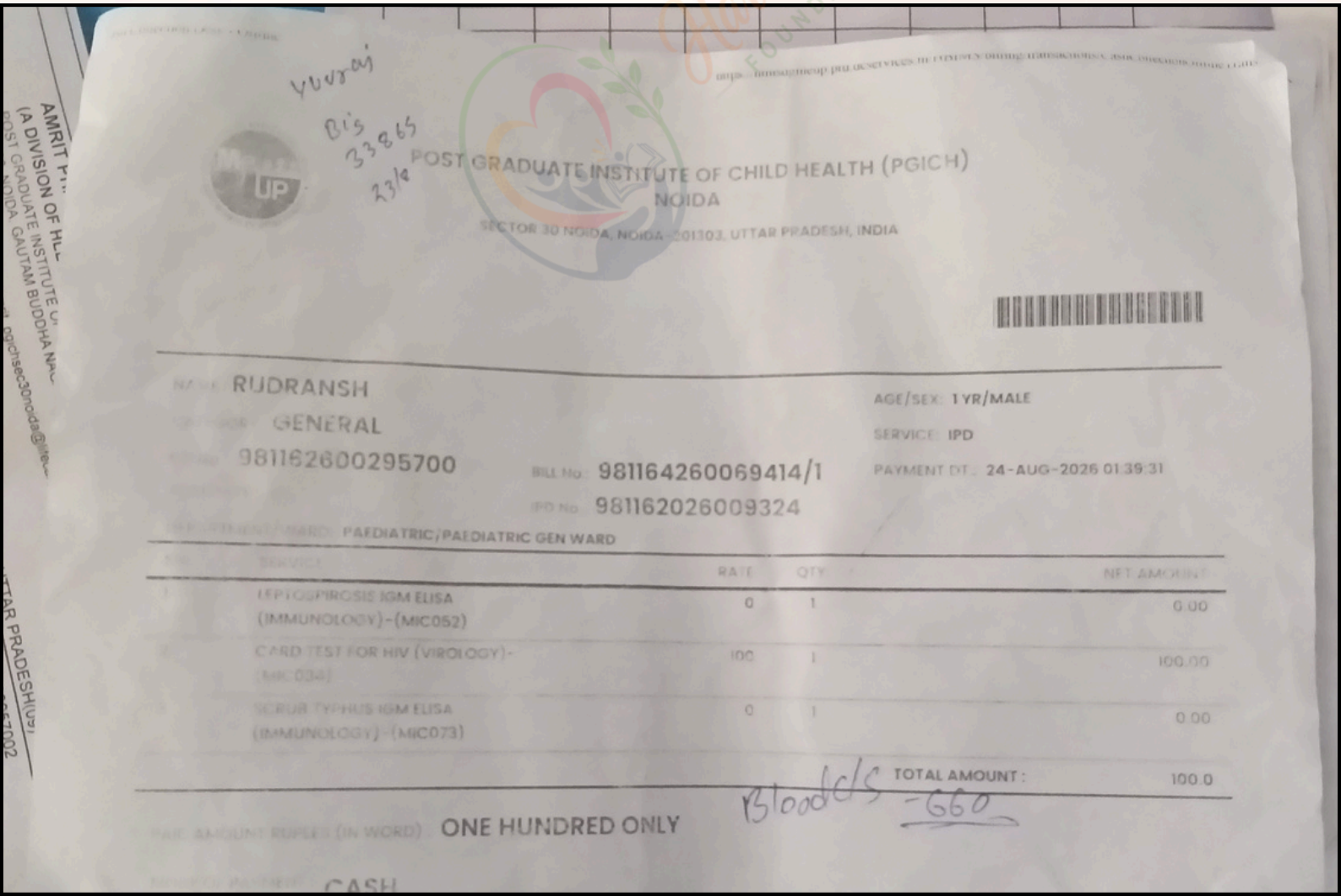
Name : Master Rudransh

Age :- 1 year

Case :- Severe Pneumonia

Severe pneumonia is a life-threatening lung infection where the tiny air sacs (alveoli) fill with pus and fluid instead of air, severely restricting oxygen exchange in the body.



