



SMILE N CARE FOUNDATION

"TOGETHER WE CARE, TOGETHER WE SMILE"

REG NO- 2025/IV/557
PAN NO- ABLTS3460N
Unique ID: DL/2025/0572597
www.smilencare.org
info@smilencare.org

PATIENT DETAILS



NAME	LAKSHITA
FATHER NAME	MR GULSHAN KUMAR
DATE OF BRITH / AGE	12 -YEAR-OLD
SEX	FEMALE
DISEASE	BLOOD CANCER
HOSPITAL	AIIMS
ADDRESS	JJ COLONY, SARITA VIHAR, SOUTH EAST Delhi, New Delhi -110076
U.H.I.D NO	108567634
DEPARTMENT/ DIAGNOSIS	BRAIRCH
EST TREATMENT COST	3,25,000/-

Join us in making a difference! Smile N Care Foundation is reaching out to support underprivileged children in need. Your contribution, big or small, can bring hope and happiness to their lives. Together, let's ensure no child is left behind. Today to be a part of this noble mission.



अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
Department Of Lab Medicine (Emergency and Ward)

UHID: 108567634 Sex: Female
Patient Name: Miss LAKSHITA CHAUHAN Sample Received Date: 23/12/2025 01:51 PM
Age: 11 years 3 months 10 days Department: DEPT. OF EMERGENCY MEDICINE
Unit Name: Unit-I Unit Incharge: Dr. Rakesh Yadav
Lab Name: Lab Medicine Lab Sub Centre:
Reg Date: 28/08/2025 09:47 AM Sample Collection Date: 23/12/2025 01:34 PM
Report Generated Date: 23/12/2025 04:44 pm Dept / IRCH No: 20250300151980
Recommended By: Dr. Rakesh Yadav Emergency HOD Lab Reference No: 656

Sample Details : WC-2312250828

Report

Test Name	Result	Comment	Normal Range
Urea (Urease method)	19.6 mg/dL		• 15 - 42 mg/dL
Creatinine (Creatine amidino hydrolase, Enzymatic method)	0.23 mg/dL		• 0.52 - 1.04 mg/dL
Uric Acid (Uricase Method)	0.9 mg/dL		• 2.5 - 6.2 mg/dL
Calcium (Arsenazo III method)	9.6 mg/dL		• 8.4 - 10.2 mg/dL
Phosphorus (p-methylaminophenol sulfate)	4.5 mg/dL		• 2.5 - 4.5 mg/dL
Sodium (Potentiometric)	137 mmo/L		• 137 - 145 mmol/L
Potassium (Potentiometric)	3.9 mmo/L		• 3.5 - 5.1 mmol/L
Chloride (Potentiometric)	105 mmo/L		• 98 - 107 mmol/L
Total Bilirubin (Modified diazo method)	1.18 mg/dL		• 0 - 1 mg/dL
Direct Bilirubin (Calculated)	0.52 mg/dL		• 0 - 0.6 mg/dL • 0 - 0.3
Indirect Bilirubin (Caffeine sodium benzoate method)	0.66 mg/dL		• 0.6 - 10.5 mg/dL • 0 - 1.1 • 0.6 - 10.5
ALT(UV with pyridoxal 5 phosphate method)	76 U/L		• < 35 U/L
AST(UV with pyridoxal 5 phosphate method)	40 U/L		• 14 - 36 U/L
ALP(PNPP,AMP Buffer-IFCC)	116 U/L		• 38 - 126 U/L • 64 - 359 U/L
Albumin (BCG Method)	4.7 gm/dl		• 3.5 - 5 gm/dl
Globulin (Calculated)	2.8 gm/dl		• 3 - 3.7 gm/dl
A/G ratio (Calculated)	1.68		• 0.8 - 2
Total protein (Biuret reaction)	7.5 gm/dl		• 6.3 - 8.2 gm/dl

Over All Comment :

Kindly correlate results clinically.

