





Youth Helping Trust

A-70, (Backside), Block-A, Near D Park, Pandav Nagar, Delhi-110092

E-mail: contactus@youthhelpingtrust.org | Web. : www.youthhelpingtrust.org

M: 9411948783, 9136513387



Help 15-Year-Old Dhruv Fight for His Life



Dear friends,

My 15-year-old nephew Dhruv is battling a rare and life-threatening condition called **Guillain-Barre Syndrome** (GBS) a disorder where the immune system attacks the nerves, causing rapid paralysis and breathing difficulty.

He is currently in the **ICU at Bombay Hospital**, Indore, fighting for every breath. His treatment involves intensive care and IVIG therapy, and the costs are overwhelming.

We've already spent **₹2, 00,000** through savings and loans. But we urgently need **₹10, 00,000** more for his ongoing treatment.

We are shattered, but we're not giving up - because Dhruv deserves a chance at life.

Please help us save him.

Any contribution, no matter how small, will mean the world to us. And even if you can't donate, kindly share this message to help us reach more hearts.

With hope and gratitude.

YOUTH HELPING TRUST

www.youthhelpingtrust.org (Click Here to Donate)

9136513387

INFO@youthhelpingtrust.org



GET WELL SOON

BED NO : 462

NAME : DHRUV SURESH JAIN

AGE / SEX : 15 yrs / MALE

IP NO : 2555550

D.O.A : 28/05/2025

HON. DR : DR. ALOK MANDLIYA

DIAGNOSIS : GBS

OPERATION :

DRUG ALLERGY: NOT KNOWN

IV ACCESS : 28/05/2025

FOLEY'S CATH : 27/05/2025 9/06/2025

RYLES TUBE : 27/05/2025 9/06/2025

AIRWAY / ET : 27/05/2025

TRACHEOSTOMY :

B.S	K	P	P.	P.C	B.	B.C
1	1	1	1	1	1	1



Bombay Hospital - Indore

Nursing Notes - Ward / ICU



1. 95-22255555 1000-100000
 2. 95-22255555 1000-100000
 3. 95-22255555 1000-100000
 4. 95-22255555 1000-100000
 5. 95-22255555 1000-100000



Booklet No.

Date From 28/5/25 to 31/5/25

DATE: 22/11/2018

Page No.

Page No.

Treatment

Control line back
Under short length procedure
Rt low central incisor 9000
which enter the guidance. bridge
entered to all 3 tubes
which were filled during
right the procedure. (Short
opening back)
Short length of control line
remains with
bridge 203

Dr. [Signature]
Dr. [Signature]

Bombay Hospital - B

IN-PATIENT INITIAL ASSESSMENT ADULT

1. Name: [Blank] 2. Sex: [Blank] 3. Age: [Blank] 4. Date of Birth: [Blank] 5. Address: [Blank] 6. Phone No.: [Blank] 7. Ref. No.: [Blank] 8. Ref. Date: [Blank]

1. Chief Complaint: [Blank] 2. History of Present Illness: [Blank] 3. Past History: [Blank] 4. Family History: [Blank] 5. Social History: [Blank] 6. Systemic Examination: [Blank] 7. Oral Examination: [Blank] 8. Radiographic Examination: [Blank] 9. Impression: [Blank] 10. Plan: [Blank]

1. General Examination: [Blank] 2. Systemic Examination: [Blank] 3. Oral Examination: [Blank] 4. Radiographic Examination: [Blank] 5. Impression: [Blank] 6. Plan: [Blank]

1. General Examination: [Blank] 2. Systemic Examination: [Blank] 3. Oral Examination: [Blank] 4. Radiographic Examination: [Blank] 5. Impression: [Blank] 6. Plan: [Blank]

1. General Examination: [Blank] 2. Systemic Examination: [Blank] 3. Oral Examination: [Blank] 4. Radiographic Examination: [Blank] 5. Impression: [Blank] 6. Plan: [Blank]

1. General Examination: [Blank] 2. Systemic Examination: [Blank] 3. Oral Examination: [Blank] 4. Radiographic Examination: [Blank] 5. Impression: [Blank] 6. Plan: [Blank]

Ring Road, Indore- 452 010
Visit us at : www.bombayhospitalindore.com

Tel 4771111
Extn. : 2001
Fax : 0731-4266571

Print Date 28/05/2025

I.P. Number 2555550

PATIENT ADMISSION FORM

Admission Clerk	786A
BH ID Number	2559922

DISCHARGE DETAILS		FOR EXPIRED PATIENTS	
FINAL DIAGNOSIS FINAL CONDITION : EXCELLENT/GOOD/FAIR/POOR STATUS : NORMAL/CANCLD/EXPD./ABSCD/LAMA/TRANS. DISCHARGED DATE : _____		EXPIRED DATE: _____ TIME: _____ am/pm	
RELATIVES SIGN. _____		AUTOPSY : _____ EXAMINER: _____ DOCTOR'S SIGN. _____	
DOCTOR'S SIGN. _____		POST-OP: _____ IN-OR: _____	

