



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

EK PARIVARTAN FOUNDATION E-MAIL : INFO@EPFNGO.ORG

PATIENT NAME	BABY MANAVI KUMARI
PATIENT FATHER NAME	MR. SHASHIKANT KUMAR
DOB AND GENDER	2 YR / FEMALE
DISEASE NAME	BLOOD CANCER, Griselli Syndrome
TREATMENT HOSPITAL	(AIIMS) ALL INDIA INSTITUTE OF MEDICAL SCIENCE
REGISTRATION NO	108959555
DEPARTMENT NAME	UNIT-II PAEDIATRICS, DAYCARE
TREATMENT COST	APPROX 2 TO 3 LAKH
PATIENT FATHER OCCUPATION	LABOR
PATIENT ADDRESS	VILL GOGAHRA DIST ROHTAS BIHAR





पृ 1
NO. 1



बिहार सरकार
GOVERNMENT OF BIHAR
योजना और विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
प्राथमिक स्वास्थ्य केंद्र करगार
PRIMARY HEALTH CENTRE KARGAAR

फॉर्म-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा बिहार जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अन्तर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि प्राथमिक स्वास्थ्य केंद्र करगार तहसील करगार जिला रोहतास राज्य/संघ प्रदेश बिहार, भारत के रजिस्ट्रार में दर्ज है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR PRIMARY HEALTH CENTRE KARGAAR OF TAHSIL/BLOCK KARGAAR OF DISTRICT ROHTAS OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: MANVI KUMARI

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:

24-11-2023

TWENTY-FOURTH-NOVEMBER-TWO THOUSAND TWENTY THREE

जन्म स्थान / PLACE OF BIRTH:
PRIMARY HEALTH CENTRE KARGAAR

माता का नाम / NAME OF MOTHER:

MANISHA KUMARI

पिता का नाम / NAME OF FATHER:
SHASHIKANT KUMAR

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

GOGAHRRA,
GORI, GOGAHRRA, KARGAAR, ROHTAS, BIHAR- 821107

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

GOGAHRRA,
GORI, GOGAHRRA, KARGAAR, ROHTAS,
BIHAR- 821107

पंजीकरण संख्या / REGISTRATION NUMBER:

B-2023: 10-08731-001429

पंजीकरण तारीख / DATE OF REGISTRATION:
10-12-2023

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:

19-12-2023

जारी करने वाला अधिकारी / ISSUING AUTHORITY

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
प्राथमिक स्वास्थ्य केंद्र करगार
PRIMARY HEALTH CENTRE KARGAAR

Hezahn



UPDATED ON:

10-12-2023 09:30:39



"THIS IS A COMPUTER GENERATED CERTIFICATE."
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES."

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



Transplant workup → GFR = 120 ml/min/1.73m²

CMV IgG = 154 IU/ml.

Mother = 12/12 match

fenofibric = 20 Lakhs

Variant testing in
B mother → Pending

Dental ✓
ENT ✓
Optical ✓ } seramen

Plan ① CBC & PS, LFT/RFT/PCT/
Blood c/s. | chest xray

② Red's casualty → Pip taz / Tico

③ NIV on 24/6/2016 in OPD & reports

④ In Transplant list

⑤ Blood done

SDP done

A⁺

A⁺

Dr. VISHAKHA VARSHNEY
SR. Paediatric Oncology
Dept. of Paediatrics
AIIMS, New Delhi

PRBC

⑤



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान न करना है। / SMOKING IS PROHIBITED



बाल चिकित्सा विभाग
UHID: 108959555

कमरा / Room
C-210
Queue / संख्या
F11
Unit-III, Paediatric.

LC1906262796 108959555

LH19062602077 108959555

-6

Dept No: 20260030006849

MANAVI KUMARI

D/O SHASHIKANT KUMAR
2Y 3M 20D / F (महिला)
VILLAGE GOGAHERA, DIST ROHTAS,
BIHAR, INDIA
General Rs. 0

Follow Up Patient

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment



- N/V in OPD on 20/6/2016
- To expedite BERA / FFA
for ERG clearance

Shivani SR.

