

Giggles Foundation

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स्वामी

श्रीमान Giggles Foundation 1516

3rd floor Wazirpur Nagar

Katla Mehboobpur

New Delhi - 11003

महोदय -

मेरा नाम आशेर खान है मेरे बच्चे का नाम अरबिशा खान है मे राजस्थान (राजसूरी माधोपुर) में बच्चे का नाम

Giggles Foundation

Giggles Foundation

Giggles Foundation

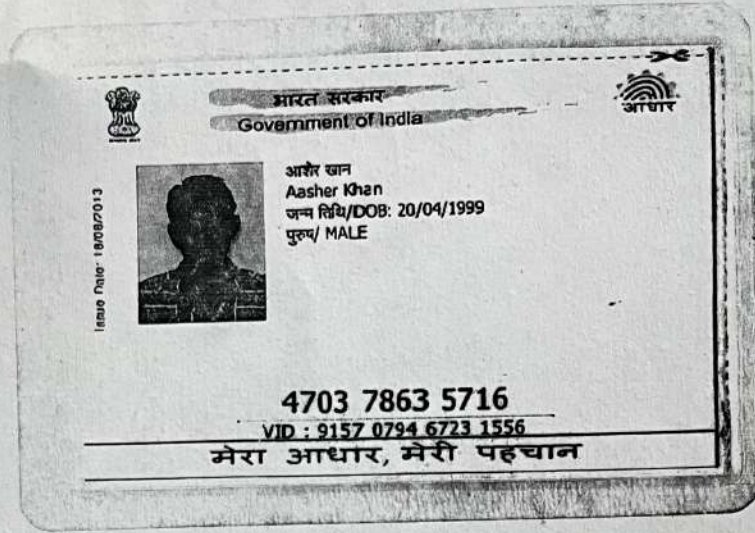
मेरे बच्चे के भाख का कुंसा है 2 machine का है पिछले साल मॉडर्न से मेरे बच्चे का इलाज चल रहा है (All in अस्पताल में मैं जैसे तेरे मजदूरी करके अपना घर चलता है मैं इसका इलाज कराने में असमर्थ हूँ।

अतः आप मेरी मदद करने की कृपा करे आपकी अतः कृपा होगी

धन्यवाद

AASHER







national health authority

आयुष्मान कार्ड / AYUSHMAN CARD

**₹5 लाख का मुफ्त उपचार**

नाम / NAME  
**Aasher Khan**

जन्म वर्ष / YOB: 1999

गाँव / शहर / Village/Town : Dobra Kalan

ब्लॉक / वार्ड - Block/Ward : Sawal Madhopur

ज़िला / District : Sawal Madhopur

लिंग / GENDER: Male

राज्य: राजस्थान  
State: Rajasthan

ABHA Number: 60-3361-5373-5886

JAN AADHAR Number: 5047416671

PM-JAY ID: M7GS4TH55

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना - मुख्यमंत्री आयुष्मान आरोग्य योजना  
AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA -  
MUKHYA MANTRI AYUSHMAN AROGYA (MAA) YOJANA

**स्वास्थ्य का वरदान, आयुष्मान**

1. यह आयुष्मान कार्ड आपको और आपके परिवार को सामूहिक रूप से प्रति वर्ष 5 लाख रुपए तक के मुफ्त इलाज की सुविधा, भारत के किसी भी AB PM-JAY सूचीबद्ध अस्पताल में, प्रदान करता है।  
This Ayushman card will help you in availing benefits of free hospitalization cover of Rs. 5 Lakhs per annum to you and your family collectively at any empanelled hospital across India under Ayushman Bharat PM-JAY.

2. आपको AB PM-JAY सूचीबद्ध अस्पताल में किसी प्रकार का भुगतान अथवा राशि जमा करने की आवश्यकता नहीं है।  
You are not required to pay/deposit any money at the AB PM-JAY empanelled hospital across India under Ayushman Bharat PM-JAY.

3. किसी भी प्रकार की मदद के लिए, शिकायत दर्ज करने के लिए अथवा अपने नज़दीकी AB PM-JAY सूचीबद्ध अस्पताल की जानकारी के लिए, कृपया हमसे संपर्क करें।  
For any help, to report a grievance or to know more about AB PM-JAY empanelled hospitals near you, please reach out to us.

Please download the App/ ऐप डाउनलोड करें

Google Play

संपर्क करें / Please contact 14555  
or log on to / लॉग ऑन करें  
<https://pmjay.gov.in>



ब. रो. वि. कार्ड  
O.P.D. Card

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ. भा. आयु. सं., नई दिल्ली-110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029



अनुभाग व दिन  
Section and Day VI  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

यू.एच.आई.डी. संख्या

UHID No. 1040753580

आचार्य राधिका टंडन का एकक  
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Arbich		M	27	

दिनांक DATE	निदान DIAGNOSIS
10/2/25	<p>उपचार Treatment</p> <p>CLS/B SR Radiology NRC ↓ Unit-6</p> <p>Giggles Foundation Giggles Foundation</p> <p>(LE) Mass (+) over Optic Disc upto 1mm <sup>subtle</sup> enhancement of Optic Nerve</p> <p>RO (+) VH (+)</p> <p>RE WNL</p> <p>Next of the Optic Nerve Pineal Region (N)</p> <p>F/U in old oncology clinic in (142) today/at 2PM Wednesday</p>

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध 1. No Smoking
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting



# ब. रो. वि. कार्ड O.P.D. Card




नेत्र अभ्युत्थ उपकार है  
जो आप ही दे सकते हैं

अनुभाग व दिन  
Section and Day **VI**  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ. भा. आयु. सं., नई दिल्ली-110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या  
UHID No. **168075350**

आचार्य राधिका टंडन का एकक  
Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
<i>Rajesh Khosla</i>		<i>M</i>	<i>24yr</i>	

दिनांक DATE	निदान DIAGNOSIS
	<i>RB</i>

### उपचार Treatment

*Guided to Binocular*

*1. Ratin card*

*2. Binocular test of patient*

*3. BOPMAY card, if eligible*

*screening & Govt. schemes*

*4. Screening for RAN/MMA. (from)*

*06/2/25*

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

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- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं

1. No Smoking

2. Use Dustbin

3. No Spitting



# ब. रो. वि. कार्ड O.P.D. Card



नेत्र अमृत्य उपस्तर हे

अनुभाग व दिन  
Section and Day **VI**  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.



UHID: 108075350

ABHA:

Dept No: 20250050008994

संख्या / Queue: 22

कमरा / Room: 33

Unit-VI  
RIP C OPI)

पेशेंट का नाम / MASTER  
ARBIKHAN KHAN

SYD WASHIER KHAN  
27/10/1977 / M पुरुष

VILL. POST DOBRA SAWAI MADHOPUR,  
RAJASTHAN, INDIA

Mob: 989671942

General Rs. 0

Follow Up Patient

Dr. Neelwade Loni

WED, SAT  
बुध, शनि



Registration time:  
19/03/2025 09:08:10 AM

इकाई का नाम  
Landon's Unit

पता  
Address

दिनांक  
DATE

निदान  
DIAGNOSIS

19 MAR 2025

उपचार Treatment

① RB Group E

② 34A

Plan for MRI

2 MRI & PET CT  
follow

Date of admission

Prof. Sujay Kumar

Mundy ⑤3

Plan for

Dr. R.P. Centre for Ophthalmic Sciences  
Additional Professor  
Dr. Neelwade Loni  
New Delhi-29

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

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

1. No Smoking

2. Use Dustbin

3. No Spitting



VI 00-66/28

ब. रो. वि. कार्ड  
OPD Card



अनुभाग व दिन  
Section and Day VI  
शनिवार  
& Saturday

कमरा नंबर  
Cabin No.

डा. राजेंद्र  
अ. भा.  
Dr. Rajendra  
A.I.I.M.  
यू.एच.डी.  
UHID



UHID: 108075350  
ABHA:  
Dept No: 20250050008994

संख्या / Queue 16  
कमरा / Room: 33  
Unit-VI  
RPC OPD

Dr. Neiwete Lomi

WED, SAT  
बुध, शनि



Registration time:  
22/01/2025 09:12:50 AM

मास्टर अरबिश खान / MASTER  
ARBISH KHAN  
S/O AASHER KHAN  
2Y 9M / M पुरुष  
VILL POST DOBRA SAWAI MADHOPUR,  
RAJASTHAN, INDIA  
Mob: 9665571942  
New Patient

General Rs 0

एकक  
on's Unit

पता  
Address

Name				
------	--	--	--	--

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

उपचार Treatment

G/O Swelling in Left Eye  
noticed

(27) BE USG eye (R) grossly anechoic for no calcification

(L) high spike (cyanine) outside USG → 16x14mm Heterogeneous lesion & Internal calcification noted in post

(L) Dilated Pupil

ht ~ 5.2 mm  
bal ~ 7.9 mm (widening)

dilate RE  
PRC  
& Tropac

Bluish swelling noted in Upper Nasal Bulb Conjunctiva

22/1/25

कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

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- कूड़ा कर्कट केवल कूड़ेदान में ही डालें 2. Use Dustbin
- थूकिये नहीं 3. No Spitting



# ब. रो. वि. कार्ड O.P.D. Card



नेत्र अमृत्य उपहार है  
जो आप ही दे सकते हैं

अनुभाग व दिन  
Section and Day **VI**  
बुधवार व शनिवार  
Wednesday & Saturday

कमरा नंबर  
Cabin No.

