



# **EK PARIVARTAN**

## **F O U N D A T I O N**

**Working for a Better Tomorrow**

**EK PARIVARTAN FOUNDATION REGISTRATION NO: 130**

**EK PARIVARTAN FOUNDATION PAN NO: AAATE9879M**

**EK PARIVARTAN FOUNDATION 80G NO: AAATE9879MF20221**

**EK PARIVARTAN FOUNDATION NGO DARPAN : DL/2019/0230573**

**EK PARIVARTAN FOUNDATION GUIDESTAR INDIA : 11308**

**EK PARIVARTAN FOUNDATION CSR REG NO : CSR00040314**

**EK PARIVARTAN FOUNDATION TM APP NO : 5822870**

**EK PARIVARTAN FOUNDATION MSME NO : DL-02-0040746**

**EK PARIVARTAN FOUNDATION WEBSITE : [WWW.EPFNGO.ORG](http://WWW.EPFNGO.ORG)**

**EK PARIVARTAN FOUNDATION E-MAIL : [INFO@EPFNGO.ORG](mailto:INFO@EPFNGO.ORG)**

<b>PATIENT NAME</b>	<b>BABY OF SONAL KAMBLE</b>
<b>PATIENT MOTHER NAME</b>	<b>SONAL KAMBLE</b>
<b>DOB AND GENDER</b>	<b>BORN BABY / FEMALE</b>
<b>SERIOUS DISEASE NAME</b>	<b>Preterm With (RDS) Respiratory Distress Syndrome, (HMD) Hyaline Membrane Disease, (LBW) Low Birth Weight, Required Ventilator Support And Inl Surfrant</b>
<b>TREATMENT HOSPITAL</b>	<b>SANJIVANI HOSPITAL, MAHARASTRA</b>
<b>UID NO</b>	<b>67890</b>
<b>DEPARTMENT NAME</b>	<b>NICU</b>
<b>TREATMENT COST</b>	<b>4,80,000</b>
<b>PATIENT FATHER OCCUPATION</b>	<b>LABOR</b>
<b>PATIENT ADDRESS</b>	<b>KOLAMBI, YAVATMAL, MH-445109</b>





TM

# ADMISSION RECORD

प्रवेशनोंद

UID No 67890      io : 2026-610      Ward / ICU : NICU      Bed / Room No : 08  
Patient's Full name Ech sonal kambale      Age : 1 DAY      Sex : MALE  
Date & Time of Admission 29/03/2026      02 : 37 PM  
Date & Time of Discharge / Death \_\_\_\_\_  
Aadhar No : \_\_\_\_\_      Occupation \_\_\_\_\_      MLC No & Police Station : \_\_\_\_\_  
Address : \_\_\_\_\_  
Consultant Name Dr. Nitin Maskee      Referring Doctor \_\_\_\_\_  
In case of Emergency, Contact : \_\_\_\_\_  
Relationship FATHER      Mobile No. \_\_\_\_\_  
Status of Discharge : \_\_\_\_\_  
Provisional Diagnosis preterm RDS hmd      Final Diagnosis \_\_\_\_\_      ICD Code \_\_\_\_\_  
Cause of Death : \_\_\_\_\_

## PATIENT INITIAL ASSESSMENT RECORD

CHIEF COMPLAINT AND CONDITION AT THE TIME OF ADMISSION:

O/E : \_\_\_\_\_      Temp : \_\_\_\_\_      Pulse : \_\_\_\_\_      BP : \_\_\_\_\_      Respiration : \_\_\_\_\_  
Weight : \_\_\_\_\_ Kg      Height : \_\_\_\_\_

PAST HISTORY ( MEDICAL & Surgical)-

*27 weeks / Preterm / 2044*

RELEVANT FAMILY HISTORY-

*Ref as case of  
Extreme preterm CRNS  
? hmd.*

MEDICATION HISTORY-

ANY HABBIT- (TOBACO/ALCOHOL/SMOKING/OTHER)

RELEVANT PREVIOUS INVESTIGATIONS/ REPORT-

IMMUNIZATION RECORDS & NUTRITIONAL & GROWTH HISTORY<sup>ing</sup>

# उत्पन्नाचा दाखला

कार्यालय :

