



(English Version)



FORM NO-5
ISSUE NO : 4340/2025



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Bhubaneswar Municipal Corporation

CERTIFICATE OF BIRTH

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and 8/13 Rule of the Odisha Registration of Births and Deaths, Rule 2001

This is to certify that following information has been taken from the original records of birth which is in the register for **Bhubaneswar Municipal Corporation** of Tahasil **BHUBANESWAR** of District **KHORDHA** of State **ODISHA**

NAME: KARTIK CHANDRA TUNGA

SEX: MALE

DATE OF BIRTH:
17/10/2024

PLACE OF BIRTH:
SATYAM HOSPITAL, BHUBANESWAR

NAME OF MOTHER:
GAYATRI MAHARANA

NAME OF FATHER:
SARAT CHANDRA TUNGA

MOTHER'S ID PROOF NO:

FATHER'S ID PROOF NO:

ADDRESS OF PARENT AT THE TIME OF CHILD BIRTH: NILACHAKRA NAGAR, SALIA SAHI, PO, BILAS-NAYAPALLI, KHORDHA, ODISHA, INDIA, 751013

PERMANENT ADDRESS: NILACHAKRA NAGAR, SALIA SAHI, PO, BILAS-NAYAPALLI, KHORDHA, ODISHA, INDIA, 751013

REGISTRATION NO:
15421/2024

REGISTRATION DATE:
30/10/2024

UBRN NO:
211 B362-0001-015421-2024

DATE OF ISSUE:
21/02/2025



Signature valid

Digitally signed by DEEPAK KUMAR BISOIYI
Date: 2025.02.21 16:13:09 IST
Reason: Birth Certificate
Location: BHUBANESWAR

Dr Deepak Kumar Bisoyi
Issuing Authority
Registrar, Births & Deaths
HEALTH OFFICER

THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY.
It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature, stamp or seal. This certificate is issued as per section 4,5 & 6 of information technology Act 2000 and it's subsequent amendments in 2008. For any query or verification, please visit <https://www.birthdeath.odisha.gov.in> Tampering of this certificate will attract penal action.

241



अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HO
बहिरंग रोगी विभाग / Out Patient Depart
अस्पताल के अन्दर धूम्रपान मना है। / SMOKING IS PROHIBITED IN HOSPITAL



बाल चिकित्सा विभाग
UHID:108379246
Dept No: 20250030015470
KARTIK ...

कमरा / Room C-210
Queue / संख्या F92
Unit-III, Paediatric

कार्डिनिक पंजीकृत सं./O.P.D. Regn. No.

वय / Age	पता / Address

S/O SARAT CHANDRA TUNGA
DY BM 15D / M (पुरुष)
VILLAGE BHUVNESHWAR, DIST
KHURDA, ORISSA, INDIA
Ph: General Rs 0
Follow Up Patient

रुग्ण सं. / Reg. No.
Reporting: 10:21:39
25/06/2025

निदान / Diagnosis

दिनांक / Date	उपचार / Treatment
<p>78</p> <p>6.6.15</p> <p>33880 / 1.36 @</p> <p>N₂L₂</p> <p>LFT/RFT - OK</p>	<p>उपचार / Treatment</p> <p>IMML c NF1. on post #1. GMP-trial OU #1. Azacytidine. ∴ 29/6/25.</p> <p>Adv.</p> <p>- complete #1.</p> <p>- complete 7 days Azacytidine</p> <p>- Enroll in POC - Sr Tmy p/2</p> <p>- Meet Dr Rzekawa for BMT list.</p> <p>→ HLA matchy to expedite or low</p> <p>- PU c CBC on 17/7/25</p>

बाल चिकित्सा विभाग
UHID:108379246
Dept No: 20250030015470
KARTIK ...
S/O SARAT CHANDRA TUNGA
DY BM 18D / M (पुरुष)
VILLAGE BHUVNESHWAR, DIST
KHURDA, ORISSA, INDIA
Ph: 9776222222 General Rs 0
Follow Up Patient

कमरा / Room C-210
Queue / संख्या F69
Unit-III, Paediatric
रुग्ण सं. / Reg. No.
Reporting: 10:00:57
28/06/2025

Nanhi Smile Trust



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)



Department of Pediatrics
Division of Pediatric Oncology
All India Institute of Medical Sciences, New Delhi



शरीरमाद्यं खलु धर्मसाधनम्

Patient Note Book

Nanhi Smile Trust

Name : Kartik

UHID : 108379246

Diagnosis: JMML

Patient Details

Name : Kaatik

Age / Gender : 7m/m

Father's Name : Sarat chandra

Address : Khurda, Orissa

Contact No:

Nanhi Smile Trust

POC / PCSC No.: 240/25

Diagnosis: JMM2

Remarks :

..... NR

HIV Status..... NR

-BV ✓ 1 2. Immunization Card

..... Omn

PICC Line Care

अगर आपके बच्चे को PICC Line Care लगी हुई है तो डे केयर के डाक्टर या नर्स से जरूर संपर्क करें।

28/7/25:

JMML tNF1.

