

Bed  
NO 2



Health And Education Trust.



T-165

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



HOSTED IN HOSPITAL PREMISES

बाल चिकित्सा विभाग  
UHID:108745029

कमरा / Room C-207  
Queue / संख्या F38  
Unit-III, Paediatric.

OPR-6



Dept No: 20250030031285

पंजीकृत सं./O.P.D. Regn. No.

अनुराधा अनुराधा / ANURADHA  
ANURADHA  
D/O ANIL KUMAR  
5Y 4M 3D / F/(महिला)  
SAMALGADHI TANKUPA MAHA BIGHA  
FATEPUR DIST GAYA, BIHAR, Pin 0, INDIA  
General Rs. 0  
Follow Up Patient

बुध,शनि, Wed,Sat(बुध,शनि)



Reporting: 08:35:23  
22/04/2026

आयु  
Age

पता/Address

## निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

11.6.6

बाल चिकित्सा विभाग  
UHID:108745029

कमरा / Room C-207



Dept No: 20250030031285

Queue / संख्या F38

Unit-III, Paediatric,

अनुराधा अनुराधा / ANURADHA  
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D/O ANIL KUMAR  
5Y 5M 11D / F/(महिला)  
SAMALGADHI TANKUPA MAHA BIGHA  
FATEPUR DIST GAYA, BIHAR, Pin 0, INDIA  
General Rs. 0

बुध,शनि, Wed,Sat(बुध,शनि)



Reporting: 08:27:39  
30/05/2026

Follow Up Patient

20

12.6

- DSW - FNA report

DW CB

Adv

N/U

3/6/26

9am



PM-JAY  
आरोग्य का अधिकार  
(pmjay.gov.in)

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

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)



Dr. Ruben G. Stelmach P.R.  
BM Resident  
Paediatric Oncology  
AIIMS, New Delhi-110029  
DMC No. 13411

• Plan was to give overlap — Posaconazole  
with Amphotericin B

CBG — (NA)  
LFTs: RFT — Normal  
U 1B/PB — 0.4/0.2  
AST/ALT — 82/37  
ALP — 48

• Completed Ampho B ~~x 3 days~~ x 3 days.

Adv/ — Onopaki discussion (FNA-ykhwg)

VBCU Kt — (3.4)

→ Continue — dipeptomal Amphotericin B x 4 more days.

→ SYP. POSACONAZOLE (40mg/ml) 1.5ml PO OD.

(till 2/6/16)

→ Date — for and see Capizzi regimen

1/6/16

Tentative — 1/6/16.

→ INJ. VINCRISTINE 0.8mg IV slow push

→ INJ. PEG LEUNASE 540 U Deep I/m sub.

→ INJ. EMESER 2mg IV sub.

→ INJ. METHOTREXATE 75mg/NS swver 1hr. (150mg/m<sup>2</sup>)  
(100ml)

→ SYP. EMESER (2mg/ml) 5ml PO TDS x 3 days

→ ~~N~~ → OPD 3/6/16 with VBCU  
28

6. Anthropometry in each opd visit
7. USG abdomen after 2 weeks for lesion status
8. CECT chest and PNS for response assessment after 1 month
9. CSF to be sent in next itm as day 1 Csf Was hemo

**Advice at Discharge:**

1. Syp POSACONAZOLE(40mg/ml) 1.5 ml OD
2. Inj LIPOSOMAL AMPHO-B 50mg iv OD till 31/5/2026 with premedication
3. Continue Septran/betadine gargles/sitz bath as advised till 2/6/26
4. Danger signs explained
5. Nutrition assessment and w
6. Next visit on 30/05/26 @9am. CBC/LFT/RFT

Junior Resident- Dr Danish

*for*



Dr. SANSKAR KASAR  
Junior Resident  
Department of Paediatrics  
AIIMS, New Delhi-110029

Senior Resident- Dr Saurav Sharma/ Dr Vishakha

*for*

*R Pedron*



Dr. REMA KURADE  
Senior Resident  
DM Pediatric Oncology  
Department of Pediatrics  
AIIMS, New Delhi-110029

Health And Education Trust.



