CAUSELESS HAPPINESS ORGANISATION-REGISTRATION FORM

SPONSERSHIP FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

PATIENT REG NO: CHO/585/

DATE: 26-04-25

BENEFICIARY DEMOGRAPHY

PATIENT'S NAME : RIYANSH KUMAR

AGE: 01 YRS

RELIGION : HINDU

GENDER :MALE

PATIENT'S FAMILY DETAIL (IN MIN 30 WORDS)

Baby Rivansh Kumar, who has Eye cancer Retinoblastoma and is hospitalized for treatment. Riyansh's father cannot afford medical expenses due to unemployment. Your support can significantly help Riyansh get the treatment he needs.

GUARDIAN 'S DETAIL :

FATHER'S NAME: MR.RANJAN KUMAR

OCCUPATION:NA

SIBLING : NA

FAMILY INCOME: NA

TREATMENT DETAILS:

PATIENT SUFFERING FROM : Eye cancer Retinoblastoma TREATMENT PRESCRIBED : CHEMOTHERAPY AND SURGERY APPROXIMATE EXPENSE FOR WHICH FINANCIAL ASSISTANCE REQUIRED: 2,00,000/-TREATMENT IS DONE AT : Aiims Hospital, New Delhi

DECLARATION:

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND TO THE BEST OF MY KNOWLEDGE.I AM NOT IN THE FINANCIAL POSTION TO ARRANGE FUNDS REQUIRED FOR THE TREATMENT OF MY CHILD.I AM FULLY AWARE OF THE FACT THE ORGANISATION WILL BE RAISING FUND FOR THE TREATMENT OF MY CHILD AND I HAVE NO OBJECTION WITH IT.

(SIGN OF THE FATHER/GUARDIAN)





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सेवा में, श्रीमात ट्रान्ट महोदय कारततेत्रा हल्वातेत्रा सार्गताइ नेश्रा,

सहोदय,

2216 तथ जिर्तना है कि में हुटेजना-जमार २२० - सहवानी, do - नोपड़ा राजमार याता. जानवीनगर, वनमनवे, जिला - पुर्णियों राज्य - विहार का रुवायो जिवासी हूँ; मेरे जन्म को एक अँग्रंक में में सर(६२४भ२) है, जिस्ता ताम रियाश कुमार है, जिस्ता उम्र वर्षा रहिन है। जोर इरंग्ला इलाज एम्स इस्प्रताल में नाल इरंग इलाज क्रम्भ इंच्टिर ने लगजा। 2,00000 तक वंताया जिस्ता जुंगतान केरने में में असमर्भ हूँ।

अतः आपसे निर्वल ह कि आप इसार वर्ग का क्रमा हलाज में राह्यांग करे गापकी जड़ी कुमा होगी। में रत्येत भाषका आआश जगा 25011 mum lazaran ladar

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GOYAL MRI & DIAGNOSTIC CENTRE

B 1 12, SAFDARJUNG FNCLAVI, NEW DELHE - 110029 Phone - 01140**1234, 2610*559 - F-mail - gevalmet *a* values com

Dr. Ankur Gadodia MD (AIIMS), DNB, FRCR En Pranay R Kapur MBBS, DNB

MAST. RIYANSH KUMAR, 1 YRS / M

UID: 04.25.575

14.04.2025

M.R. OF THE BRAIN AND ORBITS WITH CONTRAST

Axial T1, DWI and FSE T2 weighted scans of the brain were studied and these were correlated with coronal T2, fat sat T1 & T2 weighted scans including both orbits. Additional T1 weighted axial, coronal & sagittal scans were obtained following administration of contrast (10mL Omniscan). No immediate adverse contrast reaction was noted.

Known case of retinoblastoma, on chemotherapy. Previous scans are not made available for comparative evaluation.

Right globe is normal in size. 8 x 7 mm focal lesion is seen in the posterior chamber of the right globe lateral to the optic nerve head. Lesion displays hypointense signal on both T1 and T2 weighted images. There is heterogeneous enhancement following administration of contrast. There is associated retinal detachment. Findings are suggestive of residual lesion. Right optic nerve is unremarkable. Recommended: Comparison with previous scans.

Left globe and left optic nerves are unremarkable.

The optic chiasm, infundibulum and pituitary gland do not show abnormality.

Cerebral and cerebellar parenchyma is unremarkable. No acute infarct is seen on diffusion weighted images.

Bilateral basal ganglia and thalami are normal in signal intensity.

The corpus callosum and skull base are normal. No midline shift is seen. No acute intracerebral hemorrhage.

