

सेवा में श्रीमान मुख्य मध्यम सैक्रेटरी  
सॉर्टिंग क्लर्क सोशल वेलफेयर सोसाइटी  
A1/75 रिडम फाइटर इन्कलेव  
नेव सराय नई दिल्ली - 110068.

विषय: → किडनी ट्रांसप्लांट के विषय में,

महोदया, सविनय निवेदन इस प्रकार है कि मैं श्याम  
बिहारी, निवासी परीपोती ग्राम शाहबाद रेलवे  
फाटक के पास पंचायत शीलमपुर शाहबाद भागलपुर  
बिहार का रहने वाला हूँ। मेरे पुत्र आनन्द सिंह का  
इलाज AIIMS Hospital में चल रहा है। मेरे पुत्र  
की 4 मई 2018 को किडनी ट्रांसप्लांट हुआ था  
जो ब्लड का सर्कुलेशन ठीक प्रकार से होने पर  
दो दिन बाद ही फट गया। जिसकी वजह से  
AIIMS के डॉक्टरों ने दोबारा किडनी ट्रांसप्लांट  
कराने के लिए कहा है। जिसका खर्चा 5 लाख  
76 हजार बताया गया है।

मैं अपने पुत्र की किडनी ट्रांसप्लांट करने  
में असमर्थ हूँ। क्योंकि मैं गाँव में मजदूरी करता  
हूँ। जिसमें मेरे घर का खर्चा ठीक प्रकार से नहीं  
चल पाता है। माप से अनुरोध है कि आप मेरे  
पुत्र की किडनी ट्रांसप्लांट करने में मेरी मदद करें।

श्यामबाद

प्रार्थी  
श्याम बिहारी सिंह

श्याम बिहारी सिंह  
पता: - परीपोती ग्राम शाहबाद  
रेलवे फाटक के पास  
पंचायत शीलमपुर शाहबाद  
भागलपुरी बिहार  
पिन - 813209.

UHID 10253783



# अ० भा० जा० सं० अस्पताल / A.I.I.M.S. HOSPITAL

## बहिरंग रोगी विभाग / Out Patient Department

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

हरिद्वार संतु धर्मराजगन्ध

34

OPR-6  
134112

एकक/Unit \_\_\_\_\_

विभाग/Dept. \_\_\_\_\_

ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. \_\_\_\_\_

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	आयु Age	पता/Address
Anand Kumar		M	22	

निदान/Diagnosis CKD 5D

दिनांक/Date	उपचार/Treatment
4/2/19 ✓	<p>- Hb below 4-5 gr, 2 chills during day</p> <p>- Tc - 14900/ul (Tc since 10/18)</p> <p>CD = 200/108</p> <p>① 3/wk - mhb</p> <p>② T metxol</p> <p>③ Neph - CST</p> <p>④ T Ca</p> <p>- ① 10g Nephrenon 300 10 STC</p> <p>- ② 1g vancomycin 500 mg 10 STC</p> <p>- CRAPA</p> <p>- CBC of 1wk</p>
29/4/19	<p>hb - 10.8</p> <p>Tc 6100</p> <p>TPC 2-10</p> <p>PIA 7-9/4</p> <p>OLP 20/4</p> <p>HT + 0.52</p> <p>e/cr 106/12-81</p> <p>Nalk 139/6.6</p>
17/10	
Pire NA	

(Authorisation pending)

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)



29/1/19 R

① MTD x 3/week

② T. Gidok x 0T

③ Lij Tyrop 4000 IU SC 2/week

312M  
30/06/19

④ T. Anlong (ST = RT)

⑤ T. Nimpheul (ST = RT)

⑥ T. Okamm (ST = RT) T

⑦ T. Dyfor (40) x 2/week

Sevelam (800) +  
C.M

1cm h x 1a

ay

10/5/19  
file NA  
no availability  
renew rent

the testy due

DR KRISTIN  
SR Nigra

6/6/19

file NA  
Add

Cont same  
x 1 month

25/6/19

26/6/19

file NA  
Add

Cont same  
x 1m

DR KRISTIN

1/7/19

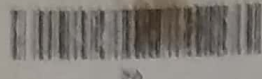
Add  
Cont same

DR. J. GEORGE  
IN GEORGE  
Department of Anesthesiology  
All India Institute of Medical Sciences, New Delhi-29



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

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



DUPLICATE  
 Card Date &  
 Time: 22/01/2018  
 10:02 AM

34

रजिस्ट्रेशन संख्या / Registration No. 2017/015/0134112

UHID: 102537837

एकांक/Unit (नेफ्रोलॉजी) Nephrology Senior Resident

विभाग/Dept.