तालुका : \_\_\_\_\_

जिल्हा : यवतमाळ

दाखला क्र. : 2512

दिनांक : 15/03/26

हे प्रमाणित करण्यात येते की,

श्री./श्रीमती शिवानंद रा. कांबळे

रा. मोनी

तालुका \_\_\_\_\_, जिल्हा यवतमाळ

यांचे कुटुंबीय वार्षिक उत्पन्न रुपये 60,000/-

(अक्षरी रुपये \_\_\_\_\_ फक्त)

इतके आहे. एाठ हजार रुपये

वरील उत्पन्न हे खालील स्रोतांमधून मिळते:

1. शेती / नोकरी / व्यवसाय / मजुरी (योग्य ते नमूद करावे)
2. इतर उत्पन्न (असल्यास) : \_\_\_\_\_

हा दाखला श्री./श्रीमती \_\_\_\_\_ यांना  
(उदा. शैक्षणिक / शासकीय / इतर)

कामासाठी देण्यात येत आहे. \_\_\_\_\_



*[Handwritten Signature]*



Deorankar Nagar Road Nr Vijaya Mangalam  
Amravati, Maharashtra, 444601

## Sanjivani Multi-speciality Hospital

Dr. Aakash Bathe

M. D. ( ped. )

Reg no. 2002/07/1977

Dr. Nitin Maskee

M.B.B.S., D.CH

Reg no. 1-4771-A

31/03/2026

To,  
The Parivartan Foundation  
Subject: Request for Fundraising Support for Patient Treatment

Respected Sir/Madam,

I am writing on behalf of Sanjivani Hospital, to request your kind support for one of our patients, FCH Sonal Kamble, who is currently undergoing treatment at our hospital.

The patient has been diagnosed with a serious medical condition 27 WEEKS PRETERM WITH RDS HMD |bw REQUIRED VENTILATOR SUPPORT And Inl SURFRANT

and requires immediate and continued medical care. However, due to financial constraints, the patient and their family are unable to bear the cost of treatment. The patient's guardian, Sadanand Kamble, has expressed their inability to arrange the required funds despite all possible efforts.

The estimated cost of the treatment is beyond the financial capacity of the family, and any delay in treatment may adversely affect the patient's health condition. As a hospital, we are extending support wherever possible, but additional financial assistance is urgently required to ensure proper and timely treatment.

In light of the above, we humbly request Ek Parivartan Foundation to kindly assist in fundraising for this case. Your support will play a crucial role in saving a life and providing relief to a distressed family.

We would be grateful for your cooperation and support in this noble cause. Please feel free to contact us for any further details or medical documents related to the case.

Thanking you.  
Yours sincerely,

Dr. Nitin Maskee ( MBBS DCH )  
Hospital Name: Sanjivani Multispecialty Hospital  
Date:





Deorankar Nagar Road Nr Vijaya Mangalam  
Amravati, Maharashtra, 444601

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31/03/2026

To,  
The Parivartan Foundation,

### **ESTIMATE LETTER**

This is to certify that **FCH** of Mrs. Sonal S. Kamble is suffering from **27 WEEKS PRETERM WITH RDS HMD Ibw**  
**REQUIRED VENTILATOR SUPPORT And Inl SURFRANT**

She has admitted for Medical Management for the above-mentioned disease at Sanjivani Hospital.

It is estimated that patient will require stay & treatment for his complaints for approximately **1 and Half Month**

The approximate expenses / cost of the procedure / treatment would be of entire treatment will be **Rs. 4,80,000/-**

**(Four Lack Eighty Thousand Only).**

Therefore, I request you to kindly sanction maximum amount from your side & oblige.



Dr. Nitin Maskee  
M.B.B.S., D.CH

Reg no. 1-4771-A

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Reg no. 2002/07/1977

Dr. Nitin Maske

M.B.B.S., D.CH

Reg no. 1-4771-A

Date: 31/03/2026

To,  
The Parivartan Foundation,

TM

Subject: Request for GAP Funding for Patient Assistance

Dear Sir/Madam,

I am writing to request a gap funding for patient Fch Sonal S. Kmbale for his treatment and medicine assistance, Aged 02 days was admitted in our hospital who has been diagnosed 27 weeks preterm with rds hmd lbw required ventilator support and ini surfrant

The patient comes from an economically challenged background and is unable to bear the cost of treatment independently.

The medical cost for 27 WEEKS PRETERM WITH RDS HMD lbw REQUIRED VENTILATOR SUPPORT And InI SURFRANT

Is about along with medicine support for about 45 days,

It contains all tariff and cost of treatment .