डा. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
अ. भा. आयु. सं., नई दिल्ली-110029

Dr. Rajendra Prasad Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-110029

यू.एच.आई.डी. संख्या

UHID No. 108075350

आचार्य राधिका टंडन का एकक

Prof. Radhika Tandon's Unit

रोगी का नाम Name of the Patient	पुत्र/पुत्री/पत्नी S/D/W	लिंग Sex	आयु Age	पता Address
Arbish Khan		M	24	

दिनांक DATE	निदान DIAGNOSIS
----------------	--------------------

27/1/25	<p>उपचार Treatment</p> <p>C/O LE Swelling noticed 15 days</p> <p>C/S/B SR Radiology NRC Unit-6</p> <p>LE Mass +vt over Optic Nerve</p> <p>RD ⊕</p> <p>UM ⊕</p> <p>most likely RB</p> <p>Post contrast films needed for Optic Nv. Involvement</p> <p>Pt. does not have post-contrast</p>
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कृपया इस कार्ड को सुरक्षित रखें तथा अस्पताल में दिखाने के समय हर वक्त साथ लायें।

Kindly keep this Card safely and bring it on your follow-up visits.

- धूम्रपान निषेध
- कूड़ा कर्कट केवल कूड़ेदान में ही डालें
- थूकिये नहीं

1. No Smoking

2. Use Dustbin

3. No Spitting



दिनांक - Date

उपचार - Treatment

for Mrs. CANKIDS

पुसिच विप बाप / SURINDER PAL  
विक्रिता समाज कल्याण अधिकारी  
Medical Social Welfare Officer  
सो. राजीव गान्धी मेडिकल केंद्र / Dr. R.P. Centre  
अ.भा.आ.ए. नं. दिल्ली / A.I.I.M.S., New Delhi - 110029

neuronic  
1 curable  
2 RB

PRC

RB Churne requirement  
today

MISSO help  
to kindly help  
for early MRI

Depend RB RB  
Now in RB Churne  
(143) today

Giggles Foundation

Giggles Foundation

Giggles Foundation

PT cancelled  
11/10. MRI  
urgent EUA  
4/2/25 8:00am  
this floor

NPO expressed  
डॉ. निवेदि लोनी / Dr. NEIWETE LONI  
अपर प्राचार्य / Additional Professor  
सो. राजीव गान्धी मेडिकल केंद्र  
Dr. R.P. Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-29

22 1/12

USG { RB } Grossly anechoic  
{ RB } Thickened retina  
RB (+)

MRI (philly)  
Monday 53

Teleogram Mass like str & spikes of  
over eph disc califi

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।  
इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी 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.

Date for EUA = 28/1/25 8 AM 7th floor NPO



दिनांक - Date

उपचार - Treatment

Add

Pt. to come for  
tomorrow (28/1/25)

staging ELIA

Pt. to Follow up next Monday

C EE MRI Brain & Orbit Fat SupprAxial, Saggital & Coronal 2.5 mm section through  
Optic NV & Pineal Gland→ (Repeat NRC)  
Monday 10:00 AM  
Room 53

Giggles Foundation

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नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।  
इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी 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.





शरीरमाद्ये खलु धर्मसाधनम्

एकक/Unit

विभाग/Dept.

नाम/Name

निदान/Diagnosis

दिनांक/Date

उपचार/Treatment

1  
a Nishu  
(POC/R)

11/7/25

Excoriative lesion over sc. ear. No sign of infection

Stupirocin ointment LA BID x 1 week

Syp Cetirizine (5mg/5ml) 2.5ml PO BID x 3 days

Dr. DEULAD CRU  
Senior Res dent

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

बाल चिकित्सा विभाग  
UHID:108075350



Dept No: 20250030004718

मास्टर अरबिष खान / MASTER ARBISH  
KHAN

S/O AASHER KHAN  
3Y 2M 17D / M/(पुरुष)  
VILL POST DOBRA SAWAI MADHOPUR,  
RAJASTHAN, INDIA  
Ph: 7685571942  
Follow Up Patient

General Rs. 0

कमरा / Room  
C-210  
Queue /  
संख्या F28  
Unit-III, Paediatric.

बुध, शनि, Wed, Sat



Reporting: 08:56:26  
09/07/2025

EMISES

OPR-6

Regn. No.

पता/Address

Palwal

108075350  
Ped

AIMS FREE PHARMACY  
(✓) MEDICINE RECEIVED

NAME: \_\_\_\_\_  
DATE: 12/07/2025  
SIGN: IWC

No fees

Dr. DEULAD CRU





PCRPV  
Please  
send  
down

Thesis 1 by R. Sell  
Prj Manika Jee

make date and end June

एम. आर. आई प्रपत्र 1 / MRI Form 1  
दूरभाष सं. / Tel. No. :26593614  
26546455

बाल चिकित्सा विभाग  
UHID:108075350  
कमरा / Room C-210  
Queue / संख्या F14  
Dept No: 20250030004718 Unit-III, Paediatric,  
मास्टर अरविश खान / MASTER ARBISH KHAN  
S/O AASHER KHAN 3Y 1M 19D / M(पुरुष)  
वुध, शनि, Wed, Sat  
VILL POST DOBRA SAWAI MADHOPUR, RAJASTHAN, INDIA  
Ph: 7865571942 General Rs. 0  
Follow Up Patient Reporting: 08:54:50 11/08/2025

INDIA INSTITUTE OF MEDICAL SCIENCES  
DEPARTMENT OF N.M.R.  
CLINICAL MRI REQUISITION FORM

Date of Requisition .....  
Ward / Bed No. ....  
Radiology  Cardiac Radiology

(Tick as appropriate)

3. रोगी का नाम /Patient's Name ..... आयु /Age ..... लिंग /Sex.....  
(साफ अक्षरों में / In Block letters)

जन्म तिथि /Date of Birth : दिन /Day ..... माह /Month ..... वर्ष /Year ..... वजन /Weight ..... कि. ग्रा. /Kg.

4. General Patient Condition (Tick as appropriate)  
(i) Critical and with life support (ii) Ill but without life support (iii) Ambulatory

5. Clinical Details : History : L GORB - Post Jayale HDCE

Examinations

Relevant Investigations :

Previous CT / MR / Other Reports / Studies  
(with numbers, if any)

6. Blood Urea / S Creatinine R

7. Clinical Diagnosis : L GOR

8. Exact Anatomical site for MRI : Brain + Orbit, fat suppressed sequences, 1-2 mm cut through ON and pineal gland

9. Special Instructions (Sedation, Allergy or other details which may facilitate a safe and informative study).

10. (a) Contrast Enhancement Required : Yes.....No.....

(b) Allergic to any drugs :

(c) Implant in Body (Tick as appropriate)

Cardiac Pacemaker .....Aneurysmal clips.....Cardiac Valve/Prosthesis.....

Metallic Implants.....Sharpnel/Pellet.....Others.....None.....

7 (81C) Dr. Prayank  
782 Dr. Devs

हस्ताक्षर / Signature Dr. Armitabh

डॉ. अरिताभ प्रसाद Meena Name

Dr. Armitabh Prasad Meena (साफ अक्षरों में / In Block letters)

अध्यक्ष / President Designation

(Requisition may be signed by a Faculty Member/Sr. Resident)





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

बाल चिकित्सा विभाग / UHID: 108075350

कमरा / Room C-210  
Queue / संख्या F38  
Unit-III, Paediatric.

OPR-6

Dept No: 20250030004718

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

मास्टर अरविश खान / MASTER ARBISH  
KHAN  
S/O AASHER KHAN  
2Y 11M 17D / M (पुरुष)  
VILL POST DOBRA SAWAI MADHOPUR,  
RAJASTHAN, INDIA  
Ph: 7865571942  
Follow Up Patient  
General Rs. 0

बुध, शनि, Wed, Sat	आयु Age	पता / Address
Reporting: 08:21:53 09/04/2025		

निदान / Diagnosis

no ⊕ EORB → LTFU since 1 month

दिनांक / Date

उपचार / Treatment

12.5

Rediscussion: → intraocular mass in nasal region of ⊕ eye.  
scleral coat enhancement anteriorly  
PET CT → enhancement EORB unresolvable to enucleate  
⊕ ON thickened  
NO OTHER NETS.