Shivani SR.



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प
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)



UHID:	109069887	Sex :	Female
Patient Name :	Mrs MANISHA KUMARI	Sample Received Date :	22-May-2026 19:41 PM
Age :	27Y	Department :	Skin
Reg Date :	22-May-2026 19:08 PM	Sample Collection Date:	22-May-2026 12:48 PM
Recommended By :		Sample Details :	CTP-220526017
Lab Sub Centre:	SMART Lab. New RAK OPD	Lab Reference No:	2617851285

SEROLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : Serum			
Toxoplasma IgG (ECLIA)	0.18	IU/mL	0-0.99 IU/ml Non Reactive >1IU/ml Reactive
Toxoplasma IgM (ECLIA)	0.21	COI	0-0.99 COI Non Reactive >1 COI Reactive
Rubella IgG (ECLIA)	448.00	IU/mL	0-9.99 IU/ml Non Immune >10 IU/ml Immune
Remarks: Recent or Past infection. Kindly correlate with clinical findings.			
Rubella IgM (ECLIA)	0.24	COI	0-0.99 COI Non Reactive >1 COI Reactive
CMV IgG (ECLIA)	154.00	IU/mL	0-9.99 U/ml Non Reactive >10 U/ml Reactive
Remarks: Recent or Past infection. Kindly correlate with clinical findings.			
CMV IgM (ECLIA)	0.20	COI	0-0.99 COI Non Reactive >1 COI Reactive
HSV 1 IgG (ECLIA)	(!)	COI	0-0.99 COI Non Reactive >1 COI Reactive
Remarks: reagent not available			
HSV 2 IgG (ECLIA)	.	COI	0-0.99 COI Non Reactive >1 COI Reactive

—End of Report—

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Rupali Bains
23-May-2026 10:40



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



UHID: 108959555 Sex : Female
Patient Name : Miss. MANAVI KUMARI Sample Received Date : 22-May-2026 15:53 PM
Age : 2Y 3m Department : Paediatrics
Reg Date : 22-May-2026 14:18 PM Sample Collection Date : 22-May-2026 12:42 PM
Recommended By : LG2205260931-F
Lab Sub Centre: SMART Lab, New RAK OPD Lab Reference No: 2617847701

BIOCHEMISTRY

Test Name (Methodology) Result UOM Bio. Ref. Interval

Sample Type : NaF Plasma

Glucose F (HEXOKINASE)

66.60

mg/dL

70 - 100

Test Observations:

Interpretation : As per WHO criteria: Normoglycemia: <110 mg/dL, Prediabetes (Impaired Fasting Glucose): 110-125 mg/dL, Diabetes: >= 126 mg/dL

-----End of Report-----

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr. Ashok Kumar Ahirwar MD
(Biochemistry)
22-May-2026 16:35



प्रयोगशाला चिकित्सा विभाग
Department of Laboratory Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
All India Institute of Medical Sciences, New Delhi



UHID:
Patient Name :
Age :
Reg Date :
Recommended By :
Lab Sub Centre:
Anti HCV Ab (ECLIA)

109069887
Mrs MANISHA KUMARI
27Y
22-May-2026 13:54 PM
SMART Lab. New RAK OPD

Sex :
Sample Received Date :
Department :
Sample Collection Date:
Sample Details :
Lab Reference No:

