM _____

SPI _____

UNID 107832517
 ARSHA
 Email: arsha.2520241@aiim
 Dept No: 2024033027315

Pat _____

Room C-210
 Queue / N10
 Unit: Paediatric

(b/c) ARSHAD HUSAN

Age _____ Sex _____

Re _____

5th Sadam Hussain
 Dr BMAD Hussain

Ward / Bed No. _____

Cli _____

5th Sadam Hussain
 Dr BMAD Hussain

Sultan-in-Charge Dr. Hussain

No _____

5th Sadam Hussain
 Dr BMAD Hussain



CLINICAL SUMMARY INCLUDING INVESTIGATIONS AND TREATMENT

ICCHA SHAKTI CHARITABLE TRUST

6.8 → 86720 (1.19) → 26070

6 months x 1 month
 - Anemia follow x 1 month
 - Abd. distⁿ & large
 - No BT (PRx)
 - HSM ⊕; LAB ⊕ ? Acute leukemia
 - Rf PB → Flow cytometry

PREVIOUS & HEMOGRAM (DATE & LAB REF. NO.) _____

BLOOD TRANSFUSIONS (TOTAL NO. & DATE OF LAST B.T.) _____

RADIOLOGICAL DATE _____

CLINICAL DIAGNOSIS _____



अ० भा० आ० स० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department



SMOKING IS PROHIBITED IN HOSPITAL PREMISES

उपनाम / Name: ARSHAD HUSAN
 आयु / Age: 8 months old
 लिंग / Sex: Male
 रोगी संख्या / Patient No: 23162024

कक्षा / Room: C-210
 कतार संख्या / Queue No: F21
 एम्बुलेंस / Ambulance: -

OPR-6

एम्बुलेंस / Unit / System / Dept

डॉ. सलमान हुसैन / Dr. Salman Husain
 (MBBS, MD)
 बहिरंग विभाग / Out Patient Dept
 एम्बुलेंस संख्या / Ambulance No: -
 लिंग / Sex: Male
 फॉलोअप / Follow up: Review



OPD Regn No

रोग / Disease: JMML

दिनांक / Date	उपचार / Treatment
28/10/24	<p>Fluc Splenoepctomy / Prognosis Pellar. Received 3 PRBC transfusion in last 1 month ? JMML</p>
28/10/24	<p>Cat I Splenoepctomy AMC >1000 PB blast 2-3% Bcr-ABL - ?? 8 month old HIV-NR CMV PCR EBV PCR Invo virus</p>
28/10/24	<p>Cat II NGC - ailed</p>
28/10/24	<p>Cat III ① circulatory myeloid precursors ② WBC >10,000 MbF - not done</p>

Handwritten notes in a circle: 28

WBC = 8
 WBC - 30470
 AMC - 8010
 PLT - 118 x 10³
 Venet PS - 24% blast
 Megakaryocyte - 4%
 Myeloblasts - 11%

No acute symptoms at pres
 Received last transfusion 4 days back

Ado - POC date
 28/10/24 Monday 2pm

→ Rlv E NGC report
 - Days ago confirmed
 Flu is POC
 → NGD Please provide support for Sky

Dr. Anurag
 Consultant
 Pediatric Oncology
 DMG - 52071
 ANMS - New Delhi



CLEAN AND GREEN ANMS / एक स्वच्छ और हरित, स्वास्थ्य से काया कल्प
 अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.C. ANMS 26588360 26593444 www.ortho.org Helpline - 1060 (24 hrs service)



No. Plan R.



अ. भा. आ. सं. अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department



SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी विवरण / Patient Information
UHID 107832517
ABHA
Dept No. 2024003009248
ARSHAD HUSAN

कक्षा / Room C-310
Queue / अंका F12
Unit: Pediatric

OPR-6

S/O Arshad Husan
D-14A 2ND - 14/7/24
Barrack, Lucknow, UTTAR PRADESH
INDIA
PH. 7715354138 General Rx. D
Follow Up Patient



व. से. वि. पंजीकरण नं. / DPD Regn. No.

लिंग / Sex	उम्र / Age	पता / Address

रोग / Diagnosis

दिनांक / Date

उपचार / Treatment

27
→ 5kg

15/10/24

6.0 ³⁸⁹⁰ LBSL
Few tear drop cell

Blant 10% Myelocyte 10%
metamyelocyte 6%
N30% L25% Mono 25%
immature cell.

PO4 = 5.6

K = 4.7

Bili = 1.67/0.6/1.07

ALT/AST = 384/389.

c/o fever x 1 month

→ c/o noticing pallor (F)

→ received 3 @ PRBC till now .