CSF → acellula  
BMA → No nets.  
HIV → NR  
BMBx → report awaited

Had last visit on 10/3/25 → was advised to RPC for upfront enucleation  
child has not visited OPD since last month








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

बाल चिकित्सा विभाग UHID: 108075350  Dept No: 20250030004718 मास्टर अरबिश खान / MASTER ARBISH KHAN S/O AASHER KHAN 2Y 10M 18D / M (पुरुष) VILL POST DOBRA SAWAI MADHOPUR, RAJASTHAN, INDIA Ph: 7865571942 New Patient	कमरा / Room C-210 Queue / संख्या <b>N1</b> Unit-I, POC,	OPR-6 ब०रो०वि० पंजीकृत सं०/O.P.D. Regn. No. _____
सोम Reporting: 02:18:11 10/03/2025 General Rs. 0	आयु Age	पता/Address

निदान/Diagnosis

(L) RB (GPC vs GORB)

दिनांक/Date

40

उपचार/Treatment

RC discussion → IO mass in nasal region  
septal coat enhancement anteriorly  
< 1cm ON enhancement ⊕

irremovable for CW

CSC Acellular

BMA → no metastasis

HBSAg }  
 HCV } NR  
 HW }

PGT-CF 8/8/24 (outside) → Low grade metab-  
 olically active partly calcified lesion in post-  
 aspect of (L) eyeball  
 NO other FDS and lesions.







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

बाण विकिल्सा विभाग UHID: 102075350  Dept No: 20250030004718	कमरा / Room C-210 Queue / संख्या <b>F24</b> Unit-I, POC.	OPR-6
मास्टर अरबिशा खान / MASTER ARBISH KHAN S/O AASHER KHAN 3Y 1M 10D / M/(पुरुष) VILL POST DOBRA SAWAI MADHOPUR, RAJASTHAN, INDIA Ph: 7665671942 General Rs. 0 Follow Up Patient	आयु Age	पता / Address

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
17	<p>File - Suli Card ✓            correct ✓            Probail ✓</p>
12.09	<p>LT Group E RB &amp; Myphema            Superior Ocular Staphylococci            Secondary Glaucoma            - chemo ✓            - need her            - Supra            ↓            new            re</p>
	<p>Received HDCEV Cycle I.            2715 — 28/5/25</p>
	<p>Plan            -&gt; To continue Inj ARTS D6            D7            D8</p>
	<p>-&gt; S. Syp Saphon DS Lml Alternate day</p>





→ Supportive Care

2. Betadine

gargle /

Sitz Bath /

Personal hygiene.

→ Risk of FN explained.

→ Rx after 2 weeks

→ To discuss both MRI films in RC  
i/v/o Discretion b/w EORB / IORB

→ To v/v c CBC / PFT / LFT in

for OPD (Week 1)

after 2 weeks (1/25)

MRI after 4 weeks

↳ Foreigner  
(Date to be taken)



*Shiv*

Dr. P. SHIVARAMAN  
JUNIOR RESIDENT  
DEPT. OF PEDIATRICS  
AIIMS, NEW DELHI





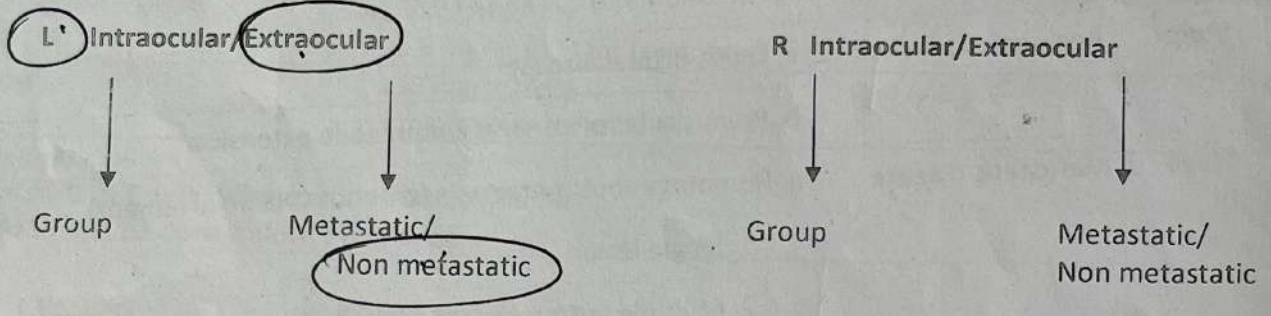


1

0.57m<sup>2</sup>

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name: Neel Abhishek Father's name: Aashish Age: ..... Sex: ..... POC NO: .....  
 Family history: .....  
 Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis/Others: .....  
 Unilateral/bilateral: ..... MT: ..... HBsAg: ..... HIV: .....



Baseline workup/Investigations

USG: .....

EUA: .....

Indirect Ophthalmoscopy

MRI Date: 12/8/25  
 Report: (L+) Retinoblastoma. E RD & vitreous hemorrhage. Optic nerve enhancement scleral/choroidal involvement.

Review of imaging in Radioconference:  Yes  No

Optic nerve involvement.

Date:

Hb: ..... TLC: ..... Platelet: ..... ANC: ..... SGOT/SGPT/S.Bil/SAP: .....  
 MT: ..... HBsAg: ..... HIV: .....

Enucleation: upfront/late:  Radiation: Yes  No

Chemotherapy details: .....

Local treatment: .....

PET/CT (3/3/25) - Intraocular mass. NO distant mets.

CSF (4/3/25) - Acellular.

BMA - (4/3/25) - NO elo metastasis.

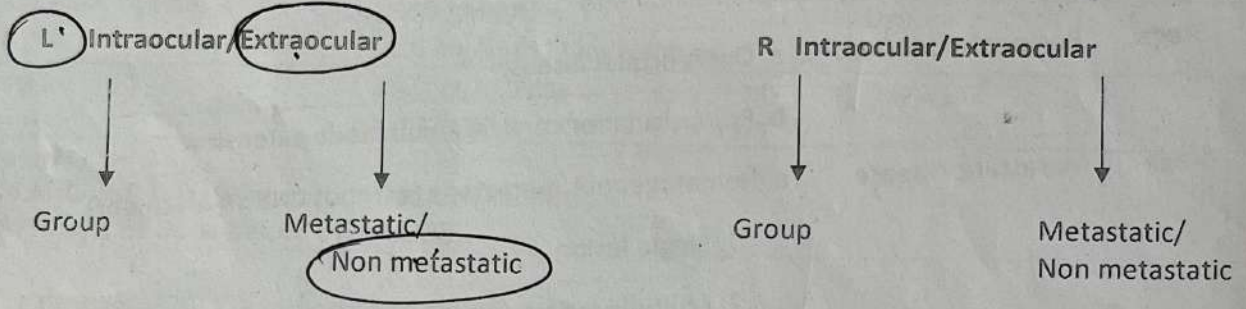


1

0.57m<sup>2</sup>

TREATMENT PROTOCOL FOR RETINOBLASTOMA

Name: Neesh Absish Father's name: Aashber Khan Age: ..... Sex: ..... POC NO: .....  
 Family history: .....  
 Squint/white reflex/diminishes vision/red eye/watering of eyes/Proptosis/Others: .....  
 Unilateral/bilateral: ..... MT: ..... HBsAg: ..... HIV: .....



Baseline workup/Investigations

USG: .....

EUA: .....

Indirect Ophthalmoscopy

.....

MRI Date: 12/21/25  
 Report: (L+) Retinoblastoma. E RD & vitreous hemorrhage. Optic nerve enhancement scleral/choroidal involvement.

Review of imaging in Radioconference:  Yes /  No

Optic nerve involvement.

Date:

Hb: ..... TLC: ..... Platelet: ..... ANC: ..... SGOT/SGPT/S.Bil/SAP: .....  
 MT: ..... HBsAg: ..... HIV: .....

Enucleation: upfront  No /  Yes Radiation: Yes  No /  Yes

Chemotherapy details: .....

Local treatment: .....

PET/CT (3/3/25) - Intraocular mass NO distant mets.

CSF (4/3/25) - Acellular.



Dr. R.P CENTRE FOR OPHTHALMIC SCIENCES  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
RAILWAY CONCESSION FORM

UHID 108075350

Sr No E228205/4/2025

Concession Certificate

Return Journey

Concession to Cancer/ Thalassemia /Heart(Only for heart Operation)/T.B./Lupas Valgaris / Non infectious Leprosy / Patient suffering from severe /Moderate form of Hemophilla/ AIDS/Sickle cell Anaemia/Aplastic Anaemia/ Ostomy patients\*\* to be used by Office-in-charge of the Hospital recognized by Heart Department of Government of the concerned State Government.

To

The Station Master

Hazrat Nizamuddin

This is to certify that Mr./ Mrs. /Ms. **MASTER ARBISH KHAN** Whose particulars are furnished below, is a bonafide Concession to **CANCER / Thalassemia/Heart/TB/Lupas valgaris/Non-infectious Leprosy Major / Patients suffering from severe/moderate form of Hemophilia/ Aids/Sickle cell Anaemia / Aplastic Anaemia/ Ostomy patients \*\* required to travel from (Station) Hazrat Nizamuddin (Station) to Sawai Madhopur (Station). The patient has secured on discharge checkup at Dr RPC(AIIMS) hospital.**

Giggles Foundation

Giggles Foundation

Giggles Foundation

Particulars of the Patients

Age 3 Years

Sex Male

Station New Delhi

Signature

Officer-in-charge of the  
Department of central Government/  
State Government (Name of the State)

*Traced by*

*[Signature]*

सुरिन्दर पाल कौर / SURINDER PAL KAUR  
चिकित्सा समाज कल्याण अधिकारी  
Medical Social Welfare Officer  
डॉ. राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र / Dr. R.P. Centre  
अ.भा.आ.सं. नई दिल्ली / A.I.I.M.S., New Delhi-110029

Medical Superintendent  
Dr. R.P. Centre for Ophthalmic Sciences  
All India Institute of Medical Sciences  
New Delhi-110029

Seal/Stamp of the Hospital/Institute

\*\* Strike out where not applicable.