Posterior fossa and brainstem are unremarkable. Skull base arteries demonstrate normal flow void.

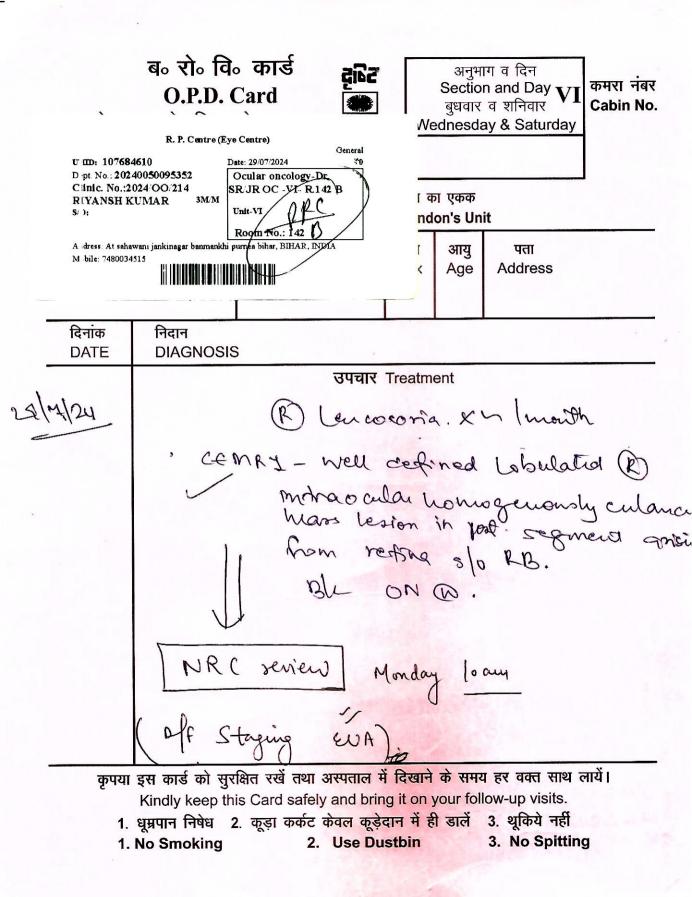
Mucosal thickening is seen in bilateral maxillary and ethmoid sinuses.

IMPRESSION:

- 8 x 7 mm heterogeneously enhancing focal lesion in the posterior chamber of the right globe lateral to the optic nerve head with associated retinal detachment. Findings are suggestive of residual lesion. Right optic nerve is unremarkable. Recommended: Comparison with previous scans.

Clinical correlation is necessary

DR. ANKUR GADODIA MD (AIIMS), DNB, FRER (UK)



दिनांक - Date

USG for PSE - Interoundar mass filling , 1/3nd of globe - high sputter of calification RB EUA (106 Aug 2024 Staging UT 7th floor NPO explan 7.0000-Burs - Solid Gurs - Hemisolid Ghes - Liquid Wardys DHDD Dr. Nelia pageserGrang C/s/B Aresttere kam pr. having Ferrer x 1 day aus Vonutry Ped & UP? elective procedues. Adu नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है। इनकी पूर्ण रक्षा कीजिए ताकि ये आपकी रक्षा कर सकें। Eyes are God's most precious gift to man kind and eye donation is the most noble deed. Take full care of them so that they can take care of you. m 142 B Min wild 2pm after cleagues on

MADHIPURA CHRISTIAN HOSPITAL

Emmanuel Hospital Association Ward to 12 Blurks, Mission Road, Madhepura - 852113

Declaration of Birth

TO WHOMSOEVER IT MAY CONCERN

This is to declare that a living male child was delivered at 22:34 hrs on 28-Apr-2024 named RIYANSH KUMAR by Mrs. MANORAMA KUMARI wife of Mr. RANJAN KUMAR, resident of WN 14. ADHAR 41771608544808, SAHAWANI, BANMANKHI, Dist, PURNIA, BIHAR, INDIA

The birth occurred at this hospital and the birth weight of the baby is 3 16 kg in our records

Mother's Patient Number PAT158003 Cluid's Patient Number, PAT160034

Note: Kindly register with the Bihar Govt within 21 days.



