

LOK NAYAK HOSPITAL

NEW DELHI - 110002

लोक नायक अस्पताल

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GOVERNMENT NATIONAL CAPITAL TERRITORY OF DELHI

EPBX No. 23215400 23212400
 Central No. 23215152
 M.S. Office Fax No. 23212870
 E-mail: info@loknaayakhospital.com
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OUTPATIENT REGISTRATION CARD

Queue Token No. : 10

Dept	CHILD DEVELOPMENT CLINIC	DR MONIKA NINJA (MON to SAT)	Room No	HOSPITAL 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	
DOB	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	Measles	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 Una

S. Creatinine

S. Uric Acid

S. Electrolytes

S. Calcium

S. Phosphorus

Lipid Profile

LFT

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

UreAg

HPV

ASO

CRP

S. Widal

Blood C/S

CSF

OTHERS

TC

CHL

LDL

HDL

To,
 Whomsoever it may concern,
 This is to certify that Master Eshan s/o Mr. Ajay Kumar and Ms. 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. Monika Ninja
 Child Development Clinician
 LOK NAYAK HOSPITAL
 New Delhi 110002

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



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 ASD & 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>ASD & Borderline Intelligence</u>	<u>50% + 25%</u>
6	Mental-illness			

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



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CamScanner

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

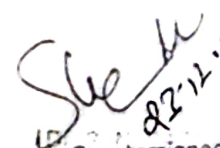
(ii) is recommended / after 05 years 0 months, and therefore this certificate shall be valid till 22 12 2022
(DD) (MM) (YY)

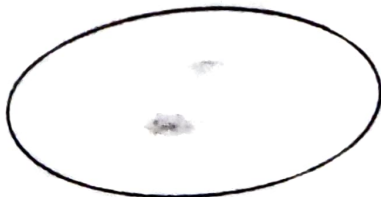
4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority Issuing Document
UID Card	No. 213976545751	Govt. of India

5. Signature and seal of the Medical Authority.


Dr. MONIC JUNEJA
Director Professor
Department of Pediatrics
& Adolescent Medicine
Govt. of NCT of Delhi
New Delhi-110002


22-12-22
Countersigned



CS

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MGIPRND-10471 NH/2017-10 P-4

Sig/Thumb Imp. of Candidate