Medical estimate of patient is about 480,000 Rupees

- NICU charges 3500 per day 157000 for 45 days
- Mother room bed charge 800 per day 36000 for 45 days
- VENTILATOR charges 5000 per day 100000 for 20 days
- Investigation charges 30000
- Medicine Charges 80000 Approx
- Cpap Charge 18000
- Oxygen -15000
- Surfactal Ing- 44000

Total estimated amount is 480,000 Rs

Thank you for your support and understanding.

Yours sincerely,

# महाराष्ट्र पत्रकार संघ

नुक्रमांक

ST

No. 1006374

कौटुंबिक पुरवठापत्रिका/शिधापत्रिका

शिधावाटप क्षेत्र/यवतमा

कोड क्रमांक 136

वर्ज क्रमांक

नागरिकत्व

भारतीय

कुटुंब प्रमुखाचे नाव

य 34

शदानंद शमचंद्र कांबळे

संपूर्ण पत्ता

रा. लोणी (दर्याबा)

ता. जि. यवतमा

वर्जात नमूद केलेले कुटुंबाचे एकत्रित वार्षिक उत्पन्न रु. 40,000/-

सि वापरत असल्यास नोंदणीकृत ग्राहकाचे नाव

ग्राहक क्रमांक/गिटर क्रमांक

सिलेंडर एक/दोन

सि वितरकाचे नाव व ठिकाण

272026746802

~~27200~~

कुटुंब प्रमुखाची सही किंवा डाव्या

हस्ताच्या आंगठ्याचा ठसा

युनिटांची संख्या			निरीक्षक/ शिधावाटप अधिकार्याची सही
प्रौढ	मुले	युनिटे	
2	0	4	

पुरवठापत्रिका/शिधापत्रिका  
दिल्याची तारीख 12/4/2018...

शिधावाटप क्षेत्राच्या अधिकारीसही

जिल्हाधिकारी  
नियंत्रक शिधावाटप, मुंबई.  
महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार  
य नांवाने



अन्न, नागरी पुरवठा व ग्राहक संरक्षण विभाग,  
महाराष्ट्र शासन.

जुना पुरवठा / शिधापत्रिका क्रमांक ..... दिनांक .....

रास्तभाव / अ. शि. दुकान क्रमांक ..... संदर्भ क्रमांक .....

पुरवठापत्रिकेत / शिधापत्रिकेत समाविष्ट असलेली नावे

अनु- क्रमांक (१)	नाव (२)	वय (३)	कुटुंब प्रमुखाशी नाते (४)	निरीक्षक / शिधावाटप अधिकार्याची सही (५)
१) सोळाबंद	शोभाचंद कुलकर्णी	३५	स्वतः	
२) श्री. सोळाबंद	सोळाबंद काळवे	२०	पत्नी	२+०=२

जिल्हासिलखात, धुळे जिल्हा करीता

शुल्क. — मूल पत्रिकेस ५ रुपये, दुय्यम पत्रिकेस १० रुपये

**EKDANT CLINICAL LAB**  
**MR. GAJANAN P. RAUT**  
**Bsc PGDMLT(MSBTE)**  
**REG. NO.**  
**AD/MLT/0175/2020**



**EKDANT CLINICAL LAB**  
**AT RUKMINI NAGAR, AMRAVATI**  
**444601**

**ekdantclinicallab99@gmail.com**

011 100011 1000110011 0 011

**TEST REPORT**

**Patient ID : 18112**

**Patient Name** Baby of Sonal kamble  
**Age / Sex** F  
**Referred By** Dr. Kale Sir  
**Address**

**Sample Drawn** 30/03/2026  
**Registration**  
**Approved Date** 30/03/2026  
**Mobile No**

**CLINICAL BIOCHEMISTRY**

Test Name	Result	Unit	Reference Range
C-Reactive Protein (CRP) <i>Nephelometry</i>	1.24	mg/dl	0 - 5

**BIOCHEMISTRY**

Test Name	Result	Unit	Reference Range
<b>SERUM BILIRUBIN</b>			
TOTAL BILIRUBIN	3.75	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.62	mg/dl	0 - 0.3
INDIRECT BILIRUBIN	3.13	mg/dl	0 - 1

**Description :** A bilirubin blood test measures the levels of bilirubin in your blood. Bilirubin is a yellowish substance made during your body's normal process of breaking down old red blood cells. Bilirubin is found in bile, a fluid your liver makes that helps you digest food.