HCO-LYTE PLUS  
AIIMS

ANALYZE SAMPLE

Sample Type: Venous  
Patient ID : anuradha  
Name :  
Gender :  
Age :  
Department : Peds  
Hospital Name : AIIMS

BLOOD GAS at 37°C

	Result	Unit	Status	Ref. Ranges
pH	7.46		HIGH	[ 7.33 - 7.43 ]
pCO2	31.2	mmHg	LOW	[ 38.00- 55.50 ]
pO2	31.0	mmHg		[ 30.00- 50.00 ]
cHCO3[std]	23.54	mmol/L		
cHCO3[p]	22.2	mmol/L	LOW	[ 23.00- 29.00 ]
cTCO2[p]	23.1	mmol/L	LOW	[ 24.14- 30.87 ]

HEMATOCRIT

Hct	35.90	%		[ 35.00- 51.00 ]
SO2	62.74	%		
Hb	11.97	g/dL		[ 11.87- 17.00 ]

ELECTROLYTES

Na	132	mmol/L	LOW	[ 135.0- 150.0 ]
K	3.20	mmol/L	LOW	[ 3.50 - 5.50 ]
iCa	0.96	mmol/L	LOW	[ 1.10 - 1.35 ]
Cl	107	mmol/L		[ 92.00- 110.0 ]

METABOLITES

GLU	120	mg/dL		[ 80.00- 140.0 ]
LAC	1.64	mmol/L		[ 0.50 - 2.00 ]

CALCULATED PARAMETERS

nCa	0.99	mmol/L		
TCa	1.98	mmol/L		
O2Ct	10.53	Vol%		
pO2%	4.08	%		
BE	-1.26	mmol/L		
BE-B	-0.74	mmol/L		
BE-ECF	-1.88	mmol/L		
mOsm	272.7	mmol/k		[ 275.0- 295.0 ]
Anion Gap				
AG-Na	3.18	mmol/L		
AG-K	6.38	mmol/L		
pH[TC]	7.44			
pCO2[TC]	32.67	mmHg		
pO2[TC]	31.02	mmHg		
pO2/FIO2	147.7	mmHg		

TRef = 25.19°C

User:  
RP LOT: 2508C  
Jun-01-26 11:54:21

Normal  
4/02  
80/37/483

2.4

Yrs/Female  
Admission: 15/2026  
Seth/Dr. Kana Ram J

SOLIDATION/MULTIPLE

they noticed swelling o  
sidious onset and was pr  
was no redness and no itc  
swelling which was insic

25 to 28/12/25. Detail

based on Intermediate r  
child was categorized  
d received full dose st  
25 and chemotherapy r

elbow and left ankle  
z and Amikacin) on C  
nd Teicoplanin on 25/  
child had persistent  
sidering compensat  
ere left elbow and ar  
ungal disease was als

Health And Education Trust

- BMA - ja MRO date la la lake → 2/5/26
- post USS view in emergency
- ct. Vancorol | ct. cepha

30/5/16

B-ALL/HR/Consolidation/Multiple abscess

? Fungal

? Bacterial

? Disease related

Child was admitted from 1/5/26 - 24/5/16

Receive Vanitobol (Aptaz, Keuplanin) & liposomal Amphotericin B.

INA

→ Cytology → Anapaki discussion pending.

IBW/O → Negative.

Bacterial (B, G) → Negative.

On Anterim maintenance

CSF → 29/5/16

Post 1st cupizzi regimen — 22/5/16.