Authorised Signatory

Verified By
drvidhilabmed



Hematology Analysis Report

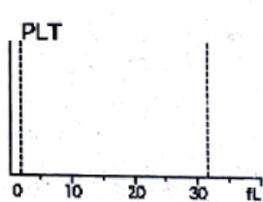
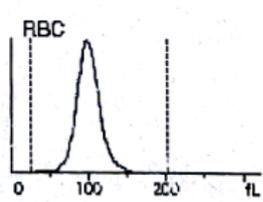
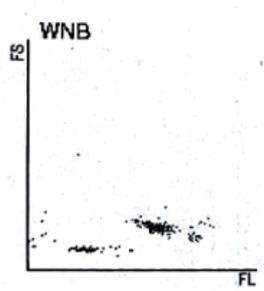
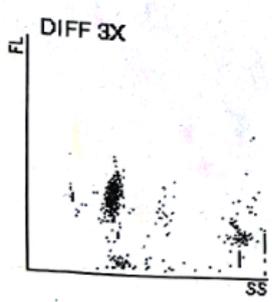
Name: **LAKSHITA**
 Gender: **Female**
 Department: **AL-WB-CD**
 Mode: **TW-25002239**
 Serial No.:
 Diagnosis:

Last Name:
 Age: **11Year(s)**
 Bed No.:
 Date of Birth:

Sample ID: **M.75**
 Patient ID: **108567634**
 Date of Analysis: **23-12-2025 13:32**
 Ward:
 Tube Pos.: **1-3**

Para.	Result	Unit	Ref. Ranges	Flag
1 WBC	0.35	10 ⁹ /L	4.00 - 12.00	Pancytopenia
2 Neu#	0.03	10 ⁹ /L	2.00 - 8.00	WBC Scattergram Abn
3 Lym#	0.28	10 ⁹ /L	0.80 - 7.00	Abn Lymph/blast?
4 Mon#	0.01	10 ⁹ /L	0.12 - 1.20	Lymphopenia
5 Eos#	0.03	10 ⁹ /L	0.02 - 0.80	Neutropenia
6 Bas#	0.00	10 ⁹ /L	0.00 - 0.10	Leukocytopenia
7 IMG#	0.00	10 ⁹ /L	0.00 - 999.99	Anemia
8 Neu%	7.9	%	50.0 - 70.0	PLT Histogram Abn.
9 Lym%	81.8	%	20.0 - 60.0	Thrombocytopenia
10 Mon%	1.5	%	3.0 - 12.0	
11 Eos%	8.8	%	0.5 - 5.0	
12 Bas%	0.0	%	0.0 - 1.0	
13 IMG%	0.0	%	0.0 - 100.0	
14 RBC	2.23	10 ¹² /L	3.50 - 5.20	
15 HGB	6.5	g/dL	12.0 - 16.0	
16 HCT	21.3	%	35.0 - 49.0	
17 MCV	95.7	fL	80.0 - 100.0	
18 MCH	29.0	pg	27.0 - 34.0	
19 MCHC	305	g/L	310 - 370	
20 RDW-CV	14.3	%	11.0 - 16.0	
21 RDW-SD	50.7	fL	35.0 - 56.0	
22 PLT	3	10 ⁹ /L	150 - 450	
23 MPV	****	fL	6.5 - 12.0	
24 PDW	****	%	15.0 - 17.0	
25 PCT	****	%	0.108 - 0.282	
26 P-LCC	****	10 ⁹ /L	30 - 90	
27 P-LCR	****	%	11.0 - 45.0	
28 NRBC#	0.000	10 ⁹ /L		
29 NRBC%	0.00	/100WBC		
* 30 HFC#	0.00	10 ⁹ /L		

Kindly provide average RBC sample per



Delivered by:
 Order Time:
 Comments:

Operated by: User
 Draw Time:

Validated by:
 Time of Printing: 23-12-2025 13:32

[The analysis results only answer to the corresponding sample]

*For research use only, not for diagnostic use.

