

The Chariman,  
Smt. Krishana Breast Cancer Care  
Charitable Trust  
Tagore Nagar  
Ludhiana



Sir,

With due respect I beg to state that I have been advised admission by Dr. J.S. Sekhon  
DMC & H, Department of Oncology

I am poor person and not in a position to pay normal charges. I therefore, request you to kindly provide me financial help because I am unable to pay the hospital bill & medicine bills.

**My particulars for your consideration: -**

Name of Patient AFROZA KHATOON Adm No. 2009/106395  
Age & Sex 45 Yr F Occupation H.W.  
Gross Monthly Income ..... Place of work 98156-34233  
Address Mano 175, Chakkra  
ES-241, Makhdoom Pura Gajindhara

Yours faithfully,

Husband - neeraj 1500/-  
Son Manu 2000/-

Md. Shamsher  
Signature of Pt. /Attendant

**Remarks of the Consultant :-**

Privisional Diagnosis

If Surgery required Ex. Major Major, Medium, Minor

If Chemotherapy required stay ..... Medicine...

approx cost 40,000/-

approx cost Rs 45,000/=

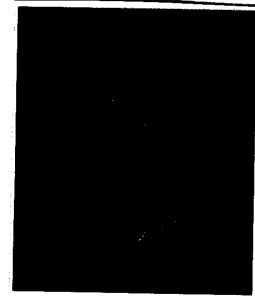
J.S. Sekhon  
DR. J.S. SEKHON  
ONCOLOGIST

G.S. Brar  
DR. G.S. BRAR  
ONCOLOGY SURGEON

Rs. 85000/-

Submitted for approval

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Smt. Krishana Breast Cancer Care  
Charitable Trust  
Tagore Nagar  
Ludhiana



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Gross Monthly Income ..... Place of work 98156-34233  
Address MAHO MS CHAKKA  
ES-241, MAKHAN PURA SAFARHALL  
Yours faithfully,  
Husband working 1500/-  
Son m/c 2000/-

Md. Shaabtreeb  
Signature of Pt. /Attendant

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[Signature]

  
**ELECTION COMMISSION OF INDIA**  
**IDENTITY CARD**  
 भारत निर्वाचन आयोग  
 पहचान पत्र

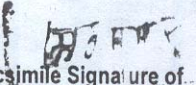
CVX4660767



**Elector's Name : Afaroj Pavin**  
 निर्वाचक का नाम : अफरोज पवीण  
**Husband's Name: Afataw**  
 पति का नाम : आफताव  
**Sex / लिंग : Female / महिला**  
**Age : 48 Years as on 1.1.2005**  
 आयु : ४८ वर्ष १.१.२००५ को

**Address : 175,Chakka,**  
**Town/Vill - Chakka,**  
**Anchal - Alinagar,**  
**Distt - Darbhanga - 847423**

पता : १७५, चक्का,  
 शहर/गाँव - चक्का,  
 अंचल - अलीनगर,  
 जिला - दरभंगा - ८४७४२३

  
**Facsimile Signature of**  
**Electoral Registration Officer**  
**84,MANIGACHHI Constituency**  
 ८४, मणिगच्छी निर्वाचन क्षेत्र  
 के निर्वाचक रजिस्ट्रीकरण अधिकारी  
 के हस्ताक्षर की अनुकृति

**Place : Darbhanga Sadar**      **Date : 15/08/2005**  
 स्थान : दरभंगा सदर                      दिनांक : १५/०८/२००५

CVX4660767

**This Card may be used as an Identity Card**  
**under different Government Schemes.**  
 इस पत्र का विभिन्न सरकारी योजनाओं के अन्तर्गत  
 पहचान पत्र के रूप में प्रयोग किया जा सकता है।



ELECTION COMMISSION OF INDIA  
IDENTITY CARD

भारत निर्वाचन आयोग  
पहचान पत्र

CVX4660742



Elector's Name : Afatav Alam  
निर्वाचक का नाम : आफताव आलम  
Father's Name : Ajijur Rahaman  
पिता का नाम : अजीजुर रहमान  
Sex / लिंग : Male / पुरुष  
Age : 52 Years as on 1.1.2005  
आयु : ५२ वर्ष १.१.२००५ को

Address : 175, Chakka,  
Town/Vill - Chakka,  
Anchal - Alinagar,  
Distt - Darbhanga - 847423

पता : १७५, चक्का,  
शहर/गाँव - चक्का,  
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CVX4660742



J.S. Sekhar - 10/78/09

# DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA

## OUT PATIENT CARD



275

NAME :- AFROZA KHATOON  
F./H. NAME :- AFTAB ALAM  
CR NO :- 2009-106395  
AGE / SEX :- 45Y: 0M: 00: / FEMALE  
DEPARTMENT :- ONCOLOGY  
CATEGORY :- OPD

Valid From 14-SEP-2009 To 20-SEP-2009  
REC NO:- 2009474377 Rs. 30/- Only  
TIME / USER :- 10:16:17 AM / (HM)

Diagnosis C<sub>a</sub> Breast T<sub>4</sub> N<sub>2</sub> Mo.

- Medicine, Cardiology, Nephrology, Neurology, Oncology, Chest, Gastro, Endocrinology
- Pediatrics  Surgery, Neurosurgery, Urology, Plastic Surgery, Ped. Surgery, Gastro-Surgery
- Orthopaedics  Gynae, Dentistry, Psychiatry  Skin & S.T.D.  Eye, E.N.T.

### ONCOLOGY OPD

Monday. रविवार  
Tuesday. सोमवार  
Wednesday. मंगलवार  
Friday. शुक्रवार

#### Plan

• Neo - adjuvant CCT.  
↓  
Surgery.  
↓  
Adjuvant CCT  
+ RT. ± Hormonal

Poor Pt.  
To enrol for  
Krishna Charitable  
Trust.  
↓  
R.S. Seldan

↓  
R.S. Seldan