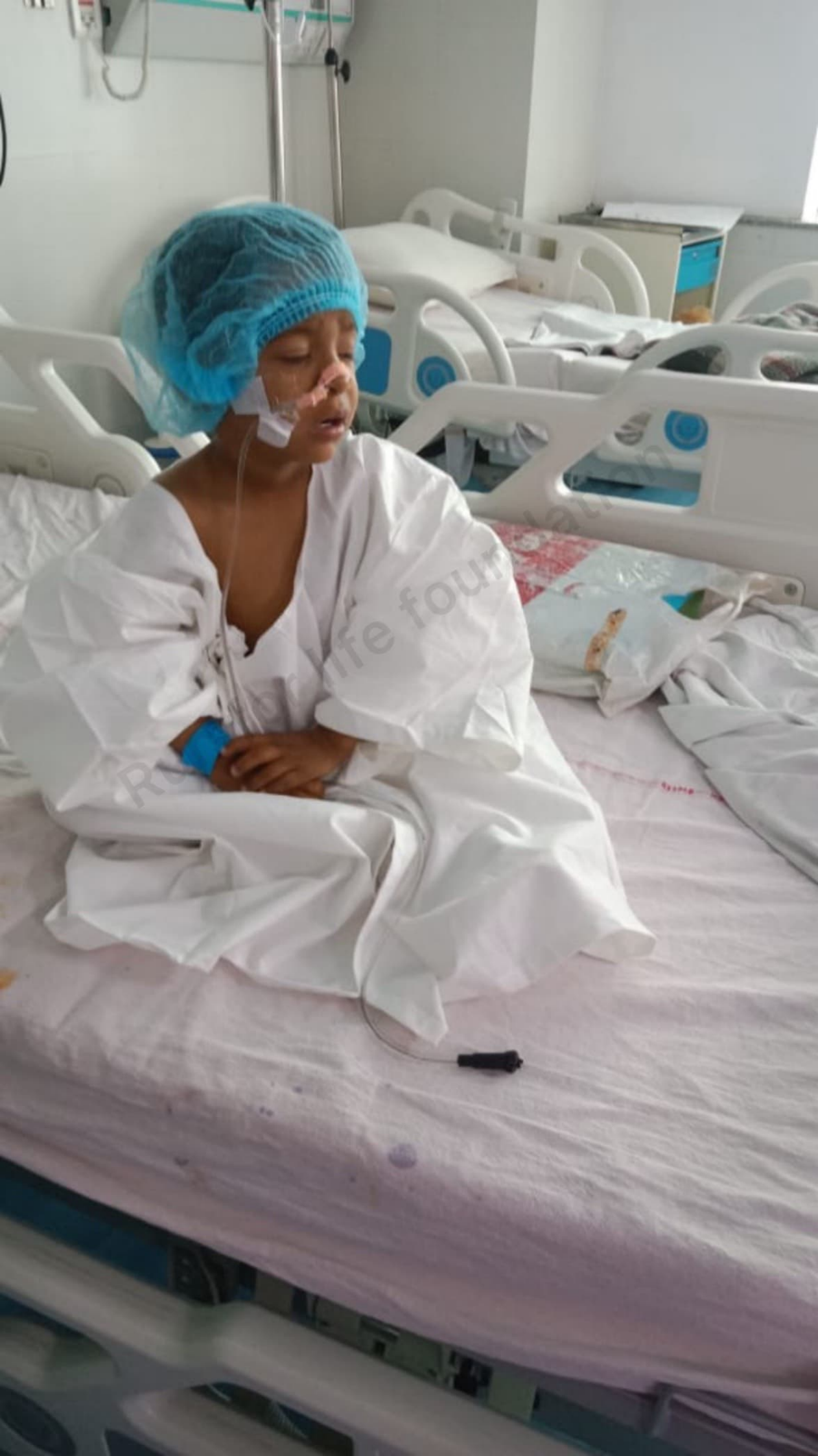


(REVISIT)

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

172

UHID No:106973392

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन सं.(Emergency No): 2025/030/0049462 दिनांक DATE: 04/05/2025 समय TIME: 12:13:19 PM

NON-MLC

नाम NAME: MISS ISIKA ISIKA आयु AGE : 2 years 10 months 5 days लिंग/SEX : F

D/O : JAY KISHAN

पता ADDRESS: मकान नंबर H.NO: NAGLA SURAJ, POST-HIMMATPUR TUNDLA, FIROZABAD

गली / मुहल्ला STREET/MOH:

शहर/गांव CITY/BLOCK:

राज्य STATE: UTTAR PRADESH

पिन PIN: 0

दूरभाष सं. PHONE NO: 9634033827

स्थान Location: Paediatrics Emergency

Criticality: Red / Yellow / Green

द्वारा BROUGHT BY: Relative : FATHER

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

↓ Mid one

Recurrent Sacrococcygeal - GCT

Fever x 10 days.

Cough

Presenting Complaints

Primary Assessment (ABCDE) : Assessment Pentagon

Airway

Open & stable : Yes/No

If No.....

Breathing: RR 24 /min

Efforts: Normal/Poor/increased

Auscultation:

Air entry:

Normal/poor/Differential

Added sounds:

None/Stridor/Wheeze/Crackles

SpO2 on Room air: 98%

Circulation

HR 132 /min

CFT 2sec sec.

BP.....mmHg

Peripheral pulse: Poor/Good

Central pulse:Poor/Good

Skin temp: Warm/cool

Others

Disability

GCS 15/15

Pupil size 2mm/2mm

Pupillary Reactions.....

Motor activity:

Normal & Symmetrical/

Asymetrical/

Posturing/Flacidity/Seizure

Blood Sugar.....mg/dl

Exposure:

Temp.....

Colour:Normal/pallor/cyanosis/ mottled

Any other skin lesions.....

Diagnosis

Recurrent Sacrococcygeal GCT c AFT

CBC

- Blood CS
- CXR
- HBA

Inj Magnex 400 mg iv BD

Inj Amikan 120 mg iv OD

NON-
MLC

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
अंसारी नगर, नई दिल्ली-११००२९
Ansari Nagar , New Delhi-110029

UHID No. 106973392 Dated. 07/05/2025

ADMISSION SLIP(General Admissions)

Please admit Shri/Smt./Dr./Miss. ISIKA ISIKA Age 2 Years Sex Female in ward IRCH PCU Bed 6 Under Department/Unit Onco-Anaesthesia and Palliative Medicine(OAPM)/Unit-I Consultant Dr.Sachidanand JeeBharti and Senior Resident DR SUHANA whose provisional diagnosis is recurrent sacrococcygeal gct .

C.A.O /Hosp. Enquiry
Code No .....

Signature of the
Admitting Medical Officer
Generated By : Dr. Suhana Sulfiker

Inj. Emeset 2mg ivp.
Inj. Dexa 2mg ivp.

↓

Inj. OXALIPLATIN 25mg / 100ML NS iv over 1h – D1

(Daycare)

Inj. GEMCITABINE 160mg / 100ML NS iv over 1h – D1, D8.

Inj. PACLITAXEL 16mg / 100mL NS iv over 1h – D1, D8

↓

Syp. Emeset (5mL/2mg) 5mL TDS (3 बार) } x 3days
T. Dexa 4mg ½ tab BD (दो बार)] (3 दिन तक)

- Syp. A-Z 5ML OD (एक बार)
- N/V: 19/5/2025 c̄ CBC/RFT/LFT.
- Any danger signs as explained – to report to Ped ER stat
- Dietician review.