Tel: 01753 675111
 Fax: 01753 675111
 E-mail: info@hilton.com



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Administrative Clerk	1865
HR ID Number	104911

Date 20/5/25
Time 9:00

and such assistants as he may designate to perform upon

Mr. Name: MR. DHARU JAIN

the patient) the following diagnostic procedure

The nature of this procedure, possible alternative methods of diagnosis and the risks of injury, despite precautions have been explained to me in

I also consent to the administration of anesthesia

SIGNATURE

SIGNATURE _____
(Patient or person authorised to
consent for the patient)

Signature of Doctor

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1999

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~~CONFIDENTIAL~~

STUNGER

~~CONFIDENTIAL~~

max. max. max.

STATUS: NORMAL/CLINICAL DATA
THAT WOULD DATE

STP Ltd. 2007

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BOMBAY HOSPITAL INDORE

Name :- Mast. Dhruv Jain	Age:- 15 Yrs.	Date:- 28-05-2025	Bed No:- 462
Ref. By :- Dr. Alok Mandliya {MD, DM-Neurology}	Sex:- Male	BHID:- IP:-	

NCV STUDY OF ALL FOUR LIMBS

- CMAP of bilateral median, bilateral tibial & left peroneal nerves show prolonged latency, reduced amplitude and normal conduction velocity.
- CMAP of bilateral facial, bilateral spinal accessory & right peroneal nerves show normal latency, normal amplitude and normal conduction velocity.
- SNAP of bilateral median, bilateral ulnar, bilateral superficial peroneal & bilateral sural nerves show normal latency, normal amplitude & normal conduction velocity
- Normal-onset latency, normal SNAPs amplitude & normal conduction velocity in bilateral median & bilateral ulnar nerves.
- Bilateral median, Bilateral ulnar, bilateral peroneal F wave were non recordable.
- Bilateral tibial F wave show Normal parameters.
- Bilateral H reflex were non recordable.

Repetitive Nerve Stimulation Test

- Normal responses during pre or post exercise in bilateral facial, bilateral spinal accessory & bilateral ulnar nerves.

IMPRESSION:-

① Demyelinating NIPR Axonal
perone motor
polyradiculoneuropathy
affecting all 4 limbs

Dr. Alok Mandliya
{MD, DM-Neurologist}

This Report is only a professional report and is not fit for medicolegal purposes.

90 hbs



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Pathology - Coagulation

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 1	Coll./Study Date : 30-Jun-25 00:16
Patient Name	: Dhruv	Age/Sex	: 14 Yr/M	Acceptance Date : 30-Jun-25 08:44
Sample Type/No	: Citrate Whole Blood/063015001	Ward	: Medical Icu	Reporting Date : 30-Jun-25 12:27
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Activated Partial Thromboplastin Clotting Time.

Test Performed	Result	Unit	Reference
Activated Partial Thromboplastin Time (APTT)	22.3	Seconds	21-29

Range of Testing for APTT : 20-200 Seconds

Comments:

Test Name	PT And PTINR	Result	Unit
Prothrombin Time		14.4	Seconds
Mean Normal Prothrombin Time		10 -15	Seconds
International Normal Ratio		1.25	

Range of Testing for PT : 7-100 Seconds

Comments:

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Validated By: Dr. Upasana Songara

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Range of Testing for PT : 7-100 Seconds

Comments:

Comments:

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All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 250630H0004	Coll./Study Date : 30-Jun-25 00:16
Patient Name	: Dhruv	Age/Sex	: 14 Yr/M	Acceptance Date : 30-Jun-25 08:21
Sample Type/No	: Whole Blood/250630H0004	Ward	: Medical Icu	Reporting Date : 30-Jun-25 13:17
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Investigation	Result	Unit	Ref. Range
White Blood Cell Count	14.17	Thousand/MicroL	4 - 11
Neutrophils	63.6	%	40 - 70
Lymphocytes	26.0	%	20 - 40
Monocytes	7.9	%	2 - 8
Eosinophils	2.4	%	1 - 6
Basophils	0.1	%	0 - 1
Imature Granulocytes	1.2	%	0 - 1
Nucleated RBC	0.0		-
Absolute Neutrophil Count	9.00	Thousand/MicroL	1.50 - 7
Absolute Lymphocyte Count	3.69	Thousand/MicroL	1 - 3.70
Absolute Monocyte Count	1.12	Thousand/MicroL	0 - 0.70
Absolute Eosinophil Count	0.34	Thousand/MicroL	0 - 0.40
Absolute Basophil Count	0.02	Thousand/MicroL	0 - 0.10
Absolute IG	0.17	Thousand/MicroL	0 - 0.10
Absolute NRBC			
R B C Count	4.48	Million/MicroL	4 - 5.50
Hemoglobin	13.6	gm/dL	11 - 15
Hematocrit	39.5	%	37 - 47
Mean Cell Volume	88.2	fL	76 - 93
Mean Cell Hemoglobin	30.4	pg	27 - 32
Mean Cell Hb Concentration	34.4	g/dL	32 - 36
Rdw SD	41.4	fL	35 - 56
RDW CV	12.8	%	11 - 16
Platelet Count	441	Thousand/MicroL	150 - 450
Mean Platelet Volume	10.1	fL	6.5 - 12
P-LCR			
Platelet Distribution Width	11.0	fL	9 - 17
PCT	0.45	%	0.17 - 0.28
Reticulocytes			
IRF			
Reticulocyte Hemoglobin			