↓  
Truemaic  
 rep

19/05/26 | 14/0.23 | 9.2/4.5 | 138/3.3 | 47/68/272 | 0.4/0.72 | 7.7/4.3

Others:

<u>Date</u>	<u>Investigation</u>	<u>Result</u>
05/05/26	Gram stain for fungi: KOH + CFL	Negative
	Pus culture	Sterile
	Pus gram stain	5-6/OIF
	Pus ZN stain	-ve for AFB
	True NAT	M. Tb not detected
04/05/26	TDM Voriconazole	<u>Undetectable</u>
	Galactomannan assay	Index: 0.204
20/5/2026	Pus for Zn staining	<u>Negative</u>
20/5/2026	Pus for geneexpert	<u>MTB not detected</u>
20/5/2026	Pus for bacterial culture	<u>Sterile</u>

Other investigations

1. USG abdomen 19/5/2026 - liver 11.8 normal echogenicity no IHBRD. Hypoechoic lesions in left lobe of liver 13x 11 mm max size. spleen and bilateral kidneys multiple subcentrimetric hypoechoic lesions present. ?infective ?neoplasm
2. Cect PNS chest abdomen - multiple abcess parotid abcess liver, spleen bilateral kidneys
3. PET multiple bone uptake likely disease.

Examination at discharge:

HR-93/bpm

BP- 104/64 mm Hg

RR- 26/min

Spo2-RA- 97% on room air

Treatment given:

Inj. Piptaz 1.1 gm 8 hourly IV

Inj. Teicoplanin 110 mg OD

Inj. Lipo Ampho-B 55 mg/110 ml in D5 x 2 hr

Syp Potklor 15 ml PO - TDS

Plan at discharge:

1. Continue IM chemo as per protocol
2. Collect pus cultures final reports: bacterial/ fungal/ cytology.
3. To overlap Posaconazole and liposomal amphoB for 5 days followed by Syp Posaconazole continuation on daycare basis
4. Posaconazole levels after 2 weeks of administration
5. To continue IV LAMP from daycare.

<b>Lab Ref. No</b> : SDA260013605	<b>Centre</b> : DR DANGS LAB
<b>Name</b> : BABY. ANURADHA CK ID 112671	<b>Client</b> : CAN KIDS
<b>Age / Gender</b> : 5 Y 0 M 0 D /FEMALE	<b>Collection Time</b> : 19-02-2026 01:20 PM
<b>Ref. By Dr</b> : AIIMS DELHI	<b>Reporting Time</b> : 23-02-2026 02:14 PM
	<b>Report Status</b> : Final Report

**DEPARTMENT OF FLOW CYTOMETRY**

[Click here to Access Comparative Reports](#)

**Please Note: These comparative reports are basis your unique ID / Registered mobile number provided to the lab.**

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# CONDITIONS OF REPORTING



- ▶ In case of alarming or unexpected test results you are advised to contact the laboratory immediately for further discussions and action. Laboratory results are meant to be correlated with the patient's clinical history.
- ▶ The report will carry the name and age provided at the time of registration.
- ▶ Reporting of tests will be as per defined laboratory turn around time for each test. The same will be informed to the patient during first point of contact i.e. registration or phlebotomy as the case may be.
- ▶ Test results & reference ranges vary depending on the technology and methodology used.
- ▶ Rarely a second sample may be requested for an indeterminate result or any other pre-analytical / analytical reason.
- ▶ Reports can be received either as a hard copy or an email on your personal ID. Reports can also be delivered via courier. Payments can be made online on our website. Only reports with no pending payments are mailed, uploaded or dispatched.
- ▶ Reports can also be accessed via Dr. Dangs lab website or through the Dr. Dangs mobile application on IOS and android using the unique ID and password provided to you during registration or received by you via SMS.
- ▶ Home collection sample facility is provided with prior appointment. Request for same to be given on 999-999-2020, booked online on [www.drdangslab.com](http://www.drdangslab.com) or through the Dr. Dangs mobile application on IOS and android.
- ▶ A digital invoice for tests performed is available on our website and can be accessed by using the unique I.D. and password provided.
- ▶ To maintain confidentiality, certain reports may not be mailed at the discretion of the management.
- ▶ In compliance with government regulations, Dr. Dangs Lab will report all notifiable diseases to the designated government health authorities.
- ▶ In case of any queries pertaining to your test results or to provide feedback/suggestions please call us on 01145004200 or mail us at [info@drdangslab.com](mailto:info@drdangslab.com).
- ▶ 48 hour notice is required for the issuing of slides and blocks.
- ▶ Test results are not valid for medico legal purposes.
- ▶ The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes/claims consuming the tests and/or results of the tests.
- ▶ \*For any changes in timings, please visit our website.

