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उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
सामुदायिक स्वास्थ्य केंद्र दिबियापुर
COMMUNITY HEALTH CENTRE DIBIYAPUR

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा उत्तर प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण नियम 2002 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि सामुदायिक स्वास्थ्य केंद्र दिबियापुर तहसील औरिया जिला औरिया राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में दर्जित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR COMMUNITY HEALTH CENTRE DIBIYAPUR OF TAHSIL/BLOCK AURAIYA OF DISTRICT AURAIYA OF STATE/UNION TERRITORY OF UTTAR PRADESH, INDIA

बच्चा / NAME: PRANAV KUMAR

लिंग / SEX: MALE

आधार संख्या / AADHAAR NUMBER:

जन्म तिथि / DATE OF BIRTH:

06-06-2023

SIXTH-JUNE-TWO THOUSAND TWENTY THREE

जन्म स्थान / PLACE OF BIRTH:

CHC DIBIYAPUR, DIBIYAPUR, AURAIYA, AURAIYA, UTTAR PRADESH

माता का नाम / NAME OF MOTHER:

SHALINI PAL

पिता का नाम / NAME OF FATHER:

PANKAJ KUMAR

माता का आधार संख्या / AADHAAR NUMBER OF MOTHER:

पिता का आधार संख्या / AADHAAR NUMBER OF FATHER:

जन्म के समय के माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

SURAJPUR, BARAUNA KALAN, BEDIHUNA, AURAIYA, UTTAR PRADESH, 206252

स्थायित्व का पता / PERMANENT ADDRESS OF PARENTS:

SURAJPUR, BARAUNA KALAN, BEDIHUNA, AURAIYA, UTTAR PRADESH, 206252

पंजीकरण संख्या / REGISTRATION NUMBER:

B-2023: 9-21219-001488

पंजीकरण तिथि / DATE OF REGISTRATION:

27-07-2023

टिप्पणी (यदि कोई हो) / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:

19-07-2023

Updated On : 19-07-2023 15:22:04



This QR code can be used to check the authenticity of the certificate

सिद्धांत कुमार एवं नरेश
सामुदायिक स्वास्थ्य केंद्र दिबियापुर
जारी करने वाले अधिकारी / SIGNATURE OF ISSUING AUTHORITY :
रजिस्ट्रार (जन्म एवं मृत्यु)
Registrar (BIRTH & DEATH)
सामुदायिक स्वास्थ्य केंद्र दिबियापुर
COMMUNITY HEALTH CENTRE DIBIYAPUR

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"



POST GRADUATE INSTITUTE OF CHILD HEALTH

बाल चिकित्सा एवं स्नातकोत्तर शैक्षणिक संस्थान

Sector-30, Noida, G.B. Nagar (U.P.) सैक्टर-30, नोएडा, गौतमबुद्ध नगर (उ.प्र.) Website: www.pgich.edu.in

An Autonomous Institute under Government of U.P. / उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान

Name: Pooja Jai

Age/Sex: 2.5 m

Regn. No. 625384101

(H) 16/9/25

Resident of Etawah

Pediatric Hematology Oncology
OPD

Serial No.: 26

Date: 16/9/25

Height: 9.41g

Weight: 12 cm

Fever since June 25

No bleeding

+

Detected pathor.

Hb ~ 2gms/dl

1

Transfused 100 ml

June 25, 26 July 25.

No appetite.

o/e of febrile

pathor (+)

irritable

no HSM.

Adv.

(1) CBC

KFT / Na/K

Urea markers

(2) Admit in 140 grade (2nd floor)

(3) Plow BMA / Bx trw

CBC 3.9 | 3100 | 52000
(1419) N35 L59

नोट:-

1) टीकाकरण नियमित रूप से कराएं।

2) यदि आपके बच्चे में खतरे के कोई लक्षण जैसे की सांस तेज चलना, अत्यधिक बुस्त होना, बार बार उल्टी होना, बेहोशी की भावना, दोरे पड़ना इत्यादि हो तो तुरन्त चिकित्सालय की इमरजेंसी या नजदीकी चिकित्सालय में तुरन्त बच्चे को ले जाकर दिखाएं।

24x7 Emergency Contact No. 0120-2458000

ऑनलाइन फीडबैक फॉर्म
स्कैन करें और भर्तें।





POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 30 NOIDA, NOIDA-201302, UTTAR PRADESH, INDIA