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH)
NOIDA
SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

RUDRANSH
GENERAL
981162600295700
AGE/SEX: 1 YR/MALE
SERVICE: IPD
BILL No: 981164260069414/1
PAYMENT DT.: 24-AUG-2026 01:39:31
IPD No: 981162026009324
PAEDIATRIC/PAEDIATRIC GEN WARD

SERVICE	RATE	QTY	NET AMOUNT
LEPTOSPIROSIS IGM ELISA (IMMUNOLOGY)-(MIC052)	0	1	0.00
CARD TEST FOR HIV (VIROLOGY)-(MIC034)	100	1	100.00
SCRUB TYPHUS IGM ELISA (IMMUNOLOGY)-(MIC073)	0	1	0.00

TOTAL AMOUNT : 100.0

ONE HUNDRED ONLY

Blood c/s -660

CASH

Post Graduate Institute of Child Health
Sector-30, Noida, Gautam Budh Nagar,(U.P.)

E-Mail : info@ssphpgti.ac.in

Patient Name : RUDRA
UH.ID No. : 700112118
C.R.No. :
PRESCRIBED BY :
Date : 23-08-2026

GSTIN : 09AAAAI9738C2ZK
D.L NO. :

GST INVOICE

CASH MEMO NO. : S014377
TIME : 01:16 Print By : SUMIT9818

S.No	PARTICULARS	ITEM CODE	QTY.	BATCH No.	EXP.	GST	RATE	AMOUNT
1.	PIPERACILLIN+TAZOBACTUM 2.25MG	MU/5393/40	2	3225256	10/27	5.00	57.75	115.50
2.	IPRATOPIUM 500MCG/2ML RESPUL\\	MU/314/279	5	5SA1877	8/27	5.00	4.62	23.10
3.	LEVOSALBUTAMOL 0.63MG RESPULE	MU/338/279	12	5L81073	10/27	5.00	4.85	58.20
4.	AMIKACIN 250MG INJ	MU/20/52	3	A5IQZ002	3/28	5.00	19.51	58.53
5.	VANCOMYCIN 250MGG INJ	MU/522/298	4	1319062	7/27	5.00	49.67	198.68

For Post Graduate Institute of Child Health

TOTAL AMOUNT 454.01
CGST 10.81
SGST 10.81

(Computer Generated Invoice)

NET AMT.(R/O): 454.01

Post Graduate Institute of Child Health
Sector-30, Noida, Gautam Budh Nagar,(U.P.)

E-Mail : info@ssphpgti.ac.in

Patient Name : RUDRANSH
UH.ID No. : 700034656
C.R.No. : 2018005220
PRESCRIBED BY :
Date : 24-08-2026

GSTIN : 09AAAAI9738C2ZK
D.L NO. :

GST INVOICE

CASH MEMO NO. : S014477
TIME : 07:32 Print By : RAJNARAYAN

S.No	PARTICULARS	ITEM CODE	QTY.	BATCH No.	EXP.	GST	RATE	AMOUNT
1	PIPERACILLIN+TAZOBACTUM 2.25MG	MU/5393/40	4	3225256	10/27	5.00	57.75	231.00

For Post Graduate Institute of Child Health

TOTAL AMOUNT 231.00
CGST 5.50
SGST 5.50

(Computer Generated Invoice)

NET AMT.(R/O): 231.00

Signature of M

POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

NAME: RUDRANSH
CATEGORY: GENERAL
CR No.: 981162600295700
ADM DATE: --
BILL No.: 981164260069357/1
IPD No.: 981162026009324
AGE/SEX: 1 YR/MALE
SERVICE: IPD
PAYMENT DT.: 23-AUG-2026 17:55:25
DEPARTMENT/WARD: PAEDIATRIC/PAEDIATRIC GEN WARD

