



DEPARTMENT OF ORTHOPAEDICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

Dated 6/11/25

TO WHOM IT MAY CONCERN

This is to certify that Shri/Smt./Kum. Devanshi

S/D/W of Yogesh aged 5½ UHID No. 105326309

is suffering from (Diagnosis) Cry. scoliosis

He /She has been advised surgery spinal fixation C 6-16

SRC - spine Art Park The Cost of the IMPLANTS is Rs. 5,18,364/-


(Rupees five lacs Eighteen thousand three hundred
sixty four only)


NOTE: - The cost of the prosthesis is the present market rate and is dependent on the Foreign Exchange value at the time of purchase. The DEMAND DRAFT may be issued in the name of "AIIMS PATIENT TREATMENT A/C.", alongwith the COVERING LETTER from the Funding Agency and sent to the Deptt. of Orthopaedics, AIIMS, New Delhi - 110029.


- > Patient's Personal Cheque, Demand Draft or Cash is not acceptable.
- > The implants are to be made available at the time of admission / surgery.
- > Estimate of the implants given above is provisional and can vary depending on the condition and requirements during operative procedures.
- > Reimbursement limit of your organization/funding source may be less as compared to cost indicated above and the difference will have to be paid by the patient.

ENCL:

1. Copy of OPD Card
2. Proforma Invoice

 **परिचर रेजीडेन्ट**
Senior Resident
अस्थि रोग विभाग / Deptt. of Orthopaedics
आर.आ.न.ए. नई दिल्ली / AIIMS, New Delhi.

(Dr. )
Counter Signature of Consultant

 **Dr. BHAVUK GARG**
MS (Ortho), MAMS, MRCS, FACS, FICS, FIMSA
आचार्य / Professor
अस्थिरोग विभाग / Department of Orthopaedics
आर.आ.न.ए. नई दिल्ली / AIIMS, New Delhi - 110029

M.S

95
6/11/25
New Delhi - 110029

ESTIMATE CERTIFICATE IN R/O PATIENTS SEEKING FINANCIAL ASSISTANCE FROM DELHI AROGYA KOSH/NIDHI

1. Name & Age of patient : Devanshi ~~and~~ 6 yrs
 2. Name of Hospital : AIIMS New Delhi
 3. OPD/Regd. No : 105326309
 4. Father/Husband's Name : Yogesh Kumar
 5. Address : Hno-100, D4 block, Sultanpuri
 6. Diagnosis : C block Northwest Delhi 110086
 congenital scoliosis
 7. Financial Assistance required: Rs 5,18,364/-



डॉ. भावुक गर्ग
Dr. BHAVUK GARG
 MS (Ortho) MAMS, MRCS, FACS, FICS, FIMSA
 प्राध्यापक / Professor
 अस्थि रोग विभाग / Department of Orthopaedics
 आर्य समाज, नई दिल्ली / A.J.J.M.S., New Delhi-110028

(a) In case an operation is planned, the

Details of operation to be carried out

Spiral fixation
 (Excision & Growth Rod Application)
 (16 SRC)
 Rs 5,18,364/-

Expenditure likely to be incurred:

(b) In case patient is undergoing a cyclical treatment

Like chemotherapy etc., the total expenditure per

No

Month or expenditure per cycle be given and details

Of items on which expenditure is to be incurred:

(c) Details of any other expenditure:

—

Signature of treating Doctor:
 डॉ. भावुक गर्ग
Dr. BHAVUK GARG
 MS (Ortho) MAMS, MRCS, FACS, FICS, FIMSA
 प्राध्यापक / Professor
 अस्थि रोग विभाग / Department of Orthopaedics
 आर्य समाज, नई दिल्ली / A.J.J.M.S., New Delhi-110028

Signature of Head of the Deptt.

*It is certified that particulars given are true to the best of my knowledge.

*It is further certified that the utilization certificate of grants released if any, submitted soon after the treatment is over.

डॉ. राव भट्ट
Dr. RAJ BHATT
 प्राध्यापक / Professor & Head
 अस्थि रोग विभाग / Department of Orthopaedics
 आर्य समाज, नई दिल्ली / A.J.J.M.S., New Delhi-110028

Signature of the Medical Superintendent
 of the Hospital/Medical Institution with Official Seal

NB: The estimate form should be filled by the treating doctor.