कार्ड/पंजीकृत सं. / O.P.D. Regn. No.

OPR-6  
 134112

नाम / Name ANAND KUMAR	पिता/पुत्र/पत्नी/पुत्री S/W/D of	पुरुष/लिंग Sex M	21 वर्ष / आयु Age 11 महिला / M 29 दिन / D	पता / Address GRAM SAHABAD MIRTA, CHOKI PS PIRANTI DIST. BHAGAL PUR, BIHAR, Pin: 813209, INDIA M: 8789628600
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निदान/Diagnosis

CKD 5D / SHW / ?CGN

दिनांक/Date	उपचार/Treatment
<p>Registration Time : 08:30 AM-10:30 AM            Done By: PKC Counter/8392            Room No. 12 Nephrology, 1st and 2nd Floor (दूसरी मंजिल)            11/04/2017 08:32:58 AM            *TO TAKE APPOINTMENT NUMBER THROUGH PHONE, DIAL: 011-65900669            *डॉक्टर के माध्यम से आपाइनमेंट नंबर लेने के लिए, हायला : 011-65900669            **Doctor may not be available, however you may be seen by some of the doctors in the department            *** आपके डॉक्टर के उपलब्ध न होने पर, आपको विभाग में अन्य किसी डॉक्टर द्वारा देखा जा सकता है।</p>	<p>HCV - Gen A</p> <p>Cbdo on serogramal ser</p> <p>HEPC VIR L) AS Tab            Adv 8/14</p> <p>T. Sofosbuvir 400mg OD            T. Ledipasvir 90mg OD</p> <p>HCV RNA PCR Quantitative            @ 10<sup>th</sup> day            ↓            Rpt E report on Mon/Thu            in Room no. 13</p>
<p>12/2/18</p>	<p>30K SHW</p>
<p>8/3/18</p>	<p>Smoker x</p> <p>Mudar</p> <p>14th July            Kidney            5880,-</p>
<p>28/4/18</p>	<p>1148            25/4/18</p>
<p>⑤            ⑤            ⑤            ⑤            ⑤</p>	<p>⑤            ⑤            ⑤            ⑤            ⑤</p>

CLEAN AND GREEN AIIMS / 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)

23/2

18/3/18

- CBC
- RFT
- LFT
- CXR
- HBsAg
- HCV
- HIV

24/3

Donor

- CBC
- RFT
- LFT
- Urine RM

Kindly donate 6 PRBC for pt

22/3

Plz indnet

ABU Dr. Shreepraja

8/5/18

Malurkar DLTC

Over

Anand Kr

- ~~Tue~~
- ~~7:30pm~~
- Thur - 1:30pm
- ~~Sat~~ - 7:30pm

- AVF needle → 3 → 5
- Dialyzer → 3 → 5
- Dialysis tubing → 3 → 5
- Dialysis solution part A → 3 → 5

12/4/18  
Pls Rpt

Poicarb powder → 3 → 5

26/4/18  
Rpt

Ck URT symptoms

- CXR
- CBC

1/18

T Cefixime Sy BA

11/5/18

10/4/18

Adm. urgently reval  
L in sugar off  
Swelling of hand  
(LAV frames)

Adm

9. Beal (from 20)

twice weekly

- CxM. Thursday 26/4/18

Adjunct slots

C Augmentin 625mg TDS  
Mupirocin ointment

10

9/5/18

200ml sucrose  
(200) (500)  
drip last part of dialysis

Sm

CBC

- skin signs
- stool obs
- LFT &

femtin

10/4/18

colony culture

23/4/18

- 1) Dialyzer
- 2) Poicarb powder
- 3) Dialysis tubing
- 4) AVF needle





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

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

संशोधन एवं प्रशिक्षण

एकक/Unit  
विभाग/Dept.