SN.	SERVICE	RATE	QTY.	NET AMOUNT
1	AUTOMATED BACTERIAL CULTURE (AEROBIC) AND SENSITIVITY - BLOOD (BACTERIOLOGY) - (MIC013)	660	1	660.00
			TOTAL AMOUNT :	660.0

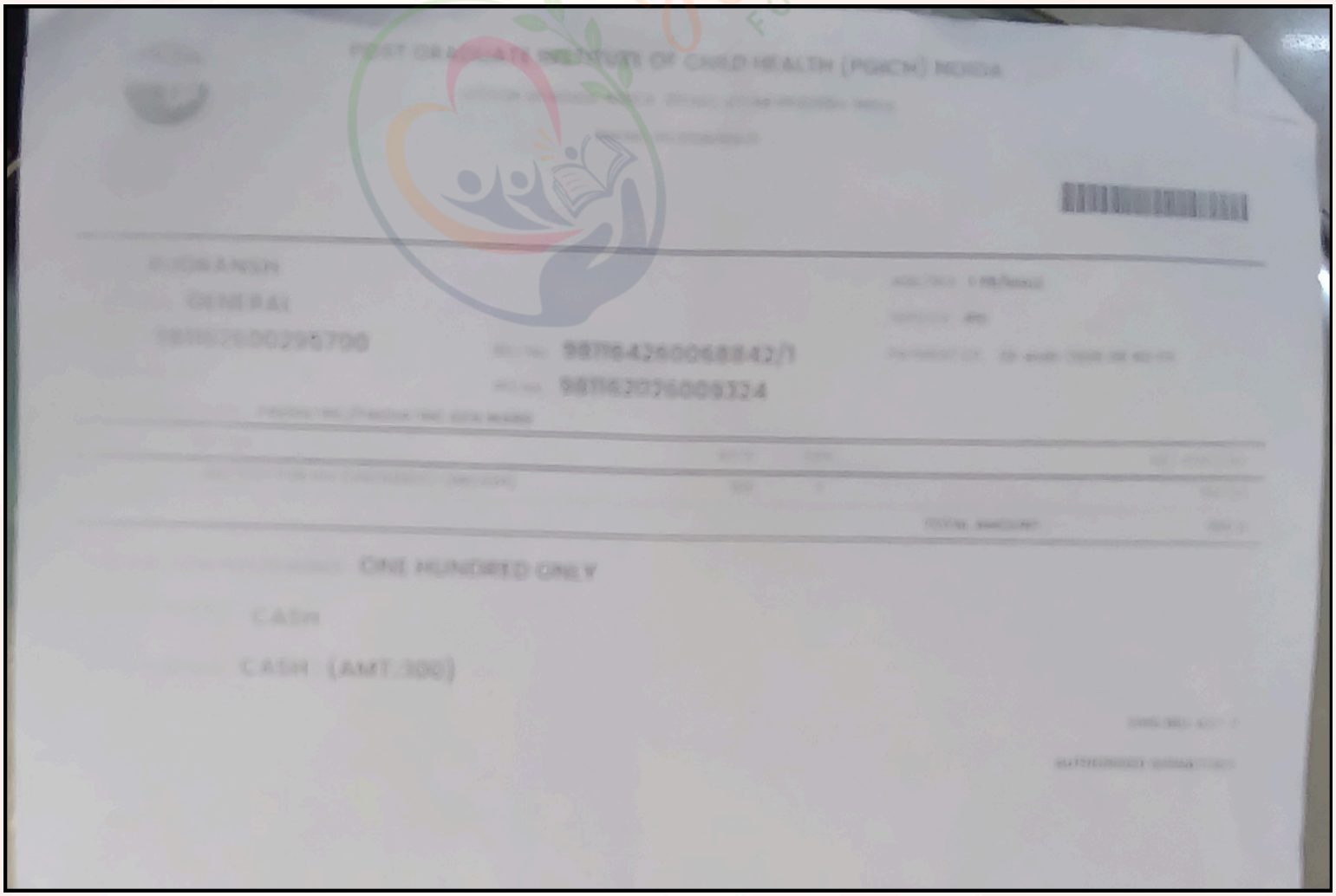
PAID AMOUNT RUPEES (IN WORD) : SIX HUNDRED SIXTY ONLY

MODE OF PAYMENT : CASH

PAYMENT DETAILS : CASH : (AMT::660)

EMG BILL ADT 9

AUTHORISED SIGNATORY



POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH)
NOIDA

SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

NAME: **RUDRANSH**
CATEGORY: **GENERAL**
CR No.: **981162600295700**
ADM DATE: --
BILL No.: **981164260069375/1**
IPD No.: **981162026009324**
AGE/SEX: **1 YR/MALE**
SERVICE: **IPD**
PAYMENT DT.: **23-AUG-2026 20:36:04**
DEPARTMENT/WARD: **PAEDIATRIC/PAEDIATRIC GEN WARD**

SN.	SERVICE	RATE	QTY.	NET AMOUNT
1	RTPCR FOR INFLUENZA H1N1 H3N2 (MOLECULAR BIOLOGY)-(MIC085)	2400	1	2400.00
			TOTAL AMOUNT :	2400.0

PAID AMOUNT RUPEES (IN WORD) : **TWO THOUSAND FOUR HUNDRED ONLY**

MODE OF PAYMENT : **CASH**

PAYMENT DETAILS : **CASH : (AMT::2400)**

EMG BILL ADT 10

POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

NAME: **RUDRANSH**
CATEGORY: **GENERAL**
CR No.: **981162600295700**