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
 अंसारी नगर, नई दिल्ली-११००२९
 ANSARI NAGAR, NEW DELHI-110029

TRANSFUSION CHART

नाम : Lalchhita Chauhan आयु 11yr लिंग Female यू.एच.आई.डी.सं. 108567634
 NAME : Lalchhita Chauhan AGE : 11yr SEX : Female UHID No. : 108567634
 WARD : P60PD BED NO. : _____ DIAGNOSIS : ALL
 PATIENT'S BLOOD GROUP : O+ve UNIT CHIEF : _____

COMPONENTS

Date	Starting time	Bag No.	WB	RBC	PLT	FFP	PLSM	CRYO	Bag Group	Rh	Checked by	Started by	Given by	Stop time	REACTION
<u>23/12/25</u>	<u>1:40hr</u>	<u>2512037</u> <u>(SDP)</u>		<input checked="" type="checkbox"/>					<u>O</u>	<u>+ve</u>	<u>Dr Ankita</u>	<u>dh</u>			
<u>23/12</u>	<u>8PM</u>	<u>B</u> <u>46623</u>		<input checked="" type="checkbox"/>					<u>O</u>	<u>+ve</u>	<u>Dr</u>	<u>NO</u>	<u>OT</u>	<u>12PM</u>	<u>MIL</u>
		<u>20148</u>									<u>Zasid Midway</u>				

W.B. = WHOLE BLOOD
 R.B.C. = RED BLOOD CELL
 P.L.T. = PLATELET
 PLAM = PLASMA
 CRYO = CRYOPRECIPRATE
 QTY. = QUANTITY
 FFP = FRESH FROZEN PLASMA

DATE

	DETAILS OF BLOOD REACTION, IF ANY	
	ACTION TAKEN	
	CAUSE OF BLOOD REACTION	
	OUTCOME	



(DEPT. OF EMERGENCY MEDICINE)

142



UHD No: 108567634

Emergency No: 2025/030/0151980

DATE: 23/12/2025

TIME: 12:56:09 PM

NON-MLC

NAME: MISS LAKSHITA CHAUHAN

AGE: 11 years 3 months 10 days SEX: F

D/O: GULSHAN KUMAR

ADDRESS:

H.NO:

A 2/864 PH 1ST J. J COLONY
 MADANPUR KHADAR SARITA गली / मुहल्ला STREET/
 VIHAR PO SARITA VIHAR MOH:
 DIST SOUTH

CITY/BLOCK:

PIN:

110076

STATE:

DELHI

PHONE NO:

8743007383

MOBILE NO:

8743007383

Location:

Paediatrics Emergency

Criticality: Red / Yellow / Green

BROUGHT BY: Relative: FATHER

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

Shifted to Paeds/ Main/ New Emergency

F/U/c ALL in Med Onc - on GCS

Presenting Complaints

40 gum bleeding: lighter - mild
 No bleeding from any other site
 [GDP lowered] no fever.

Primary Assessment (ABCDE): Assessment Pentagonagon

Airway	Circulation	Disability
Open & stable. Yes/No If No.....	HR.....110/min	GCS.....15/15
Breathing: RR 24/min Efforts: Normal/Poor/ increased	CFT.....2 sec. BP.....100/60 mmHg	Pupil size.....5mm/min
Auscultation: Air entry: Normal/poor/Differential	Peripheral pulse: Poor/Good	Pupillary Reactions.....RU
Added sounds: None/Stridor/Wheeze/Crackles	Central pulse: Poor/Good	Motor activity: Normal & Symmetrical/ Asymmetrical/ Posturing/Flacidity/Seizure
SpO2 on Room air.....99%	Skin temp: Warm/cool	Blood Sugar.....mg/dl
	Others	Exposure: Temp.....Wd Colour: Normal/pallor/ cyanosis/mottled Any other skin lesions.....

wr: atk

Diagnosis
 CBC
 UFT/KFT

Ar Transfuse 8DP 1 unit (350ml)
 1940PM
 23/12/25
 IV over 30 min
 Ar
 m delirio
 d S



नाम
Name

Lakshita Chauhan

उम्र
Age

10yr / F

सर्विस
Service

दिनांक
Date

यू.एच.आई.डी. नं.
UHID No.