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[www.discoverbydrdangs.com](http://www.discoverbydrdangs.com)

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<b>Name</b> : BABY. ANURADHA CK ID 112671	<b>Client</b> : CAN KIDS
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<b>Ref. By Dr</b> : AIIMS DELHI	<b>Reporting Time</b> : 23-02-2026 02:14 PM
	<b>Report Status</b> : Final Report

**DEPARTMENT OF FLOW CYTOMETRY****MINIMAL RESIDUAL DISEASE (MRD)****Flow ID:** 2602F132M062**Clinical History:** Case of B-ALL. Bone marrow done for end of induction MRD evaluation.**Specimen:** Bone marrow sample in EDTA.**TLC in flow-cytometry bone marrow specimen** – 11,480/ul. (marrow elements in the sample are scant)**CD markers used:** Surface tube: CD45, CD19, CD10, CD34, CD38, CD58, CD73, CD81, CD20, CD123, CD86.**Descriptive summary:**

12-colour, 3-laserflowcytometry done on a BD FACSLyric flow cytometer. Analysis was done on BD FACSuite™ software.

**Gating Strategy:** The tubes were run till empty/ acquisition of a minimum 3.0 million events. Overall, ~3 million events could be acquired. Exclusion of doublets on FSC-A vs FSC-H plot followed by exclusion of debris on the FSC vs SSC was done. Populations were gated on CD45 vs CD19 plot. Cells with abnormal expression of surface markers (expression pattern different from normal 'B' precursors and LAIPs) were looked for. The final MRD population is calculated with respect to non-debris nucleated cell population (=22,64,837 events) obtained from FSC-A vs SSC-A.**Total CD19 positive events:** 1422.

The bone marrow immune-phenotyping shows two aberrant populations.

- One small population of leukemic blasts constituting ~0.003% of all cells shows dim CD45, dim to moderate CD19, bright CD10, dim CD38, dim CD123, moderate CD73 with absence of CD34, CD20, CD58 and CD86.
- Another relatively larger population constituting 0.014% of all cells shows moderate CD19, CD10, bright CD45 along with loss of CD81. These Blasts are negative for CD34, CD20, CD58, CD86, CD123 and CD73.

Together the 2 populations constitute 0.017% of all cells.

**Impression-** The flow-cytometric immune-phenotyping analysis of bone marrow specimen in a case of B-ALL shows presence of ~0.017% leukemic blasts with 2 sub-clones. Minimal residual disease is positive (≥0.01%).Note: As marrow elements in the sample are scant, it appears to be hemo-diluted and the above residual disease% may be under-represented. Please interpret accordingly.

Please correlate with clinical and treatment profile.

Note: The LOD and LOQ values for the above assay are 0.0008% and 0.0021% respectively.

**\*\*\* End Of Report \*\*\*****DR. SHIKHA GARG**  
M.D.(PATHOLOGY)**DR. MANAVI DANG**  
M.D. (PATHOLOGY)



TB LABORATORY (ROOM NO. 2056)  
टीबी प्रयोगशाला (कमरा सं। 2056)  
DEPARTMENT OF MICROBIOLOGY  
A.I.I.M.S., New Delhi-110029  
अ. भा. आ. सं., नई दिल्ली-110029



UHID: 108745029 Reg Date : 15/11/2025 08:21 AM  
Patient Name : Miss ANURADHA ANURADHA  
Sex : Female Age : 5 years 5 months 1 day  
Department : Paediatrics Unit Name : Unit-III  
Unit Incharge : Sample Collection Date: 20/05/2026 03:05 PM  
Lab Name: Microbiology Sample Received Date: 21/05/2026 12:44 PM  
Lab Sub Centre: TB Lab Ziehl Neelsen Staining for Acid Fast Bacilli (Microbiology room no 2056)  
Dept / IRCH No: 20250030031285 Recommended By: Mrs. DR.SHIVEHA VERMA  
Lab Reference No: 6905  
Ward Name: C6(Emergency) /31