PHONE : 911202000000



NAME: PRANAV PAL

CATEGORY: GENERAL

CR No: 981162500384101

ADM DATE: --

BILL No: 981162500384101/1

IPD No: 981162500384101

AGE/SEX: 2 YR/MALE

SERVICE: IPD

PAYMENT DT: 11-NOV-2025 06:56:16

DEPARTMENT/WARD: PAEDIATRIC HAEMATOONCOLOGY / ROLLY 300 WARD

SN	SERVICE	RATE	QTY	NET AMOUNT
1	CBC-(PAT014)	205	1	205.00
TOTAL AMOUNT :				205.0

PAID AMOUNT RUPEES (IN WORD): TWO HUNDRED FIVE ONLY

MODE OF PAYMENT: CASH

PAYMENT DETAILS: CASH : (AMT::205)

EMG BILL ADT 3

AUTHORISED SIGNATORY



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 30 NOIDA, NOIDA - 201305, UTTAR PRADESH, INDIA

PHONE : 91382000000



NAME: PRANAV PAL

CATEGORY: GENERAL

CR No. 981162500384101

NOI DATE: --

DEPARTMENT/WARD: PEDIATRIC HAEMATOLOGY & CLONOLLY BLDG. 4RD

AGE/SEX: 2 YR/MALE

SERVICE: IPD

PAYMENT DT.: 01-NOV-2025 06:18:57

BSR No. 12164250067367/1

UPI No. 981162500384101

SN	SERVICE	RATE	QTY	NET AMOUNT
1	CBC (PATIAL)	205	1	205.00
2	PCTASMA (H0073)	35	1	35.00
TOTAL AMOUNT:				240.00

PAY AMOUNT IN WORDS: TWO HUNDRED FOURTY ONLY

MODE OF PAYMENT: CASH

PAYMENT DETAIL: CASH: (AMT:240)

THIS BILL ACTS AS

AUTHORISED SIGNATORY



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 30 NOIDA, NOIDA - 201302, UTTAR PRADESH, INDIA

PHONE: 9020200000

BILLING SERVICES RECEIPT



NAME: PRANAV PAI
CATEGORY: GENERAL
CK No: 9876750038404

ADM DATE: ---

DEPARTMENT/WARD: PEDIATRIC-HAEMATOONCOLOGY/ICU & WARD

BILL No: 98767511910001

IPD No: 987675000000

AGE/SEX: 2 YR/MALI

SERVICE: IPD

PAYMENT DT: 03-NOV-2025 17:45:55

SN	SERVICE	RATE	QTY	NET AMOUNT
1	CREATININE - (BLOOD)	55.00	1	55.00
2	ELECTROLYTE (NA, CA, K, Mg, P)	105.00	1	105.00
3	SERUM MAGNESIUM (BP, HR)	55.00	1	55.00
4	CBC - (PATENT)	205.00	1	205.00
TOTAL AMOUNT				420.00

PAID AMOUNT RUPEES (IN WORDS): FOUR HUNDRED TWENTY ONLY

MODE OF PAYMENT: CASH

PAYMENT DETAIL: CASH (AMT: 420)

TMG-BEL-ADT 4

AUTHORISED SIGNATORY

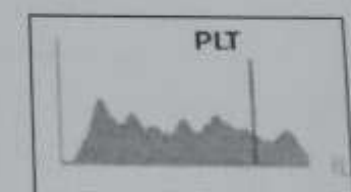
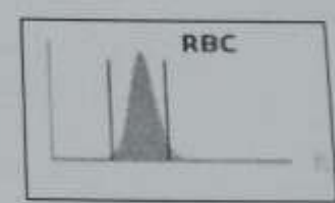
29

4

DEPARTMENT OF PATHOLOGY

Name : PRANAV PAL 2Y
Birth Date :
Doctor : DR NITA Gender : M
Comments : CBC
Operator ID : MYTHIC70
Date : 02/10/2025 07:46
Patient ID : PHO 4101
Sample ID : AUTO_39898
Mode : DIF WB Group : DEFAULT
Seq# : 43581
Rack/Pos. : 010301
EDITED