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All India Institute of Medical Sciences Bhopal

Department of Pathology And Lab Medicine

Hematology

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Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Method Photometry, Impedance and Fluorescence Flowcytometry

Comments:

***** END OF THE REPORT *****

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All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 0630B00008	Coll./Study Date : 30-Jun-25 00:16
Patient Name	: Dhruv	Age/Sex	: 14 Yr/M	Acceptance Date : 30-Jun-25 10:09
Sample Type/No	: Serum/0630B00008	Ward	: Medical Icu	Reporting Date : 30-Jun-25 15:44
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Investigation	Result	Unit	Ref. Range
C Reactive Protein	1.58	mg/L	< 5.00
Method :			
Analyzer Used:			
Phosphate	2.99	mg/dL	2.5 - 4.5
Analyzer Used:			
Method :			
Magnesium	2.24	mg/dL	1.8 - 2.6
Method :			
Analyzer Used:			
Total Calcium (TC)	9.37	mg/dL	8.8 - 11
Method :			
Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Durgesh Kumar Mishra Validated By: Dr Shalini V

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अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 0630B00008	Coll./Study Date : 30-Jun-25 00:16
Patient Name	: Dhruv	Age/Sex	: 14 Yr/M	Acceptance Date : 30-Jun-25 10:09
Sample Type/No	: Serum/0630B00008	Ward	: Medical Icu	Reporting Date : 30-Jun-25 15:44
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Investigation	Result	Unit	Ref. Range
C Reactive Protein	1.58	mg/L	< 5.00
Method :			
Analyzer Used:			
Phosphate	2.99	mg/dL	2.5 - 4.5
Analyzer Used:			
Method :			
Magnesium	2.24	mg/dL	1.8 - 2.6
Method :			
Analyzer Used:			
Total Calcium (TC)	9.37	mg/dL	8.8 - 11
Method :			
Analyzer Used:			

Comments:

***** END OF THE REPORT *****

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All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 0630B00008	Coll./Study Date : 30-Jun-25 00:16
Patient Name	: Dhruv	Age/Sex	: 14 Yr/M	Acceptance Date : 30-Jun-25 10:09
Sample Type/No	: Serum/0630B00008	Ward	: Medical Icu	Reporting Date : 30-Jun-25 15:44
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Investigation	Result	Unit	Ref. Range
C Reactive Protein	1.58	mg/L	< 5.00
Method :			
Analyzer Used:			
Phosphate	2.99	mg/dL	2.5 - 4.5
Analyzer Used:			
Method :			
Magnesium	2.24	mg/dL	1.8 - 2.6
Method :			
Analyzer Used:			
Total Calcium (TC)	9.37	mg/dL	8.8 - 11
Method :			
Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

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All India Institute of Medical Sciences Bhopal

Department of Biochemistry

Biochemistry

ABHA NO	: -	ABHA ADDRESS	: -	
CR No	: 239212501686777	Lab/Study No.	: 0630B00008	Coll./Study Date : 30-Jun-25 00:16
Patient Name	: Dhruv	Age/Sex	: 14 Yr/M	Acceptance Date : 30-Jun-25 10:09
Sample Type/No	: Serum/0630B00008	Ward	: Medical Icu	Reporting Date : 30-Jun-25 15:44
Dept/Unit	: Anaesthesiology			
Room/Bed	: Medical Icu Room 111022/Bed 30			

Investigation	Result	Unit	Ref. Range
C Reactive Protein	1.58	mg/L	< 5.00
Method :			
Analyzer Used:			
Phosphate	2.99	mg/dL	2.5 - 4.5
Analyzer Used:			
Method :			
Magnesium	2.24	mg/dL	1.8 - 2.6
Method :			
Analyzer Used:			
Total Calcium (TC)	9.37	mg/dL	8.8 - 11
Method :			
Analyzer Used:			

Comments:

***** END OF THE REPORT *****

All reports need clinical correlation. Kindly discuss if necessary. No part of the report can be reproduced without written permission of the department.