CLEAN AND GREEN AIIMS / एमस का पर्याय सफाई, स्वच्छता से काया बचने
अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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9/10/24

Seen without appointment -

- fever 1 month.
- Progressive pallor & 2w.

Liver 2cm & 1cm.
Spleen 3cm & 1cm.

Serial CBCs: Anemia (+)
Leucocytosis (+)
Pit > 1L.
Monocytosis (+)
Eosinophilia (+)

Latest CBC s/o.

SS ¹²⁸³⁴⁶ 2.8L

Blast 3%.
Monocytes > 1000
Eosinophil > 1000.

IRCH PS: occasional Histi

BMA/flow: Awaited -
TLS: Not done.



Adara

14/10/24

URGENT date for PRBC transfusion from Daycare.

2. To Discuss BMA/flow | PS → Hematopath on 11/10.
3. To do RFT, LFT, CBC
4. To decide on BCR-ABL/NGS after Hematopath discussion
5. N/V on 12/10 in Daycare & CBC/TLS for review
6. OPD → 14/10/24 2pm POC.



ओ मां ओ सं अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department



अस्पताल में जबरन दवाओं का प्रयोग / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी विवरण / Patient Information
 UHID: 107832317
 ABHA
 Dept No: 2024033028248

ARSHAD HUSAN

Dr. Sattam Husan
 C-210 (401) 2B/1008
 Baham, Lakhna, UTTAR PRADESH
 India
 Ph: 7715954138 General: Ra. D
 New Patals

कक्षा / Room: C-210
 क्वार्टर / Ward: N1
 UNIT / POC

OPR-6



Reporting: 02/10/24
 8/10/2024

आरोग्य-परीक्षण- / O.P.D. Regn. No.

रोग / Diagnosis

दिनांक / Date: 7-10-24
 (Signature)
 LINC102400321 107832317
 ARSHAD HUSAN
 BMDA flow

Study / Test / Report
 of IRU re flow report
 of BMDA reports
 1. Rpt CBC -
 2. M/V 9/10/24 C report
 S



CLEAN AND GREEN AIIMS / एक ही छत तहत, स्वस्थ ही साथ साथ
 अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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allaihospital.org

Hemat P.S: Normocytic normochromic P.S.
Spherocytes (+) teardrop cells (+)
2% Blasts
Myelocytes +/- Neutrophils 1%.

IRCH P.S: awaited

HPLC mother: sent

father: to be sent.

LDH: 1220 (↑)

Imp D/D: → Storage dis
→ Hemoglobinopathy
→ Leukemia
→ MPN.

Advice:

1. % of c/f IRCH P.S and flow.
2. BM examination done tomo: to send P.S, flow.
Take sample extra for karyotyping, cytogenetics, NGS.
3. % of c/f pending investigations: Viral markers
FORCH profile.
IRCH P.S and flow - peripheral
blood: TFT.
4. N/v on 7/10/24 @ 2pm - POC clinic

4/10 BMA (+) Bx done (+) a septic
recurrences
NGS / karyotype / preserved
cytogenetics / sample
Nishi

Dr. Sanjana. S
DM, Pediatric Oncology
AIIMS, New Delhi
DMC-109688

Post procedure: stable
Vitals



ओ भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिर्गम रोगी विभाग / Out Patient Department



वित्त विभाग को लिये
UHID 107832917

कक्षा / मकान / कक्षा सं.
C-217



Case No. 20240030027315

कक्षा / मकान / कक्षा सं.
N9

OPR-6

नाम: ARSHAD HUSAN

वित्त विभाग को लिये / OPD Regn. No.

S/O Rashid Husan
D-811001-AMRITA
Bareilly, Lucknow, UTTAR PRADESH
NDA
Pin 271225/136 General Reg. C
New Patient

फोटो

उम्र / Age

पता / Address



Reporting 01/01/24
03/10/2024

रोग/Diagnosis

दिनांक / Date

उपचार / Treatment

22/10/24
7-4/24

8m/M

- c/o fever x 1 month
- c/o progressive pallor x 1 month
- H/o blood transfusion

o/e: pallor (+)

Development - (N)

No LN.