Medical Officer

Thursday, August 29, 2024

Medical Records Department

ब. रो. वि. कार्ड अनुभाग व दिन Section and Day VI कमरा नंबर O.P.D. Card Cabin No. बधवार व शनिवार डा॰ राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र Wednesday & Saturday अ. भा. आयु. सं., नई दिल्ली-110029 Dr. Rajendra Prasad Centre for Ophthalmic Sciences A.I.I.M.S., New Delhi-110029 आचार्य राधिका टंडन का एकक यू.एच.आई.डी. संख्या Prof. Radhika Tandon's Unit UHID No. 107684610 पुत्र/पुत्री/पत्नी लिंग पता आय् रोगी का नाम S/D/W Age Address Sex Name of the Patient H.No-Ward no-14, M Kanjah IM Rijansh Kahawahi Bahmankhi, Bihou Kumar LIMAY निटान FAORY DIAGNOSIS DATE Janani Shishu Surakahaa Karyakama उपचार Treatment Exenticied Category un Valid poto 2 0 अनमी शिश सुरक्षा कार्यकर्भ श्रेणी के अनुमंत छह ग्राप्त त्रैणी जन्म तिथि..... deren 478 JSSKI MSWO RPC/12/04/25, Bed change 303/JSSK/MSWO/RPC/23/4/25 Bed charge 1757~ 507 [J358/ MSWO/ RPC/24/4/25 R-B38-6506/ Now not eligible for JSSK. कृषया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय Kindly keep this Card safely and bring it on your follow-up visits. 1. धूम्रपान निषेध 2. कूड़ा कर्कट केवल कूड़ेदान में ही डालें 3. थूकिये नहीं 3. No Spitting 2. Use Dustbin 1. No Smoking



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली All India Institute Of Medica! Sciences, New Delhi

UHID:	107684610	Sex :		Male	
Patient Name :	Mr RIYANSH KUMAR	Sample Reco	eived Date :	07-Apt-2025 17 07 PM	
Age :	l Im 14d	Department	:	Paediatrics	
Lab Name:	Dept of Laboratory Medicine	Lab Sub Centre: Sample Collection Date:		Smart Lab New OPD Block 07-Apt-2025 15:15 PM 2515583732	
Reg Date :	07-Apr-2025 17:07 PM				
Recommended By:					
Sample Details : LH07042502153		Report	Type : Whole Blood		
HEMATOLOGY		~ .		D (
Test Name (Methodology)		Result	UOM	Reference	
Hb (SI v pitetontetix)		12.20	g dl	11.1 - 14.1	
Hematocrit (Dinas Measure)		38.20	96	30 - 40	
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WBC count et ino the more		8.17	10 ³ µl	6 () - [] 8,0	
Platelet count state line		289.00	10-3 µL	20() - 55()	
MCV Salard		78.10	tl	68 - 84	
MCH (i al mlated)		24.90	pg	24 - 30	
MCHC (Cale nhatesh)		31.90	g dI	30 - 36	
RDW-CV (Calculated		21.10	^D o	11.6-14	
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Lympho- Abs : Calcolored:		4.02	10³/µl	4.0 - 12.0	
Eosino - Abs Walendar de		0.10	10³/µl	0.1 - 1.0	
Mono - Abs et alculateer		1.19	10³/µl	0.2 - 1.2	
Baso - Abs relatentared		0.05	10½µl	0.02 - 0.1	

-----End of Report-----

Dr. Sudip Kumar Datta (MD Biochemistry) Dr. Tushar Sehgal (DM Hematopathology) Dr. Suneeta Meena (MD Microbiology) Dr Tushar Sehgal DM (Hematopathology) 07-Apr-2025 17:42

Examination Under Anesthesia (EUA)

a' in an Estimat	RIVANSH	KUMAR	Age Sex 5/M	Patient ID	107684619	Chaitali Basu te 15/10/2024
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- . The procedure is long, done to thoroughly examine the patient-who is not otherwise co-operative for normal examination
- Construction of an one of the need for an intervention is felt by my doctor, I give my consent for performing any procedure as may be a construction of the rebuild of the rebuild of the transmission of the reasons why the above procedure is considered necessary. It is a construction of the construction of the rebuild of the reasons why the above procedure is considered necessary if a second of the state of the rebuild of the rebuild of the reasons why the above procedure is considered necessary if a second of the state of the rebuild of the rebuild of the reasons why the above procedure is considered necessary if a second of the state of the rebuild of the rebuild of the reasons why the above procedure is considered necessary if a second of the rebuild of the rebuild of the rebuild of the reasons why the reasons why the above procedure is considered necessary if a second of the rebuild of the rebuild of the rebuild of the reasons why the reasons why the above procedure is considered necessary of the second of the rebuild of the rebuild of the rebuild of the reasons why the reasons why the above procedure is considered necessary of the second of the rebuild of the rebuild of the reasons why the reasons why the reasons why the second of the reasons the rest of the rebuild of the rebuild of the reasons why the reasons why the reasons are build be second of the rebuild of the rebuild of the reasons the rest of the rebuild of the rebuild of the reasons the rest of the rebuild of the rebuild of the rebuild of the reasons the rest of the rebuild of
- Construction of the inherent tisks of General Anaesthesia. The risk of complication with senous after effects and/or death of the according to the observement.

block of the second full free and voluntary consent.