Sanjana
SR.

3/5/25 d/l B SR
15-8/2 clotrimazole × 10 days
- cough (+)
- on tugnization Advice
1) send ph emergency 1klo
2) start Iv antibiotics fever → culture CXR

DAYCARE 1/2/3/4G1 MEDICAL ONCOLOGY AIIMS Date: 3/5 Time: 7:30 AM

× Cancel 7/d/o fever
Send to emergency

10/5

PALLATIVE... Senior Resident Dept. of Medical Oncology AIIMS, New Delhi

एम.आर.-3 जनरल हिस्टरी
M.R.-3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name: Isika
आयु Age: 24/F
सर्विस Service:
दिनांक Date:
यू.एच.आई.डी. नं. UHID No.: 106973352
प्रोफेसर इंचार्ज Professor I/C: Prof SB lor op.
Notes written by ....Dr mounika

CLINICAL NOTES

30/11/15

c/o B 2R mo

Recurrent Sacrococcygeal GCT (Cisplatin Refractory)

Yolk sac Tm.

p/ BEP 6#

p/ Excision - 21/11/15

p/ TIP C# 3.

↓

Now Recurrent

Sacro-coccygeal.

Now presented c c/o fever x 1 day.

102°F.

(Rt) lower limb weakness ⊕.

able to walk

(no weakness).

cough ⊕ → dry.

16/4/25

fund estimate - given.
Patient wants to take one more week for decision.

Advice:

1. R/W on 23/4/25.

Sanjana
SR

23/4/25 Decision after discussion with parents — Auto HSCT once funds ready (process initiated)
Bridging chemo - GOP

Advice:

1. Kindly retrieve file for PAC clearance.
2. OT-1 time.
3. R/W reports on 28/4/25 to start chemo.

30/4/25

Advice

→ 1) Syp Augmentin (228.5mg/5ml) TDS 5ml
→ 2) T. Pantop 20mg OD
→ 3) Syp pcm 2.5ml (250mg/5ml) SOS
4) Syp Rupitas 3.5 TDS
5). Syp. Cetirizine 2.5ml hs.
6) Tab Ultracet half tab BD x 5d

Sanjana
SR

PALLATI MOUNIKA
Senior Resident
Dept. of Medical Oncology
AIIMS, Delhi

& Info
5/5/25

वि. पंजीकृत सं./O.P.D. Regn. No.

आयु Age	जन्म तिथि / Date of Birth

उपचार/ Treatment

28/4/25:

Recurrent Sacrococcygeal GCT: Cisplatin refractory

Progressive ds after Salvage chemo and II Sx.

C/d/w Dr. Deepam Pushpam Sir.

- After discussion with attendees:

plan: Bridge chemo GOP ~ 2 cycles

↓

ASCT (funds process initiated)

Wt. 8kg.

Chemo - Gemcitabine 800mg/m² days 1 and 8
Oxaliplatin 130mg/m² day 1
Paclitaxel 80mg/m² day 1 and 8.

[i/v/o acute malnutrition & give weight based dose with 75% reduction]

145

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029 (REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

(DEPT. OF EMERGENCY MEDICINE)

UHID No:106973392

Emergency No: 2025/030/0047568 DATE: 30/04/2025 TIME: 12:21:53 AM

NON-MLC

NAME: MISS ISIKA ISIKA AGE: 2 years 10 months 1 days SEX: F

D/O : JAY KISHAN

ADDRESS: H.NO: NAGLA SURAJ, POST-HIMMATPUR TUNDLA, FIROZABAD STREET/MOH:

CITY/BLOCK: PIN: 0

STATE: UTTAR PRADESH PHONE NO: 9634033827

Location: Paediatrics Emergency

BROUGHT BY: Relative Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive HR /min BP mmHg RR /min spO2 %

Shifted to Paeds/ Main/ New Emergency

Presenting Complaints

P/u/c/o Germ cell tumor planned for ASCT.
Last therapy – Nov 24.

→ Fever x 1 d
Low grade intermittent

→ (R) leg pain x 1 d
(at time of fever spikes).

- c/o mild cough x 1 d.

Primary Assessment (ABCDE) : Assessment Pentagon

Airway

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

Breathing: RR 24 /min
Efforts: Normal/Poor/increased
Auscultation
Air entry:
Normal/poor/Differential

Added sounds:
None/Stridor/Wheeze/Crackles

SpO2 on Room air 95%

Wt - 8 kg.

Circulation

HR 105/min

CFT <3 secs

BP 102/67 mmHg

Peripheral pulse: Poor/Good

Central pulse: Poor/Good

Skin temp: Warm/cool

Others

Local exam^n (R) leg)
↳ No tenderness/ raised local temp.

Disability

GCS 15/15

Pupil size...../min

Pupillary Reactions BILATL

Motor activity:
Normal & Symmetrical/
Asymmetrical/
Posturing/Flacidity/Seizure

Blood Sugar.....mg/dl

Exposure:
Temp.....
Colour: Normal/pallor/cyanosis/ mottled
Any other skin lesions.....

Diagnosis

Imp: GCT/ Acute febrile illness / ?LRTI
for/o cellulitis

- IV cannula
- CBC
- VBG
- Blood C/S
- LFT/RFT
- USG local site

- CXR.

- Inj. AUGMENTIN 240 mg IV TDS

→ Med Onco SR to review

AIIMS - DEPTT OF EMERGENCY MEDICINE

ISIKA Last Name:
Female Age: 2Year(s)

Patient ID: 106973392
Date of Analysis: 30-04-2025 02:2[illegible]

Para	Result		Unit
1 **WBC**	22.63	H	10^9/L
2 Neu#	14.86	RH	10^9/L
3 Lym#	4.96	R	10^9/L
4 Mon#	2.42	RH	10^9/L
5 Eos#	0.34		10^9/L
6 Bas#	0.05		10^9/L
7 IMG#	0.09	R	10^9/L
8 Neu%	65.7	R	%
9 Lym%	21.9	R	%
10 Mon%	10.7	R	%
11 Eos%	1.5		%
12 Bas%	0.2		%
13 IMG%	0.4	R	%
14 **RBC**	4.39		10^12/L
15 **HGB**	9.1	L	g/dL
16 **HCT**	31.4	L	%
17 MCV	71.6	L	fL
18 MCH	20.7	L	pg
19 MCHC	290	L	g/L
20 RDW-CV	17.4	H	%
21 **RDW-SD**	46.5		fL
22 **PLT**	400	H	10^9/L
23 MPV	9.8		fL
24 PDW	15.4		
25 PCT	0.351	H	%
26 P-LCC	70		10^9/L
27 P-LCR	17.5		%
28 NRBC#	0.000		10^9/L
29 NRBC%	0.00		/100WBC

Operated by: User Validated by: Time of Printing: 30-04-2025 02

PHYSICAL EXAMINATION

Temp.	Pulse	Resp.	B.P.	Weight

abdominal pain (+)

No Vomiting / loose stool.

O/E

HR - 130/min

P/A soft

CVS - S1S2 (+)

RS - NVBS

dorsalpedis palpable

oral feeds (+).