\*\*\*\*\*End Of Report \*\*\*\*\*

FOUNDATION

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**TEST REPORT**

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**Referred By** Dr. Kale Sir  
**Address**

**Sample Drawn** 30/03/2026  
**Registration**  
**Approved Date** 30/03/2026  
**Mobile No**

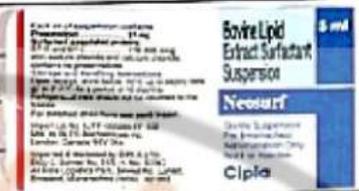
**HAEMATOLOGY**

Test Name	Result	Unit	Reference Range
<b>CBC</b>			
HEMOGLOBIN	20.1	gm%	11.5 - 15.5
RBC COUNT	5.50	Millions/cumm	3.9 - 6.3
TOTAL WBC COUNT	12700	/cumm	4500 - 11000
<b>Differential Count : -</b>			
NEUTROPHILS	9	%	40 - 75
LYMPHOCYTES	82	%	20 - 45
MONOCYTES	6.0	%	1 - 10
EOSINOPHILS	3	%	1 - 5
BASOPHILS	0	%	0 - 1
HCT	58.8	%	42 - 66
MEAN CORPUSCULAR VOLUME(MCV)	106.91	fl	88 - 126
MEAN CORPUSCULAR Hb(MCH)	36.55	pg	28 - 40
MEAN CORP. HEMO. CONC(MCHC)	34.18	g/dl	28 - 38
RED CELL DISTRIBUTION(RDW-CV)	14.4	%	11 - 16
PLATELET COUNT	147000	/cu.mm	150000 - 450000
MEAN PLATELET VOLUME(MPV)	8.4	fl	8 - 11
PLATELET DISTRIBUTION(PDW)	17.6	fl	9 - 17
PLATELET CRIT(PCT)	0.12	%	0.11 - 0.28
<b>BLOOD GROUP &amp; RH FACTOR</b>			
BLOOD GROUP	"O"		
RH FACTOR	POSITIVE		

*Gajanan*

# DOCTOR ORDER SHEET

W7 8019

Progress		Order
A) General Examination Look <u>Good</u> Temp <u>38.4°C</u> HR/PR <u>134</u> RR <u>20</u> SPO2 <u>96</u> Other <u>Apam 04</u>	BP <u>+</u> Pallor <u>-</u> Oedema <u>-</u> ICT <u>-</u> Cynosis <u>(+)</u>	 <p><u>by Surfactan given 30ml</u> <u>SC 576</u></p>
B) Systemic Examination Resp Syst: <u>ABR 21 Sm CO2</u> CVS: <u>PP-</u> P/A: <u>+</u> CNS: <u>Awake m</u> Diagnosis: <u>PT / Tumor</u>		<p><u>puta vitamin Supple</u> <u>in 4ml 10/Day</u> <u>by mero Sur Bo</u> <u>by mab si 0</u> <u>- WTK</u> <u>by Capu 10057</u></p>
A) General Examination Look <u>Good</u> Temp <u>38.4</u> HR/PR <u>130</u> RR <u>20</u> SPO2 <u>97</u> Other <u>g4</u>	BP Pallor Oedema ICT Cynosis	<p><u>g</u></p>
B) Systemic Examination Resp Syst: <u>on uett stau</u> CVS: <u>HS</u> P/A: <u>S</u> CNS: <u>C7A P2</u> Diagnosis:		

D No \_\_\_\_\_

Patient's Full name \_\_\_\_\_

GENERAL EXAMINATIONS ON ADMISSION

General condition	poor	Skin	Pale
Anaemia	+	Nails	Bare
Cyanosis	+	Any Others	
Oedema		Temperature	
Iaundice		Pulse	130/90
Throat	W	Respiration	90/pc
Tongue		B.P	
Lymph Nodes		Pain Score	

SYSTEMIC EXAMINATION

RR 90/min SIUR & / SCUR  
 SpO<sub>2</sub> < 60%  
 HS no - no PR  
 Bowel Micro Ab-4  
 S: 80

OTHER: -

Provisional Diagnosis

Final Diagnosis: PT/ IUCI RPS (HIV)