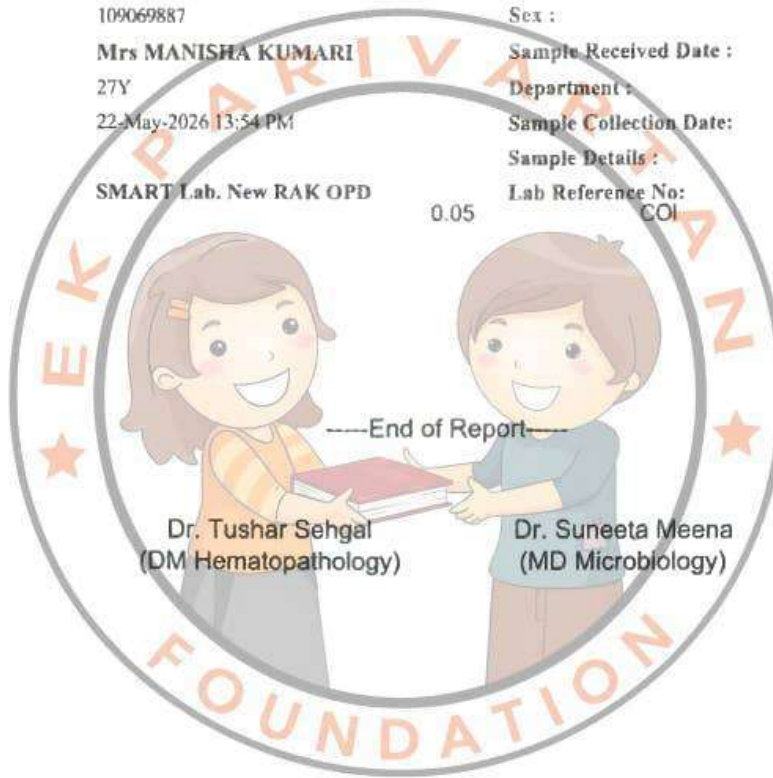
Female
22-May-2026 14:18 PM
Skin
22-May-2026 12:48 PM
LC2205262505
2617847163
< 1.0 Non Reactive
≥ 1.0 Reactive

Dr. Sudip Kumar Datta
(MD Biochemistry)

Dr. Tushar Sehgal
(DM Hematopathology)

Dr. Suneeta Meena
(MD Microbiology)

Dr Suneeta Meena MD
(Microbiology)
22-May-2026 17:12



End of Report

FOUNDATION



संस्कृत विश्वविद्यालय

एकक/Unit

विभाग/Dept.

नाम/Name

D/O SHASHIKANT KUMAR

2Y 3M 0D / F (महिला)

VILLAGE GOGAHRA, DIST ROHTAS

BIHAR INDIA

Follow Up Patient

Dept No: 20280030006849

MANAVI KUMARI

General Rs 0

Queue
संख्या

F23

Unit: Paediatric

मंगल शुक्र



Reporting: 08.24.12
22/05/2026

GTP-220526018

108959555

LH22052601807

108959555

LG2205260931-F

108959555

LC2205262464

108959555

BLB-220526059

108959555



Miss MANAVI KUMAR

निदान/Diagnosis

22/05/2026

दिनांक/Date

F/u/c/o Grisel's Syndrome

उपचार/Treatment

Neo Fresh issue

1) 2D Echo - 28/05/26

2) optical clearance → RE + ul
shutades
prescribed

3) hearing clearance → ~~new~~
n/w + m in
OPD (dated)

4) eGFR → 120 ml/min/1.73m²

5) WbSAg → 0.57

• CBC
• LF1
• RF1

(N)

Issue blood
reports

• Blood group
• CBC / LF1 / RF1 / iCa / PO₄ / ALP
• TORCH
• WbSAg / ucv

Dr. Anandhi

Adverse

→ TORCH profile / FBS
→ Blood group
→ ucv / uuv

Manisha
• Donor w/u
• Make UID for mother
• CBC / Blood group
• LF1 / RF1 / TORCH
• uuv / WbSAg / ucv



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)



meraaspatil.nhp.gov.in

**BLOOD CENTRE, MAIN HOSPITAL DEPARTMENT OF TRANSFUSION MEDICINE
AIIMS, New Delhi**

Ansari Nagar , New Delhi- 110029 011-26588700/26588500 ext-4438,011-26594438

Immunohematology Work-Up Report

Patient Details :-

Request Date & Time : 23/May/2026 10:39 AM

Patient Name : MRS MANISHA KUMARI

IP No. : 0

Patient ID : 109069887

Age / Gender : 27 Year / Female

Sample ID : 2026-R34907

Sample Type : EDTA / PLAIN

Ward / Bed No. :

Sample For : Patient

BG Details :-

Test Date & Time : 23/May/2026 12:46 PM

Method : Qwalys

Blood Group : A Pos

Remark :

Tested By : Mukesh Kumar

Verified By : Pankaj Jain

AB Screening Details :-

Test Date & Time : 23/May/2026 12:47 PM

Method : Three Cell

Reading : No Monovalent Antibodies Detected.