Sample Details : TB-ZN-200526048 (Pus) / Report Date: 22/05/2026 10:53 AM

TEST NAME:PUS FOR ZN STAINING (TAT: 24 HRS)

TEST METHOD: SMEAR MICROSCOPY FOR ACID- FAST BACILLI

Result: Negative for Acid fast bacilli

Sample Remarks : According to NTEP

- 1-9AFB /100field: Scanty or exact no of AFB seen
2. 10-99AFB/minimum of 100 fields : 1 +
3. 1-10/minimum of 50 fields : 2 +
4. 1-10/minimum of 20 fields : 3+

Remarks:

1. Ziehl-Neelsen Staining detects Acid-fast bacilli such as Mycobacterium tuberculosis complex, non-tubercular mycobacteria (NTM), Mycobacterium leprae.
2. The limit of detection of this assay is  $5 \times 10^3 - 10^4$  cfu/ml.

P.S.: This test is not specific for Mycobacterium tuberculosis complex.

This is an electronically generated report, authorized signature is not required.  
The test reports have been authenticated. Partial reproduction of the report is not permitted.

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( KEERTHANA M R )

Verified By

Authorized Signatory

01/8/26

$\Delta = HR - B - AU$  / consolidation phase

Day 25

CBC (31/3/26)

No fresh issues

B.9  
6200  
4150  
3.36 L

Adv. - Premedicate  $\bar{c}$  Inj EMSEET 2mg IV STAT  
Inj DEXA 2mg IV STAT

tentative  
5/4/26

- IVF DNS + 1:100 Kcl @ 70ml/h  
x 6 hrs  
after 2 hrs

5/4/26

- Inj CYCLOPHOSPHAMIDE 560mg /  
100ml NS

Date to be  
taken

IV over 1 hour

- Inj MESNA 200mg / 100ml NS IV  
over 30 minutes

0, 4, 8 hrs

- N/V on 8/4/26

~~on 8/4/26~~  
 $\bar{c}$  CB4/LET/ICF7

- Tab GMP  $\frac{1}{2}$   $\rightarrow$  flb  $\frac{1}{2}$  tab flb 1  
OD OD

repeat the sequence

for 14 days

CSF report  
14/3/26

LH06042602499 108745029

LC0604263500 108745029



MISSANURADHAANI

D2 - D5

- Inj CYTARABINE 42mg slow  
L6/4 run  
2hr flow

D9 - D12

- Inj METHOTREXATE 10mg  
intrathecally

5/4/26

ITM date to be taken 21

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 29  
DEPARTMENT OF PEDIATRICS  
HDU TREATMENT CHART

Name: Anuradha	Age/Sex: 4 years/Female	UHID 108745029
Diagnosis: B-ALL/IR/Induction D9/Profound prolonged FN		