Entered By: Durgesh Kumar Mishra Validated By: Dr Shalini V

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GSTIN : 23AGHPM264H1JZE

D.L. NO :- 20/373,21/374/28/2014,20B/375,21B/376
FOOD LIC NO. :- 21419010003880

SWASTIK MEDICAL STORE

GST INVOICE

Patient Name: DRUV

Doctor Name: AIIMS BHOPAL

AIIMS GATE NO.3
SAKET NAGAR, BHOPAL (M.P.) Mobile No. : 9993902546

Invoice No. : SMS077805
Date : 01/07/2025
TIME : 10:57

Sl	Description	PACK	Batch	EXP.Dt.	M.R.P.	Discount	Rate	Qty.	Amount
1	ORAL ALBUMIN POW	1X1	241093	5/26	1190.00	26.00%	880.60	1	880.60
TOTAL :									
					M.R.P. : 1190.00	OUR TOTAL : 880.60			

GST 746.28*9+9%=67.16SGST+67.16CGST,
RS. Eight Hundred Eighty One Only

BE POSITIVE+

GRAND TOTAL 881.00

Terms & Conditions

All disputes subject to Bhopal Juridictions
Without Btl. No medicines will not be exchanged.

YOUR SAVING
309.40

For SWASTIK MEDICAL STORE



All India Institute Of Medical Sciences Bhopal
अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल
Saket Nagar, Bhopal-462020, Madhya Pradesh, India
Phone :07552982607



BILLING SERVICES RECEIPT

CR No. : 239212501686777 DATE&TIME : 14-Jun-2025 18:06:57 BILL No. : 239214250218476/1
NAME : DHRUV
CATEGORY : GENERAL AGE/SEX : 14 YR/MALE ORG. : ---
SERVICE : Ipd WARD : N/A

S.No.	PROCEDURE/INVESTIGATION/SERVICE	LOCATION	RATE(Rs.)	QTY.	PATIENT AMOUNT(Rs.)
1	IPD PART PAYMENT	---	3000.00	1	3000.00
		*	TOTAL AMOUNT		3000.00

RUPEES (IN WORD) : THREE THOUSAND RUPEES ONLY
NOTE : AMOUNT, PATIENT SHARE AND CREDIT SHARE ARE IN Rs.
MODE OF PAYMENT: Qr Code
PAYMENT DETAILS: QR CODE : 109,14-JUN-2025,GOOGLE PAY(AMT::3000.00)

ANJALI MISHRA (NA)
AUTHORISED SIGNATORY

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All India Institute Of Medical Sciences Bhopal
अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल
Saket Nagar, Bhopal-462020, Madhya Pradesh, India
Phone :07552982607



BILLING SERVICES RECEIPT

CR No. : 239212501686777 DATE&TIME : 17-Jun-2025 17:59:39 BILL No. : 239214250221789/1
NAME : DHRUV AGE/SEX : 14 YR/MALE ORG. : ---
CATEGORY : GENERAL WARD : N/A
SERVICE : Ipd

S.No.	PROCEDURE/INVESTIGATION/SERVICE	LOCATION	RATE(Rs.)	QTY.	PATIENT AMOUNT(Rs.)
1	IPD PART PAYMENT		3000.00	1	3000.00
TOTAL AMOUNT					3000.00

RUPEES (IN WORD) : THREE THOUSAND RUPEES ONLY
NOTE : AMOUNT, PATIENT SHARE AND CREDIT SHARE ARE IN RS.
MODE OF PAYMENT: Cash
PAYMENT DETAILS: CASH : (AMT::3000.00)

VIKAS ATHIYA (NA)
AUTHORISED SIGNATORY

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All India Institute Of Medical Sciences Bhopal

अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल

Saket Nagar, Bhopal-462020, Madhya Pradesh, India

Phone :07552982607



BILLING SERVICES RECEIPT

CR No. : 239212501686777 DATE&TIME : 25-JUN-2025 11:46:47 BILL No. : 239214250230445/1
NAME : DHURUV
CATEGORY : GENERAL APL AGE/SEX : 14 YR/MALE ORG. : ---
SERVICE : Ipd WARD : MEDICAL ICU

S.No.	PROCEDURE/INV./SERVICE NAME	LOCATION	RATE(Rs.)	QTY.	DISC.(Rs.)	AMOUNT(Rs.)
1	FRESH FROZEN PLASMA (BB005)	---	300	4 No.	0.00	1200.00
TOTAL AMOUNT						1200.00

BILLED AMT 1200.00
CONCESSION AMT 0.0
COLLECTED AMT 1200.00

RUPEES (IN WORD) : ONE THOUSAND TWO HUNDRED RUPEES ONLY
Note : Amount, Patient Share and Client Share are in Rs.