BILL No.: **981164260069297/1**
IPD No.: **981162026009324**
AGE/SEX: **1 YR/MALE**
SERVICE: **IPD**
PAYMENT DT.: **23-AUG-2026 12:11:04**
DEPARTMENT/WARD: PAEDIATRIC/PAEDIATRIC GEN WARD

SN.	SERVICE	RATE	QTY.	NET AMOUNT
1	CBC (HAEMOGRAM)-(HAD060)	150	1	150.00
2	[illegible]	105	1	105.00
3	[illegible]	110	1	110.00
4	CHEST X-RAY AP-(RAD040)	150	1	150.00
			TOTAL AMOUNT :	515.0

FIVE HUNDRED FIFTEEN ONLY

CASH

CASH : (AMT::515)

DEO EMG BILL ADT

AUTHORISED SIGNATORY

POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

NAME: RUDRANSH
CATEGORY: GENERAL
CR NO.: 981162600295700
ADM DATE: --
DEPARTMENT/WARD: PAEDIATRIC/PAEDIATRIC GEN WARD

BILL No.: 981164260069257/1
IPD No.: 981162026009324

AGE/SEX: 1 YR/MALE
SERVICE: IPD
PAYMENT DT.: 23-AUG-2026 08:59:10

SN.	SERVICE	RATE	QTY.	NET AMOUNT
1	FLUORESCENCE MICROSCOPY FOR AFB(MYCO-BACTERIOLOGY)-(MIC047)	0	1	0.00
2	TRUENAT FOR TUBERCULOSIS (MOLECULAR BIOLOGY)-(MIC076)	0	1	0.00
3	MICROSCOPY FOR TUBERCULOSIS (AFB STAINING) (MYCO- BACTERIOLOGY)-(MIC064)	85	1	85.00
			TOTAL AMOUNT :	85.0

PAID AMOUNT RUPEES (IN WORD) : EIGHTY FIVE ONLY

MODE OF PAYMENT : CASH

PAYMENT DETAILS : CASH : (AMT::85)