Date: 6/12/25

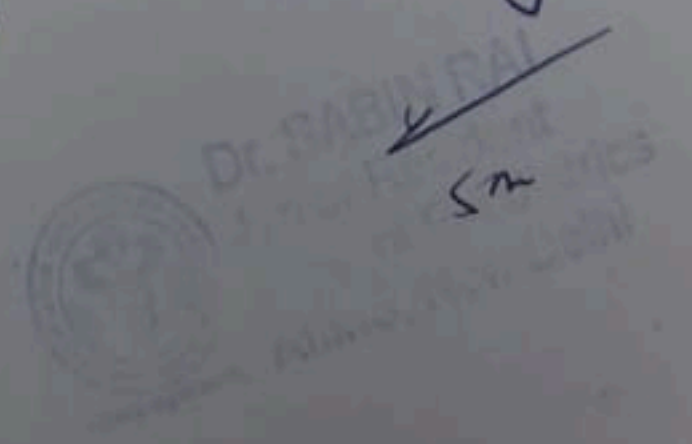
wt: 12 kg

	Day
Respiratory: HFNC	
Feeds: Orally allowed	
IV fluids: DNS with 1:100 KCL at 40 ml/hr(90 % TFR)	
Inotropes: Inj Adrenaline 4.3 mg in 24 ml NS at 0.5 ml/hr(0.05 mcg/kg/min)	
<del>Inj Hydrocortisone 25 mg QID D2 @ 1mg/kg/dose</del>	
Anti microbials:	
Inj Ceftazidime-avibactam 600 mg in 20 mL NS IV over 1 hour TDS(50 mg/kg/dose)	2
Inj Teicoplanin 120 mg in 20 mL NS IV over 1 hour OD(10 mg/kg/day)	11
Inj Lipo- Amphoterecin B 75 mg in 150 ml 5D OD over 2 hours (Premed – Avil 4 mg Stat and PCM 150 mg stat)	3
Syp Septran 5 ml PO BD <i>on sat/Sun.</i>	
Candid mouth paint LA TDS	
Others:	
Syp Prednisolone(15/5) 3 ml TDS(50 mg/m <sup>2</sup> /day) <span style="margin-left: 20px;">(D/C)</span>	

*Not going out.*

*ada Inj. Purotop 15mg IV OA*

*maye Inj. hydantoin 7mg QID [@50mg/m<sup>2</sup>]*



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 29  
DEPARTMENT OF PEDIATRICS  
HDU TREATMENT CHART

Name: Anuradha	Age/Sex: 4 years/Female	UHID 108745029
Consultants	Prof Rachna seth	
Diagnosis:	B-ALL/HR/Induction/Profound prolonged FN / <i>1 ED (Respiratory)</i>	
	<i>poor prednisolone response</i>	<i>(L) ankle &amp; elbow cellulitis (resolved)</i>

Date	10/12/25
Weight	12 kg
TFR	-
IVF	Nil
IVM	290 ml

**Respiratory:** *HPC 20*

**Feeds:** NG feeds 60 ml q2hourly(toned milk)

**IV fluids:** Nil

**Inotropes:** Nil

**Anti microbials: 290 ml**

	Dose	Day
Inj Ceftazidime-avibactam 600 mg in 10 mL NS IV over 1 hour q 8 hourly	50 mg/kg/dose	6
Inj Teicoplanin 120 mg in 10 mL NS IV over 1 hour q 24 hourly	10 mg/kg/day	15
Inj Lipo - Amphotericin B 75 mg in 150 ml 5D OD over 2 hours (Premed - Avil 4 mg Stat and PCM 150 mg stat and prehydration)	6 mg/kg/day	7
Inj. Aztreonam 400 mg in 10 ml NS iv q8 hourly	30 mg/kg/dose	4
Inj. CLINDAMYCIN 160 mg in 10 ml NS IV q 8 hourly	40 mg/kg/day	4
Syp Septran 5 ml PO BD		
<b>Others:</b>		
Inj pantoprazole 15 mg OD		
Inj Hydrocortisone 7 mg QID D3 @ 1mg/kg/dose		
Inj. PCM 120 mg iv q6hourly		
Candid mouth paint LA TDS		
Syp Potklor 5 ml TDS		