MODE OF PAYMENT: Qr Code

PAYMENT DETAILS: QR CODE : 118,25-JUN-2025, GOOGLE PAY (AMT::1200.00)

DHRUV KUMAR CHAUDE (NA)
AUTHORISED SIGNATORY

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अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल
Saket Nagar, Bhopal-462020, Madhya Pradesh, India
Phone :07552982607



BILLING SERVICES RECEIPT

CR No. : 239212501686777 DATE&TIME : 22-Jun-2025 16:13:31 BILL No. : 239214250227353/1
NAME : DHRUV AGE/SEX : 14 YR/MALE ORG. : ---
CATEGORY : GENERAL WARD : N/A
SERVICE : Ipd

S.No.	PROCEDURE/INVESTIGATION/SERVICE	LOCATION	RATE(Rs.)	QTY.	PATIENT AMOUNT(Rs.)
1	IPD PART PAYMENT		2000.00	1	2000.00
TOTAL AMOUNT					2000.00

RUPEES (IN WORD) : TWO THOUSAND RUPEES ONLY
NOTE : AMOUNT, PATIENT SHARE AND CREDIT SHARE ARE IN RS.
MODE OF PAYMENT: Cash
PAYMENT DETAILS: CASH : (AMT::2000.00)

VIKAS ATHIYA (NA)
AUTHORISED SIGNATORY

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All India Institute Of Medical Sciences Bhopal
Saket Nagar, Bhopal-462020, Madhya Pradesh, India
Phone : 07552982907



BILLING SERVICES RECEIPT

CR No. : 239212501686777
NAME : DHUV
CATEGORY : GENERAL
SERVICE : Ipd

DATE&TIME : 21-Jun-2025 17:18:03 BILL No. : 239214250226778/1
AGE/SEX : 14 YR/MALE
WARD : N/A
ORG. : ---

S.No.	PROCEDURE/INVESTIGATION/SERVICE	LOCAT'ON	RATE(Rs.)	QTY.	PATIENT AMOUNT(Rs.)
1	IPD PART PAYMENT		3000.00	1	3000.00
			TOTAL AMOUNT		3000.00

RUPEES (IN WORD) : THREE THOUSAND RUPEES ONLY
NOTE : AMOUNT, PATIENT SHARE AND CREDIT SHARE ARE IN RS.
MODE OF PAYMENT: Credit Card
PAYMENT DETAILS: CREDIT CARD : HDFC, 7824, 000483, 21-JUN-2025, VISA (AMT.: 3000.00)

PRABAL PRATAP SINGH SHESMOODIA (HAY)
AUTHORISED SIGNATORY

THIS IS A COMPUTER GENERATED BILL SIGNATURE NOT REQUIRED

SWASTIK MEDICAL STORE

DL NO: 20/37321/3 + 23 2014/20B375,21B376
FOOD LIC NO: 214/901003380

Patient Name: BHIRAV

SHIMS GATE NO.3
SAKET NAGAR, BHOOPAL (M.P.)

Mobile No. : 9993902546

GST INVOICE

Invoice No. : SMS070316-
Date : 22/06/2025
TIME : 11:10

Sl	Description	PACK	Batch	EXP.Dt.	M.R.P.	Discount	Rate	Qty.	Amount
1	POTKLOR LIQ	1X200ML	LPR-1653	1/27	67.20	16.00%	56.45	1	56.45
2	UNILAX ORALSOLUTION 200ML	1X1	TUBL250002	1/27	257.87	40.00%	154.72	1	154.72
3	ASIO ADULT DIAPER M	1X1	ASD00002	4/27	280.00	0.00%	280.00	1	280.00

GST 147.36*2.5+2.5% = 3.68SGST 300.41*6+6% = 18.02SGST + 18.02CGST BE POSITIVE+
Rs. Four Hundred Ninety One Only GRAND TOTAL 491.00

FOR SWASTIK MEDICAL STORE

YOUR SAVING
113.90

Authorized signatory

Terms & Conditions

Disputes subject to Local Jurisdiction
Wholesale Bill No medicines will not be exchanged.
Please consult the Doctor before using the medicines. E&O E.
Returns within 7 days.



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DLNO.20/654/27/2017, 21/655/27/2017, 20F/659/27/2017

Phone : 6755-2985947



Patient's Name: DHRUV
Mobile/Code : 9827581122
ABHA No./Add. :

Bill No. : A028412
Doctors Name : AIIMS
Bill Type : CASH
Date : 24/06/2017
NAME : MANU
Time : 16:23

CASH MEMO

Sl	Drug Code	Description	RATE	Batch	EXP.Dt.	Qty.	SGST%	CGST%	Amount
1	97G	MEROPENAM 1 GM INJECTION	240.00	AK250011A	12/26	3	6.00	6.00	720.00

Rs. Seven Hundred Twenty Only

No. of Items : 1

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperatures sensitive product used or tempered will not be returned.

Sub Total 720.00
Round off 0.00
Grand Total 720.00

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DL NO.20/654/27/2017, 21/655/27/2017, 20F/659/27/2017

Phone : 0755-2985947



CASH MEMO

Patient's Name: DHRUV
Mobile/Code : 9827581122
ABHA No./Add. :

Bill No. : A026989 Date : 20/06/2025
Doctors Name : AIIMS NAME : AKHILESH
Bill Type : CASH Time : 13:35

Sn	DrugCode	Description	RATE	Batch	EXP.Dt.	Qty.	SGST%	CGST%	Amount
97		Meropenem Injection 1P 1gm	236.00	D00323491	8/25	2	6.00	6.00	472.00
2	399	PREGABALIN TABLETS 75 MG	24.20	M1250412	12/26	10	6.00	6.00	24.20

Sub Total 496.20
Round off -0.20
Grand Total 496.00

Rs. Four Hundred Ninety Six Only

No. of Items : 2

Terms & Conditions

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

the date of billing.

the date of billing.