I/Vx

9.1 > 22k / 14k < 4L

USG - Lt

No evidence of cellulitis

UBG

pH - 7.34

Na+/K+ - 140/4.2

Lac - 2.7

Hb - 16.4.

एम.आर.-3 जनरल हिस्टरी
M.R.-3 General History

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

नाम Name | आयु Age | सर्विस Service | दिनांक Date | यू.एच.आई.डी. नं. UHID No.

प्रोफेसर इंचार्ज Professor I/C | Notes written by ....

CLINICAL NOTES

~~Advice~~ Recurrent Yolk Sac Tm
sacro-coccygeal GCT

1)

AFI ↓ Evaluation.

Advice

wt - 8kg

1) Inj Augmentin 240mg IV TDS 6pm

2) Inj Pantop 10mg OD

3) Inj PCM 100mg 10 Given 5AM → 11.30am 6pm

4) Syp. Rapcha 3ml TDS

5) CXR.

Mounika SR MO

C/O/W past SB 8h

- To get antibiotic only

- duchu

Temp 102°F
3.30pm
Temp - 101.9

AIIMS - DEPTT OF EMERGENCY MEDICINE

First Name: **ISIKA** Last Name:
Gender: **Female** Age: 2Year(s) Patient ID: 106973392
Department: Date of Analysis: 04-05-2025 13:11
Mode:

	Para	Result		Unit
1	**WBC**	8.67		10^9/L
2	Neu#	2.39	R	10^9/L
3	Lym#	4.94	R	10^9/L
4	Mon#	0.63	R	10^9/L
5	Eos#	0.68		10^9/L
6	Bas#	0.03		10^9/L
7	IMG#	0.02		10^9/L
8	Neu%	27.5	RL	%
9	Lym%	56.9	R	%
10	Mon%	7.3	R	%
11	Eos%	7.9	H	%
12	Bas%	0.4		%
13	IMG%	0.2		%
14	**RBC**	4.10		10^12/L
15	**HGB**	8.3	L	g/dL
16	**HCT**	29.2	L	%
17	MCV	71.1	L	fL
18	MCH	20.1	L	pg
19	MCHC	284	L	g/L
20	RDW-CV	17.9	H	%
21	**RDW-SD**	47.7		fL
22	**PLT**	443	H	10^9/L
23	MPV	8.9		fL
24	PDW	15.6		
25	PCT	0.393	H	%
26	P-LCC	83		10^9/L
27	P-LCR	18.8		%
28	NRBC#	0.000		10^9/L
29	NRBC%	0.00		/100WBC

Operated by: User Validated by: Time of Printing: 04-05-2025

Inj Pcm 80 mg iv stat

R/v c̄ reports

Med mo Rx to R/v

Dr Ansh

to [illegible]

VJ

20/3/25 c/o hand stools

S/n site healthy.

HPE (S25/1316) (3/3/25) : S/O YST - Recc. SCT. c̄ infiltr into fibroadipose tissue, skeletal msl, adherent to vein.

c/D/w Dr G. Priya maam

→ to R/v on 3/4/25 in IRCH at 2pm c̄ AFP

c̄ [illegible]

	No luminal narooowing/faecalomas/fissure/fistula No blood staining Other systems - WNL
SURGERY	LAP EXCISION OF RECURRENT PELVIC SCT (VJ/XI/SG)
OPERATIVE FINDINGS	• Tumor tissue noted towards right of rectum in the midline in pelvis of size 5*6 cm • Nodular surface • Closely related to right ureter-not infiltrating/encasing • Dense adhesions noted with rectum • Gross total resection done • Spillage+ • Specimen removed piecemeal • No bowel injury noted
POST OP COURSE	Child was extubated and shifted to ward. Post op child received injection augmentin, gentamycin, metrogyl, PCM. Child was allowe orally on POD 2. Foleys was removed on POD 3. On discharge child is on full orals, accepting feeds well, wound healthy, passing stool and urine, active and playful.
ADVICE ON DISCHARGE:	Laminate Discharge summary Maintain hygiene. Daily bath Oral ad lib feeds Syp. Bevon 2 ml OD for 1 month Syp Feronia XT2 ml OD for 1 month Syp PCM (250/5) 3 ml SOS Collect HPE report from OPD ground floor counter during next OPD visit Review in Peds Casualty if any fever , abdominal pain, vomitings, hematuria, wound discharge

ADMISSION SR	Dr. Prateek	MANAGING SR	Dr Kiran MD
CONSULTANT	Dr. Vishesh Jain	FOLLOW UP VISIT	Review in Paediatric Surgery OPD in MCH block ground floor at 9AM with prior appointment on 18/3/25

DATE: 7/3/25

SIGNATURE:

INVESTIGATIONS

DATE	1/3/25
Hb	10.3
TLC	14k
Plt	619k
Na/K	141/5.5
BU/Se Cr	25/0.4

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029 (REVISIT)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029

आपातकालीन विभाग

(DEPT. OF EMERGENCY MEDICINE)

UHID No:106973392

आपातकालीन सं.(Emergency No): 2025/030/0054823 दिनांक DATE: 16/05/2025 समय TIME: 04:20:10 PM

NON-MLC

↓ M. OWD

6u

नाम NAME: **MISS ISIKA ISIKA** आयु AGE : **2 years 10 months 17 days** लिंग SEX : **F**

D/O : JAY KISHAN

पता ADDRESS:

मकान नम्बर H.NO:	NAGLA SURAJ, POST-HIMMATPUR TUNDLA, FIROZABAD	गली / मुहल्ला STREET/MOH:	
शहर/ब्लॉक CITY/BLOCK:		पिन PIN:	0
राज्य STATE:	UTTAR PRADESH	दूरभाष नं. PHONE NO:	9634033827
		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 c/o Recurrent Sacrococcygeal GCT: cisplatin refractory.

last chemo

Presenting Complaints

Gemcitabine
oxaliplatin] 10/5/25
Paclitaxel

h/o eye discharge.
no fever.
no h/o cough / coryza.
oral acceptance.

Primary Assessment (ABCDE) : Assessment Pentagon

Airway	Circulation	Disability
Open & stable : Yes/No (Yes circled) If No........ **Breathing**: RR 20 /min **Efforts**: Normal/Poor/increased (Normal circled) **Auscultation**: Air entry: Normal/poor/Differential (Normal circled) Added sounds: None/Stridor/Wheeze/Crackles (None circled) SpO2 on Room air 100%.	HR 138 /min CFT 2 secs. BP........mmHg Peripheral pulse: Poor/Good (Good circled) Central pulse:Poor/Good (Good circled) Skin temp: Warm/cool (Warm circled) Others	GCS 15/15 Pupil size 2mm /min Pupillary Reactions B/L RTL **Motor activity**: Normal & Symmetrical/ (circled) Asymetrical/ Posturing/Flacidity/Seizure Blood Sugar...........mg/dl **Exposure**: Temp.......... Colour:Normal/pallor/cyanosis/mottled Any other skin lesions..........

