



We care about child care

# MOTHER'S LOVE WELFARE SOCIETY

Registered Under Societies registration Act XXI of 1860  
Regn. No. S-68309, Niti Aayog, Govt. of India Unique ID VOINGO DL/2019/0237993  
MCA (Ministry of Corporate Affairs) Regn No. CSR00006293  
Head Office & Rehabilitation Center : H.No. 705, D/19, First Floor  
Ward No.3, Mehrauli, New Delhi-110030  
E-mail : motherslove.india@yahoo.com | Website : www.mlwsindia.org.in  
Ph.: 9871209548, 9873252873

Ref No.: MLWSO11/23/24

## SPONSORSHIP FORM

All Contribution to Mother's Love Welfare Society are exempted from Income Tax Under Section 80G of I.T. Act, 1961

### DETAILS OF CHILD / PATIENT

Name of Applicant : <u>Master. DINYANSHU KUMAR</u>	
Date of Birth : <u>21/01/2020</u>	
Age/Gender : <u>3 1/2 years / male</u>	
Type of Disease : <u>ASD</u>	
Name of the Hospital & Rehabilitation Centre <u>Fortis Escorts Hospital Okhla New Delhi</u>	Address & Phone No. <u>Fortis Escorts Hospital Okhla New Delhi</u>

### FAMILY DETAILS

Name of the Father's/Mother's/Guardian <u>Mr. Sanjay Kumar</u>		Age / Gender <u>30 year</u>	
Occupation <u>farming work</u>	Education <u>12th</u>	No. of Family Members <u>06</u>	No. of School going children <u>02</u>
Monthly Income Annual <u>Rs. 60,000/yr</u>	No. of earning person <u>01</u>	Total required amount <u>Rs. 3,50,000</u>	

#### Reason of sponsorship Required :

They can't effort medical treatment & medical expenses due to low income / average income group of family. All medical paper, parent's details and address proof will be attach.

### SPONSORSHIP REQUIRED

1. For Education	<input type="checkbox"/>	5. For Medical Treatment and Therapy	<input type="checkbox"/>
2. For Purchase Equipment of the Therapy	<input type="checkbox"/>	6. For Purchase Equipment of the Rehabilitation	<input type="checkbox"/>
3. For Medical Relaxant Drug	<input type="checkbox"/>	7. For Botox / Phenol Nerve Block	<input type="checkbox"/>
4. HBOT (Hyper Baric Oxygen Therapy)	<input type="checkbox"/>	8. For Others	<input type="checkbox"/>

### STATUS OF SPONSORSHIP

Total Required Amount Rs. <u>3,50,000</u>	Parent & Relative Help Rs. <u>40,000</u>	Balance Amount Rs. <u>3,10,000</u>
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One Time	Monthly	Quarterly	Half Yearly	Yearly
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Dr. NEERAJAWASTHY  
M.D, FNB (Pediatric Cardiology)  
Director, Pediatric & Congenital Heart Disease  
DMC No. 8122  
Signature & Seal of the Doctor, Head  
of the Rehabilitation Centre

Sanjay Kumar  
Signature of the Parents  
Date : 21/8/23



HEART STATION

Dr Neeraj Awasthy

MD, FNB ( Pediatric Cardiology)

Director Of Pediatric Cardiology

+919811962775, +917827480870

Neeraj. Awasthy@fortishealthcare.com,

n\_awasthy@yahoo.com

DIVYANSHU KUMAR

3 YR 6 Month / MALE

S/O SANJAY KUMAR

R/O HARPURNAS, PURB Z CHAMPARAN  
BEHAN


C/O Large ASD & LMR

Shunt & Deficient IVc Ring

PLAN - ASD Closure Open

Heart Surgery / TOTAL

Correction (OHS)

  
Dr. NEERAJ AWASTHY  
MD, FNB (Paediatric Cardiology)  
Director Paediatric & Congenital Heart Disease  
DMC No. 6125  
Fortis Escorts Heart Institute  
Okhla Road, New Delhi-110025



NABH Accredited

**HEART STATION**

21:08:2023

TO WHOM IT MAY CONCERN

This is to certify that Divyanshu Kumar 3 years 6 Month old male reg id:12661261 s/o Mr. Sanoj Kumar, r/o Harpurnag, Purbi Champaran, Bihar, is suffering from congenital heart Defect, Large Ostium Secundum ASD, Dilated RA/RV. he needs early ASD Closure /Total Correction Open Heart surgery. The approximate cost of the procedure would 3.50Lac