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA
AIIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DL NO. 20/654/27/2017, 21/655/27/2017, 20F/659/27/2017
Phone : 0755-2985947



Patients Name: DHRUV
Mobile/Code :
ABHA No./Add. :

CASH MEMO

Bill No. : A027143
Doctors Name :
NAME : MANGESH
Time : 09:02

Sn	Drug Code	Description	RATE	Batch	EXP. Dt.	Qty.	SGST%	CGST%	Amount
1	50367	METHYLPREDNISOLONE INJ 1GM	523.04	AKUL-05	10/26	1	6.00	6.00	523.04

Sub Total 523.04
Round off -0.04
Grand Total 523.00

Rs. Five Hundred Twenty Three Only

No. of Items : 1

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperature sensitive product used or tempered will not be returned.

210A

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DL NO.20/654/27/2017, 21/655/27/2017, 20F/659/27/2017

Phone : 0755-2985947



CASH MEMO

Bill No. : A027142 Date : 21/06/2025
Doctors Name : A NAME : MANGESH
Bill Type : CASH Time : 09:00

Patients Name: DHARUV
Mobile/Code : CGKC
ABHA No./Add. :

Sn	DrugCode	Description	RATE	Batch	EXP.Dt.	Qty.	SGST%	CGST%	Amount
1	97G	MEROPEMAM 1 GM INJECTION	240.00	AK250011A	12/26	3	6.00	6.00	720.00
2	503G	METHYLPREDNISOLONE INJ 1GM	523.04	AK01-05	10/26	1	6.00	6.00	60.00
3	1458G	SODIUM CHLORIDE 0.9% W/V INFUS	30.00	P5030634	4/27	2	6.00	6.00	260.00
4	GLOVES	EXAMINATION GLOVES.	260.00	HGL-100	4/27	1	6.00	6.00	18.00
5	213G	PANTOPRAZOLE 40 MG INJECTION	18.00	N1025002	12/27	1			
Sub Total									1581.04
Round off									-0.04
Grand Total									1581.00

Rs. One Thousand Five Hundred Eighty One Only
No. of Items : 5
Conditions
For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

GSTIN : 23AE0FS2982P1Z6

DL NO 20/4476/27/2021, 21/4477/27/2021

SADANA SURGICAL & MEDICAL

305/2A, SAKET NAGAR, NEAR AIIMS HOSPITAL, BHOPAL

Phone : 0755-4221128 Mob : 9769654301

GST INVOICE

Bill No : 0021992

Date : 15-06-2025

CASH

Patient Details : DHRUV JAIN

Doctor Details :

S.No.	Particulars	Pack	Batch	Exp	Qty.	M.R.P	Discount	Amount
	FOOT DROP SPI RT/M (TYNOR)	RIGHT=M			1	1065.0	35.00%	692.25
	FOOT DROP SPI LT/M (TYNOR)	LEFT=M	1254	2/28	1	1065.0	35.00%	692.25
Total Qty : 2								2130.00
								MRP TOTAL
								745.00
								DISCOUNT
								1385.00
								G. TOTAL

Terms & Conditions
All medicines subject to BHOPAL Jurisdiction only
Please consult the Doctor before using the medicines.

For: SADANA SURGICAL & MEDICAL

G. TOTAL



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA
AIIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DL NO.20/654/27/2017, 21/655/27/2017, 20F/659/27/2017
Phone : 0755-2985947



CASH MEMO

Patients Name: DHURV
Mobile/Code : 9827581122
ABHA No./Add. :

Bill No. : A025276 Date : 15/06/2025
Doctors Name : AIIMS BAME : AKHILESH
Bill Type : CASH Time : 09:10

Sn	Drug Code	Description	RATE	Batch	EXP.Dt.	Qty.	SGST%	CGST%	Amount
1	976	MEROPENAM 1 GM INJECTION	240.00	AK250011A	12/26	3	6.00	6.00	720.00
2		MAGNESIUM MAGNESIUM SULPHATE INJECTION	6.00	MS-1268	2/27	2	6.00	6.00	12.00
Sub Total									732.00
Round off									0.00
Grand Total									732.00

Rs. Seven Hundred Thirty Two Only
No. of Items : 2

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperature sensitive product used or tempered will not be returned.
GSTIN : 23AJUPM4538Q1ZC

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DL NO. 20/654/27/2017, 21/655/27/2017, 20F/659/27/2017
Phone : 0755-2985947