Diagnosis

CBC

DEPARTMENT OF PEDIATRIC SURGERY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029
DISCHARGE SUMMARY

NAME	ISIKA	AGE	2 Y 7 M	SEX	FEMALE
FATHER'S NAME	JAY KISHAN	DOA	28/2/25	CR No.	733048/25
ADDRESS	HIMMATPUR, TUNDLA, FIROZABAD	DOO	3/3/25	UHID No.	106973392
		DOD	7/3/25	TELEPHONE	9634033827
DIAGNOSIS:	RECURRENT SCT				

HISTORY & EXAMINATION:

Child is k/c/o SCT . Child initially presented with lower back swelling since 1 year of age. On evaluation child was diagnosed to have MGCT and was started on PEB chemo . CHild received 2 courses of chemo prior to surgery from 15/9/23- 7/10/23. CHild then underwent excision of tumor + coccygectomy on 29/11/23 (GD //VJ) . Intra op

- Large tumor of 3X5 cm
- Coccyx involved
- Small opening of tumor while dissecting lower most part of SCT
- Serosal injury of rectum- repaired with 4-0 vicyrl
- Coccygectomy done with removal of tumor

Post op recovery was uneventful. CHild completed PEB chemo on 29/2/24. On followup evaluation child was diagnosed to have residual tumor for which child received chemo under Med onco from 7/9/24-12/11/24(ifosphamide, cisplatin,paclitaxel). Currently child % constipation.
No % blood in stool/swelling anywhere else
No h/o urinary complaints
H/o neutropenic epsiodes + during chemo requiring emergency hospital admission
No h/o blood transfusion
% poor weight gain
No % jaundice/respiratory complaints
No % abdominal distension
Child is immunized till 9 monthsof age.
Milestones achieved for age
O/E
Poorly build and nourished, active and playful, oriented to person
No pallor/icterus/ cyanosis, clubbing/lymphadenopathy
P/A- umbilicus central, non distended, flanks- normal, corresponding quadrants move equally with respiration
Soft , non tender, no lump/organomegally
PR-Normal tone, minimal thickening + posterior to rectum,

T bil	0.4
OT/PT	46/16
ALP	181

INVESTIGATION	DATE/NO	REPORT
DIRC(19/2/25)		
CECT	(4/2/25)	Chest - no lung mets/nodules Recurrent lesion in presacral region -more towards right Loss of fat planes with rectum No nodes Relation with sacrum- presacral, anterior to s1-s3 Bone - normal vertebra
AFP	10/1/25	58.5

OF EMERGENCY MEDICINE

Last Name:
Age: 2Year(s)

Patient ID: 106973392
Date of Analysis: 16-05-2025 17:25

Para	Result		Unit
1 **WBC**	6.84		10^9/L
2 Neu#	2.57	R	10^9/L
3 Lym#	3.45	R	10^9/L
4 Mon#	0.34	R	10^9/L
5 Eos#	0.47		10^9/L
6 Bas#	0.01		10^9/L
7 IMG#	0.03		10^9/L
8 Neu%	37.6	RL	%
9 Lym%	50.5	R	%
10 Mon%	4.9	R	%
11 Eos%	6.8	H	%
12 Bas%	0.2		%
13 IMG%	0.4		%
14 **RBC**	4.40		10^12/L
15 **HGB**	9.0	L	g/dl
16 **HCT**	31.2	L	%
17 MCV	70.9	L	fl
18 MCH	20.5	L	Pg
19 MCHC	288	L	g/L
20 RDW-CV	17.9	H	%
21 **RDW-SD**	47.3		fl
22 **PLT**	306	H	10^9/l
23 MPV	7.9		fl
24 PDW	15.6		
25 PCT	0.243		%
26 P-LCC	44		10^9/L
27 P-LCR	14.5		%
28 NRBC#	0.000		10^9/L
29 NRBC%	0.00		/100WBC

rated by:user Validated by: Time of Printing: 16-05-2025 17:25

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

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

OPR-6

UHID: [illegible]
ABHA: 0
Dept No.: [illegible]

कमरा / Room: [illegible]
Paediatric Surgery OPD

पुन सं० / O.P.D. Regn. No.

पता / Address

ISHA ISHA

D.O.[illegible] KUMAR

[illegible]
[illegible] UTTAR PRADESH, [illegible] INDIA

Mob: [illegible] Follow Up Patient [illegible]

15/02/2025
Queue: F30

निदान / Diagnosis: F/U/c of SCT (MUCT).

दिनांक / Date | उपचार / Treatment

23

8.3 kg

Dept/Clinic
for
Appointment on

— had received NACT (2 cycles of PGB)
↓
excision done on 24/11/23 (GOND).
↓
4 course of ACT – last on 29/2/24
↓
— received I/p chemo (under med onco.)
i/v/o recurrence.
(7/9/24 — 12/11/24).

— Repeat CT

Blood donation.

— currently c/o loose stool ×5 days
— No fever / pain abd. / [illegible]
— Appetite – good
— c/o perianal redness
— No weight loss
— No fever / URI.

10/1/25
LFT ⇒ Bil ⇒ 0.13
RFT ⇒ urea/creat – 26/0.17
Na⁺/K⁺ – 137/6.5

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से स्वास्थ्य
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)

मेरा अस्पताल
meraaspatal.nhp.gov.in

c/d/w RP SR on call

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	Isika	आयु Age	2 years	लिंग Sex	F	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी.सं. UHID No.
सेवा Service		वार्ड Ward	pediatric emergency	बिस्तर Bed		व्यवसाय Occupation	धर्म Religion / स्थिति Status

Referred by Dr. SR pediatrics. (Requesting Doctor) to Dr. SR ophthalmology. (Consultant & Specialty)

Findings :

Date : 16/05/25

c/o Recurrent laryngeal RCT,
cisplatin refractory
with c/o eye discharge redness.

Kindly evaluate.

Diagnosis or Impression :

Pt uncooperative for slit lamp
On torch light BE AS appears normal.
VA - Jaeger

Recommendations:

→ EH tobramycin 0.3%. BD
→ E/d CMC (4) TD

BE

Consultant's Signature

DR. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
NEW DELHI-110029
DEPARTMENT OF ANAESTHESIOLOGY

NAME : Isika AGE/SEX 2½ yrs UHID NO. 1069739 DATE: 23/4/25

DIAGNOSIS (STAGE) Sacro Coccygeal tumour (Recurrent) PROPOSED OPN. CT Sedation

CLINICAL HISTORY (BRIEF)

CVS - Breathlessness/Palpitation/Chest Pain — HT/CAD
RS - Cough/Hemoptysis — Asthma — ⊝
CNS - Seizure/Headache/TIA/CVA/Neurological Deficit — ⊝ — TB
Abdomen - Distension/Vomiting/Hepatitis/Renal Disease
Endocrine - DM/Thyroid Disease/Parathyroid Disease
H/O Allergy
Any other significant History Delayed Milestones

Birth Hx
- Pre term (7 mo)
- LSCS / PPROM, delayed cry
- H/o NICU admission — O₂ support for 5 days
- No h/o Jaundice, cyanosis, seizures
- Immunised as per Age

CURRENT / PAST MEDICATION

1. Anti HT
2. Anti Diabetic
3. Anti Thyroid — ⊝
4. Bronchodilators
5. Steroids
6. Chemotherapy Drugs ✓, 16 #, last Nov, 2024 → {Cisplatin, Ifosfamide Received}
7. Radiotherapy Received
8. Any Other Drugs