JAN LAKSHYA TRUST

2024090315279

Old Card not shown (PMR Dept) R.No-8



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



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

अतिरोग विभाग, UHID:105326309

कमरा / Room C-108

OPR-6



Dept No: 20230090006359

Queue / संख्या F205
Unit-I, Orthopaedics.

संरोधित पंजीकृत सं०/O.P.D. Regn. No.

D/O YOGESH
4Y 7M 20D / F / (महिला)
SULTAN PURI DELHI, DELHI INDIA

SAT मंगल गुरु वदि

आयु Age

पता/Address



Reporting: 10 38 59
14/08/2024

Follow Up Patient General Rs 0

निदान/Diagnosis

B1

दिनांक/Date

उपचार/Treatment

3/9/24

flexion Deformity back
(congenital scoliosis)

(43)
Breathing esp
Hanging
spine

Nsx procedure done - 12/9/22

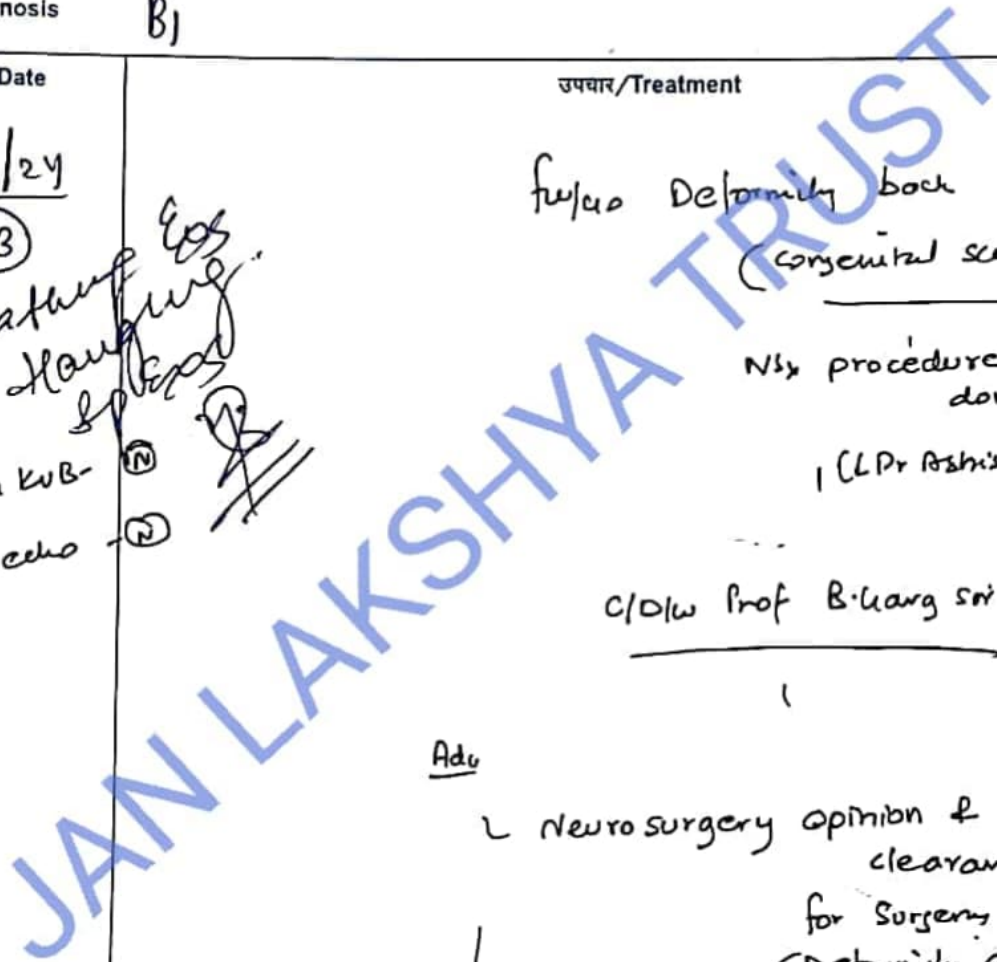
USG KB-
20 echo

(LDr Ashish thakur)

C/O/w Prof B. Gang sai

Adv

↳ Neurosurgery opinion & clearance for Surgery (Deformity correction)
Review in above



डॉ. लक्ष्मी मेरा
DR. LAXMI MERRA Resident
Orthopaedics



CLEAN AND GREEN AIIMS / एम्स का यहाँ 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
My Hospital
meraaspatal.nhp.gov.in

आस्थराग विभाग
UHID: 105328309



Dept No: 20230080008359

देवन्शी देवन्शी / DEVANSHI DEVANSHI

D/O YOGESH
4Y 10M 16D / F (महिला)
SULTAN PURI DELHI, DELHI, INDIA

General Rs 0
Follow Up Patient

कक्षा / Room
C-108
Queue /
संख्या F71
Unit-I. Orthopaedics

154

SAT संगत गुरु. षणि.



