



बाल चिकित्सा विभाग  
UHD: 107958184



Dept No: 2024003003324

NIRAJ KUMAR

S/O MUNNA RAM  
BY OM 2D / M (पुरुष)  
KARMA CHHOTKI CHENARI ROHTASH  
BHAR Pin-D INDIA  
ARRCHHOTKI  
Follow Up Patient



कमरा / Room C-216  
Queue / संख्या F69  
Unit-I, Paediatric

# A.I.I.M.S. HOSPITAL

Patient Department  
IS PROHIBITED IN HOSPITAL PREMISES

OPR-6

ब.रो.वि. पंजीकृत सं. / O.P.D. Regn. No.



Reporting: 08 31 56  
28/11/2024

आयु  
Age

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

*(Handwritten signature)*  
*(8/11)*

Rx for Asymptomatic TB 2023

multiple necrotic nodes  
multiple Intra hepatic lesions

- Hgm
- ESR
- CRP
- MTB
- CXR
- USG Abdo

P/A Lvs  
Culd appear wou

Please give soon on

Kishan sadal Rms

x 15 day

डा. रोहन मालक / Dr. ROHAN MALIK  
अपर प्राध्यापक / Additional Professor  
Division of Gastroenterology & Hepatology  
बाल चिकित्सा विभाग / Department of Paediatrics  
आर.बी.ओ. अरुणाचल प्रदेश / A.I.I.M.S., New Delhi-110029

LC2811241307 107958184  
HM-281124209-E 107958184  
LH28112400829 107958184  
NIRAJKUMAR



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)

मेरा अस्पताल  
Mera Hospital  
meraaspatal.nhp.gov.in





COMPUTERIZED TOMOGRAPHY REQUISITION FORM

Name: Niraj Kumar

Age / Sex: 8/1m

Ref. Deptt. / Unit: Paeds/1

Date: 28/11/24



Appointment ID: 2024112813148

नकदी रसीद / CASH RECEIPT  
 अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
 नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029



दूरभाष 26588500  
 फोन 26588700

रसीद संख्या / Receipt No.  
 जमाकर्ता / Received From:  
 ओ.पी.डी./यू.एच.आई.डी. सं / OPD/Union  
 के नामे / ON ACCOUNT OF

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
 New Delhi,

Radiology Observation Scheduling Receipt ## 739939/2024  
**ACKNOWLEDGMENT**

UHID No: 107958184	Name: NIRAJ KUMAR	Age: 8 years 2 days
Address: KARMA CHHOTKI CHENARI ROHTASH PIN:0	Sex: Male	

Observation Type: USG	Observation Name: ABDOMEN(GENERAL)
Part Name: .	Scheduling Date: 6/12/2024 08:30:00
Room No: BM-12 NRAK BASEMENT 1 URGENT DATE	Queue No: 7
Recommended by: Dr. SR	Department: Paediatrics

Note:-

**Kindly follow the instructions:**

- REPORT IN THE ABOVE MENTIONED ROOM.
- BRING ONE ATTENDANT WITH YOU.

THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP

6/12/24

NRAK Urgent



विकिरण नैदानिक विभाग

अ० भा० आ० सं०, नई दिल्ली-११००२६

DEPARTMENT OF RADIODIAGNOSIS

A.I.I.M.S., NEW DELHI - 110029

PLAIN X-RAY/CONTRAST STUDIES REQUISITION FORM

Name : Nitay Kumar Age/Sex : 8yr/H Ref. Deptt./Unit : pedr Date : 28/11/24

Indoor (Bed No.) / Outdoor / Casualty : O.P.D UHID No. : 107958184 LMP :

Examination Required :

Clinical History and Examination :

no Rx for Abdominal TB 2023

Clinical / Working Diagnosis : Chest-X-Ray

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 :

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.