PAST ANAESTHETIC HISTORY

H/o CT-Scan under sedation (Previously) — U/E

Weight 8 kg Height Pulse 120/min BP R.R. BHT	General Physical Examination - Temperature - Pallor - Icterus - Cyanosis - Clubbing - Oedema — ⊝ - Venous Access difficult	CVS S1, S2 + , m⁰ Resp. System AE, ves ⊕ Abdomen / CNS NAD

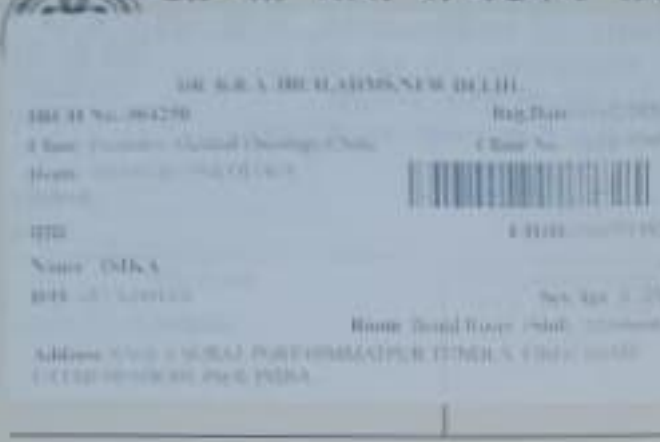
Airway Assessment : Ⓝ Pediatric Airway, No Gross Abnormality

Mouth Opening
Loose Teeth/Buck Teeth/Dentures/Edentulous/Missing Teeth
Mallampati Score — Receding Mandible — Subluxation
Neck Examination : Movements — Thyromental Distance — Mentohyoid Distance — Submental Flat
Radiation Induced Changes — Post Surgical Deformity
DIFFICULT AIRWAY ANTICIPATED YES/NO
Spine :

No Active URTI

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
Rotary Cancer Hospital
A.I.I.M.S. HOSPITAL
Patient Department
PROHIBITED IN HOSPITAL PREMISES

OPR-6



ओपीडी पंजीकृत सं./O.P.D. Regn. No. _____

लिंग Sex	आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis

दिनांक/Date	उपचार/Treatment
24/3/25	Recurrent GCT sacococcygeal Post 3 H TIP Post dx (2/2/25)
U-8.7 kg	Plan: 1. To do CECT Abdomen and pelvis to look for residual disease [Tumor spillage and piece meal removal intra op] 2. To repeat AFP levels. 3. Syp. Lactulose 15ml hs. x 1 week (x TF) → 2 TF 4. Decide on need for further chemo based on reports 5. N/V 2/4/25 6. Calamine lotion for L/A (अगर हो)

SANJANA/SR.

V G.A

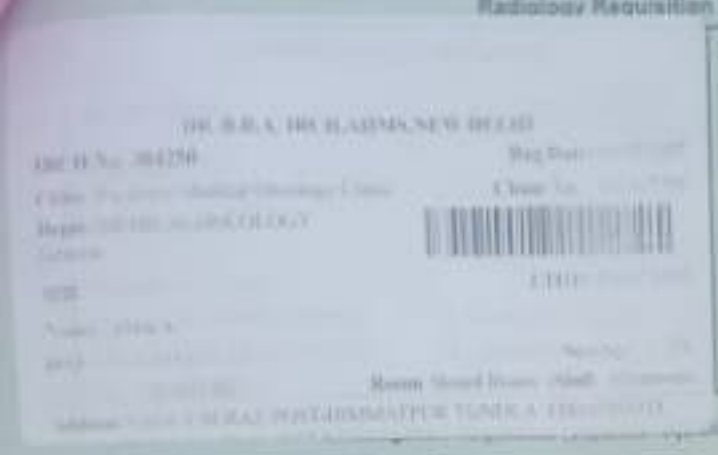
डॉ बी आर अम्बेडकर अंतरराष्ट्रीय संस्थान रोटरी कैंसर अस्पताल

DR B R AMBEDKAR INSTITUTE ROTARY CANCER HOSPITAL

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली - 110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029

Radiology Requisition Form (Other than X-ray)



Patient Status
- ☐ Outdoor
- ☐ Indoor (Ward / Bed no.)

General Condition of the Patient
- ☐ Ambulatory
- ☐ Non-ambulatory
- ☐ Critical with life support

Payment Status
- ☐ Paying
- ☐ Exempted by (sign & stamp)
- ☐ EHS (no.)

Counter-1

(Tick is required for each type of investigation)

CT

Type
- ☐ CECT
- ☐ NCCT
- ☐ HRCT
- ☐ Dual phase CT
- ☐ Other (specify)

Body Part(s)
- ☐ Head
- ☐ Orbit
- ☐ PNS
- ☐ Face/ mandible
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Other (specify)

Ultrasound
- ☐ Abdomen & Pelvis
- ☐ Upper Abdomen
- ☐ Pelvis
- ☐ KUB
- ☐ Breast
- ☐ Scrotum
- ☐ Neck
- ☐ TVUS
- ☐ TRUS
- ☐ Colour Doppler of _____
- ☐ Other (specify) _____

Fluoroscopy & Special Radiography
- ☐ Barium Swallow
- ☐ Barium Meal UGI
- ☐ Barium Meal Follow Through
- ☐ Gastrografin Study
- ☐ Lacrogram
- ☐ Oral Cholegram
- ☐ Sinogram
- ☐ IVP
- ☐ Other (specify) _____

Image Guided Interventions

Procedure
- ☐ FNAC
- ☐ Core Biopsy
- ☐ Fluid Aspiration only
- ☐ Fluid Aspiration for cytology
- ☐ Catheter Drainage
- ☐ Other (specify) _____

Of (organ/ lesion) _____

As per the requirement. Please provide fitted cytology/histopathology form

Mammography
- ☐ Bilateral
- ☐ Right
- ☐ Left

Films Review
- ☐ CT
- ☐ MRI
- ☐ Other _____

Clinical Diagnosis: c/o recurrent Esophageal GCT.

Clinical details: Post chemo. Post Surgery on 3/2/25

Previous Imaging
- ☐ None
- ☐ At BRAIROH (study / date)
- ☐ Outside (details)

CECT abdomen and pelvis to look for any residual tumour.

For CT & IVP only:
Blood urea, creatinine
Any history of allergy, asthma

Signature & Name of the Doctor: SANJANA SR.

Date:

For the use of Radiology Department only

Appointment on: 24/4/25 Thu

Contrast Details: 875 OA

Study number/Date:

Senior Resident/Technologist:

Comments:

डा. बी. आर. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल

Dr. B.R. Ambedkar Institute Rotary Cancer Hospital

अ.भा.आ.सं. अस्पताल/A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग/Out Patient Department

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

OPR-6

DR. B.R.A. IRCH, AIIMS, NEW DELHI

IRCH No. 304250 Reg Date [illegible]

Clinic: Paed. Lymphoma Leukemia Clinic Clinic No. [illegible]

Dept: MEDICAL ONCOLOGY

General

UHID [illegible]

नाम

Name: INIKA

D/O: JAY KISHAN

Sex/Age: F/2[illegible]

Room: 11 Shift: Afternoon

Address: NAGLA SURAJ, POST-HIMMATPUR, TUNDLA, FIROZABAD, UTTAR PRADESH, Pin [illegible], INDIA

Paid Online

ओ.पी.डी. पंजीकृत सं०/O.P.D. Regn. No.