	Results	Flags	Units	Normal Limits
WBC	0.3	L	$\times 10^3/\mu\text{L}$	4.0 / 12.0
LYM%	99.1	!H	%	25.0 / 50.0
MON%	0.0	!L	%	2.0 / 10.0
NEU%	0.9	!L	%	50.0 / 80.0
EOS%	0.0	!	%	0.0 / 5.0
BAS%	0.0	!	%	0.0 / 2.0
ALY%	0.0	!	%	0.0 / 10.0
IMM%	0.0	!	%	0.0 / 100.0
M#	0.3	!L	$\times 10^3/\mu\text{L}$	1.0 / 5.0
MON#	0.0	!	$\times 10^3/\mu\text{L}$	0.1 / 1.0
NEU#	0.0	!	$\times 10^3/\mu\text{L}$	2.0 / 8.0
EOS#	0.0	!	$\times 10^3/\mu\text{L}$	0.0 / 0.4
BAS#	0.0	!	$\times 10^3/\mu\text{L}$	0.0 / 0.2
ALY#	0.0	!	$\times 10^3/\mu\text{L}$	0.0 / 150.0
IMM#	0.0	!	$\times 10^3/\mu\text{L}$	0.0 / 150.0
RBC	1.67	L	$\times 10^6/\mu\text{L}$	4.00 / 6.20
HGB	4.9	L	g/dL	11.0 / 17.0
HCT	15.4	L	%	35.0 / 55.0
MCV	92.5		fL	80.0 / 100.0
MCH	29.3		pg	26.0 / 34.0
MCHC	31.8		g/dL	31.0 / 35.5
RDW-CV	10.2		%	10.0 / 16.0
RDW-SD	46.1		fL	37.0 / 47.8
PLT	7	L	$\times 10^3/\mu\text{L}$	150 / 400
MPV	14.6	!H	fL	7.0 / 11.0
PCT	0.010	!L	%	0.200 / 0.500
PDW	13.0	!	%	10.0 / 18.0
PLCR	51.5	!H	%	12.0 / 42.0
PLCC	4	!	$\times 10^3/\mu\text{L}$	13 / 129



Pathology Information :

Pathology Remarks :

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

Name : PRANAV PAL 2Y

Birth Date :
Doctor : DR NITA

Gender : M

Patient ID : PHO-4101

Sample ID : AUTO_39656

Comments : CBC

Mode : DIF WB Group : DEFAULT
EDITED

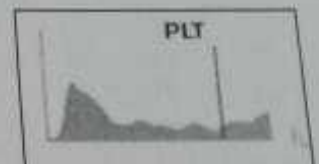
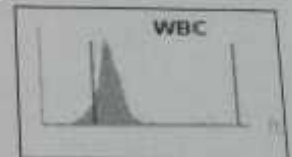
Operator ID : MYTHIC70

Date : 28/09/2025 07:54

Rack/Pos. : 010402

Seq# : 43332

	Results	Flags	Units	Normal Limits
WBC	1.1	L	$\times 10^3/\mu\text{L}$	4.0 / 12.0
LYM%	97.0	H	%	25.0 / 50.0
MON%	0.2	L	%	2.0 / 10.0
NEU%	2.6	L	%	50.0 / 80.0
EOS%	0.0		%	0.0 / 5.0
BAS%	0.2		%	0.0 / 2.0
ALY%	0.7		%	0.0 / 100.0
IMM%	0.7		%	0.0 / 100.0
LYM#	1.1		$\times 10^3/\mu\text{L}$	1.0 / 5.0
MON#	0.0		$\times 10^3/\mu\text{L}$	0.1 / 1.0
NEU#	0.0	L	$\times 10^3/\mu\text{L}$	2.0 / 8.0
EOS#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 0.4
S#	0.0		$\times 10^3/\mu\text{L}$	1.0 / 0.2
ALY#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 150.0
IMM#	0.0		$\times 10^3/\mu\text{L}$	0.0 / 150.0
RBC	3.45		$\times 10^3/\mu\text{L}$	4.0 / 10.0
HGB	10.1		g/dL	11.0 / 17.0
HCT	28.5		%	35.0 / 55.0
MCV	82.7		fL	80.0 / 100.0
MCH	25.3		pg	26.0 / 34.0
MCHC	30.4		g/dL	31.0 / 35.5
RDW CV	10.9		%	10.0 / 16.0
RDW-SD	42.0		fL	37.0 / 47.8
PLT	9	L	$\times 10^3/\mu\text{L}$	150 / 400
MPV	1.3	L	fL	7.0 / 11.0
T	0.021	L	%	0.200 / 0.500
PDW	11.3		%	10.0 / 18.0
PLCR	34.4		%	12.0 / 42.0
PLCC	7	L	$\times 10^3/\mu\text{L}$	13 / 129



Pathology Information :

Pathology Remarks :