*Dr Amm*

*1234*

OPR-6  
*134112/1*

बैरोगिक प्रतीक सं./D.P.D. Regn. No.

नाम/Name	पिता/पुत्र/पत्नी/पुत्री F/S/W/D of	लिंग Sex	वय Age	पता/Address
<i>ANAND KUMAR</i>	<i>S/O Anam Bilari</i>	<i>पुरुष</i>	<i>22 वर्ष</i>	<i>[Redacted]</i>

निदान/Diagnosis

*W.H*

*(MS SD) SWA/17/60 2/2/17*

दिनांक/Date	उपचार/Treatment
<i>21</i>	<i>24 hrs</i>
<i>*) Rube</i>	<i>No further work</i>
<i>Arthel + RPL</i>	<i>BR: 24 hrs</i>
<i>LPW → Det-chalk</i>	<i>Reflex @</i>
<i>Donor - Blood samp</i>	<i>As</i>
<i>Mgt (Urea/acid)</i>	<i>MIB 3 hrs</i>
<i>(FAS) APBS</i>	<i>↳ Merges xL 5mg AD - 20</i>
<i>31/1/17</i>	<i>↳ Anomax 0.1mg 20</i>
<i>11/6/17</i>	<i>↳ Ambly 5mg AD</i>
<i>4/4/17</i>	<i>↳ Dytan 40mg AD</i>
<i>74-4868</i>	<i>↳ Auten 1 AD</i>
<i>20/3/17</i>	<i>↳ Zypre 4000 usic 2 hrs</i>
	<i>x 3 wks</i>

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)

General  
ID: 10247817  
Dept: Nephrology  
Unit: Nephrology  
Room: 12  
Nephrology  
F/48  
Days: Tue, Fri  
App. Date: 10/02/2017



Appt. ID:

W.H.

10/2/17

2/10/17

13/1/17

Adm

AD/17/17

Request

P. 17/17

[Signature]

11/16

Adm

General  
ID: 10247817  
Dept: Nephrology  
Unit: Nephrology  
Room: 12  
Nephrology  
F/41  
Days: Tue, Fri  
App. Date: 10/02/2017



Appt. ID:

W.H.

10/22/17

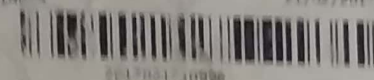
Request

Request

[Signature]

11/17

General  
ID: 10247817  
Dept: Nephrology  
Unit: Nephrology  
Room: 12  
Nephrology  
F/48  
Days: Tue, Fri  
App. Date: 10/02/2017



Appt. ID:

W.H.

12/4/17

BP: 150/80

On MMS 2/17

Ad

MMS 2/17

- Under all eyes

1/4 - 3/17 4000 v/c 3/17

v/c 17

for 1st 1st 17

Ad

MMS 2/17 / B+1 @ 17

34 for 2x workup

11/17/17

Cardio  
pulmo } done

1  
CST

1/17  
Acid base  
Blood gas

April 2017 2017. 040806270



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

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

एकक/Unit \_\_\_\_\_  
विभाग/Dept. \_\_\_\_\_

General  
UHID: 102537837  
Dept. Regn. 2017/015/0134112

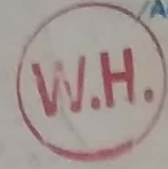
DeptSeq: 145  
Dept: Nephrology  
Unit: Nephrology  
Room: 12  
Nephrology  
F/51  
Days: Tue, Fri  
App. Date: 07/04/2017

PR-6  
134112

नाम/Name

Name: ANAND KUMAR  
S/O Shyam Bihari, 22Y 2M 14D, M  
Ph: 8809379095  
GRAM SAHABAD PO MIRJA, CHOKI PS  
PIRPANTI DIST, BHAGAL PUR, BIHAR,  
Pin:813209, INDIA

Address



Appt. ID: 2017033106312

निदान/Diagnosis

CKDSD / ?CGN / HT

दिनांक/Date

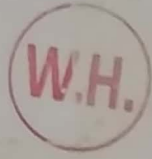
उपचार/Treatment

General  
UHID: 102537837  
Dept. Regn. 2017/015/0134112

DeptSeq: 163  
Dept: Nephrology  
Unit: Nephrology  
Room: 12  
Nephrology  
F/58  
Days: Tue, Fri  
App. Date: 11/04/2017