CASH MEMO

Patients Name: DHARV
Mobile/Code :
ABHA No./Add. :

Bill No. : A025393
Doctors Name :
Bill Type : CASH
Date : 15/06/2025
NAME : AMAN
Time : 19.02

Sn	Drug Code	Description	RATE	Batch	EXP. Dt.	Qty.	SGST%	CGST%	Amount
1	1458G	SODIUM CHLORIDE 0.9% W/V INFUSION	30.00	(N)25193	4/27	2	6.00	6.00	60.00
2	UNDER PAD	ION ABSORBABLE UNDERPAD(DRAPE SHEET)	200.00	BL0611		1	9.00	9.00	200.00
3	GLOVES	EXAMINATION GLOVES	260.00	HGL-100	4/27	1	6.00	6.00	260.00
Sub Total									520.00
Round off									0.00
Grand Total									520.00

Rs. Five Hundred Twenty Only
No. of Items : 3

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperature sensitive product used or tempered will not be returned.

GSTIN : 23AJUPM4538Q1ZC

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DLNO:20/654/27/2017,21/655/27/2017,20F/659/27/2017
Phone : 0755-2985947



Patient's Name: DHRUV

Mobile/Code :

ABHA No./Add. :

CASH MEMO

Bill No. : A027709 Date : 23/06/2025
Doctors Name : 1 NAME : MANGESH
Bill Type : CASH Time : 08:50

Sn	DrugCode	Description	RATE	Batch	EXP.Dt.	Qty.	SGST%	CGST%	Amount
1	97G	MEROPENAM 1 GM INJECTION	240.00	AK250017A	12/26	2	6.00	6.00	480.00
2	276G	ENOXAPARIN 40 MG/0.4ML	185.00	AB240030A	12/25	1	2.50	2.50	185.00
3	117	CHLORHEXIDINE MOUTHWASH 0.2% w/v	23.00	4A01.007	4/26	1	6.00	6.00	23.00
Sub Total							688.00		688.00
Round off							0.00		0.00
Grand Total							688.00		688.00

Rs. Six Hundred Eighty Eight Only
No. of Items : 3

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperature sensitive product used or tempered will not be returned.
GSTIN : 23AJUPM4538Q1ZC

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DLNO.20/654/27/2017, 21/655/27/2017, 20F/659/27/2017

Phone : 0755-2985947



Patient's Name: DHRAY

Mobile/Code : CGJC

ABHA No./Add. :

CASH MEMO

Bill No. : A026138 Date : 17/06/2025

Doctors Name : AIIMS NAME : MANU

Bill Type : CASH Time : 19.43

Sn	DrugCode	Description	RATE	Batch	EXP.Dt.	Qty.	SGST%	CGST%	Amount
1	8109	ADULT DIAPER EXT LARG	160.00	ADXA2312020	9/26	1	6.00	6.00	160.00
2	COTTON500	COTTON ROLL 500GM	150.00	NS11	4/27	1	6.00	6.00	150.00
3	97G	MEROPENAM 1 GM INJECTION	240.00	AK250011A	12/26	2	6.00	6.00	480.00
4	1458G	SODIUM CHLORIDE 0.9% W/V INFUSION	30.00	(N)23193	4/27	2	6.00	6.00	60.00
5	1742G PARA	PARACETAMOL INFUSION	50.00	PXYCV112	11/26	2	6.00	6.00	100.00
Sub Total									950.00
Round off									0.00
Grand Total									950.00

Rs. Nine Hundred Fifty Only

No. of Items : 5

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperature sensitive product used or tempered will not be returned.

GSTIN : 23AJUPM4538Q1ZC

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

1066



All India Institute of Medical Sciences, Bhopal
Saket Nagar, Bhopal- 462020 (Mathya Pradesh)
Department of Transfusion Medicine & Blood Bank
Blood Centre, AIIMS Bhopal
(Blood Bank License No. 28/3/2017)
Phone No.- 2832280

41517

Serial No. _____
For the Use of Blood Bank
Received on _____ Time _____
Signature _____

BLOOD / BLOOD COMPONENT ISSUE SLIP

Please issue 40 FFP Unites of WB/PRBC/LD-PRBC/FFP/RDPC/SD/CRYO/CCP for

Patients Name DHRUV Age/Sex 14 yr / M UHID/CR No. 23 9212501686 7777

Ward/Room (Bed No.) MICU-B4

Sign of Medical Officer: [Signature]
Name of Medical Officer: Dr. S. K. Yadav
Designation: SR
Contact Number: 7650038166
Date & Time: 21/6/18

Note:
Blood/Blood Component once issued will not be received back.
Blood/Blood Component (FFP, CPP, CRYO) are in frozen state so it takes at least 30 min for thawing.
Blood Component (FFP, CPP, CRYO) are in frozen state so it takes at least 30 min for thawing.
Please encourage patient's attendant/relative to donate blood.