Reporting 09:27:33
10/08/2024

Flucto cons scoliosis

Adv.

- scoliosis exercises

- Boston Brace

- RFA every 6 months \times

B116

Whole spine \times AP Lat
(standing)

JAN LAKSHYA TRUST

डॉ. आकाशदीप सिंह बाली
Dr AKASHDEEP SINGH BALI
परिच रेजिस्ट्रार / Senior Resident
आस्थराग विभाग / Deptt. of Orthopaedics
आ. आ. स. नई दिल्ली / A.I.I.M.S., New Delhi-110029

2024040315279



Old Card not shown
6/9/24. (PMR Dept) R.No-9
अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL
बहिरंग रोगी विभाग / Out Patient Department
अस्पताल के अन्दर धूमपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

अस्थिरोग विभाग



UHID: 105328309

Dept No: 20230080006359

देवन्शी देवन्शी / DEVANSHI DEVANSHI

D/O YOGESH
4Y 7M 20D / F (महिला)
SULTAN PURI DELHI, DELHI, INDIA

Follow Up Patient

General Rs 0

कमरा / Room
C-108

Queue / संख्या
F205

Unit-I, Orthopedics

OPR-6

रोगी पंजीकृत सं० / O.P.D. Regn. No.

आयु
Age

पता / Address

SAT नग्न गुरु रति



Reporting 10:38:59
14/08/2024

निदान / Diagnosis

B1

दिनांक / Date

उपचार / Treatment

3/9/24

(43)

Breaking Ex
Hanging
splint

fulcrum Deformity back
(congenital scoliosis)

Nsx procedure
done - 12/9/22

USG KB - (N)

2D echo - (N)

(LDr Ashish thakur)

C/Dw Prof B. K. Singh sir

Adv

↳ Neuro surgery opinion & clearance
for Surgery
(Deformity correction)
Review @ above



एम्स का
PM-JK
उपहार का अंगदान
(raj.gov.in)

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)

Dr. K. V. MEHTA
Senior Resident
Orthopaedics

अस्पताल
My Hospital
marginalia



adidas

JAN LAKSHYA TRUST



JAN LAKSHYA TRUST



राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार, भारत
Govt. of National Capital Territory of Delhi, India
उत्तरी दिल्ली नगर निगम
North Delhi Municipal Corporation
जन्म प्रमाण पत्र
Birth Certificate



(Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules 8/13 of the Delhi Registration of Births and Deaths Rules, 1999).

This is to certify that the following information has been taken from the original record of birth which is the Register for ROHINI ZONE Zone of North Delhi Municipal Corporation.

नाम / Name DEVANSHI

लिंग / Gender Female

तिथि / Date of Birth 26/09/2019

स्थान / Place of Birth YADAV HOSPITAL & MATERNITY CENTRE, P-3/235, SULTAN PURI, NEAR POLICE STATION, DELHI-110086

माता का नाम / Name of Mother PINKY

पिता का नाम / Name of Father YOGESH KUMAR

बच्चे के जन्म के समय माता-पिता का पता

(Address of parents at the time of birth)
D-4/100, SULTANPURI, DELHI-110086

माता-पिता का स्थायी पता

(Permanent Address of parents)
D-4/100, SULTANPURI, DELHI-110086

पंजीकरण तिथि / Date of Registration 15/10/2019

पंजीकरण संख्या / Registration No. MCDOLR-2219-007395481



जारी करने की तिथि

Date of Issue 13/12/2019 10:33:28

This certificate is computer generated and does not require any seal/signature in original. The registration no. is unique to each event. The Authenticity can be verified at: http://mcdonline.gov.in/ur/ndmo_mcdportal/asser/