प्रोफेसर इंचार्ज
Professor I/C

Notes written by

Paarth

CLINICAL NOTES

23/12/25
7:00pm

C/S/B Sx/MO

Δ Sx. Ph (+) B-ALL

p/consolidation

last vcc 1.35mg
~~last 9000-50~~

22/12/25

p/w c/o gum bleeding x 1 day

No fever

oral ulcer ⊕

No loose stools

No cough/hemoptyses

No vomiting/hemeteneus



Clinic No. 8351/2025

Reg. Date-22/12/2025

Deptt. MEDICAL ONCOLOGY
Clinic Paediatric Medical Oncology Clinic

IRCH No. 351871

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



PHYSICAL EXAMINATION

Temp. Pulse Resp. B.P. Weight

Labs

Hb - 65
TIC - 350
ANK - 30
PLT - 3K

Imp - Ph^(H) B-ALL

Panmytopenia c gum bleeding

Last VCR - 22/12/25

Plan

(1) 10 SDP
10 PRBC

Transfusion

2) Imp Tranexa 250 mg IV TDS x 2 days

3) Imp G-CSF 150 mg S.C OD x 3 days

4) R/v SOS



Tab Tranexa
250 mg PO TDS
x 2 days



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

OPR-6

आउट पैशियंट डिपार्टमेंट / Out Patient Department
TED IN HOSPITAL PREMISES

रजि. नं./Un

अध्यापक/O

ICCI No. 351071
Dr. B.R.A. IICCI, A.I.I.M.S., NEW DELHI

Clinic: Pediatric Medical Oncology Clinic
Dept: MEDICAL ONCOLOGY
Gender:

नाम
Name: LAKSHITA CHAUHAN
DOB: GUERDIAN KUMAR
Phone No. 874100781

Reg. Date: 14-12-2021

Class No. 333-2021



UICID: 106567034

Sex: M

Room: 1000 (Over 18th Floor)

रजि. नं./O.P.D. Regn. No.

आयु
Age

जन्म तिथि / Date of Birth

निदान/ Diagnosis

दिनांक/ Date

22/12/25



Date: 23/12
Time: 21:30

Cont 1mg

STOP 6-MP

SDP - 1D (Day care)

Inj. VCR 1.35mg

Inj. L-Asparaginase

- 26/12

9000 units
Inj. G-CSF 150mcg s/c on 29/12/25

Journal

Inj. G-CSF 150mcg s/c on 26/12/25 x 4 days

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



DR. B.R.A. DHYANISIN, NEW DELHI
 IRCH No. 351871
 Clinic: Palliative Medical Oncology Clinic
 (Inq), MEDICAL ONCOLOGY
 General
 Name: LAKSHITA CHAUHAN
 DO: GAJENDRA KUMAR
 Phone No. 874007183
 Address: 2384 PULST 2 ECTORNY MADANPUR KHARAK SAHITA
 VILLAR PATNARITA VILLAR DIST SOUTH DELHI Pin 110006 INDIA

थान रोटरी कैंसर अस्पताल
 Rotary Cancer Hospital
 A.I.I.M.S. HOSPITAL
 Patient Department
 G PROHIBITED IN HOSPITAL PREMISES

OPR-6

प-नो-वि. पंजीकृत सं. / O.P.D. Regn. No.

प	आयु	जन्म तिथि / Date of Birth
Sex	Age	

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
11/2/25	Hold 6MP inj. G-est 100mcg x 3 days
11-20-19	CBC-3/12 from 4/12 to start d#2 bone marrow

31/1/12 D2
 2/1/14 D3
 31/12/25

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
 O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline 1080 (24 hrs service)
 वाहर से आने वाले रोगियों के लिए धरमशाला की सुविधा उपलब्ध है/Dharamshala facility is available for outstation patients



8/12/25

Inj. G-CSF 100mcg sc ~~oax~~ 3day (15)

~~From 8/12~~

Fv with CBC on 8/12/25
Vanu

D1
4/12/25
D2
5/12/25
D3
6/12

Date
8/12/2025

Tab 6 MP 50mg ITS (14h)