+ Indicate name of the Hospital (recognized by Health Department of Central Government or State Government concerned)

Note:

1. The certificate is valid for three months.
2. No alteration in this form is permitted.
3. Certificate should be issued to patients only for the station serving the recognized hospital to the station serving his place of residence.





(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं.(Emergency No): 2025/030/0078791

दिनांक DATE: 12/07/2025

समय TIME: 07:11:28 AM

NON-MLC

नाम NAME: MR. MASTER ARBISH KHAN

आसु AGE : 3 years 2 months 20 days

लिंग /SEX : M

S/O : AASHER KHAN

पता ADDRESS:

मकान संख्या H.NO:

VILL POST DOBRA SAWAI  
MADHOPUR

गली / मुहल्ला STREET/MOH:

शहर/ब्लॉक CITY/BLOCK:

पिन PIN:

राज्य STATE:

RAJASTHAN

दूरभाष सं. PHONE NO:

7665571942

मोबाइल MOBILE NO:

7665571942

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red / Yellow / Green

Triage: Responsive/  
Unresponsive

HR

/min

BP

mmHg RR

/min

spO2

%

Shifted to Paeds/ Main/ New Emergency

110 left  
110/60 TORB Post 2# HDCEV

↓ P. ONCO

non metastatic

last chemo

Presenting Complaints

(no fever high grade cold) } 1 day  
No cough

0/7/25  
VCR Carboplatin  
Etoposide.

Primary Assessment (ABCDE) : Assessment Pentagon

Giggles Foundation

Airway

Open & stable : Yes/No  
If No.....

Breathing: RR 22 /min

Efforts: Normal/Poor/increased

Auscultation:

Air entry:

Normal/poor/Differential

Added sounds:

None/Stridor/Wheeze/Crackles

SpO2 on Room air..... 98%

wt = 12.2 kg

Giggles Foundation

Circulation

HR 128 /min

CFT 43 sec

BP 98/60 mmHg

Peripheral pulse: Poor/Good

Central pulse: Poor/Good

Skin temp: Warm/cool

Others

my

FORB C FN??

E URTI

Giggles Foundation

Disability

GCS..... 15/15

Pupil size...../min

Pupillary Reactions..... B/L real

Motor activity:

Normal & Symmetrical/

Asymmetrical/

Posturing/Flaccidity/Seizure

Blood Sugar..... 192 mg/dl

Exposure:

Temp..... 98.7°C

Colour: Normal/pallor/cyanosis/  
mottled

Any other skin lesions.....

Diagnosis

Ac cannula  
CBC / LFT / RFT  
VB4 / Blood C<sub>s</sub>

Acute illness

Advise - orally allow.  
- inj pcm. 120 mg IV SOS  
- inj Piptaz → 1.2 gm IV x 8hly  
- inj Amikacin 180 mg

Dr. DURGESHWAR SHA  
Department of Paediatrics  
New Delhi-110029





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



शरीरमाद्यं खलु धर्मसाधनम्

एकक / Unit

विभाग / Dept.

नाम / Name

अस्प

बाल चिकित्सा विभाग  
UHID: 108075350



Dept No: 20250030004718

मास्टर अरबिषा खान / MASTER ARBISH  
KHAN

S/O AASHER KHAN  
3Y 1M 9D / M / (पुरुष)  
VILL POST DOBRA SAWAI MADHOPUR,  
RAJASTHAN, INDIA  
Ph: 7665571942  
Follow Up Patient

General Rs. 0

कमरा / Room

C-210

Queue /  
संख्या

F14

Unit-III, Paediatric.

PROMISES

OPR-6

बुध, शनि, Wed, Sat

P.D. Regn. No.



Reporting: 08.20.19  
31/05/2025

पता / Address

निदान / Diagnosis

दिनांक / Date

उपचार / Treatment

(4)

12 kg

(L+) gr E RB with hyphema with superior  
ciliary staphyloma with secondary glaucoma.

Giggles Foundation

Giggles Foundation

Giggles Foundation

HDCV Regd. & certified 27/5/2025

RC discussion in April - (L) intracocular  
No ON involment. | amenable  
No scleral breach. | to EN  
Scleral coat entered A

1st Contact - 19/02/21  
called for POC - 3/3  
has not followed up  
in consult

at present

No acute complaints.

Rx: I; GCSF 60iu SC OD D4/25 31/05/25

D5 1/6/25 1/6/25

D6 - 2/6/25

D7 - 3/8/25

D8 - 4/6/25







EUA :- (1) sup. ciliary staphyloma.  
 (4/2/25) ± ectropion uvulae. clear lens.  
 Media hemorrhage (+).

? sp RB → ? diffuse infiltrating RB.

cl/w proj RSEK

(1) RC discussion tomorrow.

(2) CBC/LFT/RFT/HBSAg/HCV

(3) POC file date → 03/03/25 →

24/3/25.

(4) N/V PCSC (217) 2pm for film ~~is~~ collection

(5) father counselled about the disease

Shanani  
 SA PD.





Septren DS 4 ml BID

- Suppurative case - 2% Betadine gargle
- Risk of FN excluded - Sitz bath
- POC date - Please give early date - Personal hygiene
- CBC/LFT/UA7 - Thermometer
- N/V 4/6/25

Sista Priya

Dr. Amitabh  
DM Resident  
Pediatric Oncology  
DMC - 52671  
AIIMS - New Delhi

Monday 2pm

2/6/25 - for Dr. Amitabh.  
POC No - given -

चिकित्सा विभाग  
UHID:108075350  
Dept No: 20250030004718  
कमरा / Room C-210  
Queue / संख्या F14  
Unit-III, Paediatric,  
बुध, शनि, Wed, Sat  
र अरबिशा खान / MASTER ARBISHAN  
DASHER KHAN  
19D / MA(पुरुष)  
POST DOBRA SAWAI MADHOPUR  
STH  
365571942  
General Rs. 0  
Reporting: 08:54:50  
11/06/2025

F/U on 16/6/25 C CBC  
LFT/RFT

50 (2.4)

Clinical date - dayme - freely  
28/06/25

Dr. Amitabh  
An





अ० मा० 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

बाल चिकित्सा विभाग  
UHID: 108075350

कमरा / Room  
C-210

Queue / संख्या  
F42  
Unit-III, Paediatric.

OPR-6

Dept No: 20250030004718

व०रो०वि० पंजीकृत सं० / O.P.D. Regn. No.

मास्टर अरबिशा खान / MASTER ARBISH KHAN	बुध, शनि, Wed, Sat	आयु / Age	पता / Address
S/O AASHER KHAN ZY 10M OD / M (पुरुष) VILL POST DOBRA SAWAI MADHOPUR, RAJASTHAN, INDIA Ph: 7865571842 Follow Up Patient	 Reporting: 08:57:03 22/02/2025		

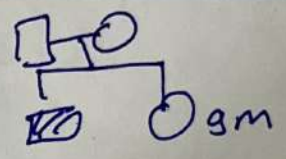
निदान / Diagnosis

Proxy Visit

दिनांक / Date  
41

उपचार / Treatment

Ⓐ eye RB ( ? gr PE vs FORB )  
Ⓑ Bluish swelling



RC → discussion :-  
Giggles Foundation  
FORB  
amenable to enucleation

Intra ocular mass in nasal region of Ⓐ eye  
seen wat anteriorly  
1 cm ON Enlargement

19/2/25  
HIV negative  
10.5) 5330 / 4880

Adm → 28/2/25 → daycare  
① Bm A + Biopsy + CSF  
② PET-CT → Thursday (27/2/25)

LFT / RFT = (N)

Anti HBS = 11.3

③ Take RC films from daycare today.  
Dr shrista Infernal.

Vital markers - neg

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)



5 Accommodation

6 POC on 3/3/25

7 to do metastatic workup

JORPC

~~to~~ EORB disease

‡

8 to follow up 26/2/25 in Wednesday OPD

2 9am

HT 990  
12kg

Dr. VISHAKHA VARSHNEY  
Senior Resident  
Dept. of Paediatrics  
AIIMS, New Delhi

22/05/25

Doc to follow up: 0.5-1m<sup>2</sup>

Referred for RPC for consideration

Giggles Foundation CT in view of EORB

with superior ciliary staphylococci. c d<sup>o</sup> glaucoma.

EMRI - Re WNL LG - man @ over opha due upto 1mm entrance. Most ON, Pheulryia - WNL

Metastatic w/u Negative.

il/u/o raised IOP → Planned for 2 cycle of 40 CCV. d/w by R set

Ads - Flu c CBC/UR/UA7 in Durgam

27/5/25

28/5/25

MOCH

- Siske Tiney - Clenostropy #10

NLU 30/5/25

- Protocol given - clono changed

give with premed Tj Emel 2mg / SH

Tj Dax 2mg



Dr. Anil Ch  
DM Resident  
Pediatric Oncology  
DMC - 52671  
AIIMS - New Delhi

VCR 0.3mg slow IV Pul D1

Carboplatin 3364/2004 NI - D1

Post clono - 2mg Emel 5ml 3D



New RAK OPD, 2nd Floor

2 pm.