RANJAN KUNAR Beldinslup Father Date 15/10/2024 På Sahawani . Jan Kinagar, purner , Rihar 3481034515 (Mol.) 1 . . Res

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the decision of the solution of the nature and consequences of the procedure to be performed, and discussed the risks that particular in the sector of the performed.

choice gravitational planetation opportunity to ask questions and I have answered these.

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Signature Memorama Kumui Name MANORAMA HUMARJ Address pt Sahawan, Jankinagan Pranca Iel. JO330 44642

	आपातकालीन विभाग				
(DEPT. OF EMERGENCY MEDICINE)			UHID	UHID No:107684610	
आपातकालीन न.(Emergency No): 2025/030/003	4926 दिनाक DATE: 31/03/2025		समय TIME: 01:45:58 PM		
			NON-MLC		
ITH NAME: MR RIYANSH KUMAR	आयु AGE : 11 ।	months 3 days	ालग SEX M		
5/0 :					
ाना ADDRESS: मकान संख्या ILNO:	At sahawani jankinagar pumea bihar	banmankhi गली / मुहल्ला S	IREET/MOII:		
शहर प्रस्तुड CITY/BLOCK:	panetoniti	पिन PIN:			
गज्य STALE:	BIHAR	द्रग्भाष स. PH(DNE NO: 7480034	1515	
मोबाइल MOBILE NO:	7480034515	स्थान Locatio	n: Paediatr	ies Emergency	
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If No	Circulation		Disability		
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RIYANSH KUMAR

All India Institute of Medical Sciences, New Delhi.

Division of pediatric Oncology

Augmented chemotherapy for Retinoblastoma

Augmented Chemotherapy

VCR	1.5 mg/m2/day/IV	Day 1	Wk 0,6,12,18
	0.05mg/kg/day for		 Comparison (exc. Proc. 4 - 0.000000 (exc. 2000) and a - 0.000000000000000000000000000000000
	children < 3 yrs		
	Max dose 2.0 mg		
Carboplatin	560 mg/m2/day	Day 1 & 2	Wk 3,9,15,21
	18.6 mg/kg/day for		
	children <3 yrs		
Etoposide	100 mg/m2/	Day 1,2,3	Wk 3,9, 15, 21
	3.3 mg/kg/day for		
	children < 3 yrs	and the second second	
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0.6,12,18
Idarubicin/	10 mg/m2	Day 1	Wk 0.6,12,18
Doxorubicin	30 mg/m2/day		
Cycles every 3-4 wk			
Ensure ANC >1.0 & Pla	telet count >1,00,000/cumm		
LFT & RFT must be don	e before every cycle .ECHO a	at baseline/ as indicate	d
High dose CT with auto	ologous stem cell transplant :	Stage IV/Metasta	tic RB
Week 0 Date		۹	
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Hb. 8.4 TLC 5600ANC 1450 Platelets 4.03 L.

SGOT 68 SGPT 19 S Bil 018 Urea 28 Creatinine 0.3

Drugs	Dose given	Day
		$\left \right\rangle$
VCR	0.4mg	(D1
Cyclophosphamide	520mg.	D1
Id arubici n/ Doxorubicin	8 mg	016
	IJ	Calibia
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12 104/25 (R) group PRE part 6 cycles of HOCEN/ Deve seactivation on Eus in Manda/ preceived 1 cycle of any mented chemotherapy an 21 03 25 one episode of FN - treated with if notibiotics Piptoz and Amiken -planned for CEMPI brain torbit oestride - planned for convelection in ophthalmology. CBC/47 RFT report imanailable Adune · Pluin the OPD on 26/04/25 after envileation surgery. Dungon

(R) group D 10/4/25 6 FF-HDCEV Letal Meaning. - IHZ Booth. Reactinalist mass on sepren Alt Day. - MRI R/C Dome. To give photocopy. 1 # Any chimo. - on syp Augmentin far SDays ? planned for concleation - c/o cald and caugh. 12.1 9540 2.07L 4460. CEMPLE Brain tosbit RPC -> adminion -> 23/4/25 plan -> RC discussion" film collection (2 24/04/25 at 2pm) (2pm/pcsc). Redixinion L D LORB con be onucleated. would admitted in oftral.