Pleas gni  
Emy Dali

Romey

विकिरण नैदानिक विभाग  
अ०भा०आ०सं०, नई दिल्ली-110029  
DEPARTMENT OF RADIODIAGNOSIS  
A.I.I.M.S., NEW DELHI - 110029

ULTRASOUND/COMPUTED TOMOGRAPHY REQUISITION FORM

Name: Niraj Kumar Age / Sex: 8/1m Ref. Dept/Unit: Paeds/1 Date: 28/11/24

Indoor (Bed No.) / Outdoor/ Casualty

OPD No. / UHID No. :

LMP: \_\_\_\_\_

107958184

Examination Required :

Ultrasound

Doppler (Arterial / Venous)

Interventional Procedure

CT

HRCT

Dual Phase CT

CT Angiography

Clinical History and Examination :

Previously treated for Abdominal TB

CT - Intra hepatic multiple SOLs and

Also multiple necrotic LN

Clinical/Working Diagnosis :

Pleas common on Liver and

Necrotic Abdominal LN

Any Previous Studies (Please provide No. if available) :

Blood Urea / Serum Creatinine (for CT patients only) :

Any h/o allergy or asthma :

Romey

Signature of Referring Physician / Date :

Consent :

I hereby given 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 :

6/12/24  
Bm-12

NRAK Urgent

US / CT Number :

No. of Films used :

Signature of Radiographer / Date :



Radiology Observation Scheduling Receipt:: Print



Appointment ID: 2024112809622

अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
अंसारी नगर, नई दिल्ली-110029 / Ansari Nagar, New Delhi-110029

<https://ehospital.aiims.edu/ehospital/Radiology/Booking/printSchedule>

दूरभाष / 26588500  
Phone / 26588700

रसीद संख्या / Receipt No.: Radiology Observation Scheduling Receipt ## 739220/2024

जमाकर्ता / Received From: **ACKNOWLEDGMENT**

ओ.पी.डी. / यू.एच.आई.डी. सं / OPD / UHID No.: Name: NIRAJ KUMAR

के नामे / ON ACCOUNT OF Address: KARMA CHHOTKI CHENARI ROHTASH PIN 0

Age: 8 years 2 days

Sex: Male

दिनांक / Dated :

रोगी प्रकार / Patient Type :

कक्षा संख्या / Room No. :

Observation Type: PLAIN X-RAY

Observation Name: CHEST PA VIEW

Patient Name:

Scheduling Date: 28/11/2024 08:30:00

Room No: BM-01 NEW RAK OPD BLOCK BASEMENT I

Queue No: 194

Recommended by: Dr. SR Paediatrics 14

Department: Paediatrics

160

भुगतान का प्रकार / Payment Mode :

रुपये / INR (Rs.) :

रुपये शब्दों में / Rs. in Words

यह कम्प्यूटर द्वारा जारी की गई रसीद है और इसमें हस्ताक्षर और मोहर अपेक्षित नहीं है।  
THIS IS COMPUTER GENERATED SLIP AND DOES NOT REQUIRE SIGNATURE AND STAMP





भारत सरकार

Government of India



Aadhaar no. issued: 18/01/2024

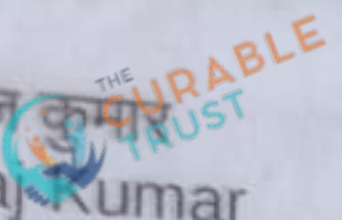
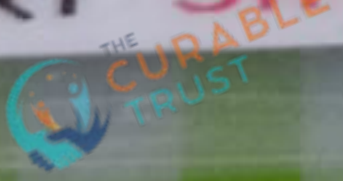


नीरज कुमार  
Niraj Kumar  
जन्म तिथि/DOB: 2016  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

2035 1960 4866

मेरा आधार, मेरी पहचान







भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
द्वारा: मुंना राम, कर्मा पो छोटकि चेनारी, चोर, रायपुर छोर,  
रोहतास  
बिहार - 821113



Address:  
C/O: Munna Ram, karma po chhotki chenari,  
Chor, PO: Raipur Chore, DIST: Rohtas,  
Bihar - 821113

Details as on: 24/01/2024

2035 1960 4866

VID : 9165 5855 4175 4137

1947



help@uidai.gov.in



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