(210, ) 277

एम.आर.-9

M.R.-9

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCE:

UHID: 108075350	Date: 21/05/2025 10:58:13 AM	
CR No.: R-021923-25	Ward Name: RPC 1A	Bed No: 124
Name: MR. MASTER ARBISH KHAN	Unit In-charge: Dr. Pradeep Venkatesh	
Age: 3 Y 0 M 29 D / M	Unit-VI	
S/O AASHER KHAN	ACCOUNTS-21-12113/202526	RS: 105
Address: VILL POST DOBRA SAWAIMADHOPUR RAJASTHAN		

विज्ञान केन्द्र  
Ophthalmic Sciences  
नई दिल्ली- 110029  
ences, New Delhi-110029  
ICATION RECORD

वैवाहिक स्थिति  
Marital Status  
व्यवसाय  
Occupation

के.पं.सं.  
C.R. No.  
धर्म  
Religion  
स्थिति  
Status

ना  
Na  
सेवा  
Service

Ward Bed

Referred by Dr. Prof. Bhavna Chandra Requesting Doctor to Dr. Peds Oncology (Prof. Dr. Sachin Sethi) Consultant & Specialty

Findings : Date :

Respected Sir/Mam,

Kindly see this 3 year old patient diagnosed with LE suspected EORB with superior ciliary staphylna with 20 glaucoma. Kindly give regarding chemotherapy and management.

Diagnosis or Impression :  
- pt under follow up since Feb 2025  
- was adv primary enucleatic  
- current evaluation shows  
↑ IOP → hence need adjustment  
chemo may be given.

Recommendations:  
Thanky you  
ugh drs CEV → EN  
(2 cycles)  
Dr. Ince parvathy  
JK

Consultant's Signature



## CASH RECEIPT

Phones :26588500,  
26588700

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi 110029

Settlement Id :900391

Last Ward Name RPC 1A and Bed No. :124

MASTER ARBISH KHAN

3 years 1 mon

Male

UHID :108075350

Admission date:

21/05/2025

Advance

Paid:

Rs.105.00

Settlement

date:22/05/2025

RPC LONG ADMISSION FOR General 3 DAYS Rs :105 of Receipt No  
:ACCOUNTS-21-12113/202526

Sl.No	Service Name	GST	Amount
1	OTHER CHARGES (RPC)	₹ 0.00	₹ 70.0

Total(Including GST as applicable above) Rs : Rs. 70.0

( - ) Donation Amount : Rs. 0.0  
 ( - ) Advance : Rs. 105.00  
 ( - ) Grant Amount : Rs. 0.0  
 Exempted Amount : Rs. 0.0  
 Amount to be Refund : Rs.35.00

## Amount in Words

Rupees Thirty Five Only

Remarks :

Note: Rs.25/- is paid against Admission charges which is non-refundable

Prepared By Mrs.Shemeena Hashim RPC

Verified By AO/AAO/Cashier





Dr. Rajendra Prasad Centre For Ophthalmic Sciences  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), New  
Delhi, 110029

**Discharge Report**  
PROVISIONAL DISCHARGE CERTIFICATE

<b>UHID :</b>	108075350	<b>Cr No:</b>	R-021923-25
<b>Name:</b>	Mr. MASTER ARBISH KHAN	<b>Department:</b>	R. P. Centre (Eye Centre)
<b>Age/Sex:</b>	3 years 1 mon / Male	<b>Unit:</b>	Unit-VI
<b>Ward Name:</b>	RPC 1A	<b>Bed No.:</b>	124
<b>Address:</b>	VILL POST DOBRA SAWAI MADHOPUR, RAJASTHAN, INDIA		
<b>Mobile No:</b>	7665571942	<b>Drug Allergy, if any :-</b> [ ]	
<b>Date of Admission:</b>	21/05/2025 10:58:13 AM		
<b>Date of Discharge :</b>	22/05/2025 07:02:00 PM		

<b>ICD Code:</b>	,C69.2
<b>ICD Description:</b>	Malignant neoplasm Retina

<b>Diagnosis</b>	LE GROUP E RB WITH HYPHEMA WITH SUPERIOR CILIARY STAPHYLOMA WITH SECONDARY GLAUCOMA
------------------	---

<b>Investigation</b>		<b>Ocular</b>	RE VA FOLLOWS OBJECTS IOP DIGITALLY NORMAL
<b>Systemic</b>	NO SI	<b>LE</b>	VA DOES NOT FOLLOW OBJECTS IOP DIGITALLY RAISED USG -LARGE INTRAOCULAR MASS FILLING ENTIRE GLOBE WITH HIGH AMPLITUDE SPIKES S/O CALCIFICATION

<b>Treatment/Operative Procedure</b>		<b>Surgery</b>	C/S/B DR BHAVNA CHAWLA (CONSULTANT UNIT 6) TO START IV CHEMOTHERAPY I/V/O SUSPECTED EORB WITH SUPERIOR CILIARY STAPHYLOMA
<b>Surgeon</b>	DR BHAVNA CHAWLA		
<b>Date</b>	22/05/2025		

<b>Condition at Discharge</b>		<b>IOP</b>	.SAME AS ADMISSION
<b>Vision</b>	.SAME AS ADMISSION	<b>Posterior Seg.</b>	..SAME AS ADMISSION
<b>Anterior Seg.</b>	.SAME AS ADMISSION		

<b>Advice During Discharge</b>		<b>Topical</b>	LE E/D DORZOX T BD E/D MYCIN TDS
<b>Oral</b>	TAB DIAMOX 1/4 TH TAB BD	<b>Position</b>	
<b>Follow Up</b>	IN OLD RB CLINIC 142 B AT 2 PM ON <del>WEDNESDAY</del> WEDNESDAY AFTER 2 CYCLES OF CHEMOTHERAPY		

*Arbishak*  
SP-VI

Prepared By: Dr. Pooja Yadav Ophthalmologist

Signature Of Senior Resident

Date & Time





NABL Accredited Testing Laboratory  
**DEPARTMENT OF MICROBIOLOGY**  
 National HIV Reference Laboratory, Room No-2103  
 2<sup>nd</sup> Floor, Teaching Block, Ph: 011-26594340/3198  
 AIIMS, New Delhi- 110029



Certificate No. MC-2472

**HIV TEST REPORT FORM**

Name and Address of ICTC center: **AIIMS, New Delhi** (form to be filled in duplicate)

NAME: Surname KHAN Middle Name — First Name ARISH

Gender:  M /  F /  TG Age: 02 years PID: GCSAICTCDLSOU0012 504466 Lab ID 2704466

Date and time blood drawn: 19/02/25 (DD/MM/YY) 04:14 (HH:MM)

**Test Details:**

Specimen type used for testing:  Serum /  Plasma /  Whole Blood Specimen Quality:  Good /  Compromised

Date and time specimen tested: 20/02/25 (DD/MM/YY) 2:00 - 5:00 (HH:MM)

**Note:**

- Column 2 and 3 to be filled only when HIV 1 & 2 antibody discriminatory test(s) used
- No cell has to be Left blank; indicate as NA where not applicable.

Column 1	Column 2	Column 3	Column 4
	Reactive/Nonreactive (R/NR) for HIV-1 antibodies	Reactive/Nonreactive (R/NR) for HIV-2 antibodies	Reactive/Nonreactive (R/NR) for HIV antibodies
Test I: <b>ELISA</b>	—	—	<b>NON REACTIVE</b>
Test II:	—	—	—
Test III:	—	—	—

**Interpretation of the result: Tick(✓) relevant**

- Specimen is negative for HIV antibodies
  - Specimen is positive for HIV-1 antibodies
  - \*Specimen is positive for HIV antibodies (HIV 1 and HIV 2; or HIV 2 alone)
  - Specimen is indeterminate for HIV antibodies. Collect fresh sample in two weeks.
- \*Confirmation of HIV 2 sero-status at identified referral laboratory through ART centers.

Name & Signature  
 Laboratory Technician

*[Handwritten Signature]*

-----End of report-----

*[Handwritten Signature]*  
 Name & Signature  
 Laboratory In-charge

डा. विमल कुमार दास, एमडी (एम्स), एक अर सी पी  
 Dr. BIMAL KUMAR DAS, MD (AIIMS), FRCP  
 Professor





<b>UHID:</b>	108075350	<b>Reg Date :</b>	22/01/2025 09:12 AM
<b>Patient Name :</b>	<b>Mr. MASTER ARBISH KHAN</b>		
<b>Sex :</b>	Male	<b>Age :</b>	2 years 10 months 12 days
<b>Department :</b>	Gastroenterology	<b>Unit Name :</b>	Unit-III
<b>Unit Incharge :</b>		<b>Sample Collection Date:</b>	04/03/2025 09:15 AM
<b>Lab Name:</b>	Lab Oncology	<b>Sample Received Date:</b>	04/03/2025 03:01 PM
<b>Lab Sub Centre:</b>	Lab Oncology (IRCH)		
<b>Dept / IRCH No:</b>	20250030004718	<b>Recommended By:</b>	Dr. AYUSH AGARWAL
<b>Lab Reference No:</b>	440		

**Sample Details : LOI-040325064-CS (CSF) / Report Date: 05/03/2025 12:58 PM**

### CSF For Morphology

C- 440/25.