Worked up and diagnosed in AIMS, Bhubaneswar.

Received cycle 1 BMP/ARA-C

At AIMS received 1 cycle Azacytidine from 24/6 - 30/6.

Currently:

→ Afewile.

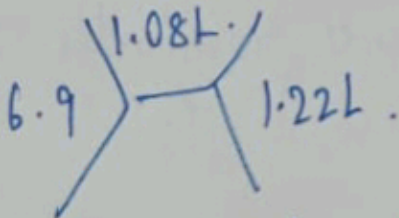
RR: 40/min

→ liver 4cm ↓ Rcm

chest clear.

→ spleen 7cm ↓ Lcm.

→ scalp abscess reducing (after oral Abx)



in allopathy and hydroxyurea.

Nanhi Smile Trust

PS: 8% blasts

C/d/w Prof. R. Seth Maam:

Case details have been discussed by Unit Faculty
Prof. R. Seth Maam with Faculty @ 1^o treating centre @

30/6

Dist. Callosoft LA TDS

Sars

21/7/21

Kindly give report

21/7/21

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Imm

→ Child seen in POC clinic

40 cough x 15 days

± fast breathing, subcostal retractions

40 swelling over ⊙ ear x 15 days (post chemotherapy)

- increasing in size

- pus discharge ⊙

low looks - 10 day

- 2-3 episodes, watery

- No fever / low looks / rash / excessive irritability

PE: PR: 156/min

RR: 66/min, SCR ⊕

SPO₂: 96% on RA

Pupils: equal

HR: 110

RV: RA condenser sounds ⊕

MI: AEE

A/A: Liver - 8cm RCM

Spleen - 9cm BCM

Card: clear, aortic

ECG: S, S ⊕

Plan: c/s/b Prof R. Sethi

- Refer to POC casualty

- CBC & PS for ? malignant transformation

↳ (JREB also)

- Decide on IV vs oral (ceftriaxone + metrogyl) based on ORL

- CXR - (infiltrates vs JMMI infiltrates)

- USG local site

- Grok w/o, add line

- Informed to casualty ORL

Local examination: swelling 3x2cm over ⊙ parietal region & pus point ⊕, tender, soft warmth ⊕ / E body waddy around

- Parent counsellor
- Once ORL with report

MM
Dr. Manish

6/8/25

JMML i NFL.

received CHF 2 Machine
(20/7 - 4/8)

HLA matching not done

funds to be applied for

6.4 > 98,240 < 1.41 lacs.
↑
Fast = 14%

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✓ did not receive PRAC (7/8/25)

Ade

⊖ - Peds Sr review for Oxydoocele.

⊖ - Syp. cetizine 2ml NS.
(5mg/5ml)

- ~~St~~ Ct. Allopurinol + Hydroxyurea.
as advised

- to repeat CBC/PT/UT

↓
rv on 9/8/25
i reports.

O/E
P ⊕ / Z ⊖
HR = 124/c.
RR = 38/min

IP/CP +/+

R/S BUN ⊕
no added sounds

Rest ASD.

Dr. A. BATRA
Jawahar Science
3-11/029
Sd/-

Previous Reports :-

CBC

	Hb	TLc	DLc	Rct	PS
24/2/25	7.8	1:09L		2.33L	
21/3/25	11.2	11650		98000 - Blast 1%; Hydrocyte ⊕; Metamyelocyte → (2+); Abn Monocytes → 9-1.	
16/4/25	6.6	19150		1.24L	Blast (2%)
7/9/25	5.7	31950		2.54L	Blast (13%)
26/15/25	8	62460		90K	Blast (15%)
3/16/25	6.2	18810		30K	Blast (8%)

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(15) 24/2/25

Marked Leucocytosis
Myloid left shift =
Basophilia (3%); &
leucosinophilia (10%);
Abn Monocytoid cells (15%);
Scattered Abn lymphoid cells ⊕

Now evaluated at JHML
22/5 - 28/5
Received BMP & ARA C → Report
for HPE.

