



LOK NAYAK HOSPITAL

NEW DELHI - 110002

लोक नायक अस्पताल

नई दिल्ली - 110002

GOVERNMENT NATIONAL CAPITAL TERRITORY OF DELHI

IPDK No. 21211400 21212400
Casualty No. 21215152
MS Office Fax No. 23212870
E-mail: Inhmsoffice@gmail.com
msinh 00210

Queue Token No. : 10

OUTPATIENT REGISTRATION CARD

Dept	CHILD DEVELOPMENT CLINIC	DR MONIKA JUNEJA (MON to SAT)	Room No	NURSING HOME	OPD Reg. No.	113582940			
Name	ESHAN	Sex	M	Age	10 Y	Date	20 NOV 2019 11:19 AM	Marital Status	
S/D/W of	S/O : MR. AJAY KUMAR	Area / Location	FATEH PUR, UTTAR PRADESH	Referred to Dept	CHILD DEVELOPMENT CLINIC	Contact No.			
Religion		Nationality	INDIAN	Occupation		APL	BPL	Monthly Income	
D O B	20 NOV, 2009	Birth Wt(K.g.)		Wt(Kg.)		HC(Cms.)		Ht(Cms.)	
Immunization	BCG	DPT 1 2 3 B1 B2	OPV 1 2 3 B1 B2	Hepatitis B 1 2 3	Messles	MMR	Typhoid	Other	

PROVISIONAL DIAGNOSIS : Allergic to :

INVESTIGATIONS DATE CLINICAL FINDINGS & REPORTS TREATMENT

- Haematology
- Hb / TLC / DLC
- ESR
- Platelet Count
- BT / CT / PT
- PS
- URINE EXAM
- Sugar
- Alb
- Microscopy
- C / S
- BIO-CHEMISTRY
- CGI
- BI Sugar F / PP / R
- Glycosylated Hb.
- BI Uria
- S. Creatinine
- S. Uric Acid
- S. Electrolytes
- S. Calcium
- S. Phosphorus
- Lipid Profile
- LET
- S. Bilirubin / T / D / I
- SGOT (ALT)
- SGPT (AST)
- S. ALK. Phosp
- S. Protein Total
- Alb
- Globulin
- AG Ratio
- Prothrombin Time / INR
- RADIOLOGY
- X-Ray Chest
- USG
- CT Scan / MRI
- MICROBIOLOGY
- HbsAg
- HIV
- ASO
- CRP
- S. Widal
- Blood C/S
- >TS
- OTHERS
- ICG

To,
whomsoever it may concern,
This is to certify that Master Eshan, s/o Mr. Ajay Kumar and Mr. Parul Verma is suffering from Autism spectrum disorder with ADHD and is under regular follow up at CDC since 2012. He needs continuous parent mediated intervention under the supervision of CDC-Team, specially for next 4-5 years.

(Signature)
Dr. Parul Verma
Senior Professor
Department of Pediatrics
Maulana Azad Medical College
S. Lok Nayak Hospital,
New Delhi-110002

Sign. /Name/Designation of Doctor
Date & Time: 20 NOV, 2019 11:19

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LOK NAYAK HOSPITAL
Jawaharlal Nehru Marg, New Delhi 110002



Form-IV
Disability Certificate
(In cases other than those mentioned in Forms II and III)
(See rule 4)

Certificate No. 238/2017

Date: 22/12/2017

This is to certify that I have carefully examined

Shri / Smt. / Kum. ESHAN

son/wife/daughter of Shri AJAY KUMAR

Date of Birth 19/12/09 Age 8 years, male/female Male
(DD / MM / YY)

Registration No. DEL237048 permanent resident of House No. A-325/B

Ward / Village / Street GANGA NAGAR Post Office GANGA NAGAR

District MEERUT State U.P. whose photograph is

affixed above, and am satisfied that he/she is a case of ABD C Borderline Intelligence disability.

His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/mental disability (in %)
1	Locomotor disability			
2	Low vision			
3	Blindness			
4	Hearing Impairment			
5	Mental retardation	<u>Brain</u>	<u>ABD C Borderline Intelligence</u>	<u>50% + 25%</u>
6	Mental-illness			

(Please strike out the disabilities which are not applicable.)



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Total Disability - 61.11%

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

or

(ii) is recommended / after 05 years 0 months, and therefore this certificate shall be valid till 22 12 2022
(DD) (MM) (YY)

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority Issuing Document
UID Card	No. 213976545757	Govt. of India

5. Signature and seal of the Medical Authority.

[Handwritten Signature]
 Dr. MONICAJUNEJA
 Director Professor
 Department of Pediatrics
 & Association Medical College
 Govt. of NCT of Delhi
 New Delhi-110028

[Handwritten Signature]
 22/12/22
 Countersigned