CSF cytospin smear is acellular.

**Giggles Foundation**  
Senior Resident: Dr Komal

**Giggles Foundation**

**Giggles Foundation**

Consultant: Dr Sanjeev K Gupta

### REMARKS:-

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

( drkomalirch )

Verified By

Authorized Signator

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





प्रयोगशाला अबुर्द विज्ञान, डॉ भीमराव अम्बेडकर संस्थान रोटरी कैंसर अस्पताल अखिल  
भारतीय आयुर्विज्ञान संस्थान नयी दिल्ली - 110029

LABORATORY ONCOLOGY, Dr B.R.A. Institute Rotary Cancer Hospital All India  
Institute of Medical Sciences, New Delhi-110029

UHID:	108075350	Reg Date :	22/01/2025 09:12 AM
Patient Name :	Mr. MASTER ARBISH KHAN	Age :	2 years 10 months 12 days
Sex :	Male	Unit Name :	Unit-III
Department :	Gastroenterology	Sample Collection Date:	04/03/2025 09:36 AM
Unit Incharge :		Sample Received Date:	05/03/2025 11:38 AM
Lab Name:	Lab Oncology	Recommended By:	Dr. AYUSH AGARWAL
Lab Sub Centre:	Lab Oncology (IRCH)		
Dept / IRCH No:	20250030004718		
Lab Reference No:	838		
Ward Name:	DAY CARE PEDS MCH GF		

Sample Details : LOI-040325078-BP (Bone Marrow) / Report Date: 06/03/2025 05:41 PM

### BMA BMT PS

Report: Cellular bone marrow preparation shows haematopoietic cells of all series (M:E=3:1)

There is no evidence of any metastasis in the smears examined for bilateral bone marrow imprints.

There is mild increase in eosinophils and its precursors (20%).

Peripheral smear shows eosinophilia with adequate platelets.

**Advice :** Correlation with bone marrow biopsy

Senior Resident: Dr Komal

Consultant: Dr Sanjeev K Gupta

This is an electronically generated report, authorized signature is not required. The test reports have been authenticated. Partial reproduction of the report is not permitted.

( drkomalirch )

Verified By

Authorized Signato

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



12/7/25

C/S/B Peds on 10 SR

Fever  $\times 101^{\circ} F$ .  
cough (+) ; constipation (+)  
NO cough / loose stool.

but CEV  $\rightarrow 9/7/25 \rightarrow$  no radii yet.

O/E chest clear  
vital (N)  
well clued

VBCU (N)  
10.3  $\left\{ \begin{array}{l} 9360 \\ 7130 \end{array} \right\} 3.66 L$

Ans ? Viral URTE

Plan (12kg)

- ① Symp Cetrizine (5ml/5mg) 5ml tds  $\times 5$  days.
- ② Symp PCM (5ml/250mg) 4ml SOS
- ③ Symp AUGMENTIN (5ml/457mg) 3ml BD  $\times 5$  days
- ④ T/C USF.
- ⑤ R/V 16/7/25 @ OPD = CBC.
- ⑥ No IV antibiotics

Shranar  
SR 10.

AIMS FREE GENERIC PHARMACY  
(✓) MEDICINE RECEIVED  
NAME: \_\_\_\_\_  
DATE: 12/7/25 (100)  
SIGN: \_\_\_\_\_



Cycle no 3 Date 9/7/25 Wt 12.8 kg BSA.....

Hb 9.3 TLC 6,780 ANC 1,190 Platelets 3.29 10<sup>9</sup>

SGOT.....SGPT.....S Bil.....Urea.....Creatinine..... (N)

Drugs	Dose given	Day
VCR	0.3 mg IV slow push	D1
Carboplatin	340 mg in 100ml NS	D1
Etoposide	145 mg in 350 ml NS	D1 8 D2
		<del>Ampl</del>
		<del>10/2/25</del>

Next visit.....

~~9/7/25~~ ~~PRJR~~

G-csf 60mg G-csf 60mg  
 Ampl  
 10/2/25

Cycle no..... Date..... Wt..... BSA.....

Hb..... TLC..... ANC..... Platelets.....

SGOT.....SGPT.....S Bil.....Urea.....Creatinine.....

Drugs	Dose given	Day
VCR		
Carboplatin		
Etoposide		

Next visit.....



Cycle no 1 Date..... Wt. 12 kg BSA.....

check CBC/LFT/UA

Hb..... TLC..... ANC..... Platelets.....

SGOT..... SGPT..... S Bil..... Urea..... Creatinine.....

Drugs	Dose given	Day
	Pre med	
VCR	0.3 mg slow IV Push	Day 1 ✓
Carboplatin	336 mg / 100 ml IV Push 2 hours	Day 1 ✓ <u>11/5/25</u>
Etoposide	145 mg / 300 ml NS over 1 hour	Day 1 ✓
		Day 2 ✓ <u>12/5/25</u>
Tx GCSF 60 IU SC OD <u>D4 D5 D6 D7 D8 D9</u> <u>3/1/25 1/6/25</u>		

Next visit.....

Giggles Foundation 2 Date 18/6/25 Wt 12.4 kg Giggles Foundation.....

Giggles Foundation

Hb 9.4 TLC 5,630 ANC 980 Platelets 20,000

SGOT..... SGPT..... S Bil..... Urea..... Creatinine.....

(15)

Drugs	Dose given	Day
VCR	0.3 mg slow IV push	<u>Amef</u> <u>D1 18/6/25</u>
Carboplatin	340 mg in 100 ml NS	<u>Amef</u> <u>D1</u>
Etoposide	145 mg in 300 ml NS	<u>Amef</u> <u>D1 D2</u>
		<u>Amef</u> <u>18/6/25</u>

Next visit.....



**Chemotherapy schedules****Standard chemotherapy protocol for RB**

VCR	1.5 mg/m <sup>2</sup> /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1
Carboplatin	560mg/m <sup>2</sup> /day 18.6 mg/kg/day for children <3 yrs	Day 1
Etoposide	150 mg/m <sup>2</sup> /day 5 mg/kg/day for children < 3 yrs	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT&RFT must be done before every cycle		

**NACT: CT followed by EN, local RT and adjuvant CT**

VCR	0.025mg/kg/day Max dose 2.0 mg	Day 1
Carboplatin	28 mg/kg/day	Day 1
Etoposide	12 mg/kg/day	Day 1 & 2
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle		

**Augmented Chemotherapy**

VCR	1.5 mg/m <sup>2</sup> /day/IV 0.05mg/kg/day for children < 3 yrs Max dose 2.0 mg	Day 1	Wk 0,6,12,18..
Carboplatin	560 mg/m <sup>2</sup> /day 18.6 mg/kg/day for children <3 yrs	Day 1 & 2	Wk 3,9,15,21..
Etoposide	100 mg/m <sup>2</sup> / 3.3 mg/kg/day for children < 3 yrs	Day 1,2,3	Wk 3,9, 15, 21
Cyclophosphamide	65mg/kg/day	Day 1	Wk 0.6,12,18..
Idarubicin/ Doxorubicin	10 mg/m <sup>2</sup> 30 mg/m <sup>2</sup> /day	Day 1	Wk 0.6,12,18..
Cycles every 3-4 wk Ensure ANC >1.0 & Platelet count >1,00,000/cumm LFT & RFT must be done before every cycle .ECHO at baseline/ as indicated			

High dose CT with autologous stem cell transplant : Stage IV/Metastatic RB



## International Retinoblastoma Staging System (IRSS)

Stage	Description	
Stage 0	Eye has not been enucleated and no dissemination of disease Conservative treatment	
Stage I	Eye enucleated, completely resected histologically	
Stage II	Eye enucleated, microscopic residual tumor in form of i. Tumor invasion into extrascleral space ii. Tumor invasion into cut end of ON	
Stage III	Regional extension	a. Overt orbital disease
		b. Preauricular or cervical lymph node extension
Stage IV	Metastatic disease	a. Hematogenous metastasis (without CNS involvement)
		1. Single lesion
		2. Multiple lesions
		b. CNS extension (with or without any other site of regional or metastatic disease)
		1. Prechiasmatic lesion
		2. CNS mass
		c. CSF and CSF disease

## Metastatic workup (stage III&amp; IV of IRSS)

Not indicated in stage 0 & 1 (stage II may need evaluation)

1. BM
2. LP for CSF examination
3. Bone scan





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

UHID:	108075350	Sex :	Male
Patient Name :	Mr. MASTER ARBISH KHAN	Sample Received Date :	09-Jun-2025 15:25 PM
Age :	3Y 1m	Department :	Paediatrics
Lab Name:	Dept.of Laboratory Medicine	Lab Sub Centre:	Smart Lab New OPD Block
Reg Date :	09-Jun-2025 12:20 PM	Sample Collection Date:	09-Jun-2025 11:14 AM
Recommended By:		Lab Reference No:	2515902237
Sample Details : IC0906251516		Sample Type : Serum	