SR sign

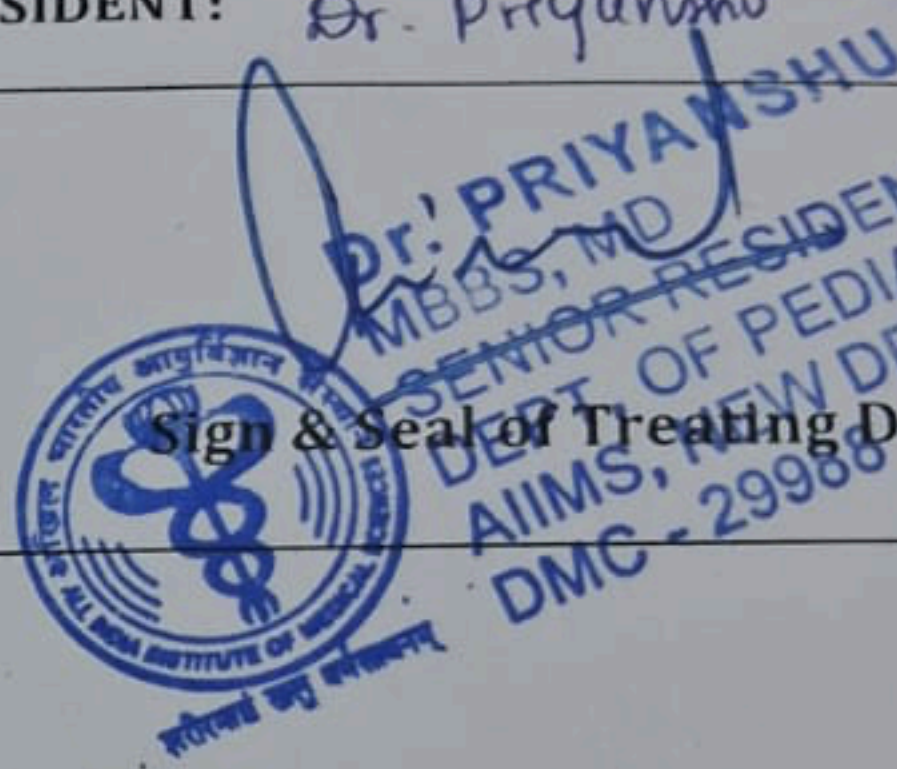
JR sign

*[Signature]*

*Caspo*

Insurance card no.	BIS information matched with family details (YES / NO):	Verified by
Insurance number	PMJAY/ VVS/ CAPF:	Date:

**PROCEDURE DETAILS FOR PRE-AUTHORISATION AS PER AB-PMJAY (To be filled by Treating Doctor):**

DIAGNOSIS: <b>B-ALL</b>	
TREATMENT PLAN: <b>Chemotherapy</b>	
PROCEDURE NAME:	
IMPLANT DETAILS (IF REQUIRED):	NO. OF IMPLANTS
DEPARTMENT: <b>PEDIATRIC ONCOLOGY</b>	SENIOR RESIDENT: <b>Dr. Priyanshu</b>
PROCEDURE CODE: <b>M0047</b>	
PROCEDURE AMOUNT: <b>2,08,000/-</b>	
CONSULTANT DOCTOR: <b>Prof. Rachna Seth</b>	

**AB-PMJAY GUIDELINES AFTER AB-PMJAY APPROVAL:-**

- 1. Check for the **AB-PMJAY stamp** on the face sheet or admission paper. Ensure a copy of the **pre-authorization approval stamp** is attached to the patient's case record before starting treatment.
- 2. Ensure that **Ayushman Bharat beneficiaries are not charged** for any drugs, consumables, etc., during treatment in the hospital.
- 3. Please indent the prescribed medicines/surgical items from the concerned store of the center/hospital stores in the hospital during the period of hospitalization and **post discharge medicine as per treating doctor's advice (maximum up to 10 days)** signed by the nursing officer and forwarded by the ANS of the respective ward.
- 4. Please keep the **Batch No. and Bar Code of Chemotherapy drugs, Carton of Stent, post-operative x-ray film/reports and implants** and hand over the same to the PMAM.
- 5. **It is mandatory to inform the Ayushman Bharat Office (Kiosk) immediately when the patient is discharged and submit the Discharge Slip to the Ayushman Bharat Office (Kiosk).**

**Patient/Attendant Declaration**

I hereby declare that the details provided above are true and correct. I am/my patient is registered under the PMJAY scheme for the mentioned surgical/medical treatment. I solely permit the utilization of my medical documents for the registration of the patient's requirements.