DEO EMG BILL ADT

TAX INVOICE

AMRIT PHARMACY- PGICH, NOIDA
(A DIVISION OF HLL LIFECARE LTD)
POST GRADUATE INSTITUTE OF CHILD HEALTH
SEC. 30, NOIDA, GAUTAM BUDDHA NAGAR
NOIDA-201301
Ph: 1206335901 E-mail: amrit_pgichsec30noida@lifecarehll.com

DL No.: UP16210001587, UP16210001587
GSTIN : 09AAACH5598K1ZZ
STATE : UTTAR PRADESH(09)

Patient Name : RUDANSHI
Doctor Name : DR SURENDA BAHADUR DL No.:
GSTIN :
UIN No. :
State : UTTAR PRADESH(09)

Inv No : 261968300057002
Dated : 24-08-2026 (07:27 AM)
Pay Type : CASH Invoice
S.Man : THLL4228
User : THLL4228
Card No:

Misc	Description of Goods / HSN /SAC Code	Pack	Qty	Ls Qty	Batch No / Exp Dt	Sale Rate	Mrp	Disc %	Disc Amt	Taxable value	CGST % / Amt	SGST % / Amt	Amount
NON	VANKING INJ (250MG) 30041010	1X1	3		2615009 04-27	85.650	268.00	66.44	534.19	256.96	2.50 6.42	2.50 6.42	269.81
									534.19	256.96	6.42	6.42	269.81

POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA

SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

NAME: RUDRANSH
CATEGORY: GENERAL
CR NO.: 981162600295700
ADM DATE: --
DEPARTMENT/WARD: PAEDIATRIC/PAEDIATRIC GEN WARD

BILL No.: 981164260069036/1
IPD No.: 981162026009324

AGE/SEX: 1 YR/MALE
SERVICE: IPD
PAYMENT DT.: 22-AUG-2026 13:55:24

SN.	SERVICE	RATE	QTY.	NET AMOUNT
1	CBC-(PAT014)	205	1	205.00
2	PERIPHERAL BLOOD SMEAR-(PAT042)	55	1	55.00
			TOTAL AMOUNT :	260.0

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

MODE OF PAYMENT : CASH

PAYMENT DETAILS : CASH : (AMT::260)

EMG BILL ADT 9

AUTHORISED SIGNATORY

A DIVISION OF HLL LIFECARE LTD

DL No. : UP1621000[illegible]
GSTIN : 09AAACH5598K1Z2

Patient Name : [illegible]

STATE : UTTAR PRADESH(09)

Inv No	: [illegible]
Dated	: 24-08-2026 (07:07 AM)
Pay Type	: CASH Invoice
S.Man	: THLL4228
User	: THLL4228
Card No	:

Doctor Name : DR [illegible] BAHADUR DL No. :
GSTIN :
UIN No. :
State : UTTAR PRADESH(09)

Mfac	Description of Goods / HSN /SAC Code	Pack	Qty	Ls Qty	Batch No / Exp Dt	Sale Rate	Mrp	Disc %	Disc Amt	Taxable value	CGST % / Amt	SGST % / Amt	Amount
[illegible]	VANCOVAN 500MG INJ / 30042096	1X1	3		VMC-205A / 07-27	126.792	358.00	62.81	674.62	380.38	2.50 / 9.50	2.50 / 9.50	[illegible]
									674.62	380.38	9.50	9.50	[illegible]

Remark

Amt In Words : Three Hundred Ninety Nine Rupees only

TAX%	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	SGST%	SGST AMT	CGST%	CGST AMT
0%	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00
5%	380.38	0.00	0.00	380.38	2.5%	9.50	2.5%	9.50
12.0%	0.00	0.00	0.00	0.00	6.0%	0.00	6.0%	0.00
18.0%	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00
28.0%	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00

