

शेला मै,

शेला व चाइल्ड समर्थन फाउंडेशन

सविनय निवेदन रहा है कि मेरी बेटी 2 साल की है उसीके दिल के दौड़ हो गया था जो पिछले साल चला जब लच्ची को खेलने छुपने में परेशानी होने लगी। तब डॉक्टर को दिखाया तो पता चला लच्ची के दिल में दौड़ हो तब से हम लच्ची का इलाज NIMS अस्पताल में करवा रहे हैं उन्होंने 18/03/2024 को लच्ची के ऑपरेशन की तारीख दी थी लेकिन पैसे जमा न होने की वजह से ऑपरेशन नहीं हो पाया। फिर हम किसी ने इस संस्था के बारे में बताया अब हम बहुत उम्मीद से इस संस्था में मदद के लिए आये हैं हमारे 2 बेटी हैं और मेरी पत्नी पानी का काम करते हैं। 10000-12000 ही महीने का मिलता है। जिससे के भ्रमण के रहते हैं इसलिए इतने पैसे में घर चान्नी या लच्ची का ऑपरेशन करवाये। इसलिए मैं अपनी लच्ची के ऑपरेशन के लिए आपके पास बहुत उम्मीद से आई हूँ कृपया मेरी लच्ची का ऑपरेशन करवा दीजिए।

दिनांक

23/03/2024

अंशु

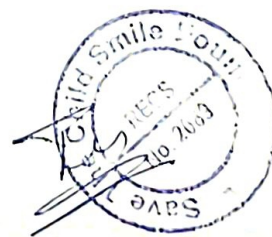
समझावी की माँ

माता का नाम → अंशु आ

मरीज → समझावी आ

उम्र — 2 साल

ऑपरेशन का रक्का → 50000/-



LH2010231677 107092599

LC2010232334 107092599

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029  
Cardiothoracic & Neurosciences Centre, O.P.D.  
All India Institute of Medical Sciences, New Delhi-110029

दिनांक/Date

विभाग  
Deptt.

यू०एच०आई  
UHID No.

CV 2023/014/0028212

UHID: 107092599

Date 20/10/2023

Dr. Zia  
Abdullah

Cardiology  
Paed. Cardiology

Name SHAMBHAVI

W/O Nitesh Kumar

Phone No. 8847526701

Consultant Room 21

Dr. S  
RAMAKRISHNAN  
Dr. Shafiq

General

SR Room 14

निदान

Diagnosis

ACHD

? VSD (restrictive)

? PS

Adv.

Sig. Vitafol  
2.5 ml OD

for E report...

SpO<sub>2</sub> - 98%  
H.R. - 120

Please share your feedback to improve our hospital on the Website link: [meraaspataal.nhp.gov.in](http://meraaspataal.nhp.gov.in)





शरीरमाद्यं खलु धर्मसाधनम्

**CARDIO - THORACIC CENTRE  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANSARI NAGAR, NEW DELHI-110029**

Date : 23/2/2024

**ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र**

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती SHAMBHAVI  
Age/ उम्र 24y Sex / लिंग F CV No. / CTVS No. / सीवी संख्या/सीटीवीएस संख्या 107092599/28212  
UHID No. / यूएचआईडी संख्या 107092599  
Nature of Disease / रोग का नाम ACHD, TAP, SV ASD, PAPVC.  
Nature of Surgery / Procedure required / सर्जरी/प्रक्रिया की आवश्यकता SV ASD Closure + PAPVC RESECTION  
Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट 40  
Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क Rs 50,000/-  
The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in

Favour of CT "AIIMS PATIENT'S ACCOUNT"  
(A/c No. 10874584258, IFSC Code : SBIN0001536)  
(for CTVS Surgical Patients)

"AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT"  
(A/c No. 10874584269, IFSC Code : SBIN0001536)  
(for Cardiology Patients)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

उपयुक्त राशि को नीचे दिये गए सम्बंधित पक्ष में बैंक ड्राफ्ट / इलेक्ट्रॉनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए ।

"एम्स सीटी पेशेंट अकाउंट"  
(A/c No. 10874584258, IFSC Code : SBIN0001536)  
(सी.टी.वी.एस. सर्जरी मरीजों के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"  
(A/c No. 10874584269, IFSC Code : SBIN0001536)  
(कार्डियोलॉजिस्ट मरीजों के लिए)

अनुमानित व्यय सीजीएस/ईएसआई/सरकार स्वायत्त संख्या और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा । यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्रोतों से वित्तीय सहायता मांगने के लिये भी लागू होगा ।

For any query related to package charges / money deposition, please contact Accounts Section Room No. 105 (Basement, C. N. Centre)