## Report

## BIOCHEMISTRY

Test Name (Methodology)	Result	UOM	Reference
Urea (Urease/GLO/DB)	20	mg/dL	17 - 49
Creatinine (Jaffe compensated)	0.3	mg/dL	0.3 - 0.5
Uric Acid (Uricase Colorimetric)	3.2	mg/dL	3.4 - 7.0
Calcium (5-Nitro-5'-methyl-BAPTA)	9.0	mg/dL	8.8 - 10.8
Phosphate (Phosphomolybdate Reduction)	3.4	mg/dL	2.5-4.5
Sodium (ISE Indirect)	137	mmol/L	135 - 145
Potassium (ISE Indirect)	3.3	mmol/L	3.5-5.1
Chloride (ISE Indirect)	103	mmol/L	98-107
Bilirubin (T) (Colorimetric diazo)	0.09	mg/dL	0 - 1
Bilirubin (D) (Diazo Gen.2 Jendrassik-Grof)	0.06	mg/dL	0 - 0.2
Bilirubin (I) (Calculated)	0.03	mg/dL	0 - 0.9
ALT (IFCC without pyridoxal phosphate)	28	U/L	0 - 26
AST (IFCC without pyridoxal phosphate)	29	U/L	<=40
ALP (PNPP, AMP Buffer, IFCC)	174	U/L	142 - 335
Total protein (Biovet Method)	6.7	g/dL	6.0 - 8.0
Albumin (Bromocresol Green/BCG)	4.1	g/dL	3.8 - 5.4
Globulin (Calculated)	2.6	g/dL	3.0 - 3.7
A/G ratio (calculated)	1.6		0.8-2.0

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

Dr. Sudip Kumar Datta  
(MD Biochemistry)

Dr. Tushar Sehgal  
(DM Hematopathology)

Dr. Suneeta Meena  
(MD Microbiology)

Dr Sudip Kumar Datta MD  
(Biochemistry)  
09-Jun-2025 17:43



UHID: 108075350 Sex: Male  
 Patient Name: Mr. MASTER ARBISH KHAN Sample Received Date: 09-Jun-2025 12:34 PM  
 Age: 3Y 1m Department: Paediatrics  
 Lab Name: Dept of Laboratory Medicine Lab Sub Centre: Smart Lab New OPD Block  
 Reg Date: 09-Jun-2025 12:34 PM Sample Collection Date: 09-Jun-2025 11:14 AM  
 Recommended By: Lab Reference No: 2515902595

Sample Details : LH09062501007

Sample Type : Whole Blood

## Report

## HEMATOLOGY

Test Name (Methodology)	Result	UOM	Reference
Hb (SLS-photometry)	9.40 ✓	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	30.70	%	34 - 40
RBC count (Impedance)	4.31	10 <sup>6</sup> /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	5.63	10 <sup>3</sup> /μl	5.0 - 15.0
Platelet count (Impedance)	30.00	10 <sup>3</sup> /μL	200 - 490
MCV (Calculated)	71.20	fL	75 - 87
MCH (Calculated)	21.80	pg	24 - 30
MCHC (Calculated)	30.60	g/dL	
RDW-CV (Calculated)	16.50	%	11.6 - 14
Neutro (Fluo. flow cytometry)	17.40	%	30-60%
Lympho (Fluo. flow cytometry)	65.70	%	29-65%
Eosino (Fluo. flow cytometry)	3.20	%	1-4%
Mono (Fluo. flow cytometry)	13.50	%	2-10%
Baso (Fluo. flow cytometry)	0.20	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	0.98	10 <sup>3</sup> /μl	1.5-8.0
Lympho- Abs (Calculated)	3.70	10 <sup>3</sup> /μl	6.0-9.0
Eosino - Abs (Calculated)	0.18	10 <sup>3</sup> /μl	0.1 - 1.0
Mono - Abs (Calculated)	0.76	10 <sup>3</sup> /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.01	10 <sup>3</sup> /μl	0.02 - 0.1

Remarks: Thrombocytopenia seen. Manual platelet count done. No clumps seen. Kindly correlate clinically, drug history and suggested for further investigations and follow up.

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

Dr. Sudip Kumar Datta  
(MD Biochemistry)

Dr. Tushar Sehgal  
(DM Hematopathology)

Dr. Suneeta Meena  
(MD Microbiology)

Dr Chandan Mishra MD (Lab  
Medicine)  
09-Jun-2025 15:46



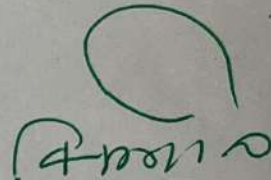
Jdv

to discuss PGT-CT CD tomorrow (11/8/25)  
collect CD on 12/8/25

DR SHRESHWITA

RPC → DR LOMI (33)  
kindly consider for enudechas

Next visit → 12/8/25  
to collect BM biopsy report

  
डॉ. जगदीश प्रसाद मीना  
Dr. Jagdish Prasad Meena  
अपर आचार्य / Additional Professor  
बालरोग चिकित्सा विभाग / Dept. of Pediatrics  
ए.ए.आर.सी., नई दिल्ली-29/A.I.I.M.S., New Delhi-29

wand

pm



दिनांक - Date

उपचार - Treatment

RAK → Paeds onc referral for need for  
systemic chemo il/vb sup  
Ciliary staphylococci & optic nerve  
enhancement. on NRC.

to Au on  $\frac{14}{5n}$   
→ Wed 142 B. 2pm Old  
Oncology Clinic for

Giggles Foundation

Giggles Foundation

Giggles Foundation

Consultant opinion.

Kindly provide Dharmshala for this  
patient

नेत्र ईश्वरीय सर्वश्रेष्ठ उपहार है जिनका मनुष्य जीवन में दान करना परमश्रेष्ठ है।  
इनकी पूर्ण रक्षा कीजिए ताकि ये अपनी 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.



Examination Under Anesthesia (EUA)

Name of Patient Arbish Khan Age/Sex ..... Patient ID ..... Date 1/2/20 *Chaitali Basi*

Son / Daughter of .....

Address ..... Tel .....

I have been informed in the language I understand best, that my daughter/son/..... is to undergo Examination Under Anaesthesia (EUA), and that:

- The procedure is being done to thoroughly examine the patient who is not otherwise co-operative for normal examination.
- During examination, if any need for an intervention is felt by my doctor, I give my consent for performing any procedure as may be deemed advisable. I hereby certify that I have fully understood the reasons why the above procedure is considered necessary, its advantages and possible alternative modes of treatment. I also hereby certify that no guarantee or assurance has been made as to the result that may be obtained.
- The procedure carries all the inherent risks of General Anaesthesia. The risk of complication with serious after effects and/or death, although small, is always present.

Knowing this I give my full, free and voluntary consent.

Signature / Thumb Impression of Patient/ Parent / Guardian: .....

Name: ..... Relationship: ..... Date: .....

Address: .....

Home (Of) ..... (Res) ..... (Mob) .....

Declaration by Doctor

I declare that I have explained the nature and consequences of the procedure to be performed, and discussed the risks that particularly concern the patient.

I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature *[Signature]*

In this name SUBIKSHAA

Date




Witness 1  
Signature *[Signature]*  
Name Dr. S. SUBIKSHAA

Witness 2  
Signature .....  
Name: .....

Address .....  
Tel .....

Address: .....  
Tel .....



	<b>प्रयोगशाला चिकित्सा विभाग</b> Department of Laboratory Medicine अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली All India Institute of Medical Sciences, New Delhi	 MC-7061	

UHID:	108075350	Sex :	Male
Patient Name :	Mr. MASTER ARBISH KHAN	Sample Received Date :	08-Jul-2025 12:00 PM
Age :	3Y 2m	Department :	Paediatrics
Reg Date :	08-Jul-2025 12:00 PM	Sample Collection Date:	08-Jul-2025 10:37 AM
Recommended By :		Sample Details :	LH08072500828
Lab Sub Centre:	SMART Lab, New RAK OPD	Lab Reference No:	2516060453

## HEMATOLOGY

Test Name (Methodology)	Result	UOM	Bio. Ref. Interval
Sample Type : EDTA Whole Blood			
Hb (SLS-photometry)	9.30	g/dL	11.0 - 14.0
Hematocrit (Direct Measure)	29.70	%	34 - 40
RBC count (Impedance)	4.24	10 <sup>6</sup> /μL	4.0 - 5.2
WBC count (Fluo. flow cytometry)	6.78	10 <sup>3</sup> /μl	5.0 - 15.0
Platelet count (Impedance)	329.00	10 <sup>3</sup> /μL	200 - 490
MCV (Calculated)	70.00	fL	75 - 87
MCH (Calculated)	21.90	pg	24 - 30
MCHC (Calculated)	31.30	g/dL	
RDW-CV (Calculated)	23.20	%	11.6 - 14
Neutro (Fluo. flow cytometry)	60.30	%	30-68%
Lympho (Fluo. flow cytometry)	1.30	%	29-65%
Eosino (Fluo. flow cytometry)	20.40	%	1-4%
Mono (Fluo. flow cytometry)	0.40	%	2-10%
Baso (Fluo. flow cytometry)	0	%	0-1%
NRBC	0	%	
Neutro - Abs (Calculated)	1.19	10 <sup>3</sup> /μl	1.5-8.0
Lympho- Abs (Calculated)	4.09	10 <sup>3</sup> /μl	6.0-9.0
Eosino - Abs (Calculated)	0.09	10 <sup>3</sup> /μl	0.1 - 1.0
Mono - Abs (Calculated)	1.38	10 <sup>3</sup> /μl	0.2 - 1.0
Baso - Abs (Calculated)	0.03	10 <sup>3</sup> /μl	0.02 - 0.1

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

Dr. Sudip Kumar Datta  
(MD Biochemistry)Dr. Tushar Sehgal  
(DM Hematopathology)Dr. Suneeta Meena  
(MD Microbiology)Dr Anupama Vijayan  
08-Jul-2025 12:25

This is an electronically authenticated laboratory report.

