

पंजीयन सं०/Reg No. : 311



7007865116
9935864006
8922884588



भाविनी वेलफेयर सोसाइटी (भाविनी डे केयर) Bhavini Weelfare society

84/11 बी, पुरा दलेल, तिलक नगर, अल्लापुर, प्रयागराज

84/11 B, Pura Dalel, Tilak Nagar, Allahpur, Prayagraj

E-mail poonamsinghs686@gmail.com

www.bhaviniwelfare.org

संदर्भ/Ret B/w/s 149

दिनांक/Date...16/12/2022

TO WHOME IT MAY CONCERN

To certify that Mr. Shashank Upadhaya S/o Mr. Neeraj Upadhaya R/o Manjhanpur kaushambi judge's coloney, Age 11 years, has been Diagnosed as Atism Causing Intellectual Disability. He is coming regularly for Thereputic management speech therapy / special education / occupational therapy / Physiotherapy.

He is Improving and need further continuous rehabilitation therapy program.

I wish his Success in life.

Poonam Singh
Secretary

BHAVINI WELFARE SOCIETY
Prayagraj



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Kaushambi, Uttar Pradesh



Certificate No.: UP4310020140053886

Date: 25/10/2021

This is to certify that I/we have carefully examined **Shri Shashank Upadhyay**, Son of **Shri Neeraj Kumar Upadhyay**, Date of Birth **12/02/2014**, Age **7**, Male, Registration No. **0943/00000/1912/0627027**, resident of House No. **Judges Colony J 1 District Court, Manjhanpur, Kaushambi - 212207**, Sub District **Manjhanpur**, District **Kaushambi**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**

(B) The diagnosis in his case is **Mental Retardation**

(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Kaushambi, Uttar Pradesh



Date: 07-Nov-2017

PATIENT INFORMATION

ID : 457
Name : MASTER SHASHANK
Age : 8Y (M)
Address : SONBHADRA
Handedness : Left
Medication :
Last Attack :
Refd. By : DR M PANDEY

NOTES

EEG (Electro Encephalo Graphy)

EEG record using 10-20 international system of electrode placement & monopolar & bipolar montage (transverse & longitudinal) were studied.

Patient was asleep during the study.

Polyspikes with slow waves are seen at various places likely to be abnormal discharges.

No asymmetry seen.

Final Impression : Abnormal sleep EEG record suggestive of seizure disorder. Kindly correlate clinically.


DR. SACHIN SINHA
MD(PSYCHIATRY)



हर्ष हॉस्पिटल (अक्षत क्लीनिक)

(F)

76-ए, लाउदर रोड, मेडिकल चौराहा, (कुलभाष्कर डिग्री कालेज के बगल में) प्रयागराज (इलाहाबाद) यू.पी-211002
दूरभाष : 0532-2256884, 2256650, 08354888550 • C.M.O. Off. Regi. No. 1950/1475
Website : www.harshhospitalallahabad.com

डॉ. चित्रा पाण्डेय

एम.बी.बी.एस., एम.डी.

प्रसूति, स्त्री रोग एवं शल्य क्रिया विशेषज्ञ

Token Visit Date 29-Apr-2022 11:33 am

7 UHID: HH/18-19/003649 OPD No: OPD/914

MASTER SHASHANK

Age / Sex 11 YEARS / MALE

डॉ. मुकुल पाण्डेय

एम.एस., एम.सी.एच. (मुम्बई)

न्यूरो सर्जन एवं स्पाइनल सर्जन

wt - 32kg

FUG of Myoclonic Jerks
= ADHD

TAB VALPRID CR 300MG TD 1-8AM
2-10AM
10-2PM

Plan for

Less Myoclonic Jerk
- 01/06/15

~~TAB LEVITIL 250MG BD 1-8AM
2-10AM~~

10/07/10 - CT Scan Brain - normal
TAB PETHIL MD 0.3MG TD 1-8AM
2-10AM

MRI of Brain - Mild Cerebral
atrophy.
25/11/19 ? Seiz

Tab Brenipil 50mg 1BD

01/04/2022 ? Seiz.

Tab Lacosam 100mg 1BD

01E.
Active

3 Months

Syp Nuciti Plus

समय



डॉ. चित्रा पाण्डेय

सुबह : सोम से शनि 10 से 2 बजे तक रविवार 11 बजे से 1 बजे तक
सायं : सोम से शुक्र 6:00 बजे से 8:00 बजे

शनिवार एवं रविवार सायं अवकाश



डॉ. मुकुल पाण्डेय

सुबह : सोम से शनि 10 से 2 बजे
सायं : सोम से शुक्र 7:00 बजे से 8:00 बजे

शनिवार सायं एवं रविवार अवकाश

- दिखाने के लिए बुलाये गये समय पर पुनः आकर के दिखायें और बिना डॉक्टर के सलाह के दवा बन्द न करें।
- किसी भी दवा से किसी भी प्रकार का रियक्शन किसी भी मरीज को हो सकता है।
- किसी भी प्रकार का रियक्शन होने पर, दौरे आने पर या किसी भी प्रकार की समस्या होने पर तत्काल अस्पताल में वापस आकर दिखायें और भर्ती होकर इलाज करावें।

● 24 घण्टे आपातकालीन सेवा उपलब्ध ●



शरीरमाद्यं खलु धर्मसाधनम्

ओ 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

उपचार / Room
UHID: 106135875
Dept No: 20220030017648

OPR-6

एकक / Unit _____

विभाग / Dept. _____

32
Unit-II
Paediatric
Queue No: N1

Regn. No. _____

नाम / Name

शशानक उपधायय
SHASHANK UPADHAYAY
10Y M 21D / M (पुरुष)
SINIFFER & COMPANY
Add: JUDGES COLONY J1 MANJHANPUR
KOSHAMBI, UTTAR PRADESH, INDIA
Mob: 8785141667 New Patient General Q10 Reporting: 8:00 AM-9:00 AM

29/07/2022

पता / Address

निदान / Diagnosis

दिनांक / Date

68

उपचार / Treatment

3d. 13yrs / ♂
Intellectual disability
Autistic traits / Epilepsy

No adverse perinatal events
Family H/o ID in both maternal & paternal Aunts
Both expired by age around 15-16yrs

1st episode of seizure @ 1 1/2 yrs of age (GTCS)
- infreq. episodes thereafter.

Last 2 mo. ↑ in freq. of seizures (3-4 epi. in the last 2 mo.) - after a seizure free period of 2 1/2 yrs.

motor milestones (N) ✓
significant psychomotor delay.
no clear words
no regression
Usual hearing (H) ✓

O/E
neurocutaneous marker
hypopigmented macules - (2) nos.
(R) gluteal region
| cafe au lait (R) post aspect of thigh.

• Sig. Autistic features ✓

Plain MRI Brain @ 3yr - (N) ✓
Films NA.



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)