9  
→ MHD-317  
Continue same 9  
X 1 month  
lu

Name: ANAND KUMAR  
S/O Shyam Bihari, 22Y 2M 18D, M  
Ph: 8809379095  
GRAM SAHABAD PO MIRJA, CHOKI PS  
PIRPANTI DIST, BHAGAL PUR, BIHAR,  
Pin:813209, INDIA  
Appt. ID: 2017040806270



- ⊗ T<sub>3</sub>, T<sub>4</sub>, TSH ⊗ MW
- ⊗ Cardiology clearance
- ⊗ RPC - fundus

18/9/17

Room No 9, M550  
for fund feasibility for  
renal transplant.

R. NO 4087A

Ashokji,  
Fund estimate ↓ RAN  
Rs 5.76 lakh  
Donor - Mother  
DOA - 4/5/17

26/9/17 - Pt. is eligible for RAN fund  
(Rachin level & I-c. seen)  
Pl. issue Estimate Certificate

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)





28/9/17



Ry  
MHD - 3/7  
continue same x  
1 month  
h

- RAS meeting date! - 29/9/17
  - Can refer to CC (574)
  - Contact! - Billing Section (H),  
New Pub. need.
- hassles, ophtho  
referrals

inj Prevnar 13 0.5 ml im  
inj Vaxigrip 0.5 ml im  
↓ 2 months  
inj Pneumovax 23 0.5 ml im

2/11/17 Ry  
Sunag dressing  
for LA  
rest at same  
x 1 month  
inj Zyrop 3/7  
u0000c

2/12/17 (2017)  
check pt (u0000A)  
find when u0000c  
RAS  
DOB - u0000  
portable mark gTc - Jao  
2018

2/11/18

Szopurin

ch (L) Hand persistent  
swellj.

? AVF stenosis

Room nurse

Dr Shiva Sir

Please give  
dar Sir

2/11/18  
- finite patent, CV patent  
- good flow  
- No venous stenosis/occlusion  
- No BVT  
Adst - No active Rx required.

AVF doppler stenosis + intervention

(Please help)



मीना देवी

(सुखिला)

ग्राम पंचायत सलेमपुर

मन्चपट्ट-पीरपैती

जिला-भागलपुर

आवास :

ग्राम-शाहाबाद, पो0-सलेमपुर

थाना-पीरपैती, जिला-भागलपुर

(बिहार)

Mob.-8084666400

संख्यांक: 24/5/2018

दिनांक... 24/5/2018..

प्रमाणित किया जाता है कि उर्मिला देवी पति-श्याम  
 केशरी सिंह ग्राम-शाहाबाद, पो0+पंचायत-सलेमपुर  
 थाना-पीरपैती, जिला-भागलपुर किरा का स्वामी  
 निवासी है, इनकी आर्थिक स्थिति दयनीय है  
 इनके पास नकद-अचल सम्पत्ति भी नहीं है और  
 मा ही साथ का कोई अचल संपत्ति नहीं है,  
 इनका राशन कार्ड सं- 10820020019020/0001  
 है जिसके क्रम सं- 08 में उर्मिला देवी का नाम  
 दर्ज है,

में, इनके उच्चतम शक्ति की कामना  
 करती हूँ।



मीना देवी  
 सुखिला  
 ग्राम पंचायत-सलेमपुर  
 पीरपैती, भागलपुर

मीना देवी

24/5/2018

सुखिला

ग्राम पंचायत-सलेमपुर  
पीरपैती, भागलपुर



FORM 20

Verification certificate in respect of domicile status of recipient or donor [To be issued by tehsildar or any other authorised officer for the purpose (required only for the donor - other than near relative or recipient if they do not belong to the state where transplant hospital identified for operation is located)]

[See rule 14]

Part I (To be filled by applicant donor or recipient separately in triplicate)

In reference to application for verification of domicile status for donation of kidney. (Name of organ/Tissue) from living donor (other than near relative) or recipient under Transplantation of Human Organ Act, 1994 (42 of 1994), submitted on (date)..... by the applicant donor or recipient, with following details and photograph, along with his or her identification and domicile status for verification

Details of Applicant Recipient or Donor

Name Urmila Devi Age 48 Sex F  
 Father or Husband Name Shyam Bihari Singh  
 Address: Village - Shahabad, near Kali  
Mandir Panchayat - Salempur  
Shahabad, Bhagalpur - (Bihar)  
 Hospital Reg. No .....