ITNTX - 12mg ^{Dated on 9/12/25}

inj. Endoxan 450mg IVP D1, D2 8/12, 9/12

inj. Emetrol 4mg IVP D1, D2

inj. Morphine 200mg IVP D1, D2

inj. Mac 65mg sc/IVP 9/12, 10/12, 11/12, 13/12

16/12, 17/12, 18/12
19/12

W-21-215
CTD1
CTD2
5/12/25

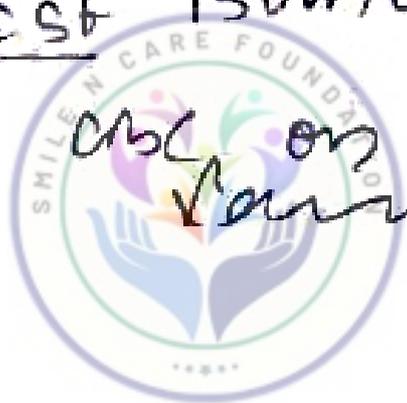
PRC-ESDP
DAYCARE MEDICAL ONCOLOGY AMMS
Date: 7/12
Time: 7:30 AM

F/v on 22/12/2025 CTBC

BT-10 7 Day care
SDP-10

Inj. G-CSF 150mcg sc on 21/12
x 4 days

Fv with CBC on 22/12
Vanu



Handwritten notes on the left margin including 'Date: 7/12' and 'Time: 7:30 AM'.



डॉ. अम्बेडकर संस्थान रोटरी कैंसर अस्पताल
mbedkar Institute Rotary Cancer Hospital

OPR-6
25/11

एकल/Unit Dr SB/DP
 विभाग/Dept. MO.
 नाम/Name LAKSHI CHAUHAN
 आयु/Age 7/11
 पता/Address Plot No. 17, Sector 14, Gurgaon, Haryana

बिधा/Diagnosis Ph⁺ B-ALL / Consolidation (Received from block)

दिनांक/Date	उपचार/Treatment
<u>10/11/25</u>	<p>Naes = fever + TCP</p> <p>BT 8310 / 7170 / 12K.</p> <p>Advice w/H include</p> <p>Dengue (-)</p>
<u>11/11/25</u>	<p>① iv Magnex 105 gm iv BD] x 3 days</p> <p>② iv Amikacin 300mg iv OD]</p> <p>③ iv ALSF 125 mg sc OD x 3 days</p> <p>④ SDP/RDP → 11/11/25</p> <p>⑤ Tab PCM 500mg 1/2 tab SOS</p> <p>⑥ Plenty of fluids</p>

3 RDP

11/11/25

MEDICAL ONCOLOGY

AIIMS

Date 11/11
Time 7:30 AM

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE
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 धरमशाहा फेसिलिटी के लिए धरमशाहा की सुविधा उपलब्ध है / Dharamshala facility is available for outstation patients



T. 2 Sfer 4mg - Pre ARA-C 3111/11/11

started on 25/11/11 at 8:30am

IT-MTX 12mg weekly x 2 days ^{6/10/11 at 8:30am}

Aj. G-CSF 1000mg s/c - ~~6/11~~ 7/11, + 8/11 ^{date No-15}

T. MATIMB 300mg qms 21st on
Fu with CBC + LFT / RFT on
10/11/11

Vanveer Salary





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

OPR-6

आउट पैशियन्ट विभाग / Out Patient Department
TED IN HOSPITAL PREMISES

एकक/Un

विभाग/D

DR. RULA, DR. CHAITAN, NEW DELHI
Reg. Date: 08/12/2024
Class: Pediatric Medical Oncology Clinic
Dept: MEDICAL ONCOLOGY
General
नाम
Name: LAKSHITA CHAUHAN
D.O.B: 01/05/2014
Floor No: 8741007103
Reg. No: 8151/2023
UHID: 101567634
Sex/Age: F/11Y
Room: Board House - (Mat. Childrens)

क्रमा सं./O.P.D. Regn. No.