Grading : Cell 1 : 0

Cell 2 : 0

Cell 3 : 0

Result : Negative

Remark :

Tested By : Mukesh Kumar

Verified By : Pankaj Jain

बात विफिल्ता विभाग
UHID:108959551
Dept No: 20260030008649
MANAVI KUMARI

D/O SHASHIKANT KUMAR
2Y 2M 9D / F (महिला)
VILLAGE GOGAHRA, DIST ROHTAS,
BIHAR, INDIA
General Rs. 0
Follow Up Patient

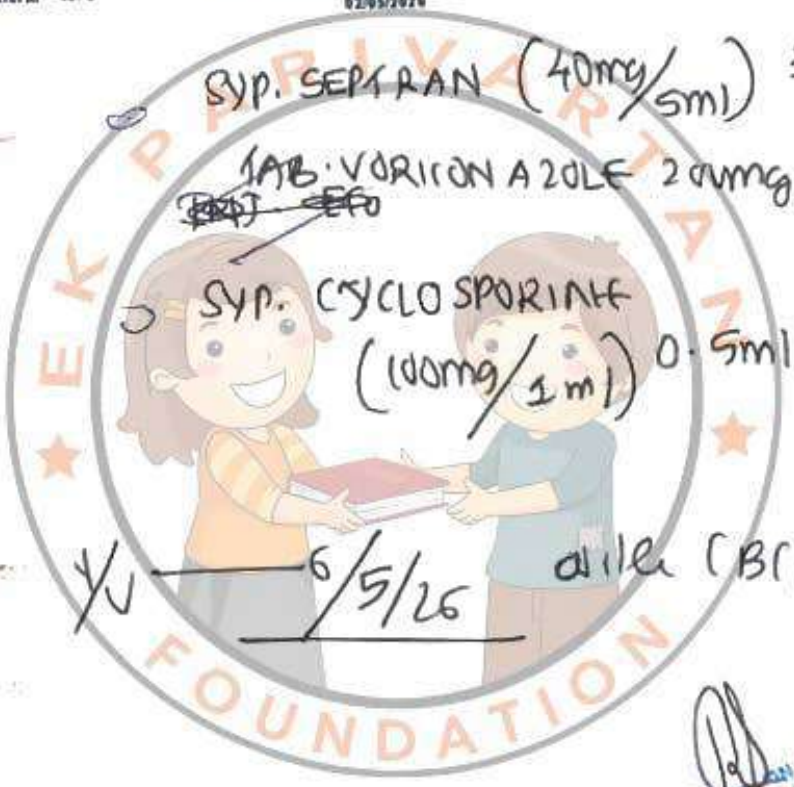
कमरा / Room
C-210
Queue / संख्या
F6
Unit-III, Paediatric

बुधवार, Wed, 04/05/2026
Reporting: 08:22:55
02/05/2026

11.47

(X)

BP →



SYP. SEPTIRAN (40mg/5ml) 3ml BD x 2minly

LAB. VORICON AZOLE 200mg 1/2 tab BD.

~~LAB. EFFO~~

x 2minly.

SYP. CYCLOSPORINE (100mg/5ml) 0.5ml PODD

YU 6/5/26 after (BR, LK, RF-1)

LHC4052500759 59595
LHC4052500759 59595
Miss MANA

Dr. Rakesh Sidhique, P.R.
Resident Oncology
TMS, New Delhi-110029
DMD No. 110029

215/26
1/100mg
1/100mg
(30 Tabs)



दंत शिक्षा एवम् अनुसंधान केन्द्र

बहिरंग रोगी विभाग

अ० मा० आ० सं० अस्पताल
CENTRE FOR DENTAL EDUCATION & RESEARCH
Out Patient Department
A.I.I.M.S. HOSPITAL