Liver 4cm ↓ RCL

Spleen 3cm ↓ LCL

CBC: $1.8 \left\{ \begin{array}{l} 86740 \\ 26070 \end{array} \right. \rightarrow 1.19L \rightarrow 5.3 \left\{ \begin{array}{l} 15600 \\ 4.04L \end{array} \right. \rightarrow 8.4 \left\{ \begin{array}{l} 20240 \\ 90000 \end{array} \right.$

ILS markers: (N)

LF1: (N)



CLEAN AND GREEN AIIMS / एक ही छत में स्वच्छता और चिकित्सा
अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.D. AIIMS 26588360, 26583444, www.orbo.org Helpline - 1060 (24 hrs service)



Ur/cr : 24/0.16
 Ca/PO4 : 9.2/6.4
 U.N. : 3.6
 No/K : 136/50
 AST/ALT : 196/219
 T7/Ab : 7.2/3.9

5.8 $\frac{28,340}{2.8L}$
 Abs. Monocyte
 count : 3680

Adv:

- CBC/RFT/LFT - Smart Lab
- HPLC
- BCR-ABL - $\left\{ \begin{array}{l} \text{Six} \\ \text{streak} \end{array} \right.$
- NGS for JMML $\left\{ \begin{array}{l} \text{Deylon} \end{array} \right.$

BMBx : No Tse in CD34/CD117 +ve cells.

HIV (M) NR
 HBsAg NR
 Anti HCV NR
 LDH : 1221

Cat 1
 < Hemomegaly
 < Monocyte - >1000
 < Blasts : 0.8%

N/A in CPD on
 19/10/2024 2 CBC/
 RFT/LFT
 Shivan

Hematopath discussion:

PS : MHC
 Monocytosis : 10%
 Eosinophilia (-)

Canhids / CPAA -
 please keep with NGS.

BMA : Monocytic precursors (+)
 No Tse in Blast.
 Myeloid maturation - (N)



FCM : CD34, CD117 +ve
 0.8% Myeloid Blasts
 Negative for T cell markers
 4.5% monocytes



ICCHA SHANTI CHARITABLE TRUST



अ. भा. आ. स. अस्पताल / A.I.I.M.S. HOSPITAL

उत्तम चिकित्सा शिक्षण / Patient Department

आरोग्य विभाग



JHL 107812517

Dept No. 212808828248

ARSHAD HUSAN

कक्षा / Room

C-210

NO IS PROHIBITED IN HOSPITAL PREMISES

किसी भी वस्तु

F44

OPR-6

UNPAI FISC

अ. भा. आ. स. अस्पताल / OPO Regn No.

डॉ. सुभाष चंद्र
DR. AM. C. S. P. S. S.
विकास, लखनऊ / TAN PRADESH
RIP
Ph. 711224130 General No. 0
Follow Up Patient



Reporting 01/08/24
14:10:2924

Address

Age

रोग / Diagnosis

R/o Bihmish W.P.

दिनांक / Date

रोग / Disease

Hepatosplenomegaly (↓ evaluation)

चो,

- Fever x 1mo

- Progressive pallor x 1mo

- H/o Blood Transfusion - 30 PRBC

frices: coarse

Pallor present

B/L cervical LAP - 1x1cm

Liver: 4cm JRCM

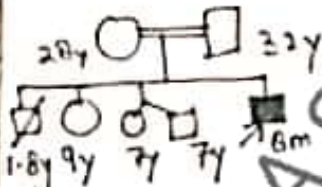
Spleen: 5cm JRCM

IRCH PS: WBC - 154 L22 E9
(30/9/24) occasional Blast

RBC - NCNC, rRBC - 10/100

Ret - 1 sed.

PS: Leukocytoblastic picture + normocytosis



H/o Splenomegaly
Enlarged Abdomen
anemia



CLEAN AND GREEN AIIMS / स्वच्छता का प्रतिबन्ध, अस्पताल में स्वच्छता का प्रतिबन्ध
अंगदान - जीवन का अमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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www.aiims.edu.in



9 myeloid cells
M1 adequate } → Lymphoma
R

ju
PPP
CR1340
P1/2/4/11/105

Ph 20% normal
H/R 10% (w)

9/10 - Coft
L3000 Sura
L11 (w)

Low
dys - WBC
P3
Lymph - ? Acute leukemia
? Infection in deep
Lymphoma
? Hemophagocytosis
~~leukemia~~

ICCITA SHANTI CHARITABLE TRUST

MCB - Day
Case

- (CA/LE/11/105) LON } CoR (P1) P111 (P105)
- P15 (7/11/11) PB-FC
- D/T - Bone marrow Exam - BMA + P1 + FC + cytospin + molecular
- Plenty of blasts
- High PCr (1000/1000) S. Bone 400 (3000 P1)
- 21/2 POC - 30% of POC @ 2pm + reports
- 50% Permeable to cells - Below neck after bath
- Referral to pediatric emergency
- CBC (urgent) for PBC transplant
- 70% project
- 60% with H/L

Dr. [Signature]
Bhishmi Bhasin
District Resident
Pediatric Oncology
Gandhinagar
Gandhinagar