Dr. NEERAJ AWASTHY  
MD, FNB (Paediatric Cardiology)  
Director-Paediatric & Congenital Heart Disease  
DMC No. B125  
Fortis Escorts Heart Institute  
Okhla Road, New Delhi-110025

**DR. NEERAJ AWASTHY**  
MD, FNB  
Director Pediatric Cardiology  
Fortis escort Okhla Delhi



NABH Accredited



**INPATIENT SUMMARY RUNNING BILL**

**GST No. : 07AAACE8731F1Z5**

**CIN No. : U85110CH2000PLC023744**

Patient Name : Master Divyanshu Kumar  
 UHID : 12661261  
 EpisodeNo : 184329/23/1201  
 Age/Sex : 3 YEAR(S)/Male  
 Phone No. : 9871209548  
 Address : VILL- HARPURNAG, PURBI  
 CHAMPARAN East Champaran  
 Champapur

Bill No :  
 Bill Date :  
 Admitted on : 16-Oct-2023 3:00 PM  
 Discharged On :  
 Department : PAEDIATRIC CARDIOLOGY  
 Treating Doctor : Dr.Neeraj Awasthy

Claim No. : Place of Supply : Delhi

**Customer Details**

Customer Category : Cash Insurance/Corp : NA  
 Customer Name : NA Customer Site : NA  
 Customer Address : Individual Cash Domestic Gurgaon, Haryana, Gurgaon  
 122001, Haryana, India  
 GSTIN : NA TPA Name :

S.No	Particulars	HSN/SAC	Gross Amount	Discount		Net Amount	
				Contractual	Discretionary	Taxable	Non-Taxable
1	CONSULTATION	999311	2,100.00	0.00	0.00	0.00	2,100.00
2	INVESTIGATION	999311	2,015.00	0.00	0.00	0.00	2,015.00
3	CONSUMABLE	999311	2,948.00	0.00	0.00	0.00	2,948.00
4	DRUGS (NPPA & DPCO)	999311	26.76	0.00	0.00	0.00	26.76
5	OTHER PROCEDURE	999311	2,000.00	0.00	0.00	0.00	2,000.00
6	PACKAGE	999311	300,000.00	0.00	0.00	22,000.00	300,000.00
			<b>309,089.76</b>	<b>0.00</b>	<b>0.00</b>	<b>22,000.00</b>	<b>287,090.00</b>
							<b>310,189.76</b>

**BILL AMOUNT :**

TAX SUMMARY	TAXABLE AMT	CGST(%)	CGST AMT	SGST(%)	SGST AMT	Tax
PACKAGE	22,000.00	2.50	550.00	2.50	550.00	1,100.00
<b>Total Tax</b>	<b>22,000.00</b>	<b>2.50</b>	<b>550.00</b>	<b>2.50</b>	<b>550.00</b>	<b>1,100.00</b>

NET BILL AMOUNT : 310,189.76  
 PATIENT SHARE : Patient Amount 310,189.76  
 DEPOSIT BY PATIENT : 180,000.00  
 NET PAYABLE AMOUNT : 130,189.76

Printed By : Pooja Pathania

Patient/Attendant's Sign :

Name : Relation : Phone No :

(Note: All original payment receipts required for Final Bill Clearance.

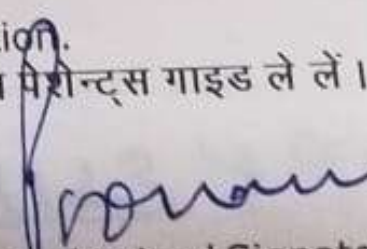
Print Date : 19-Oct-2023 11:35 AM

**ADMISSION SLIP**

Please admit the following in  Emergency  CCU  Ward  Day Care  Cath Lab  
Name: Divyanshu Kumar Age 34 yrs.  M  F  
Regn. No. 12661262 Schedule date..... Time.....  
Contact Telephone No. with STD Code.....  
Admitting Doctor (Dr. Neeraj Awasthy) Dr. KS Iyer

<b>CONTEMPLATED PROCEDURE</b>	I	<b>PROVISIONAL DIAGNOSIS</b>
Cardiac Cath <input type="checkbox"/> Day <input type="checkbox"/> Regular		ASD
Non-ionic contrast <input type="checkbox"/> Yes <input type="checkbox"/> No		
Regular Dye <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> PTCA <input type="checkbox"/> EPS <input type="checkbox"/> BMV <input type="checkbox"/> PPI <input checked="" type="checkbox"/> Surgery ..... Any other.....		