Wednesday

अस्पताल के अन्दर धूम्रपान मना है / SMOKING PROHIBITED IN HOSPITAL PREMISES

026/043/0002645

विभाजन/Division

Pediatric and P

Intive Dentistry

Pediatric and I

Orthodontics

Dr. Rahul

108959555

नाम / Name	पिता / पिता का नाम / FATHER'S NAME	लिंग / Sex	वय / Age	पता / Address
MANAVI KUMARI	D/O: पितृ कुमारी SHASHIKANT KUMAR	F	2 वर्ष 2 महिना / N 13 दिन / D	VILLAGE GOGAH, DIST ROHTAS, BIHAR, INDIA

रिपोर्ट / Diagnosis

दिनांक / Date

06 MAY 2026

उपचार / Treatment

Done By: Paedodontics Revision 100006826

Room No. 601, 4th Floor (उप-मंजिल)

06/05/2026 12:10:55 PM

* TO TAKE APPOINTMENT NEXT TIME THROUGH PHONE, DIAL: 011-26589142

*** रोगी के माध्यम से अपॉइंटमेंट नंबर से डॉक्टर को कॉल करें: 011-26589142

*** Factor may not be available, However you may be seen by any of the doctors in the department

*** आपके डॉक्टर के उपलब्ध न होने पर, किसी भी डॉक्टर से संपर्क में आया जा सकता है

Wednesday

Report from dept of pediatric orthodontics
H/O - H/O of Gracelli syndrome
Type II
Schedule for
HSC after clearance.
It is asymptomatic.
Primary dentition
Deep caries

मुझे स्थानीय संवेदनहरिता (लोकल एनेस्थी) का
शल्यार्थ क्लिप्स की प्रक्रिया और जटिलता के बारे में
विस्तृत रूप से मेरी मातृभाषा में सूचित कर दिया
गया है। मैंने अपनी चिकित्सकीय समस्याओं
(उच्च रक्तचाप / मधुमेह / रक्तसंबंधी रोग / दिल की
बीमारी आदि) एवं किसी भी प्रकार की एलर्जी
विवरण का उल्लेख रूप से दिया है।
मैं एतद्वारा अखिल भारतीय आयुर्विज्ञान संस्थान
के डॉक्टर एवं स्टाफ को मेरे इलाज के लिए
प्राधिकृत करता हूँ।

हस्ताक्षर
दिनांक

In- 10PA

4/4 close to fm.

Pulp measurement

No PA abrasion
VST / Pulp

6/5/26



visit www.e-dantseva.gov.in



NATIONAL ORAL HEALTH PROGRAMME



meraspatal.nho.gov.in

07 May-26, 12:11 AM



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



अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

रोगी/का रोग

एक/Unit

विभाग/Dept.

त्वचा चिकित्सा विभाग

UHID: 108959555



Dept No: 20260040015728

MANAVI KUMARI

D/O SHASHIKANT KUMAR
2Y 2M 8D / F (महिला)
VILLAGE GOGAHRA, DIST ROHTAS,
BIHAR, INDIA

New Patient

General Rs 0

कमरा / Room
A-338

Queue /
संख्या N160

Unit-I, Skin.

OPR-6

क्रि. सं./O.P.D. Regn. No.

पता/Address

सोम, मंगल, बुध, गुरु, शुक्र,



Reporting: 08:50:42
30/04/2026

SKIN OPD, AIIMS
3RD FLOOR, PATIENT
ROOM NO. 308

निदान/Diagnosis

HLH / Choccolate Type 2 / Scabies

दिनांक/Date

उपचार/Treatment

त्वचा चिकित्सा विभाग

UHID: 108959555



MANAVI KUMARI

D/O SHASHIKANT KUMAR
2Y 2M 8D / F (महिला)
VILLAGE GOGAHRA, DIST ROHTAS,
BIHAR, INDIA
Ph: 108959555
Follow up

कमरा / Room
A-308

Queue /
संख्या F125

Unit-I, Skin.

सोम, मंगल, बुध, गुरु, शुक्र, Mon-Fri



Reporting: 08:39:05
04/05/2026

Treated for scabies

for 24/4/2026

Family also treated.