पैकेज शुल्क / रुपये जमा करने से संबंधित किसी भी पूछताछ के लिए, कृपया लेखा अभिभाग कमरा नं. 105 (बेसमेंट, सी.एन. सेंटर) में संपर्क करें ।

(Signature & Rubber Stamp of Consultant)  
Dr. [Signature] Professor  
Cardiothoracic Centre  
All India Institute of Medical Sciences  
Ansari Nagar, New Delhi - 110029









दिनांक  
Date

20/11/2023

Accepted for SV-ASO closure +  
PAPVC rerouting  
for S. Telwar / Dr. Anil K. Saboo

To deposit Rs 50,000/- in  
Asms CT patient  
Account

To deposit 40 Blood in CVC  
Blood Bank

To ~~deposit~~ get Blood grouping  
done

PROA : 18 March 2024

Long waiting list explained  
Case:

In case of emergency to  
come in packs energy



**Measurements**  
 Aorta 9.6  
 LVes 14  
 IVS ed 6.6  
 RV ed  
 EF 60%  
 VS Motion  
 AS

**CHAMBERS**

V  
A  
A  
IV

Normal/Enlarged/Clear/Thrombus/Hypertrophy  
 Contraction Normal/Reduced  
 Normal/Enlarged/Clear/Thrombus  
 Normal/Enlarged/Clear/Thrombus  
 Normal/Enlarged/Clear/Thrombus

**PERICARDIUM**

Normal/Thickened/Calcification/Effusion.

**REMARKS**

Severe mitral regurgitation (A-66mm reg)  
 Moderate TR  
 Other valves normal  
 No significant pericardial effusion  
 Normal biv  
 After diastole  
 No PE/clotting

**ACQUISITION**

Normal biv  
 After diastole  
 No PE/clotting

(LVPV-RA)

Resident

Consultant

*McL...*

Severe mitral regurgitation (A-66mm reg) / biv / mod TR

5. LC, 3P-1A, NEG, A-VT concordance (P) CTA

PS only mild  
 during (P)  
 A-VT concordance (P) CTA

RVOT (P)

PAV (LVPV)

Superior sinus  
 venous ASD with

Normal Values	LA es	LV ed	PW(LV)ed	RV Anterior Wall
(21-22 mm/m <sup>2</sup> )	15	23	(07-11mm)	(Upto 5mm)
(19-32 mm/m <sup>2</sup> )				

# ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Shamshari AGE 2 SEX M/F DATE 25/12/13  
ECHO No. 26855 CV No. .... UHID No. 107092599 C.R. No. ....  
HEIGHT .....cm WEIGHT 19 kg. BSA .....m<sup>2</sup> Ref. Physician Rama

Referring Diagnosis

Quality of Imaging Poor/Adequate/Good Done by Dr. Neha Checked by Dr. ....

## MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming  
PML Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Present/ Absent Score.....  
Doppler Normal / Abnormal  
Mitral stenosis Present / Absent RR interval.....msec  
EDG.....mmHg MDG.....mmHg MVA.....cm<sup>2</sup>  
Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

## TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming  
Doppler Normal/Abnormal  
Tricuspid stenosis Present/ Absent RR interval.....msec  
EDG.....mmHg MDG.....mmHg  
Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals  
Velocity.....m/sec Pred. RSVP-RAP.....mmHg

## PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation  
Doppler Normal/Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG.....66 mmHg Pulmonary annulus.....mm  
Pulmonary regurgitation Present/Absent (-22-9.7)  
Early diastolic gradient.....mmHg End diastolic gradient.....mmHg

## AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4  
Doppler Normal/Abnormal  
Aortic stenosis Present/Absent Level  
PSG.....mmHg Aortic annulus.....mm  
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029  
Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

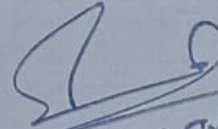
दिनांक/Date	107092599	122152
विभाग Deptt.	28212/23	नाम SHAM BANSI Name
यू०एच०आई०डी०सं० UHID No.		उम्र Age
	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex
निदान Diagnosis		

28/01/2024

Care of Sr ASD & PPRC already Accepted.  
money not deposited yet.

Advice

Continue all medication  
complete formalities & review.

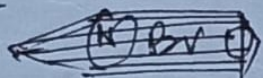
  
S. C. W.

दिनांक  
Date

R-21(32)  
01/11/25

Large Cr-ASD  
PAPVC (RUPV → RA)  
Ser. Valv. PL  
① RV Φ

ECG → RVH i strain in ECG



Asx

Age ~ 3 yrs.

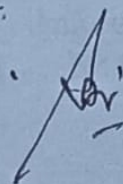
10 kg.

Hb - 11.5 gm%.