Plan of Care Rx: \_\_\_\_\_

INVESTIGATIONS / TESTS :-

X-Ray	Hb	Blood Group	Bilirubin
ECG	Tc	RBS	Direct
CHO	De	Urea	Protein (T)
USG / C.T / M.R.I	ESR	Creat	Albumin
ENDOSCOPY	Pl. Count	HIV	Globulin
L.P.E	BT	HBS Ag	A/G
OTHERS	CT	LFT	SGOT
GPT	AlkPo4	Na+	K+
Other			

Name & Signature of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_

8-A1 Progress		Order
<b>A) General Examination</b> Look <i>Pam</i> Temp <i>36</i> HR/PR <i>150</i> RR <i>on Vetti</i> SPO2 <i>94</i> Other		
BP <i>9.0</i> Pallor Oedema <i>+</i> ICT Cynosis <i>+</i>		<i>on Vetti 50ml/hr</i>
<b>B) Systemic Examination</b> Resp Syst: <i>on Vetti 50ml mod</i> CVS: <i>HS</i> P/A: <i>S</i> CNS: <i>C7A-D</i> <i>A CD 7 1</i> Diagnosis:		<i>g surface 11th Dec</i> <i>PC Inoculation</i> <i>gml lot per</i> <i>g mero 50 1/3</i> <i>g mero 0.200 1/2</i> <i>g mero</i>
<b>A) General Examination</b> Look <i>pam</i> Temp <i>36</i> HR/PR <i>130</i> RR <i>on Vetti</i> SPO2 <i>96</i> Other		
BP <i>6 pm</i> Pallor Oedema ICT Cynosis		<i>Agar 10 fls</i> <i>on Vetti. support e</i> <i>50ml/hr</i> <i>g. mero 50mg 1/2</i> <i>g. Vancoc 0.200 1/2</i> <i>g. Dobutamin dep. (0.1 ml)</i> <i>g. Capnea 0.300 0.1</i>
<b>B) Systemic Examination</b> Resp Syst: <i>on Vetti 50ml mod</i> CVS: <i>u-s</i> P/A: <i>S</i> CNS: <i>C7A-D</i> Diagnosis:		<i>g. mero 50mg 1/2</i> <i>g. Vancoc 0.200 1/2</i> <i>g. Dobutamin dep. (0.1 ml)</i> <i>g. Capnea 0.300 0.1</i>

S.A.I		Progress	Order
A) General Examination			
Look	Pgem	BP	Can Uct Supur
Temp	Low	Pallor	-
HR/PR	134	Oedema	+
RR	on uct SH	ICT	-
SPO2	94	Cynosis	-
Other			
B) Systemic Examination			
Resp Syst:	on uct SH		
CVS:	Sn 294		
P/A:	HS		
CNS:	CTAT		
Diagnosis:			
A) General Examination			
Look	Pgem	BP	
Temp	Low	Pallor	
HR/PR	140	Oedema	+
RR	on uct	ICT	-
SPO2	94	Cynosis	+
Other			

pH = 7.163  
pCO<sub>2</sub> = 49.35 mmHg  
pO<sub>2</sub> = 45.38 mmHg

#### HEMATOCRIT

Hct = 57.22 %  
SO<sub>2</sub> = 68.43 %  
Hb = 19.07 g/dL

#### ELECTROLYTES

Na = 130.1 mmol/L  
K = 4.65 mmol/L  
iCa = 1.27 mmol/L  
Cl = 124.0 mmol/L  
Li = NA mmol/L  
nCa = NA mmol/L

#### METABOLITES

GLU = mg/dL  
LAC = mmol/L

#### CALCULATED PARAMETERS

HCO<sub>3</sub> = 17.87 mmol/L  
TCO<sub>2</sub> = 19.35 mmol/L  
S<sub>EC</sub> = 16.36 mmol/L

O<sub>2</sub>Ct = 18.28 Vol%  
pO<sub>2</sub>% = 5.97 %

BE = -9.33 mmol/L  
BE-B = -10.5 mmol/L  
BE-EFF = -10.9 mmol/L

#### Anion Gap

AG-Na = -11.8 mmol/L  
AG-K = -7.15 mmol/L

#### Alveolar oxygen

A<sub>A</sub> = 90.62 mmHg  
A<sub>a</sub>DO<sub>2</sub> = 45.25 mmHg  
a/A = 50.07 %

*Scary*

TM