Adv:

HLH Choccolate Syndrome / Type 2 / HLH
on IV Etanercept (Feb 2026)

became IV Dura in Feb 2026.

Run for GMT.

① Pomax cream

4A TDS 10-12

② Syp. LCZ (25mg/Kg)

6 Sml OD

Can review 2

Review in 2 weeks

or SOS as needed.



Appointment

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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

ORBO.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

Dr. Mehul Tyagi

MBBS, MD (Dermatology)

DMC/R/24 अस्पताल

My Hospital
meraaspatal.nhp.gov.in



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



अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल / Child

कमरा / Room

OPR-6



Queue /
संख्या

N14

Unit-III Paediatric

य० रोगी० पंजीकृत सं० / O.P.D. Regn. No.

MANAVI KUMARI

D/O SHASHIKANT KUMAR
2Y 1M 22D / F (महिला)
VILLAGE GOGAHRA, DIST ROHTAS,
BIHAR, INDIA

General Rs. 0

बुध, रॉनि, Web Set (बुध, रॉनि)



Reporting: 09:25:15
15/04/2026

आयु
Age

पता / Address

108959555
pred

निदान / Diagnosis

15/4/26

दिनांक / Date

24

11:30

उपचार / Treatment



N/O on 22/04/26

C-gram

CBC

CFR/RF/feritin/Triphosphorus/
PT/APTT/ONK/fibrinogen

15/4/26
2wk



tab DEXA (25 mg) 1 tab OD

X 14 days

tab VORICONAZOLE (200mg) 1/2 tab BD

X 2 wks

tab PANTOP (20 mg) 1 1/2 tab OD

X 2 wks

Signature

15/4/26
2wk



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)



My Hospital
meraaspatal.nhp.gov.in



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



अस्पताल के अन्दर धूम्रपान करना है। / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

संकेतः

बाल चिकित्सा विभाग

UHID: 108959555

एकक /

विभाग /

MANAVI KUMARI

D/O SHASHIKANT KUMAR
2Y 1M 8D / F (महिला)

VILLAGE GOGAHRA DIST ROHTAS
BIHAR INDIA

General Rs 0

Queue /
संख्या

कमरा / Room
C-211

F7

Unit-I POC,

OPR-6

दि० पंजीकृत सं० / O.P.D. Regn. No.

आयु
Age

पता / Address



Reporting: 02:42:04
30/03/2026

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

10/8/19

clo Girelli syndrome - Type II

E CNS HLH

on HLH protocol → 26/2/26 (1994) protocol

currently

no complaint

ITM done today

Received EtO response today → weeks

CBC → 12.6, 12340, 3720, 4.94

PTINR → 12/0.86

APTT → 24.7

RFT/CF → femita / lipid profile fromogun

awaiting

HR → 110

RR → 26

TP 111



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

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)



Mera Hospital
meraashpal.nhp.gov.in

T-362



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



रोगी विभाग

UHID: 108989555

कक्षा / Room

C-211

Queue / संख्या

N4

OPR-6

Dept No: 20280033008849

Unit: POC

MANAVI KUMARI

रिपोर्ट नं० / G.P.D Regn No

Address

D/O SHASHIKANT KUMAR
2Y 1M 1D / (महिला)
VILLAGE GOGAHRA DIST ROHTAS
BIHAR INDIA

General Rs 0



Reporting: 02.10.12
23/03/2028

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

BP

- no spleen
- liver 3cm

GS Type II CNS HLH
Homozygous RAB27A ↓ Genetic flv.
on HLH protocol 26/2/26
(94)
Baseline NO CNS symptoms
MRI (N)
LFT ↑ TLE ~ 30 cells
Post 2 weeks ↑ TLE ~ 15 cells.
CNS HLH → weekly ITM.
currently week 4 Etoposide / csf + ITM
done 23/3/26.
on Dexa @ 5mg/m²/day. → 27/3/26
(12mg OD).



CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से कार्य कल्प

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

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



प्रवेशनंतर ते बहिरंग विभाग येथे / ORBO/IMC IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग

UHID: 108959915

ABHA: 91-5550-4005-7740

91555040057740@abdm

Dept No: 20200030004488

MANVI KUMARI

D/O Shashi Kant Kumar
2Y 3M 0D / F (महिला)

Gogahara, Karaghar, rohtas, Bihar, BIHAR
INDIA

General Rs 0

कमरा / Room

C215 -B

Queue /
संख्या

N9

Unit-II Paediatric

OPR-6

ब० र० वि० पंजीकृत न० / O.P.D. Regn. No.

आयु
Age

पता / Address

Gc 467/26 From

मंगळ, बुध, TUE FRI (मंगळ, बुध)



Reporting: 07.47.39
24/02/2025

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

Klebsiella Syndrome - 2
(not present)

Referred for genetic opinion

Kindly see today

21/4/21/21

Clb Fever on & off since last 1.5 yrs

Intermittently

- H/o fever since 19/2/26
- H/o frequent blood transfusion
- No seizures
- No regression
- No h/o recurrent resp infection
- Birth

Fr / WVD / LEAB / 2.5kg

LEAB / no WVD tray

Development

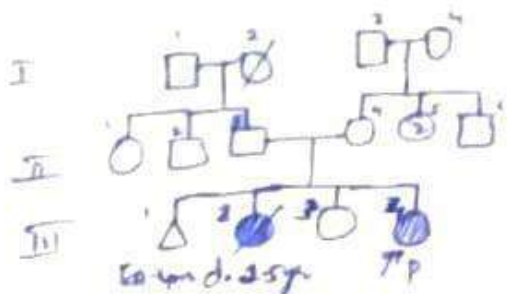
Gen - motor delay + - due to illness
Gm - neck holding - 3m

Sitting - 8m

CLEAN AND GREEN AIMS

आपदादान जीवन का प्रभुत्व / ORGAN DONATION - A GIFT OF LIFE

ORBO AIMS. 26588360 26593444 www.orbo.org Helpline - 1060 (24 hrs service)



Fr - Able to eat & drink reg
language - speaks 1 to 2 words

Social - Follow commands



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अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department



धूम्रपान एवं शराब का सेवन अस्पताल के अंदर / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग

Phone: 08959915
Phone: 011-5550-4005-7740
Email: 011555040057740@aiim
Fax: 011-555040057740
Gen. No: 20280030004488

कमरा / Room

C215-B

Queue /
संख्या

N9

Unit-II, Paediatric

OPR-6

ब० र० वि० पंजीकृत सं० / O.P.D. Regn. No.

आयु
Age

पता / Address

Gc 467/26 From

Dr. Shashi Kant kumar
ZY 3M, DD / FX (महिला)

Gogahara, Karaghar rohtas, Bihar, BIHAR,
INDIA

भेगल शुक्र, TUE-FRI (भेगल शुक्र)



Reporting: 07:47:39
24/02/2026

General Rs 0

निदान / Diagnosis

Kilo Greville Syndrome - 2 -

दिनांक / Date

उपचार / Treatment

(not present)

Referred for genetic opinion.

Kindly see today
24/2/21-21-21

Clb force on & off since last
1.5yr.

Swaps

Insensitivity

- Hb level since 19/2/26
- No frequent blood transfusion
- No seizures
- No regression
- No Hb like recurrent resp infection
- Sister

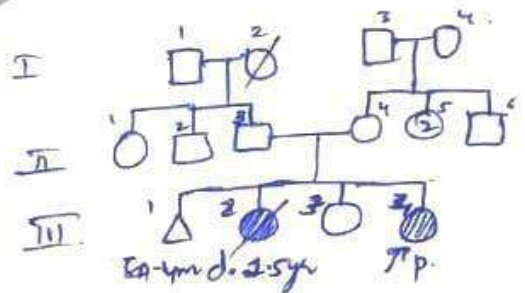
FR / AVD / CIAB / 2.5kg

CIAB / no wiu tray

Development

Gen - motor delay + due to ill health
Gm - walk holding - 3m

Sitting - 8m



Grey hair, recurrent fever

Em - Able to eat & drink sev.
language - speaks 1 to 2 word & many

Social - Follow commands



CLEAN AND GREEN AIIMS

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

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