Attention: Please collect blood samples by puncturing the rubber cap of the vacutainers. Manual opening of caps and filling it must be avoided strictly. Lab reports are subjected to pre-analytical errors due to inappropriate patient preparation, phlebotomy practices, storage





ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DEPARTMENT OF PEDIATRICS

C5 DAYCARE SHORT ADMISSION

DISCHARGE SUMMARY

Name	ARBISH	Gender	Male
Age	years	Unit	III
UHID	108075350	DOA	04-03-25
Diagnosis	LEFT EYE RETINOBLASTOMA	DOD	04-03-25
Consultant	DR.RACHNA SETH/DR.ADITYA GUPTA/DR. J.P. MEENA		

**Procedure and monitoring note:**

Child was admitted for BMA + PPSF bilateral + CSF. Procedure was done under aseptic precaution and sample was sent. Child remained hemodynamically stable throughout the hospital stay.

**Advice on discharge:**

1. To collect reports, pediatric OPD after 3 days.
2. To remove dressing after 2 days.
3. To continue other medications as advised
4. F/U in Pediatric Unit-III OPD on Wed/Saturday OPD at 9:00 AM with reports
5. SYP PCM (250/5) ~~2.5~~<sup>3</sup>ML PO SOS

**Senior resident:**

Dr. ANU/Dr. REMA/Dr. PRIYANKA

**Junior resident:**

Dr. SHIVEHA/Dr. MANISHA

*Priyanka*  
*Son*



② inj. - VCR 0.3 mg i.v slow push (D1)

inj. & met 1.8 mg i.v  
q 2 x 1.8 mg

inj. CARBOHEXAL 340 mg / 100 ml i.v in  
over 1 hr (D1)

inj. & 10510E 145 mg / 300 ml i.v over  
2 hr (D1, D2)

inj. GUST 600 mg 1000 [D3 - D7]

② continuous infusion

MA to expedite

RPL FL

④ RIJ @ next opp visit on 16/7/21 E  
BC

Nikhil



11/6/25

Wt - 12.4 kg

Oral Intake - 676 kcal / 13.8 g

- Advised to give small frequent meals.
- Did not follow the diet chart provided.
- timing treat biscuits

Anti

Ⓜ GORB

Post Cycle 1 HD CGV

No complaints

16/6/25

- Oral care
- cycle - 1 complete

No CBC / LFT / RFT

$$9.4 \left\langle \frac{5630}{980} \right\rangle 30000$$

LFT/RFT - @

Ady

Cycle 2 HD CGV

- Pre med

- Ti onset 2mg
- Ti Desc 2mg

Day 1 { Ij VCR 0.3 mg slow IV Push.  
 Ij Carboplatin 340mg / 100 ml IV 2hour.

Day 1 + Day 2 { Ij Etoposide 145mg / 300 ml NC on 1 hour.  
 - Ij G-CSF 60 iu SC OD D3 - D8

18/6/25

- Post cycle 2 CBMRI Birci + Orbit - fet suppressed  
 sequensen and 1-2 mm ash +  
 ON and pinned gc

- Eyp Septers SS 7.5 ml A/D

6? left eye reben, staphylococ



Post Op

Syph Enter 4ml BD  
Tub Desc dry 1/2 - 0 - 1/2

③ day

20/6  
GCSF 60  
P/S

21/6  
Salin

22/6  
P/S

23/6  
Amph

24/6  
Salin

23/6/25:

① EORB:

- Post II cycle Hd CEV.  
(18/6 - 19/6).

- on G-CSF prophylaxis.

- Child well. No focus of infection

Advice:

1. RPC review after 3 cycles.
2. MRI assessment after 3 cycles.
3. N/V 9/7/25. C CBC | RFT | LFT

Varjiam  
SR/P.O.



Please provide accommodation x 1 day at  
Dharanishala.

Shivani  
SR/PO.

11/6/25

- Fresh MRI (DIRC) - ~~MC~~ Choroideal involvement + optic nerve involvement.
- BMA } No mets.
- CSF } No mets.
- PET/CT : NO distant mets.

⇒ Dup : (L) EORB.

Post # 1. HD CEV on. 27/5/25.

9.4.  $\frac{5630}{980} < 30000.$

Adv.

- Flu on 16/6/25 c CBE, LFT/RFT for.  
next #





9/7/25

Abish

asis: (L) ECRAB | post d# HPCR

[ scleral coat enhancement (A) non-metastatic ]

(1816 - 1916)

MRU response assessment pending. Chem just no date sought

clinically well

popular lesions on trunk / scale (A) itchy

5.3. 1190 3.2.10e counts 817 after after (20)

advise: due for cycle (3) HPCR

(1)

take @ PHARMACY

9/7/25



## अखिल भारतीय आयुर्विज्ञान संस्थान

नाम: Abhishek

उम्र/लिंग: M

दिनांक: 2/6/25

वजन/लंबाई: 93.5cm/12.6kg

रोग: RB

UHID:

Total Energy - 1300 kcal  
protein 25 g

## आहार योजना

1. दूध (बिना पानी मिलाये)  
चावल/चिड़वा/दलिया/भुनी सूजी/सेवई/साबूदाना (खीर)  
दही/रायता/लस्सी  
पनीर (तलकर या भूजी)  
~~आइसक्रीम/कस्टर्ड/फ्रूटशेक~~

2. दाल कटोरी (1/2 चम्मच घी/तेल/मक्खन डालकर)  
दाल/बेसन चीला/पकौड़ा/बड़ा/हलवा  
या  
अण्डा (उबला/भूजी/आमलेट) ~~या विकन/मटन/मछली~~  
या  
30 ग्राम भूना चना/मूँगफली

3. पराठा/रोटी (हरी पत्तेदार सब्जियाँ भरकर जैसे मैथी/पालक/बथुआ)

4. चावल कटोरी (खिचड़ी/पुलाव/फ्राई)

5. सब्जी कटोरी  
कटोरी हरी पत्तेदार सब्जी (साग या पराठों में भरकर)  
कटोरी मौसम की सब्जी (सब्जी या पुलाव में डालकर)  
कटोरी आलू (टिक्की/चिप्स/पकौड़ा/हलवा)

6. फल ~~केला/बीकू/आम~~  
~~सेब/संतरा/नाशपाती/मौसम्बी/अनार/अमरूद~~ (100 ग्राम)  
पीता/खरबूजा/तरबूज (300-400 ग्राम)

7. घी/तेल/मक्खन  
मीठा/चीनी } कोई परहेज नहीं



## एक दिन की आहार तालिका

नाश्ता

8:00 am - 1 ग्लास दूध + अक्रोट - बायाम, काजू पिस्ता

10:00 am - केला/पपीता/अंतरा/मोखरी  
पाऊस

स्कूल लंच

12:00 pm - दालिया/चीला (बैसन/सूजी)/शिवचड़ी

दोपहर का खाना

2:00 pm - पराठा + 1/2 कटोरी सब्जी + 1/2 कटोरी दाल/  
(1)शिवचड़ी/पुलाव/राजमा/दही/चने/  
पनीर/सोयाबीन

शाम का नाश्ता

4:00 pm - 1 ग्लास दूध/शरीर/मस्की

6:00 pm - मखाने/मूंगरे/भुने चने

Giggles Foundation

Giggles Foundation

Giggles Foundation

रात का खाना

8:00 pm - दोपहर की तरह

सोते वक्त

अनाज ऐक्सचेंज सूची	दाल ऐक्सचेंज सूची	दूध ऐक्सचेंज सूची
1 रोटी (25 ग्राम गेहूँ का आटा)	1 कटोरी दाल (25 ग्राम कच्ची दाल)	1 गिलास दूध (200 मि.ली.)
= 1 कटोरी चावल/दालिया/सेवई/सूजी	= 25 ग्राम मूँगफली	= 2 कटोरी दही
= 1 मध्यम आकार प्लेन डोसा	= 25-30 ग्राम भुना चना	= 35 ग्राम पनीर
= 1 इडली	= 50 ग्राम अंकुरित दालें	150 मि.ली. दूध = 1 अण्डा
= 125 ग्राम आलू		2 गिलास दूध (400 मि.ली.)
		= 70 ग्राम चिकन/मीट/मछली