ASD

1. Echo 4/v

2. Cont-am.



syp. fuscide 1ml/10  
or

3 1/11/25



हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र  
ब० रो० वि०

अ० भा० आ० सं०, नई दिल्ली-110029  
Cardiothoracic & Neurosciences Centre, O.P.D.  
A.I.I.M.S., New Delhi-110029

दिनांक/Date 10/09/2023

विभाग  
Deptt.

28212/23

नाम  
Name

SHAMBHANI

उम्र  
Age

24

यू०एच०आई०डी०सं०  
UHID No.

पुत्र/पुत्री/पत्नी  
S/D/W

लिंग  
Sex

F

निदान

Diagnosis

Auto / SV-ASD / PAPVC

R-21 (23)  
17/11/23

ASD 100% RVP to SVC, RMPV to SVC-ASD  
FTT ⊕. No other symptoms  
ECG ⊕. wide SL

Gen: WGR, MVO. Cor: No em, No  
Echo: SV ASD & PAPVC from  
MVO ⊕. mild PS

CFA: SV ASD.

PAPVC. RVP → SVC, RMPV → SVC-ASD  
Dilated RA/RV

Plan: SV ASD repair  
Referred to CHS (32)

10/11/23

Signature

शेला मै,

शेला व चाइल्ड समर्थन फाउंडेशन

सविनय निवेदन रहा है कि मेरी बेटी 2 साल की है उसीके दिल के दौड़ हो गया था जो पिछले साल चला जब लच्ची के खेलने कुपे में परेशानी होने लगी। तब डॉक्टर को दिखाया तो पता चला लच्ची के दिल में दौड़ हो तब से हम लच्ची का इलाज NIMS अस्पताल में करवा रहे हैं उन्होंने 18/03/2024 को लच्ची के ऑपरेशन की तारीख दी थी लेकिन पैसे जमा न होने की वजह से ऑपरेशन नहीं हो पाया। फिर हम किसी ने इस संस्था के बारे में बताया अब हम बहुत उम्मीद से इस संस्था में मदद के लिए आये हैं हमारे 2 बेटी हैं और मेरी पत्नी पानी का काम करते हैं। 10000-12000 ही महीने का मिलता है। जिससे के भ्रमण के रहते हैं इसलिए इतने पैसे में घर चायों या लच्ची का ऑपरेशन करवाये। इसलिए मैं अपनी लच्ची के ऑपरेशन के लिए आपके पास बहुत उम्मीद से आई हूँ कृपया मेरी लच्ची का ऑपरेशन करवा दीजिए।

दिनांक

23/03/2024

अंशु

समझावी की माँ

माता का नाम → अंशु आ

मरीज → समझावी आ

उम्र — 2 साल

ऑपरेशन का रक्का → 50000/-





 भारत सरकार  
Government of India

 जायद



अंशु झा  
Anshu Jha  
जन्म तिथि/DOB: 02/02/2000  
महिला/ FEMALE

**4722 6920 2080**  
VID : 9187 5085 1552 3965


मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

 AADHAAR

पता:  
द्वारा: नितेश झा, मकान नं. 2317, गली नं. 63, मोलरबंद  
विस्तार, बदरपुर, दक्षिण दिल्ली,  
दिल्ली - 110044

Address:  
C/O: Nitesh Jha, House No. 2317, Gali No.  
63, Molarband Extn, Badarpur, South Delhi,  
Delhi - 110044