आयु Age

जन्म तिथि/Date of Birth

उपचार/Treatment

7/4/25

Recurrent sacrococcygeal GCT.

Refractory after 2nd Sx.

Post I line chemo

Post TIP salvage

1. Parent counselled on available options.

- To take up for ASCT stat if feasible
- Bridge chemo c̄ GOP f/b ASCT
- If unwilling for ASCT: OMT.

2. To discuss c̄ family and r/w 16/4/25 (requested one week time)

Sanjana SR

[Stamp: Dr [illegible] KUMAR P R ... Resident ...]

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)

बाहर से आने वाले रोगियों के लिए धर्मशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients

3. To initiate process for funds. (1st) Kindly provide estimate for autologous ASCT ~ 5 lakhs.

अखिल भारतीय आयुर्विज्ञान संस्थान,नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
NATIONAL CANCER INSTITUTE

UHID:	106973392	Reg Date :	29/08/2023 10:26 AM
Patient Name :	Miss ISIKA ISIKA		
Sex :	Female	Age :	2 years 9 months 2 days
Department :	Medical Oncology	Unit Name :	Unit-I
Unit Incharge :		Sample Collection Date:	01/04/2025 08:21 AM
Lab Name:	NCI CORE LAB	Sample Received Date :	01/04/2025 01:29 PM
Lab Sub Centre:		Recommended By:	Dr. Amlesh Seth
Dept / IRCH No:	304250		
Lab Reference No:	1947		

Sample Details : S010425070 (Serum) / Report Date: 01/04/2025 06:52 pm

Test Name(Methodology)	Result	UOM	Biological Reference	Verification Comment(s)
AFP (CLIA)	*212.800*	ng/ml	• <= 8.1 ng/ml	
LFT				
Albumin (BCG Dye Binding)	4.160	g/dL	• 3.2 - 4.8 g/dL	
TOTAL BILIRUBIN (Vanadate Oxidation)	*0.070*	mg/dL	• 0.3 - 1.2 mg/dL	
DIRECT BILIRUBIN (Vanadate Oxidation)	0.030	mg/dL	• < 0.3 mg/dL	
INDIRECT BILIRUBIN (Calculated)	0.04	mg/dL	• < 0.9 mg/dL	
SGPT/ALT (IFCC)	15.940	U/L	• 10 - 49 U/L	
SGOT/AST (Modified IFCC)	*38.660*	U/L	• < 34 U/L	
TOTAL PROTEIN (Biuret)	7.400	g/dL	• 5.7 - 8.2 g/dL	
ALKALINE PHOSPHATASE	*197*	U/L	• 45 - 129 U/L	
GLOBULIN (Calculated)	3.24	g/dL	• 2.5 - 3.4 g/dL	
A/G Ratio (Calculated)	1.28395	ratio	• 1.2 - 2.2 ratio	
Gamma-Glutamyl Transferase (Modified IFCC)	11	U/L	• < 38 U/L	
RFT				
UREA (Urease with GLDH)	34	mg/dL	• < 50 mg/dL	
CREATININE (Jaffe- Alkaline Picrate)	*0.310*	mg/dL	• 0.5 - 1.1 mg/dL	
CALCIUM (Arsenazo III)	*10.600*	mg/dL	• 8.7 - 10.4 mg/dL	
PHOSPHOROUS (Phosphomlybdate/UV)	*5.600*	mg/dL	• 2.4 - 5.1 mg/dL	
SODIUM (NA) (ISE)	139	mmol/L	• 132 - 146 mmol/L	
POTASSIUM (K) (ISE)	*5.600*	mmol/L	• 3.5 - 5.5 mmol/L	
CHLORIDE(CL-) (ISE)	102	mmol/L	• 99 - 109 mmol/L	
Uric Acid (Uricase/Paroxidase)	3.200	mg/dL	• 3.1 - 7.8 mg/dL	

Over All Comment :

3/4/25

Recurrent Sacrococcygeal GCT.

Non Metastatic

s/p 3H Tip salvage
CECT showed reduction in mass. and AFP 58
↓
Sx on 3/3/25 : GTR done
But: Tumor spillage and removed in pieces.

HPE: Yolk sac Tumor
SALGA +ve.

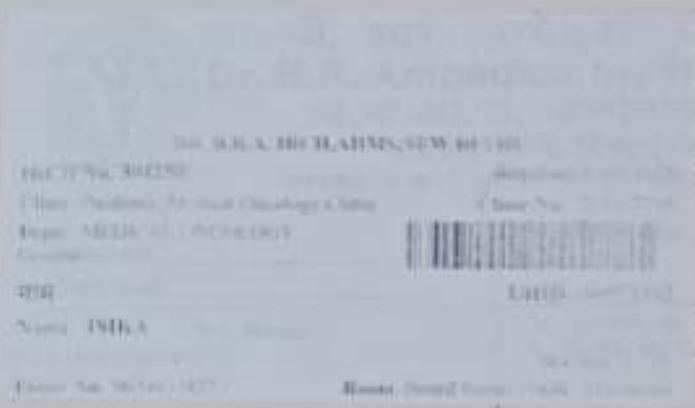
→ Post op CT on 24/4/25.
→ Post op AFP: ↑ 212.

likely residual dis.

Advice:

1. Rx options II line salvage : TIP/ GI-CE f/b AHCT
2. Fo F/W on 7/4/25 to discuss.
3. Parent prognosticated

Jaipuria
SR.



स्थान रोटरी कैंसर अस्पताल
ute Rotary Cancer Hospital
/A.I.I.M.S. HOSPITAL OPR-6
Out Patient Department
KING PROHIBITED IN HOSPITAL PREMISES

बाह्यरोगिक पंजीकृत सं./O.P.D. Regn. No. _____

	लिंग Sex	आयु Age	जन्म तिथि/Date of Birth

निदान/Diagnosis PUC Re MGG

दिनांक/Date	उपचार/Treatment
3/4/25	op on 3.3.25 Now αFP ↑ 212 ng/ml pre op was 58 Adv on stand clear Dr Dayaram

16/4/25

fund estimate - given.
Father wants to take one more week for decision.

Advice:

1. R/W on 23/4/25.

Sanjana
SR.

23/4/25 Decision after discussion with parents — Auto HSCT once funds ready (procur initiated)
Bridging chemo - (GOP)

Advice:

1. Kindly retrieve file for PAC clearance.
2. OECT done.
3. R/W reports on 28/4/25 to start chemo.

Sanjana
SR.

16/4/25

fund estimate - given.
Father wants to take one more week for decision.

Advice:

1. F/W on 23/4/25.

Sanjana
SA.

INVESTIGATIONS (Date) 1/11/24

Hb/Hct	WBC/PLATELETS	SUGAR F/PP/R	UREA/CREATININE	NA/K/CA
8.7	10420 / 420		34 / 0.3.10	139/4.6/10.0
T PROTEINS / A : G	BILIRUBIN / D / I	SGOT / PT	ALKPO4ASE	HBsAG/HIV
7.4 / 4.1	0.07/603	16/38	197	

X RAYS (Date)	ECG/ECHO/MUGA (Date)
	→ (N)

PFT	Actual	% Predicted	USG/CT/MRI
FVC	.....	.....	
FEV_1	.....	.....	OTHERS
FEV_1/FVC	.....	.....	
PEFR	.....	.....	