(Recent Photo of Applicant must be signed by him or her across the photo after affixing it)

The details of my donor or recipient are as under and I have enclosed his or her self-signed recent photograph:

Name Anand Kumar Singh Age 22 Sex M  
 Father or Husband Name Shyam Bihari Singh  
 Address: Village - Shahabad Near Kali  
Mandir, Panchayat Salempur  
Shahabad Bhagalpur, (Bihar)  
 Hospital Reg. No 102537837



Urmila Devi

Signature of Applicant

Enclosure : Self signed copy of the donor or recipient for the applicant (to be enclosed )

Part II (To be filled by the certificate issuing authority):

The above request has been examined and it is certified that the domicile status of the applicant donor or recipient mentioned as above has been verified as under:

Name Urmila Devi Son or Daughter or Wife of Shyam Bihari Singh  
 resident of village or ward SHAHAB SHAHABAD Tehsil or Taluka Pirpanti  
 District Bhagalpur State or UT Bihar and found correct or incorrect

Date 29.5.18 Place Pirpanti

Reference No. 04.D.116.22.07.18/0121

यमना प्रसाद - R/18/09001



29.5.18  
 Authorised Signatory  
 Name and Designation अधिकारी  
 Office Stamp पिरपंती

1. The authorised signatory will hand over this verification certificate to the applicant or his or her representative for submission to the Chairperson of the Authorization Committee of the hospital or district or state (as the case may be), where transplantation has to take place.
2. The authorised signatory shall keep one copy of the above verification certificate for his records and send a copy to the Secretary, Health and Family Welfare of the State Government (Attention Appropriate authority for organ transplant) for information.
3. In case of any suspicion of organ trading, the authorised signatory mentioned above or Appropriate Authority of the state may inform police for making enquiry and taking necessary action as per the Transplantation of Human Organs Act, 1994 (42 of 1994).

## APPLICATION FOR APPROVAL OF TRANSPLANTATION FROM LIVING DONOR

(To be completed by the proposed recipient and the proposed living donor)

[See rules 5(3)(d), 5(3)(e) and 10]



Photograph of the donor



Photograph of the recipient

Whereas I Anand Kumar Singh S/o, D/o, W/o, Shri/Smt Shyam Bihari Singh aged 22 residing at \_\_\_\_\_

\_\_\_\_\_ have been advised by my doctor A.M.S. that I am suffering from CKD and may be benefited by transplantation of \_\_\_\_\_ into my body.

And whereas I Urmila Devi S/o, D/o, W/o, Shri/Smt Shyam Bihari Singh aged 48 residing at \_\_\_\_\_

\_\_\_\_\_ by the following reason(s):-

- a) by virtue of being a near relative i.e. \_\_\_\_\_  
 b) by reason of affection/attachment/other special reason as explained below :-

I would therefore like to donate my (name of the organ) \_\_\_\_\_ to Shri/Smt \_\_\_\_\_

We Urmila Devi (Donor) and Anand Kumar Singh (Recipient)

hereby apply to competent authority / Authorisation Committee for permission for such transplantation to be carried out.

We solemnly affirm that the above decision has been taken without any undue pressure, inducement, influence or allurement and that all possible consequences and options of organ transplantation have been explained to us.

**Instructions for the applicants:-**

- Form 11 must be submitted along with the completed Form 1 or Form 2 or Form 3 as may be applicable.
- The applicable Form i.e. Form 1 or Form 2 or Form 3 as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
- Completed Form 5 must be submitted along with the laboratory report.
- The doctor's advice recommending transplantation must be enclosed with the application.
- In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
- The application shall be accepted for consideration by the competent authority / Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
- When the donor is unrelated and the donor and/or recipient belong to a State/Union Territory other than the State/Union Territory, where the transplant is intended to take place, then the Tehsildar or the officer authorised for the purpose of the domicile state of the donor or recipient as the case may be, would provide the verification certificate of domicile of donor/recipient as the case may be as per Form 20. The approval for transplantation would be considered by the authorisation committee of the State/District/hospital (as the case may be) where the transplantation is intended to be done. Such verification Certificate will not be required for near relatives including cases involving swapping of organs (permissible between near relatives only).