SIGN & SEAL

PRINTED ON : 28/09/2025 08:06

BY : MYTHIC70

SERIAL NUMBER : 710923-000056

CYCLE : N ALY, IMM, PCT, PDW, PLCC, and PLCR for Research Use Only

BIOLOI/ADMIN

SOFT VERSION : V0.5.1-001

Spec ID 12345
 Pat Name PRANAV
 Pat ID PRG-4101
 Doctor DR. NITA
 Comment CBC

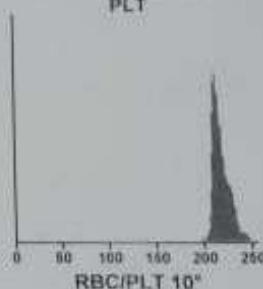
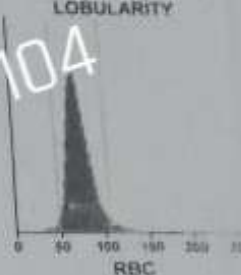
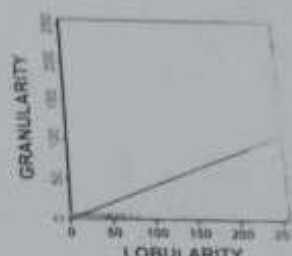
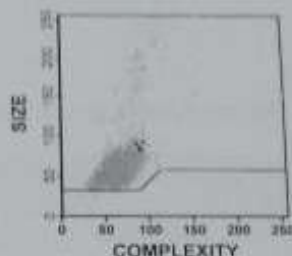
Spec Type Patient
 DOB
 Draw Date/Time
 User Field 1 0.2V
 User Field 2

34
 Sex Male

SEQ# 1567 OPID
 Run 22/9/2025 8:45
 Test CBC
 Mode Open Param
 Limits Universal Male

WBC 4.64* 10e3/uL SUSPECT WBC
 LYM 4.29* 92.6* % VAR/LBLAST
 MONO 1.08* 8.08* % PWBC
 BASO .062* 1.33* % DFLT (NLMEB)

RBC 4.62 10e6/uL
 HGB 12.9 g/dL
 HCT 39.2 %
 MCV 84.7 fL
 MCH 28.0 pg
 MCHC 33.0 g/dL
 RDW 14.9 %



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LIMIT SET					
WBC	3.70-10.1		RBC	4.06-5.58	PLT 155-366
NEU	1.63-6.96	39.3-73.7 %	HGB	12.9-15.9	MPV 6.90-10.6
LYM	1.09-2.99	19.0-48.3 %	HCT	37.7-53.7	
MONO	240-790	1.40-12.7 %	MCV	81.1-96.0	
EOS	0.00-0.440	0.00-7.30 %	MCH	27.0-31.2	
BASO	0.00-0.080	0.00-1.70 %	MCHC	31.8-35.4	
			RDW	11.5-14.5	

INTERPRETATION

-----WBC-----RBC-----PLT-----

SUSPECTED ABNORMAL POPULATIONS:

WBC Count Alert
 WBC Diff Alert
 Variant Lymphocytes/Blasts
 Fragile WBC

USER DEFINED ABNORMALITIES:

Neutropenia Anisocytosis Thrombocytopenia
 Lymphocytosis

Evermero 1000 Injection

Warning: If any foreign particle is visible in the vial after dissolving the contents, please do not use the solution and return for replacement.

One ampoule containing 20 ml sterile water for injection I.P. included in this pack

Mfd. by, M.L. No. B.No., Mfg. Date & Exp. Date of sterile water for injection is embossed on the ampoule.

SINGLE DOSE VIAL

Mfg. Lic. No.: M/07/627 & S-MNB/08/19
Batch No.: 25DG400

घान संख्या
Mfg. Date: 07/2025

उत्पादन तिथि
Exp. Date: 06/2027

विवसान तिथि
M.R.P. ₹: 1085.00

अधिकतम खुदरा मूल्य
(Incl. of GST)
(समी करो सहित)

Marketed by:

Evermed

Division of Vibcare Pharma Pvt. Ltd.)

NO 4, HSIDC IT PARK, SEC-22

PHULWA, HARYANA, 134109

MICAMIN-50 Injection

One ampoule containing sterile water for injection I.P. included in the pack

Sterile Water for Injection IP for Mfg. Lic. No., Batch No., Mfg. Date & Exp. Date as printed on the ampoule

Mfg. Lic. No.: N-MB/2019/208

Batch No.:
घान संख्या
Mfg. Date: 09/2024

उत्पादन तिथि
Exp. Date: 08/2026

समाप्ति की तिथि 9999.00
M.R.P. ₹:

अधिकतम खुदरा मूल्य
(Incl. of all taxes)
(समी करो सहित)

Marketed by:

 **SAIMAN**
LIFE SCIENCES

Saiman Life Sciences Pvt. Ltd.

(A Division of Protech Teelinks)

C-43/2, Lawrence Road,
Industrial Area, New Delhi-110034

Mfg. Lic. No.: G/28/1078
Batch No.: 2125053
Mfg. Date: 01/2025
Expiry Date: 12/2026
M.R.P. ₹: 3435.00
(Inclusive of all Taxes)

HIRE Supply only