RISK GROUP STATUS (ASA) II Reason for risk Anemia

FURTHER ORDERS AND INVESTIGATIONS

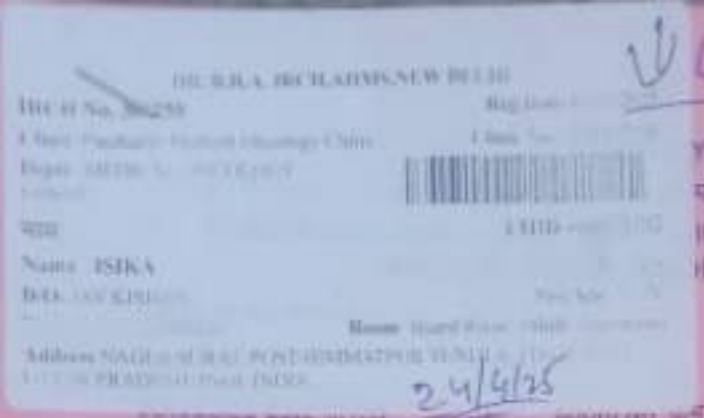
* DATE FOR SURGERY CAN BE GIVEN (Yes) SEEN BY (CAPITALS) *Review PAC (Date)*
* NEEDS FURTHER INVESTIGATIONS SIGNATURE
ADMIT _____ DAYS PRIOR TO SURGERY DESIGNATION
AND INFORM SR. ANAESTHESIOLOGY DATE
PRE-OP MEDICATION (DRUG) DOSE ROUTE TIME

1. NPO after
2. Consent : Routine / High Risk
3. Sedative
4. Narcotic
5. Antisialogogue
6.
7.
8.
9.
10.

Keep NPO
Solids 6hrs
Liquids 2hrs

Investigations to be done on Morning of Surgery

ORDERED BY SIGNATURE NAME DATE / TIME



G.A -

UNIT रेडियोलोजी एकक

पताल, अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029

ital, All India Institute of Medical Sciences, New Delhi-110029

LOGICAL TEST रेडियोलोजी टेस्ट की तारीख

UHID No.

IRCH No.

Room No. कमरा नं. 43 / 49 / 46 / 30 Please report at समय : 8.30 a.m.

Name of the Test / Procedure टेस्ट का नाम

	Test	Type	Body part (s)
	CT scan सीटी स्कैन	CECT, NCCT, HRCT Multiphase CT, CT angiography	Head, Orbit, Face-Neck, Chest, Abdomen, Pelvis, Other.....
	Ultrasound अल्ट्रासाउंड	Abdpmen-Pelvis, KUB, Neck, Breast, Scrotum, TVS, TRUS, other.....	
	Colour Doppler कॉपलर	Upper limb, Lower Limb, Other.....	
	GI tract study बेरियम	Barium Swallow, Barium Follow Thru, Distal Cologram, Gastrografin Study, other.....	
	Urinary study आईवीपी	IVP, MCU, other.....	
	Mammography मेम्मोग्राफी	Bilateral, Right, Left	
	Othre अन्य		

Signature of booking clerk/officer Date given on: 24/3/25.

Please read carefully and follow checked ✓ instructions निम्नांकित ✓ सूचनाओं का पालन करें :

- ☑ Bring contrat injection Iomeprol400mg/Iohexol350mg/Iohitridol350mg/other equivalent 70 ml यह दवा साथ लाएं
- ☑ Fasting for 4 hours (only water or medicines are allowed) 4 घंटे खाली पेट रहें (पानी, दवाएं ले सकते है)
- ☐ Do not pass urine for 3-4 hours 3-4 घंटे पेशाब रोके रहें.
- ☐ Bring 1 litre of drinking water for you पीने का पानी साथ लाएं.
- ☑ Bring on adult attendant with you एक वयस्क साथी साथ लाएं.
- ☐ Bring previous X-rays or other films, if any पुराने एक्सरे या फिल्में साथ लाएं.
- ☑ Pay Rs. 200/300/750/1500/..... at Cash Counter no. 13 (each body part is charged separately) इतना शुल्क जमा करें.
- ☐ Special instruction विशेष सूचनाएं .....

सीटी स्कैन एवं मेम्मोग्राफी की रिपोर्ट कमरा सं. 45 से प्राप्त करें

* To attend PAC clinic
* Register in daycare for blood tests

General information सामान्य जानकारियां :

- Contrast injection during CT scan can occasionally cause side effects ranging from mild allergy like itching to severe breathlessness, hypotension or shock, These cannot be predicted but chances are higher in those with history of asthma or allergy to medicine. So please inform if you have history of asthma or allergy to any medicine सीटी स्कैन में कंट्रास्ट दवा के इंजेक्शन से कभी कभी दुष्प्रभाव (खुजली, शॉक इत्यादि) हो सकते हैं, यदि आपको दमा या कोई एलर्जी है तो पहले बताएं.
- Ladies if you could be pregnant, inform radiographer, nurse or doctor before the test महिलाएं यदि गर्भवती हैं तो पहले बताएं.
- Your test is likely to be over before 1 pm आपका टेस्ट 1 बजे के पहले पूरा हो सकता है.
- Report will be sent to OPD counter No. 5 or ward after two working days रिपोर्ट दो दिन के बाद काउंटर 5 या वार्ड में भेज दी जाएगी.

Consent of the Patient for contrast Injection कंट्रास्ट इंजेक्शन के लिए रोगी की सम्मति।

I have been explained the risks associated with iodinated contrast medium injection. I hereby give my consent for injection of contrast media to me by any route deemed necessary मुझे कंट्रास्ट इंजेक्शन के दुष्प्रभाव की जानकारी दी गई है. मैं कंट्रास्ट इंजेक्शन के लिए अपनी सम्मति प्रदान करता हूँ/ करती हूँ.

Signature of Patient or attendant _____ Name _____

Date : _____ Relation with the Patient _____

अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL

बहिरंग रोगी विभाग / Out Patient Department

SMOKING IS PROHIBITED IN HOSPITAL PREMISES

UHID:100873282

Room: F22

OPD-6

O.P.D. Regn. No.