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIIMS MAIN HOSPITAL BUILDING, BLOCK NO.12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DL NO.20/654/27/2017, 20F/655/27/2017, 20F/659/27/2017
Phone : 0755-2985947



Patients Name: DHARV
Mobile/Code : CGU
ABHA No./Add. :

CASH MEMO

Bill No. : A025586 Date : 16/06/2025
Doctors Name : AIIMS NAME : CHANDRADEV
Bill Type : CASH Time : 15:21

Sn	DrugCode	Description	RATE	Batch	EXP.Dt.	Qty.	SGST%	CGST%	Amount
1	97G	MEROPEMAM I GM INJECTION	240.00	AK250011A	1226	3	6.00	6.00	720.00

Sub Total 720.00
Round off 0.00
Grand Total 720.00

Rs. Seven Hundred Twenty Only
No. of Items : 1

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperature sensitive product used or tempered will not be returned.

GSTIN : 23AJUPM4538Q1ZC

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA



PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

AIIMS MAIN HOSPITAL BUILDING, BLOCK NO. 12,
LOWER GROUND FLOOR, SAKET NAGAR, BHOPAL
DL NO. 20/654/27/2017, 21/655/27/2017, 20F/659/27/2017

Phone : 0755-2985947



CASH MEMO

Patients Name: DRUV JAIN
Mobile/Code : CGIS
ABJA No./Add. :

Bill No. : A025824
Doctors Name : 1
Bill Type : CASH
Date : 17/06/2025
NAME : MANGESH
Time : 10:14

Sn	Drug Code	Description	RATE	Batch	EXP. Dt.	Qty.	SGST%	CGST%	Amount
1	97G	MEROPENAM 1 GM INJECTION	240.00	AK250011A	12/26	2 ✓	6.00	6.00	480.00
2	BURETTA	BURETTA SET 110 ML	72.00	2413238	10/27	1 ✓	6.00	6.00	72.00
3	UROMETER	UROMETER RMS	150.00	24M072	11/29	1 ✓	2.50	2.50	150.00
4	GLOVES	EXAMINATION GLOVES.	260.00	HGL-100	4/27	1 ✓	6.00	6.00	260.00
5	MAGNESIUM	MAGNESIUM SULPHATE INJECTION	6.00	MS-1268	2/27	4 ✓	6.00	6.00	24.00
6	1458G	SODIUM CHLORIDE 0.9% W/V INFUSION	30.00	(N)25193	4/27	1 ✓	6.00	6.00	30.00
Sub Total									1016.00
Round off									0.00
Grand Total									1016.00

Rs. One Thousand Sixteen Only
No. of Items : 6

Terms & Conditions

Subject to Bhopal Jurisdiction.
Goods can be returned back within 15 days from the date of billing.
Temperature sensitive product used or tempered will not be returned.

For PRADHAN MANTRI BHARTIYA JAN AUSHADHI KENDRA

CGIPM4538Q1ZC



भारत सरकार

Government of India



सुरेश कुमार जैन

Suresh Kumar Jain

जन्म तिथि/DOB: 01/05/1976

पुरुष/ MALE



6827 [REDACTED]

मेरा आधार, मेरी पहचान

यूनिफाइड पहचान प्राधिकरण
Unique Identification Authority of India

Address:

S/O Mangilal Jain, Makan N-23,
Ward N-02, Haji Colony petrol Pump
Ke Samne, Sanjet Rod, Kityani,
Mandsaur,
Madhya Pradesh - 458001

पता:

S/O मांगीलाल जैन, मकान न-२३, वार्ड
न-०२, हाजी कॉलोनी पेट्रोल पम्प के सामने,
संजीत रोड, मंदसौर, मंदसौर,
म.प्र. - 458001

6827 [REDACTED]

help@uidai.gov.in

www.
www.uidai.gov.in



भारत सरकार
GOVERNMENT OF INDIA



ध्रुव जैन

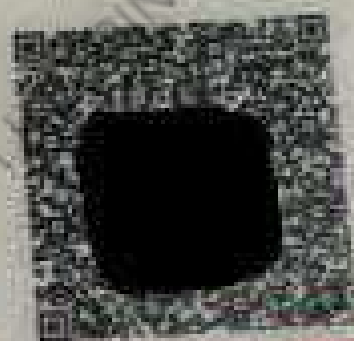
Dhruv Jain

पिता : सुरेश जैन

Father : Suresh Jain

जन्म वर्ष / Year of Birth 2008

पुरुष / Male



2022

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O सुरेश जैन, मकान न-२३, वार्ड
न-०२, हाजी कॉलोनी पेट्रोल पम्प
के सामने, संजीत रोड, मंदसौर,
मंदसौर, म.प्र., 458001

Address:

S/O Suresh Jain, Makan
N-23, Ward N-02, Haji
Colonypetrol Pump Ke
Samne, Sanjet Rod, Kityani,
Mandsaur, Mandsaur,
Madhya Pradesh.



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1800 180 1947



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P.O. Box No.1947,
Bengaluru-560 001