- SURGERY PATIENTS TO PLEASE NOTE** सर्जरी रोगी कृपया नोट करें
- You can contact Admission Desk with this slip for enlistment.  
इस स्लिप को एडमिशन डेस्क पर दिखाकर अपना नाम नोट करवा दें।
  - Unless you are arriving from outstation straight to the hospital on the schedule date, please inform your presence/arrival in Delhi to Admission Desk and wait for a call from us regarding bed.  
अगर आप निर्धारित तिथि पर दिल्ली के बाहर से सीधे इंस्टीट्यूट नहीं आ रहे तो अच्छा होगा यदि आप निर्धारित तिथि को आप दिल्ली में उपस्थिति / आगमन एडमिशन डेस्क को नोट करा दें और बैड के बारे में टेलीफोन काल की प्रतिक्षा करें।
  - Please bring all your reports/Angio CD/Cassette (if applicable) at the time of admission.  
कृपया भर्ती के समय अपनी रिपोर्टें / ऐन्जियो सीडी / कॅसेट आदि जो हो साथ लायें।
  - 4 or  6 units of blood to be donated before surgery on any work day between 9.30 a.m. to 1.00 p.m. and between 2.00 p.m. to 4.00 p.m. at basement blood bank.  
सर्जरी से पहले किसी कार्य दिवस पर 9.30 बजे से 1.00 बजे और 2.00 बजे से 4.00 बजे बेसमेन्ट में ब्लड बैंक में  4 या  6 यूनिट रक्त का दान करवाना होगा।
  - Disprin to be stopped  immediately  one week before surgery.  
डिस्पिरिन का सेवन  तुरन्त  सर्जरी के एक सप्ताह पहले बन्द कर दें।
  - Please refer to In-patients Guide for other related information.  
अन्य सम्बन्धित जानकारी के लिए सूचना केन्द्र / एडमिशन डेस्क से इन पैशेन्ट्स गाइड ले लें।

  
Authorized Signatory



सं. 1  
NO. 1



बिहार सरकार  
GOVERNMENT OF BIHAR  
योजना और विकास विभाग  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
ग्राम पंचायत हर्पुर नाग  
GRAMA PANCHAYAT HARPUR NAG

फॉर्म-5  
FORM-5



जन्म प्रमाण-पत्र  
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रेशन अधिनियम, 1969 की धारा 12 / 17 तथा बिहार जन्म मृत्यु रजिस्ट्रेशन 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 हर्पुर नाग तहसील मेहसी जिला पूर्वी चंपारण राज्य/संघ प्रदेश बिहार, भारत के रजिस्ट्रार 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 HARPUR NAG OF TAHSIL/BLOCK MEHSI OF DISTRICT PURBI CHAMPARAN OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: DIVYANSHU KUMAR

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:  
21-01-2020  
TWENTY-FIRST JANUARY TWO THOUSAND TWENTY

जन्म स्थान / PLACE OF BIRTH:  
HARPURNAG,  
HARPURNAG, MEHSI, PURBI CHAMPARAN,  
BIHAR, 845426

माता का नाम / NAME OF MOTHER:  
LILAM KUMARI

पिता का नाम / NAME OF FATHER:  
SANOJ KUMAR

अधार नंबर / MOTHER'S AADHAAR NO:  
XXXXXXXX1308

अधार नंबर / FATHER'S AADHAAR NO:  
XXXXXXXX0229

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:  
HARPURNAG, HARPURNAG, MEHSI, PURBI CHAMPARAN, BIHAR- 845426

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

HARPURNAG, HARPURNAG, MEHSI, PURBI CHAMPARAN,  
BIHAR- 845426

पंजीकरण संख्या / REGISTRATION NUMBER:  
B-2023: 10-00677-000094

पंजीकरण तारीख / DATE OF REGISTRATION:  
22-05-2023

टिप्पणी / REMARKS (IF ANY):  
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जारी करने की तिथि / DATE OF ISSUE:  
22-05-2023

जारी करने वाले अधिकारी / AUTHORITY:  
रजिस्ट्रार (जन्म / मृत्यु)  
REGISTRAR (BIRTH & DEATH)  
ग्राम पंचायत हर्पुर नाग  
GRAMA PANCHAYAT HARPURNAG  
मेहसी, पूर्वी चंपारण



UPDATED ON:  
22-05-2023 12:19:32



"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