Name / Address

Sex / Age

Name / Diagnosis

c/o [illegible] s/p

Name / Date

Advice / Treatment

2 courses of chemo prior to surgery from 18/8/25 – 7/10/25

↓

Excision of tumor + coccygectomy 28/11/25

Completed PEB chemo on 29/2/24; received chemo under Med onco from 7/9/24 – 28/11/24 for residual tumor

Lap excision of recurrent pelvic SCT [3/3/25]

→ no c/o abdominal pain/no c/o fecal/urinary incontinence./no c/o feeding intolerance

HPE [S25-11516] c/o yolk sac tumor, immunopositive for pancytokeratin, SALL4, glypican 3 ; negative for CD30 and OCT4. Foci of necrosis present accounting for 20% of tumor area (3/3/25)

AFP [10/2/25] – 58.5 ng/ml

O/E, apart sites healthy

no c/o recurrent sacro-coccygeal lesion

C/D/W Dr Vishesh Jain Sir

1. Follow up in medical oncology under Dr Sameer Bakshi for Ifosfamide, Cisplatin, Paclitaxel chemotherapy

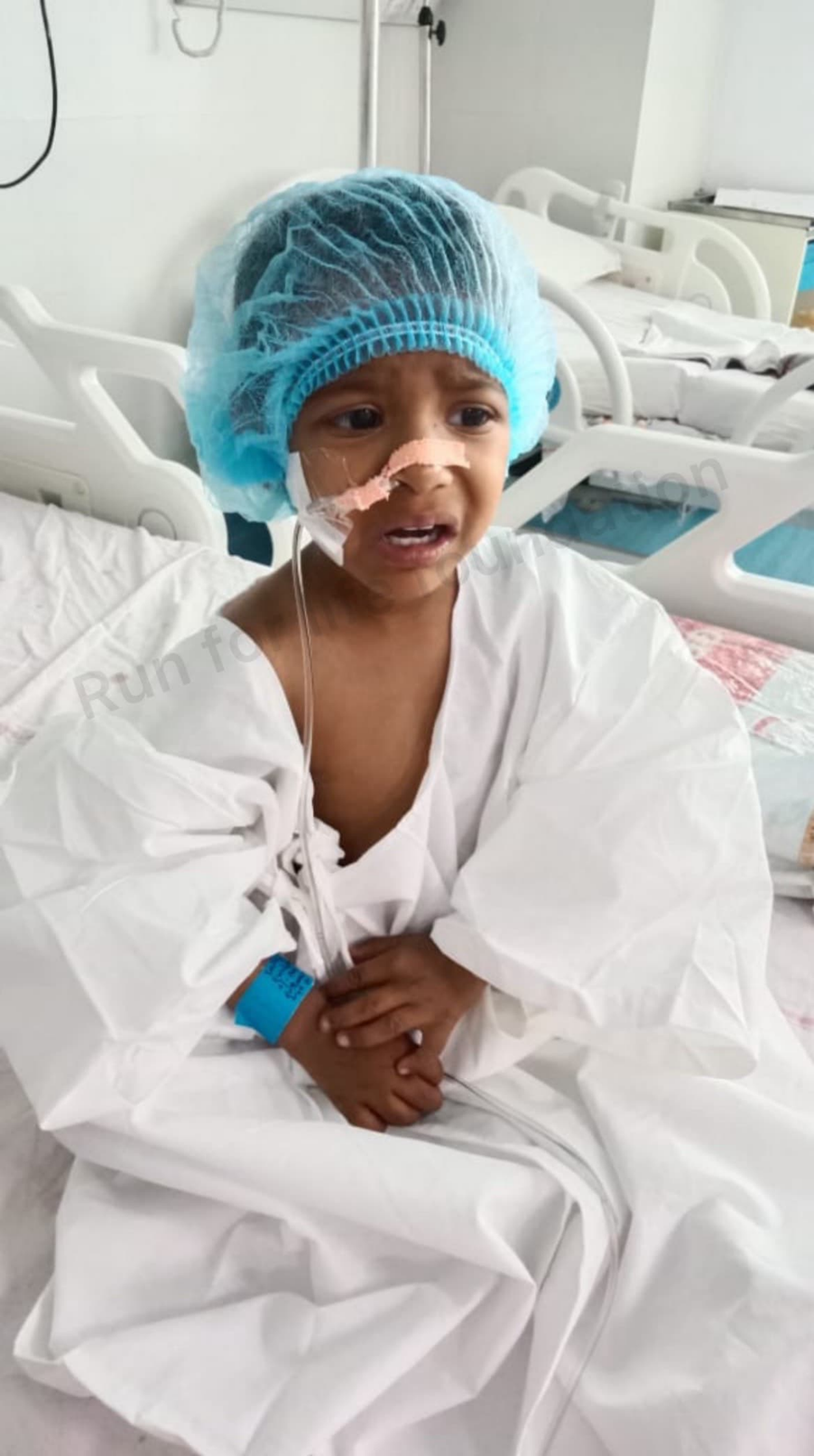
CLEAN AND GREEN AIIMS / एम्स को साफ़ रखें अभियान, स्वच्छता से जीवन बचाएं

अंगदान - जीवन का अनुपम उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588700,26593444,www.orbo.org Helpline - 1060 (24 hrs service)

2. Follow up in IRCH, Room no 6 at 2:00 pm on 20/3/25

Signing Dr, Prof Sp



DR. BRA INSTITUTE ROTARY CANCER HOSPITAL
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

Ref. No.F.1/IRCH/MR/2025-2026

Dated 11 APR 2025

ESTIMATE CERTIFICATE
TO WHOM IT MAY CONCERN

This is to certify that Ms. Isika, Age 02 years, Female, D/o Mr. Jay Kishan, (UHID-106973392 & IRCH No. 304250/23) is a known case of **Giant Cell Tumor** and is under treatment with Medical Oncology at DR. BRA IRCH, AIIMS since 14.09.2023.

The approximate cost for her treatment would be Rs. 5,00,000/- (Rupees Five Lakhs Only).

The item-wise breakup of the expenditure is as under:-

S. No.	Name of Medicines with dosage/Consumables Required for treatment/operation	Duration of treatment	Approx. Cost	Name of Procedure
1.	Stem Cell Harvest	01 Week	Rs. 1,50,000/-	
2.	Conditioning	02 Weeks	Rs. 2,00,000/-	
3	Post HSCT Care	02 Weeks	Rs. 1,50,000/-	
	Total approximate cost for the treatment		**Rs. 5,00,000/-**	

The Cheque/draft may be sent in favour of "**DR. BRA IRCH, AIIMS, Ansari Nagar, New Delhi-29 (IRCH Patient Treatment Account number: CA-10874584292, IFSC: SBIN0001536)**"

(NB: This estimate certificate is valid for six months from the date of issue)

(SIGNATURE BY CONSULTANT)

डॉ. दीपम पुष्पम्, एम.डी., डीएम
Dr. DEEPAM PUSHPAM, M.D., DM
सह आचार्य / Associate Professor
चिकित्सा अर्बुदविज्ञान विभाग / Deptt. of Medical Oncology
डॉ.भी.रा.अ.,सं.रो.कैंसर अस्पताल/Dr. B.R.A., IRCH
अ.भा.आ.सं., नई दिल्ली/AIIMS, NEW DELHI-110029

(COUNTER SIGNED BY HOD)

आचार्य समीर बख्शी / Prof. SAMEER BAKHSHI
आचार्य एवं विभागाध्यक्ष/Professor & Head
चिकित्सा अर्बुदविज्ञान विभाग/Deptt. of Medical Oncology
डॉ. बी.आर.ए., आई.आर.सी.एच., अ.भा.आ.सं.,नई दिल्ली-29
Dr. B.R.A. I.R.C.H., A.I.I.M.S., New Delhi-29
डीमसी पंजीकृत सं/DMC Registration No. 18939

11/4/25

(COUNTER SIGNED BY M.S.)

अपर चिकित्सा अधीक्षक
Additional Medical Superintendent
डा.भी.रा.अ.,सं.रो.कै.अ./Dr. B.R.A., IRCH
अ.भा.आ.सं./A.I.I.M.S.
अंसारी नगर, नई दिल्ली/Ansari Nagar, New Delhi-110029