Cervix; 28/3

OIE; Pallor ⊕

P/A

Like → 2cm
B RLM

? Purule over Aspirate not

forehead. Splen → 6cm BLN

Multiplo Clonal

(W) Myelofibrosis

bit → 2-3mm over
bone.

⊕

Adv

→ PS / Flow from IRCH.

To Contact

Dr. Rukona -

→ To UL BHA/ NGS / MPLC

? MFI status

1 BCL-ABL report
from AIMS; Bhubaneswar

Dr. P. SHIVARAMAN
JUNIOR RESIDENT
DEPT. OF HEMATOLOGY
AIIMS, NEW DELHI

CS TORIV

in Peds Onco OIB (R No 260)
c report.

AIIMS, Bhubaneswar Dr. Debashish. It has been decided to continue bridge Rx @ primary healing centre. Child can be referred to AIIMS, New Delhi for BMT once funds and pre transplant w/u steady.

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- To give cycle 2 Azacitidine f/b transplant.
- HLA matching to expedite.
- funds process to keep close follow up.
- Continue Alopurinol and Hydroxyurea.
- Weekly CBC for HLA.

Inj. AZACITIDINE 26mg / 50MLNS iv over 30 minutes x 7 days
Q.D
(cycle 2)

- R/w after 3 months 27/10/25.
- Patients counselled.

Sanyama
SR



DEPARTMENT OF TRANSPLANT IMMUNOLOGY & IMMUNOGENETICS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Room No. 92, Ground Floor, Teaching Block, Near Academic Section
Ansari Nagar, New Delhi-110 029, India

Tel : (+91-11) 2659 4638, 2659 4446 Email : deptofimmunology2015@gmail.com

**REQUISITION FORM
HEMATOPOIETIC STEM CELL TRANSPLANTATION**

Recipient Information

Name : Kaartik
 (S/O) W/o, D/o Sarat Chandra Tunga
 Age / Sex 8m/male Ethnicity _____
 Date & Place of Birth 17/10/2024
 Address Khurda, Bhuvaneswar
Orissa
 Phone _____
 E-mail _____

Referring Hospital

UHID No. 108379246
 Hospital AIIMS
 Unit / Ward Ped III
 Physician Prof. Aseta
 Phone _____
 Email _____

BMT-

Patient _____
 Sibling 1 _____
 2 _____
 3 _____
 Mother
 Father

Clinical Details

Date of Diagnosis 2/2/25 Clinical Remission Yes No Date _____ History of relapse Yes No Date _____
 Details of previous chemotherapy AAA-6mp

Is patient on special protocols? Steroids or Immunosuppression etc. Azathioprine

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History of Blood Transfusions

Blood Group B+ve Number of units given so far 60 Date last Transfused 15/6/25
 TLC Counts 17390 HIV Pos Neg Hbs Ag Pos Neg
 Other relevant information _____

Original Disease

- AML CML MDS Aplastic Anemia
 ALL Multiple Myeloma Thalassemia Others JMML

Immunogenetics Tests Requested (see note below)

Low Resolution

HLA-Class I (ABC) HLA-Class II (DR/DQ/DP)

High Resolution

HLA-Class I (ABC) HLA-Class II (DR/DQ/DP)

Anti HLA - Antibody (see note below)

Panel Reactive Antibody (PRA) Screening

Donor Specific Antibody (DSA)

Note

- Samples will be accepted/collected ONLY with completely filled requisition form.
- Treating physician signature is mandatory.
- Family information should be provided overleaf
- Specimen requirement : (a) HLA Testing- 4ml EDTA blood, (b) Antibody testing-2ml plain blood
- Testing Details : Samples collected on Monday, with prior appointment only.



डॉ. जगदीश प्रसाद मोहन
 Dr. Jagdish Prasad Mohan
 Additional Professor
 Pediatric / Dept. of Pediatrics
 AIIMS, New Delhi

CONSULTANT'S SIGNATURE & SEAL
 Date: 28/6/25



अ० 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

OPR-6

वाल चिकित्सा विभाग
UHID: 108379246

कमरा / Room
C-210

बहिरंग रोगी संकेत सं./O.P.D. Regn. No.



Dept No: 20250030015470

Queue / संख्या
N30
Unit-III, Paediatric.