TOTAL	1074.00
DISCOUNT RS	674.62
TOTAL TAX AMT	19.00
PC/BC CHARGE	
ROUND OFF	-0.38
TCS AMT	
INV TOTAL	399.00

MULTI PAY

Terms & Conditions:
1. Subject to Gr. Noida Jurisdiction only
2. [illegible] returned back within 15 days from the date of billing
[illegible] products used or tampered products can't be

Receiver's Signature :

For AMRIT PHARMACY- PGICH, NOIDA

(Common Seal)

Signature of Qualified Person

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

RUDRANSH 1 YR
Gender : M
Patient ID : HA 5700
Sample ID : AUTO_60388
Mode : DIF WB
Group : [illegible]
EDITED
CBC
MYTHIC70
Date : 22/08/2026 00:33
Rack/Pos. : 010905

Results	Flags	Units	Normal Limits
0.8	L	×10³/µL	4.0 / 12.0
63.0	H	%	25.0 / 50.0
6.0		%	2.0 / 10.0
31.0	L	%	50.0 / 80.0
0.0		%	0.0 / 5.0
0.0		%	0.0 / 2.0
0.6		%	0.0 / 100.0
12.8		%	0.0 / 100.0
0.5	L	×10³/µL	1.0 / 5.0
[illegible]		×10³/µL	0.1 / 1.0
0.2	L	×10³/µL	2.0 / 8.0
0.0		×10³/µL	0.0 / 0.4
0.0		×10³/µL	0.0 / 0.2
0.0		×10³/µL	0.0 / 150.0
0.1		×10³/µL	0.0 / 150.0
[illegible]		×10⁶/µL	4.00 / 6.20
[illegible]		g/dL	11.0 / 17.0
[illegible]		%	35.0 / 55.0
[illegible]		fL	80.0 / 100.0
22.7	L	pg	26.0 / 34.0
31.7	!	g/dL	31.0 / 35.5
CV 13.5	!	%	10.0 / 16.0
SD 44.5	!	fL	37.0 / 47.8
[illegible]		×10³/µL	150 / 400
[illegible]	h	fL	7.0 / 11.0
[illegible]		%	0.200 / 0.500
16.9		%	10.0 / 18.0
35.4		%	12.0 / 42.0
39		×10³/µL	13 / 129

[illegible]ology Information :

[illegible]ology Remarks :

SIGN &

22/08/2026 00:44
BY : MYTHIC70
SERIAL NUMBER
[illegible] PCT, PDW, PLCC, and PLCR for Research Use Only
BIOLOADMIN
SOFT VERSION

(4)

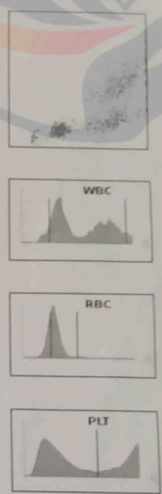
(27)

DEPARTMENT OF PATHOLOGY

POST GRADUATE INSTITUTE OF CHILD HEALTH SECTOR 30 NOIDA UP

RUDRANSH 01Y
Gender : M
Patient ID : HA-5700
Sample ID : AUTO_60499
Mode : DIF WB
Group : DEFAULT
EDITED
CBC PS
MYTHIC70
Date : 23/08/2026 08:21
Rack/Pos : 010401
Seq# : 66158