वय
Age

जन्म तिथि / Date of Birth

विदान/ Diagnosis

दिनांक/ Date

उपचार/ Treatment

22/12/25

Cont IMRT
STOP 6-MP
SDP - 1D (Day care)

Apheresis tab 1st flo
CT + Conf
22/12/25

SDP
DANGAR
MEDICAL
ONCOLOGY
Date: 23/12
Time: 21:30

Inj. VCR 1.35mg IVP
Inj. L-Asparaginase

9000 unit
IN

26/12

DL (CFE + LUNA)
26/12/25

Fourth cbc on 29/12/25

[Handwritten signature]

Inj. G-CSF 150mcg s/c on 26/12/25 x 4 days

D1
22/12/25

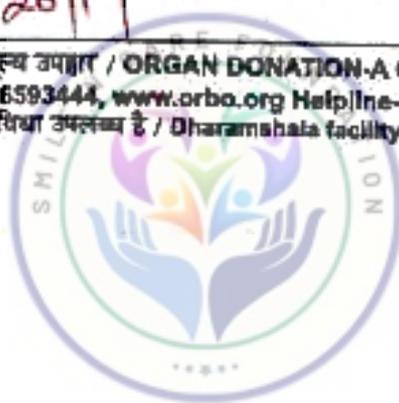
D2
23/12

D3
24/12/25

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SMILE N CARE FOUNDATION

"TOGETHER WE CARE, TOGETHER WE SMILE"

REG. NO. 2014/03/00
PAN NO. ABE1530AN
Unique ID: 2020052100
www.smilencare.org
info@smilencare.org

सीता जी,

श्रीमान आध्यात्म जी
आध्यात्म कौर्ड ऑफ द्रस्टी
स्वास्थ्य रून वेयर ट्रस्ट

विषय - आपरेशन के लिए सहायता हेतु

महोदय,

मैं गुलशन कुमार जी, एन-2/864, जी जी कॉलोनी, मदनपुर खादर, सरिता विहार, सरिता विहार, दक्षिण दिल्ली - 110026, में निवास करता हूँ तथा लेबर का काम करके अपने परिवार का पालन पोषण करता हूँ। मेरी 12 साल की बेटी लक्षिता चौहान जिसको (ALL) (Acute Lymphoblastic Leukemia) ब्लड कैंसर है। मेरी बेटी का कलाज सूर्य हॉस्पिटल में चल रहा है। डॉक्टर ने आपरेशन के लिए बताया है तथा उसका Multiple Chemotherapy session चल रहा है, जिसका खर्च बहुत ज्यादा है।

मैं एक गरीब परिवार से हूँ, मजदूरी करके धर चलाता हूँ, मेरे पास इतने पैसे नहीं हैं कि मैं अपने बच्चे का इलाज करा सकूँ।

आपसे हाथ जोड़कर प्रार्थना करता हूँ, मुझे सहायता देकर मेरे बच्चे की जान बचाने की कृपा करें।

Registered Address: 888, Shastri Garden Mayapuri Phase I Delhi 110041

Contact: 9717123650/8481002054

For SMILE N CARE FOUNDATION

Authorised Signatory

प्रार्थी

गुलशन कुमार
सरिता विहार,
दक्षिण दिल्ली



भारत सरकार
Government of India



Aadhaar no. issued: 31/01/2018



लक्षिता चौहान

Lakshita Chauhan

जन्म तिथि/DOB: 13/09/2014

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

4876 6413 0748

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



गुलशन कुमार

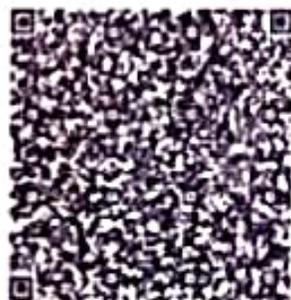
Gulshan Kumar

जन्म तिथि/DOB: 07/04/1989

पुरुष/ MALE

8282 7827 8061

VID : 9146 9643 1179 5393



मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



Aadhaar no. issued: 24/03/2011



शारदा

Sharda

जन्म तिथि/DOB: 12/05/1991

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

5576 0600 9499

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

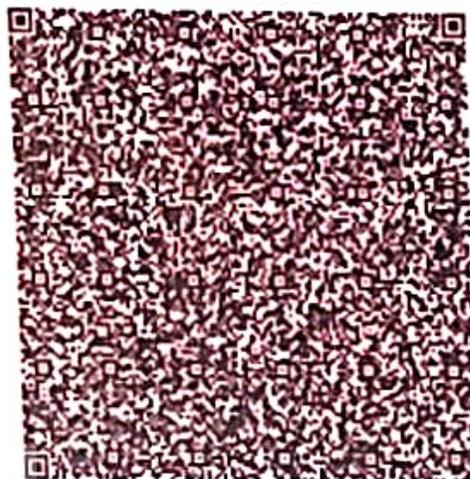


पता:

W/O गुलशन कुमार, ए-2/864, जे जे कॉलोनी, मदनपुर खादर,
सरिता विहार, सरिता विहार, दक्षिण दिल्ली,
दिल्ली - 110076

Address:

W/O Gulshan Kumar, A-2/864, j j colony, madanpur
khadar, Sarita Vihar, PO: Sarita Vihar, DIST: South
Delhi,
Delhi - 110076



5576 0600 9499

VID : 9140 0947 7293 7937



1947



help@uidai.gov.in



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Details as on: 16/01/2025



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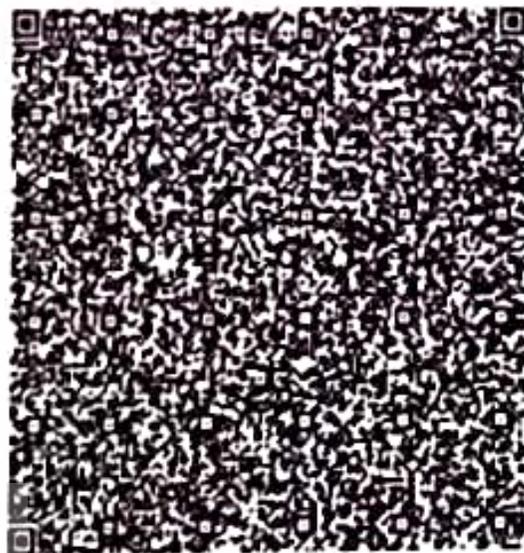
Unique Identification Authority of India

पता:

S/O: रामवीर, ए2/864, पीएच - पहला जे जे कॉलोनी
मदनपुर खादर, सरिता विहार, दक्षिण दिल्ली,
दिल्ली - 110076

Address:

S/O: Ramveer, A2/864, PH - 1st j j
Colony Madanpur Khadar, Sarita Vihar,
South Delhi,
Delhi - 110076



QR Code with Photograph

8282 7827 8061

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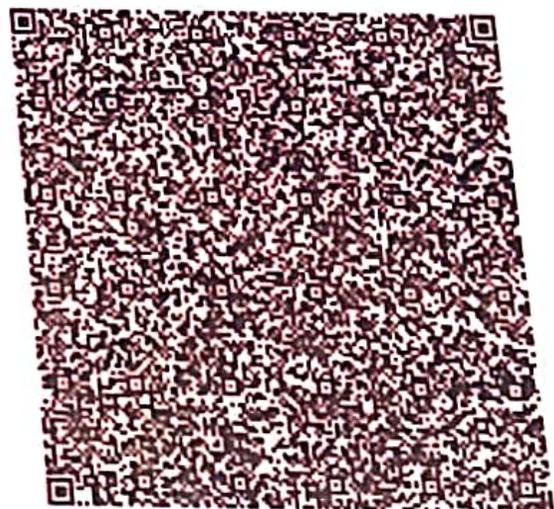
पता:

आत्मजा: गुलशन कुमार, ए 2/864, पीएच - पहला, जे.जे.
कॉलोनी, मदनपुर खादर, सरिता विहार, सरिता विहार, दक्षिण
दिल्ली,
दिल्ली - 110076

Details as on: 16/01/2025

Address:

D/O: Gulshan Kumar, A 2/864, PH - 1st, J.J. Colony,
Madanpur khadar, Sarita Vihar, PO: Sarita Vihar,
DIST: South Delhi,
Delhi - 110076



4876 6413 0748

VID : 9117 6771 8353 3924



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