We have read and understood the above instructions

उर्मिला देवी

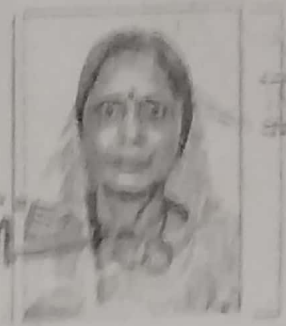
Signature of the Prospective Donor  
Address for correspondence

Signature of Prospective Recipient  
Address for correspondence

FORM 3

For organ or tissue donation by other than near relative living donor  
(to be completed by him or her)  
(See rules 3, 5(3)(a) and 5(3)(b))

My full name (proposed donor) is Urmila Devi  
and this is my photograph



Photograph of the Donor  
(Attested by Notary Public  
across the photo after affixing)

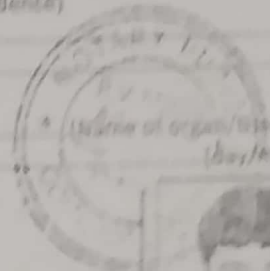
My permanent home address is Vill- Shahabad, near Kati Mandi,  
Panchayat Solempur, Bhagalpur Bihar.  
My present address for correspondence is \_\_\_\_\_  
Tel: \_\_\_\_\_  
(day/month/year)

Date of birth \_\_\_\_\_  
I enclose copies of the following documents: (attach attested photocopy of at least two of following relevant documents to prove your identity):

- Ration/Consumer Card number and Date of issue and place \_\_\_\_\_ and/or
- Voter's I-Card number, date of issue, Assembly constituency KWH060619 \_\_\_\_\_ and/or
- Passport number and country of issue \_\_\_\_\_ and/or
- Driving License number, Date of issue, licensing authority \_\_\_\_\_ and/or
- Permanent Account Number (PAN) \_\_\_\_\_ and/or
- AADHAAR No. 2452 2360 2155 \_\_\_\_\_ and/or
- Other proof of identity and address \_\_\_\_\_

Details of last three years income and vocation of donor (enclose documentary evidence)

I authorise removal for therapeutic purposes and consent to donate my  
person whose full name is Anand Kumar Singh and who was born on \_\_\_\_\_  
and whose particulars are as follows:



(Name of organ/tissue) to a \_\_\_\_\_  
(day/month/year)

Photograph of the Recipient  
(Attested by Notary Public  
across the photo after affixing)



(attach attested photocopy of at least two relevant documents to prove identity of recipient)

- Ration/Consumer Card number and Date of issue and place \_\_\_\_\_ and/or
- Voter's I-Card number, date of issue, Assembly constituency KWHM 155762 of 27/2019 \_\_\_\_\_ and/or
- Passport number and country of issue \_\_\_\_\_ and/or
- Driving License number, Date of issue, licensing authority \_\_\_\_\_ and/or
- Permanent Account Number (PAN) \_\_\_\_\_ and/or
- AADHAAR No. 3071 5702 6429 \_\_\_\_\_ and/or
- Other proof of identity and address \_\_\_\_\_

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act, 1994 [42 of 1994] have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my \_\_\_\_\_ (name of organ/tissue) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my \_\_\_\_\_ (name of organ/tissue). That explanation was given by \_\_\_\_\_ (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to the best of my knowledge and belief and nothing material has been concealed by me.

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# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Department of Transplant Immunology & Immunogenetics

HLA Serology Laboratory

Tel : 26588500 Extn. 4638, 3305 Fax : (91-11) 26588663

## HISTOCOMPATIBILITY TESTING REPORT

- Renal
- Heart
- Liver

HLA No. : 16566 T

Patient : Anand Kumar

Blood Grp: B+

Diagnosis : ESRD

Hospital : AIIMS/ Nephrology  
Reg. No.