**4722 6920 2080**  
VID : 9187 5085 1552 3965

1947 | help@uidai.gov.in | www.uidai.gov.in

	a. No change in the deed of the applicant trust/society/non profit company or any of its bye-laws shall be affected without the due procedure of law and the approval of the Competent Authority as per provisions of law and its intimation shall be given immediately to Office of the Jurisdictional Commissioner of Income Tax and to the Assessing Officer.		
	b. Any change in the trustees or address of the applicant trust/society/non-profit company shall be intimated forthwith to Office of the Jurisdictional Commissioner of Income Tax and to the Assessing Officer.		
	c. The applicant trust/society/non profit company shall maintain its accounts regularly and also get them audited as per the provisions of section 80G(5)(iv) read with section 12A(1)(b)/10(23C) of the Income Tax Act,1961.		
	d. Certificate of donation shall be issued to the donor in form no 10BE, as per the provisions of rule 18AB.		
	e. No cess or fee or any other consideration shall be received in violation of section 2(15) of the Income Tax Act, 1961.		
	f. The trust/society/non profit company shall file the return of income of its trust/society/non profit company as per the provisions of section 139(1)/(4A)/(4C) of the Income Tax Act, 1961.		
	g. The approval granted through this order shall apply to the donations received only if the applicant trust/society/non profit company, established in India for charitable purpose, fulfills the conditions laid down in section 80G(5) of the Income Tax Act, 1961 and the religious expenditure does not exceed the limit specified in section 80G(5B) of the said Act.		
	h. If the applicant trust/ society/ non-profit company derives any income, being profits and gains of business, it shall maintain separate books of account in respect of such business as provided in section 80G(5)(i) of the Income Tax Act,1961. Further, any donation received by the applicant shall not be used, directly or indirectly, for the purposes of such business and a certificate shall be issued to every person making a donation to the effect that the applicant maintains separate books of account in respect of the business and the donation received by it will not be used, directly or indirectly, for the purpose of the business.		
	i. The applicant shall comply with the provisions of the Income Tax Act, 1961 read with the Income Tax Rules, 1962.		
	j. The approval and the Unique registration number has been instantly granted and if, at any point of time, it is noticed that form for approval has not been duly filled in by not providing, fully or partly, or by providing false or incorrect information or documents required to be provided under sub-rule (1) or (2) of rule 11AA or by not complying with the requirements of sub- rule (3) or (4) of the said rule, the approval and Unique Registration Number (URN), shall be cancelled and the approval and URN shall be deemed to have never been issued or granted.		
	<table border="1"> <tr> <td data-bbox="170 2102 1020 2308">Name and Designation of the Approving Authority</td><td data-bbox="1020 2102 1707 2308">Principal Commissioner of Income Tax/ Commissioner of Income Tax  (Digitally signed)</td></tr> </table>	Name and Designation of the Approving Authority	Principal Commissioner of Income Tax/ Commissioner of Income Tax  (Digitally signed)
Name and Designation of the Approving Authority	Principal Commissioner of Income Tax/ Commissioner of Income Tax  (Digitally signed)		



# FORM NO. 10AC

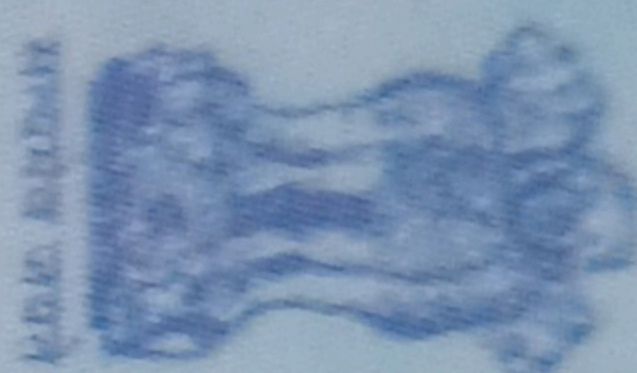
(See rule 17A/11AA/2C)

Order for provisional approval

1	PAN	AAWTS6884N
2	Name	SAVE THE CHILD SMILE FOUNDATION
2a	Address	
	Flat/Door/Building	"PLOT NO.80 KH. NO. 250, GROUND FLOOR, STREET NO.28"
	Name of premises/Building/Village	
	Road/Street/Post Office	"SUSHANT VIHAR VILLAGE, KADIPUR"
	Area/Locality	MUNGESHPUR
	Town/City/District	NORTH DELHI
	State	DELHI
	Country	INDIA
	Pin Code/Zip Code	110036
3	Document Identification Number	AAWTS6884NF2018001
4	Application Number	342582100180421
5	Provisional Approval Number	AAWTS6884NF20180
6	Section/sub-section/clause/sub-clause/proviso in which provisional approval is being granted	12-Clause (iv) of first proviso to sub-section (5) of section 80G
7	Date of provisional approval	28-05-2021
8	Assessment year or years for which the trust or institution is provisionally approved	From 28-05-2021 to AY 2024-25
9	Order for provisional approval:	
	a. After considering the application of the applicant and the material available on record, the applicant is hereby granted provisional approval with effect from the assessment year mentioned at serial no 8 above subject to the conditions mentioned in row number 10.	
	b. The taxability, or otherwise, of the income of the applicant would be separately considered as per the provisions of the Income Tax Act, 1961.	
	c. This order is liable to be withdrawn by the prescribed authority if it is subsequently found that the activities of the applicant are not genuine or if they are not carried out in accordance with all or any of the conditions subject to which it is granted, if it is found that the applicant has obtained the provisional approval by fraud or misrepresentation of facts or it is found that the assessee has violated any condition prescribed in the Income Tax Act, 1961.	
10	Conditions subject to which provisional approval is being granted	
	The provisional approval is granted subject to the following conditions:-	



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

AAWTS6884N

नाम / Name

SAVE THE CHILD SMILE  
FOUNDATION



18112018

निगमन / गठन की तारीख

Date of Incorporation / Formation

26/10/2018