Results	Flags	Units	Normal Limits
[illegible]		×10³/µL	4.0 / 12.0
42.6		%	25.0 / 50.0
20.7	H	%	2.0 / 10.0
36.1	L	%	50.0 / 80.0
0.6		%	0.0 / 5.0
0.0		%	0.0 / 2.0
3.1		%	0.0 / 100.0
3.7	!	%	0.0 / 100.0
1.2		×10³/µL	1.0 / 5.0
0.6		×10³/µL	0.1 / 1.0
1.0	L	×10³/µL	2.0 / 8.0
0.0		×10³/µL	0.0 / 0.4
0.0		×10³/µL	0.0 / 0.2
0.0		×10³/µL	0.0 / 150.0
0.1	!	×10³/µL	0.0 / 150.0
[illegible]		×10⁶/µL	4.00 / 6.20
8.4	L	g/dL	11.0 / 17.0
23.7	!L	%	35.0 / 55.0
68.2	!L	fL	80.0 / 100.0
24.2	L	pg	26.0 / 34.0
35.4	!	g/dL	31.0 / 35.5
13.6	!	%	10.0 / 16.0
44.6	!	fL	37.0 / 47.8
[illegible]		×10³/µL	150 / 400
9.7	!	fL	7.0 / 11.0
[illegible]		%	0.200 / 0.500
[illegible]		%	10.0 / 18.0
23.0	!	%	12.0 / 42.0
31	!	×10³/µL	13 / 129



[illegible]logy Information :
Microcytic hypochromic cells predominantly [w]ith few normocytic normochromic cells with anisocytosis
Leucopenia seen and TLC as above. DLC – $N_{38}L_{45}M_{15}E_{02}$
[Plate]lets – Mild thrombocytopenia seen with [ma]nual Platelet count – 1,40,000/ul
Hemoparasites not seen

[illegible]logy Remarks : Imp – Microcytic hypochromic anemia with mild thrombocytopenia
– Iron profile
Clinical correlation

SIGN & SEAL

23/08/2026 08:24
BY : MYTHIC70
SERIAL NUMBER : 710923-000056
[illegible] PCT, PDW, PLCC, and PLCR for Research Use Only
BIOLOADMIN
SOFT VERSION : V6.5.1-001

POST GRADUATE INSTITUTE OF CHILD HEALTH (PGICH) NOIDA
SECTOR 30 NOIDA, NOIDA-201303, UTTAR PRADESH, INDIA

ADMISSION CARD

ADM DATE/TIME : 21-AUG-[illegible]

[I]PD NO : 98116202600932[4]
CR NO : 981162600295700

NAME	RUDRANSH		
AGE/GENDER	1 YR 7MON/M	HOSP DIET	NO
S/O	RUDRA	MARITAL STATUS	--
CATEGORY	GENERAL	IS MLC	NO
ADM CHARGES	₹ 100.00		
ADV CHARGES	RS. 250.00 /- (RS. TWO HUNDRED FIFTY ONLY.)	MLC NO	NA
DEPT/UNIT	PAEDIATRIC/UNIT 1		
WARD/BED	PAEDIATRIC GEN WARD /C4 PEADGEN 2		
STATUS AT ADM	NORMAL		
REFERRED FROM	--	REMARKS/REF NO	--
PROV DIAG	--		
ADM. DR.	DR BIMLESH KUMAR		
ADDRESS	SEC 31 NITHARI, NOIDA, GAUTAM BUDDHA NAGAR, UTTAR PRADESH, INDIA ,PH NO 9311415[illegible] NO 9311415325		
[illegible] CONTACT	RUDRA 9311415325		
ADM DATE	21-AUG-2026/20:49:12	WRD-RCV. DATE	--

FOR MEDICO LEGAL PURPOSE

DETAILS OF POLICE STATION	--	POLICE INFORMATION	--
NAME OF INFORMANT	--	IDENTIFICATION MARKS	--
MLC REMARKS	--		

DISCHARGE DETAILS

DISCHARGE DATE/TIME

DISCHARGE
WARD
PROV DIAGNOSIS
DIFF DIAGNOSIS
FINAL DIAGNOSIS
CONSENT OF INVASIVE/NO-INVASIVE ANAESTHETIC & OPERATIVE PROCEDURES AND TREATMENT

NAME & SIGNATURE OF MO
DATE & TIME

NAME & SIGNATURE OF CONSULTANT
DATE & TIME

REGISTRATION BY
AUTHORIZED SIGNATORY
PRINT DATE : 21-AUG-[illegible]