Physician: Dr. D. Bhowmik

Name Age/Sex	Relation	HLA-Phenotypes				
		A	B	DRB1	DQB1	Others
Anand Kumar 23/M	Patient	*02,*33	*40,*40	*10,*10	NT	--
Urmila Devi 50F	Foster Parent	*01,*68	*18,*57	*15,*15	NT	DRB5*

### B. Cross Match :

Technique used : CDC

Serum Date : 16/05/2019

Donor Cells : T

Result : Negative

### Remarks :

- The patient Anand Kumar shares no common antigens at HLA class I & II with his donor Urmila Devi.
- CDC cross match is negative.

Date: 23/05/2019

*Rajman*  
23/05/19

Scientist

*Rajman*  
23/05/19

Faculty

*Rajman*  
23/05/19

Head of the Department

\*Please quote your HLA no. for any further enquiries

-2-      2017/17      100      1      2017-41      2017

TO BE FILLED BY THE M.O. INCHARGE OF THE CASE/ HOSPITAL ETC. WHERE THE PATIENT IS RECEIVING THE TREATMENT

1. Name of the Patient & Hospital Registration No.      ANAND KUMAR  
(RC No 134112/17, UHID: 102537837)
2. List of Report of important investigation done
3. DIAGNOSIS:      End stage renal disease due for Renal Transplant  
A short note on the present clinical condition may be indicated      Donor – Mukta Devi, Mother
4. If the patient has been operated, Please indicate No date of operation.
5. (a) The name of the hospital where the patient is receiving treatment.      AIIMS, New Delhi.  
(b) Whether Hospital is Govt./Private.
6. Amount recommended for treatment.      ₹576000/-
7. Probable date of operation/intervention
8. Item-wise break-up of expenditure recommended in column No. 6
- |  |             |
|--|-------------|
| a) Maintenance hemodialysis at AIIMS + medicine ₹15,000/= per month for SIX months | ₹90,000/-   |
| b) Donor and recipient work-up   | ₹45,000/-   |
| c) Expenditure at the time of transplant   | ₹45,000/-   |
| d) Post Transplant medicine ₹18,000/ per month for one year approximately          | ₹2,16,000/- |
| e) CMV management  | ₹1,80,000/- |
| TOTAL  | ₹5,76,000/- |



Kindly issue cheque in favour of 'AIIMS Patient's Treatment A/c'.

Only Original Form Should be Accepted

*Mangalgi*  
 डॉ. श्रेष्ठीया मंगलगी / Dr. SHREEPRIYA MANGALGI  
 वरिष्ठ निदेशक / Senior Resident  
 वृषक विज्ञान विभाग / Deptt. of Nephrology  
 अ.भा.आ.सं., नई दिल्ली / AIIMS, New Delhi-29

डॉ. एस. के. अग्रवाल / Dr. S. K. AGARWAL  
 आचार्य एवं अध्यक्ष / Prof. & Head Incharge  
 वृषक विज्ञान विभाग / Deptt. of Nephrology  
 अ.भा.आ.सं., नई दिल्ली / AIIMS, New Delhi-29  
 (not below the level of Consultant/Prof. & Head Incharge)  
 I certify that the patient's particulars given above are true to the best of my knowledge and belief

*M. S. Jaiswal*  
 Signature of the Medical Superintendent  
 Hospital / Med. Institution with Official Seal  
 28/9/17  
 Medical Superintendent  
 AIIMS Hospital  
 New Delhi-110029



भारत सरकार

GOVERNMENT OF INDIA



भारतीय मिश्रित पञ्चायत प्राधिकरण

MIXED PANCHAYAT AUTHORITY OF INDIA



आनंद कुमार सिंह

Anand Kumar Singh

जन्म तिथि/DOB: 10/03/1995

पुरुष / MALE



पता:

S/O. श्याम बिहारी सिंह,

शाना-धीरवती, ग्राम-

शाहाबाद, रेलवे फाटक के

पाम, पंचायत-मनेमपुर,

शाहाबाद, भागलपुर,

बिहार - 813209

Address:

S/O Shyam Bihar Singh, Gram-

parshani, gram-dhirabadi, near

railway track, panchayat-manempur,

Shahabad, Bhagalpur,

Bihar - 813209

3071 5702 6429

3071 5702 6429

आधार-आम आदमी का अधिकार

Aardhaar-Aam Admi ka Adhikar