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें ENSURE REGISTRATION OF EVERY BIRTH & DEATH

APPLICATION FORM FOR FINANCIAL AID

1. Name & age of patient: Devanshi ~~and~~ 6yrs
2. Father/Husband's name: Yogesh Kumar
3. Residential Address(Attach-photocopy of Hno-100, D4 block
the relevant documents) BRING ORIGINAL Sultenpuri C block
documents at the time of submission of North west delhi
application. 110086



4. Name of disease, since when suffering & treatment Required
Crygenital scoliosis
Spinal fixation
5. Name of the hospital from where taking treatment.
(attach a copy of O.P.D slip)
AIIMS, New Delhi
6. Financial assistance required
Estimate certificate certified by HOD & Med.Suptd. 65,18,364/-
to be attached in ORIGINAL.
7. Two passport size photographs of the patients
duly attested by M.S/Treating doctor / Consultant
be enclosed out of which one should be pasted on
estimate certificate and the other on this application
form. yes
8. Whether the applicant has taken such assistance
from any other sources, if so, give details. No
9. Whether the applicant has taken the assistance
from Delhi Arogya Nidhi/Kosh earlier also, if so,
details thereof. - No

डॉ. भव्यक गार्ग
Dr. BHAVYK GARG
M.S (Ortho) MAMS, MRCS, FACS, FICS, FRCR, FRCR(SA)
अधीक्षक / Professor
परिवर्तन विभाग / Department of Orthopaedics
आर्य समाज, नई दिल्ली / All India Institute of Medical Sciences, New Delhi-110029

It is certified that the information furnished above is true to the best of my knowledge & belief and that I am in no position at all to arrange for/provide funds for the purpose stated above.

SIGNATURE OF THE APPLICANT/PATIENT

(Please bring Original Documents at the time of submission of application)

एचएलएल लाइफकेयर लिमिटेड
HLL Lifecare Limited

HLL Lifecare Limited
A Govt. of India Enterprise

AMRIT PHARMACY ORTHOPAEDICS IMPLANTS AIIMS

C/o HLL LIFECARE LTD
(A GOVT OF INDIA ENTERPRISE)
GSTIN: 07AAAC15598R123

ESTIMATED QUOTATION

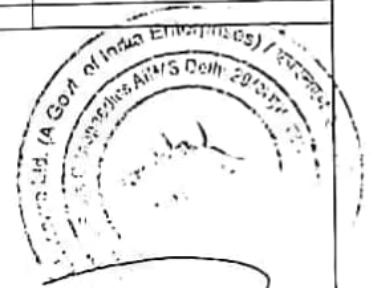
PATIENT NAME	DEVANSHI	DATE OF CHALLAN	17-10-2025	
BIS/MRD NO.	1082251715	DOCTOR'S NAME	DR. BHAVUK GARG	
DEPARTMENT	ORTHOPAEDICS	CHALLAN NO.	11632	
SNO	DESCRIPTION	QTY	PRICE	REMARKS
PARTICULARS (SPINE ART PERLA)				
1	Pedicle Screws	12	282744	
2	Perla Polyaxial 25D Screw	4	111384	
3	Set screw (Packed with the screws)	16	77112	
4	Prebent rod 5.5 Titanium	2	23562	
5	Connector	1	23562	
TOTAL AMOUNT			518364	

AUTHORIZED SIGNATORY

ALL DISPUTES ARE SUBJECT TO DELHI JURISDICTION

GOODS ONCE SOLD WILL NOT BE TAKEN BACK

AMRIT PHARMACY ORTHOPAEDICS IMPLANTS AIIMS HOSPITAL



17/10/25



डॉ. भावुक गर्ग
Dr. BHAVUK GARG
MS (Ortho), MAMS, MRCS, FACS, FICS, FIMSA
आचार्य / Professor
परिचर्या विभाग / Department of Orthopaedics
आ.आ.स. नई दिल्ली / A.I.M.S., New Delhi-110028

(P)
f.i.r.

Dis opinion 23/9/25



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



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

अस्थिरोग विभाग

UHID:105326308

171

कमरा / Room C-106

Queue / संख्या F145
Unit-I, Orthopedics.

OPR-6



Dept No: 20230080006350

रोगी पंजीकृत सं./O.P.D Regn. No.