आयु
Age

पता / Address

KARTIK

S/O SARAT CHANDRA TUNGA
OY 8M 1D / M (पुरुष)

बुध रविव. Wed.Sat

VILLAGE BHUVNESHWAR, DIST
KHURDA, ORISSA, INDIA



Ph: General Rs 0

Reporting: 09:11:56

New Patient
15/07/2025

11/06/2025

दिनांक / Date

Ht is 66cm Wt is 46.5cm उपचार / Treatment

6.3kg
2.762
40

DOB is 17/10/20

H. 682

From Bhubaneswar

Nanhi Smile Trust

Symptoms since months of age.

Abdomen distension.

No other illness in the family

No c/o Pallor / Jaundice / Vomiting / Constipation / Ab @ movements / Joint Pain / Swelling / Rash.

Evaluated initially @ AIIMS Bhubaneswar

2D → ECHO

MIV
MSAG
Anti HCV | NR

USH Abd: - Slight Hepatosplenomegaly

HPLC; BHA; BCR - ABL; Done @ AIIMS Bhubaneswar
Karyotyping NGS / NFI status? Reports 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)



My Hospital meraaspatal.nhp.gov.in



ଭାରତ ସରକାର

Government of India



Aadhaar no. issued: 09/05/2013



ପରତ ଚନ୍ଦ୍ର ତୁଙ୍ଗ

Sarat Chandra Tunga

ଜନ୍ମ ତାରିଖ /DOB: 15/03/1993

ପୁରୁଷ/ MALE

ଆଧାର ହେଉଛି ପରିଚୟର ପ୍ରମାଣ, ନାଗରିକତା ବିଷୟ ତତ୍ତ୍ୱ ତାରିଖର ପ୍ରମାଣ ନୁହେଁ। ଏହା କେବଳ ଆଧାର (ଅନଲାଇନ୍ ଅଥେଣ୍ଟିକେସନ୍ ବିଷୟ ବ୍ୟୁତ୍ପାଦନ କୋଡ୍/ଅନଲାଇନ୍ ବୁକିଂ-ଏକ୍ସଲ ଭାବେ) ସହିତ ବ୍ୟବହାର କରିବା ଉଚିତ।

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).

9197 2878 0238

ମୋ ଆଧାର, ମୋ ପରିଚୟ

Nanhi smile Trust



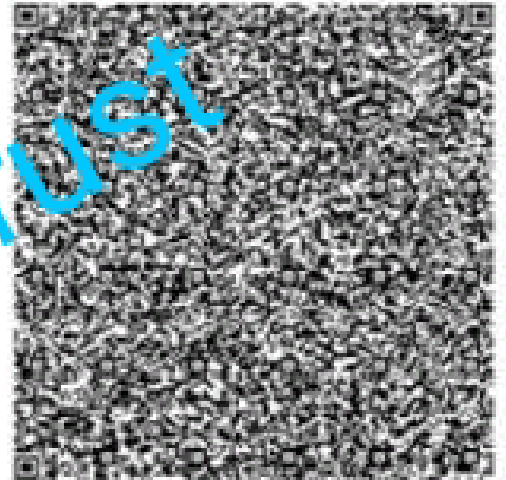
ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ ପ୍ରାଧିକରଣ

Unique Identification Authority of India



ଠିକଣା:
ନିଳଚକ୍ରନଗର (ସାଲିଆସାହି), ଆର.ଆର ଏଲ,
ଭୁବନେଶ୍ୱର(ଏମ.ପି), ଖୋର୍ଦ୍ଧା,
ଓଡିଶା - 751013

Address:
NILACHAKRA NAGAR SALIA SAHI, R.R.L.,
Regional Research Laboratory S.O, DIST: Khordha,
Orissa - 751013



9197 2878 0238

VID : 9111 1293 1759 2096

1947

help@uidai.gov.in

www.uidai.gov.in

Details as on: 16/05/2025

Nanhi Smile Trust



NANHI SMILE TRUST

सेवा में,

श्रीमान नरिंदर अशोक दूर,
 नई दिल्ली

विषय :- आर्थिक सहायता आवेदन पत्र

महोदय,

सन्तति निवदन यह है मेरे बच्चे की ताबियत बहुत खराब है और मेरा बच्चा अभी सिर्फ एक साल का है और वो JMML Cancer में ग्रस्त है और दिन पे दिन बच्चे की ताबियत खराब हो रही है मेरी आर्थिक शक्तियां सही नहीं हैं मैं अपने बच्चे के खर्च उठाने में असमर्थ हूँ मेरी अपेक्षाएं हैं कि आप मेरे बच्चे की जल्द खर्च में सहायता करें।

बच्चे का नाम - कार्तिक

उम्र - एक साल

दिनांक - 31-10-25



आपकी आभारपूर्वक टिप्पणी
आपका प्रार्थी
सुराज