NAME:	CONTACT NO.
RELATION WITH PATIENT:	SIGN & DATE:



सं. 1  
NO. 1



बिहार सरकार  
GOVERNMENT OF BIHAR  
योजना और विकास विभाग  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
ग्राम पंचायत गजाधरपुर  
GRAMA PANCHAYAT GAJADHARPUR

प्रपत्र-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 अंतर्गत 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 निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि ग्राम पंचायत गजाधरपुर तहसील तन कुप्पा जिला गया राज्य/संघ प्रदेश बिहार, भारत के रजिस्टर में उल्लिखित है।  
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR GRAMA PANCHAYAT GAJADHARPUR OF TAHSIL/BLOCK TAN KUPPA OF DISTRICT GAYA OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: ANURADHA KUMARI

लिंग / SEX: महिला / FEMALE

जन्म तिथि / DATE OF BIRTH:  
18-12-2020  
EIGHTEENTH-DECEMBER-TWO THOUSAND TWENTY

जन्म स्थान/ PLACE OF BIRTH:  
SAMALGADI, TANKUPPA,  
MAHA BIGHA, TAN KUPPA, GAYA,  
BIHAR, 824232

माता का नाम / NAME OF MOTHER:  
BINDA KUMARI

पिता का नाम / NAME OF FATHER:  
ANIL 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:  
SAMALGADI,  
TANKUPPA, MAHA BIGHA, TAN KUPPA, GAYA, BIHAR- 824232

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENT:  
SAMALGADI,  
TANKUPPA, MAHA BIGHA, TAN KUPPA, GAYA,  
BIHAR- 824232

पंजीकरण संख्या / REGISTRATION NUMBER:  
B-2021: 10-07787-000014

पंजीकरण तारीख / DATE OF REGISTRATION:  
09-02-2021

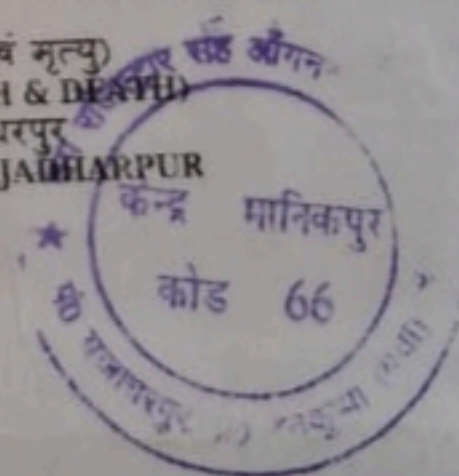
टिप्पणी / REMARKS (IF ANY):  
CODE NO 66

जारी करने की तिथि / DATE OF ISSUE:  
09-02-2021

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

उप-रजिस्ट्रार (जन्म एवं मृत्यु)  
SUB-REGISTRAR (BIRTH & DEATH)  
ग्राम पंचायत गजाधरपुर  
GRAMA PANCHAYAT GAJADHARPUR

संजीता देवी



UPDATED ON :  
09-02-2021 15:52:22



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"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 \*





भारत सरकार

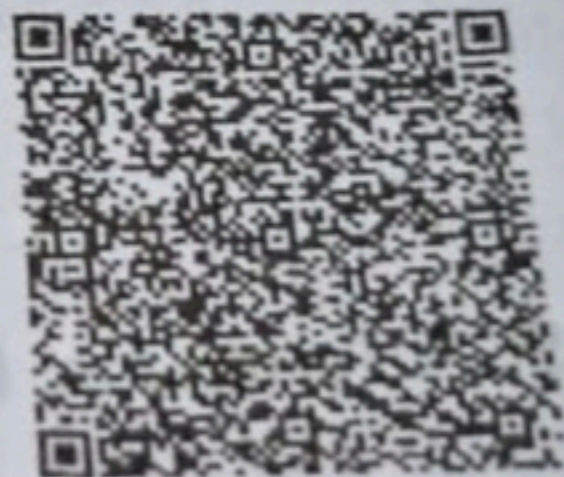
Government of India

अनिल कुमार

Anil Kumar

जन्म तिथि / DOB : 12/03/1999

पुरुष / Male



9409 0189 2687

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O सुरेश प्रसाद, ग्राम-महबीगहा  
टोला समलगढी, पोस्ट टनकूप्पा, महा  
बीघा, गया, फतेहपुर, बिहारबिहार,  
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