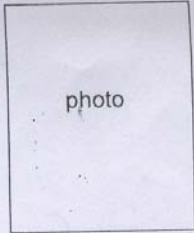


The Chariman,
Smt. Krishana Breast Cancer Care
Charitable Trust
Tagore Nagar
Ludhiana



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 Bindra Adm No. 34823
Age & Sex 27y/o Occupation —
Gross Monthly Income — Place of work —
Address H No 658 Punjab Mata Nagar
Pathanaal Road Ludhiana
9888-658137

Yours faithfully,

Ranbir Singh
Signature of Pt./Attendant
Faithful

Remarks of the Consultant :-

Provisional Diagnosis

If Surgery required Ex. Major Major, Medium, Minor

If Chemotherapy required stay Medicine...

approx cost... 20,000/-

approx cost... 20000/-
including medicine

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

Submitted for approval

DR. G.S. BRAR
ONCOLOGY SURGEON

Dr. Sanjay Datta ji

12/1/08

DAYANAND MEDICAL COLLEGE & HOSPITAL
LUDHIANA



EMERGENCY CARD

Date _____

C.R. No. _____

Name _____

NAME :- BINDIA
C.R. No. :- 2006-1980
AGE & SEX :- 27 / FEMALE

CATEGORY :- EMERGENCY

REC NO :- 2006424490 Rm. 30/- Only

Admit to oncology
Dr. Sekhri

27/11

cto Sanjay Arora
Krishna Chhabra
AC

Dr. Sekhri

27/11/06

CALL NO :- 2006-1980
NAME :- BINDIA
AGE & SEX :- / FEMALE
F NAME :-
TYPE :-
INFORMED BY :- REFER FROM CLINIC
REF BY :- DR. S. SEKHRI MES REC
SYSTEM TIME :- 27-NOV-2006 02:23:29
PATIENT ARRIVAL AT :-