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
 बहिरंग रोगी विभाग / Out Patient Department

शराब पीना और धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6



रोगी विवरण / Patient Info
 UMID 107832517
 ARSHA
 Address: arsha82120241@aimh
 Dept No: 2024/030027310
ARSHAD HUSAN

कक्षा / Room: C-210
 Queue / संख्या: N10
 Unit: III Paediatric

वर्ष / Age	पता / Address
	DEL/24/16232 altrozay

ICD-10 Code: M54.5
 Disease: BACK PAIN
 Location: UTTAR PRADESH
 Pin: 2215054136
 New Patient
 ICD-10 Diagnosis



Reporting Date: 28/10/2024

? Arshad Husan

दिनांक / Date

DEL/24/16391
 3/10/24
 5.0

28/10
 41090 (J)
 1660 (210)

? Arshad Husan
 ? Arshad Husan
 ? Arshad Husan
 HIV - ART course

- PS. Awaited

- Recvd PRBC on Saturday

- No h/o Blood transfusion

(h/o Repeat test: BI - PRBC only X(2)
 HSM ⊕

Adv



→ HPLC (Mother & Father)

- GL PB-PS (Submitted today)

✓ TLS | LDH | CBC | S. viral markers

- Post prnc BMIA to Friday (all PS report is available)
 (- to do BM - Bi - result)

✓ - PB FC. (TR UN)

- N/v PRSC - on 3/10/24 @ 2pm

(24/10/24/177)

CLEAN AND GREEN AIMS / एम आर ओ बी का धर्म सत्य, सदा सत्य है

अंगदान जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

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CR-14702
AIIMS OPD



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बहिर्गम रोगी विभाग / Out Patient Department

अस्पताल में शवकेंद्र प्रयोग वर्जित है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

रोगी पहचान विभाग
UNIT 107822517
ARSHA
Phone: 011-26588360-3
Dept No: 2024003/027315
ARSHAD HUSAN

रोगी / Room
C-210
Queue / Wait
N10
Unit / Paediatric

अस्पताल / Regn No. / OPD. Regn. No.

Age	Address
107822517	

रोगी सेवकों के पास
आवृत्त न करें
उत्तर प्रदेश
FCA
Ph: 26588360
General R: 0
New Patients



DATE: 26/08/2024

Reporting: 26/08/2024

रोग / Diagnosis

Time/Date 7/11
उपचार/Treatment
Fever, Anemia
Ingram's salt x 1 month
No diet 2 days
No bleeding from any site
No B7 PIBC - I week back
No symptomatic measles in 1 site
No h/o TB contact
Stable

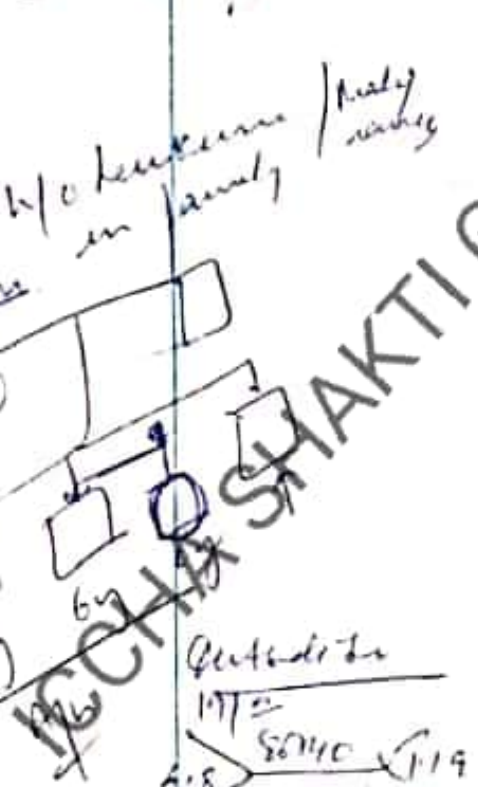
No h/o leukemia in family
No h/o TB contact
No h/o symptomatic measles in 1 site

94
69
170
5.8 → 80110 → 119
26070

513 → 6180 → 4041
R/S

S. P. 110
CR 07/21 - 71.5/58.5
Hb 123.5

P/S → RBC - MCHC, mild anemia on 9 pills x 1 mo.
TLC - markedly increased with various stages of immature cells.



CLEAN AND GREEN AIIMS / एक ही मकान, खाना से कचरा कम
अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)





भारत सरकार

Government of India



सदम हुसैन

Saddam Husain

जन्म तिथि / DOB: 01/01/1991

लिंग / GENDER: MALE

Mobile No.: 8795406585

5393 8524 7249



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