देवन्शी देवन्शी / DEVANSHI DEVANSHI

D/O YOGESH
5Y 11M 10D / F (महिला)
SULTAN PURI DELHI, DELHI, INDIA

ममल, गुरु, शनि.



Reporting: 10:59:59
04/09/2025

General Rs. 0

Follow Up Patient

आयु
Age

पता/Address

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

(RC)
09/09/25

fracture deformity of
Back

Cord @ L1-L2.

No syrinx

No split cord.

CVJ = (N)

Actu

(RC) @ 7:05 @ 9:00am
to 9/10 cord anomaly

- X whole spine (AP
(standards) L45.

- cont. Back



डॉ. आकाशदीप सिंह बाली
Dr. AKASHDEEP SINGH BALI
MBBS, MS (Ortho), DNB (Ortho), MCh (Edinburgh)
वरिष्ठ रेजिडेंट / Senior Resident
अस्थिरोग विभाग / Dept of Orthopaedics
ए.आई.एम.एस. नई दिल्ली / A.I.I.M.S., New Delhi-28



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)



अभिनेता सिवत
UHID: 105326305
E-MAIL: anant121@gmail.com
E-Reg No: 2223000000054
देवनाथी देवनाथी: DEVANSHI DEVANSHI

WTTT / Room: C-138
Queue / Floor: F173
Job: Orthopaedics

D/O: YOGESH
SY: 11M 24D (F) (M) (F)
SULTAN PURI DELHI DELHI INDIA
General: No. 0



Notified
23.5.18, 2011
Applicant - DAM
FA
C/U/25

अभिनेता सिवत
UHID: 105326305
E-MAIL: anant121@gmail.com
E-Reg No: 2223000000054
देवनाथी देवनाथी: DEVANSHI DEVANSHI

WTTT / Room: C-138
Queue / Floor: F156
Job: Orthopaedics

D/O: YOGESH
SY: 11M 24D (F) (M) (F)
SULTAN PURI DELHI DELHI INDIA
General: No. 0



Dr. Anant Singh

Patient & family have been explained about the nature of surgery, risks & complications involved including neurological complications. They have been also explained that we may need to use alternative surgical implants instead of prescribed ones depending upon intraoperative need. The choice of immediate/short implants has also been discussed with the patient.

ETD

Plan for minimally invasive
Smallest E-Guided Rod Application

(105326305 Patient)

ECG
CXR
Vital Markers

one year follow up

— Blood donors (20)



Signature

JAN LAKSHYA TRUST

UNDERTAKING

I, Devanshi s/o, d/o, w/o Yogesh Kumar R/100, D4 block Sultanpuri
C block North West Delhi do hereby solemnly affirm and declare as under :-

1. That I / my wife / husband / son / daughter namely Devanshi has been suffering with Conj. Scoliosis disease and is under treatment at AIIMS hospital for which the approximate expenditure shall be to the tune of Rs. 5,18,364 as certified by the hospital authorities.

2. That my total family income is Rs. 8,000/- (Rs. Eight thousand only) per month. The source of income is by way of Courier Delivery Boy (Give specific details).

3. That the details of members in National Food Security Card is as under:

S.	Name & Age	Relation	Profession	Income per month
1	<u>Yogesh Kumar (38)</u>	<u>Father</u>	<u>Courier boy</u>	
2	<u>Pinky (31)</u>	<u>Mother</u>	<u>Housewife</u>	
3	<u>Yash Kumar (12)</u>	<u>Brother</u>	<u>Student</u>	
4	<u>Devanshi (6)</u>	<u>Self</u>		
5				
6				

4. That I am not in a position to bear the expenses of the treatment and am applying to Delhi Arogya Nidhi/Kosh for financial assistance.

5. That I know that to make a false statement is an offence punishable under relevant Act and law and whatever is stated above is true to the best of my knowledge and belief.


DEPONENT

VERIFICATION :-

Verified at New Delhi on this day of 2015 and that the contents of this affidavit are true and correct to the best of my knowledge and belief.


DEPONENT

WITNESSES:-

S No. Name & Address Signature

1. Parvez Ahmed R/10- D4/98, Sultanpuri
Nithari North west Delhi 110086

2. Pawan Kumar R/10- 115, D4 block
Sultanpuri North west Delhi 110086

(In case patient is a minor, the deponent would be father, in case patient is housewife deponent would be husband, in case patient is adult and self dependent he/she would be deponent)