



The Specialist
in Cancer Care

adding life to years

Hospital Recommendation letter

Date:12/10/2017

To,

Child Vikas foundation
Bangalore

Name of the Child: Master.Sriram

Age: 10 Years

Gender: Male

Medical Diagnosis: Relapsed Acute lymphoblastic leukemia

Suggested treatment: Chemotherapy

Estimated cost of treatment (Break ups): Rs.9,39,660

This is to certify that the above referred Patient is Diagnosed with Relapsed Acute Lymphoblastic Leukemia. The child comes from an economically weaker section and requires support for medical treatment expense. We here by recommend you this case for financial assistance. The above mentioned estimate is approximation for chemotherapy treatment and in the event of any complications the expenses may exceed the estimated cost.

Dr.Intezar Mehdi/Dr.SumaDr.Amit.G/Dr.Rubiya

HealthCare Global Enterprises Limited
Consultant Paediatric Oncologist and Haematologist

#8, P.kalinga Rao Road,
Sampangi Ram Nagar,
Bangalore - 560 027.

Ms. Sumana

Medical Social Worker (MSW)

HealthCare Global Enterprises Ltd.

HCG Tower #8, P. Kalinga Rao Road, Sampangi Ram Nagar, Bangalore - 560 027.

91 80 3366 9999 | info@hcgoncology.com | www.hcgoncology.com | CIN : U15200KA1998PLC023489

Ahmedabad | Bangalore | Baroda | Bhavnagar | Chennai | Cuttack | Delhi | Gulbarga | Hubli | Kanpur | Kenya | Mangalore | Mumbai | Mysore | Nasik | Ongole | Ranchi | Shimoga | Tanzania | Trichy | Vijayawada | Vizag

Date: 29-03-2018



To,

Child Vikas Foundation,

Bangalore.

Sub: Master Sriram's update

He has finished most of his intensive chemotherapy and testicular radiation. Further, the patient has to undergo one day-care chemotherapy and two IP chemotherapy. After this he has to take phase 5 protocol which consists 74 weeks chemotherapy (once in a month day care).

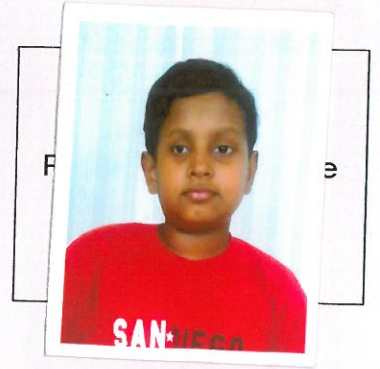


Feros Khan

HCG Foundation-Manager

Date: 19/06/2017

Consent Letter



Name of the Child: Sriram

Age: 11 Years **Gender:** Male

Date of Birth: 19-08-2006

Diagnosis details: Acute Lymphoblastic Leukemia

Suggested treatment: Chemotherapy

To whosoever it may concern

I hereby give my consent for Child Vikas Foundation (a registered NGO) to raise funds /donations for my child's surgery and post treatment cost. I am aware that they will publish my child's details in their collateral, website and other media platforms to enable them to raise the treatment cost. I hereby give consent for the same.

I will humbly accept whatever donation amount Child Vikas Foundation gives to me; also if donors directly give donations to me or the hospital, I will accordingly inform Child Vikas Foundation and will forward any balance amount left with me to Child Help Foundation to assist other medical cases.

I am also aware that donors may telephone us and visit us in the hospital or at residence to understand our child's medical case.

Yours Sincerely;

Signature:

A handwritten signature in blue ink, appearing to be 'Manoj', written over a horizontal line.

Parent or Guardian Name: Manoj

Address: Patterithazha, Ayanikkad, Inringal, Kozhikode, Kerala-673521

Contact No: 973940497, 9447079923

Date: 19/06/2017

Consent Letter



Name of the Child: Sriram

Age: 1 Years

Gender: Male

Birth: 19-08-2006

Disease details: Acute Lymphoblastic Leukemia

Recommended treatment: Chemotherapy

To whosoever it may concern

I hereby give my consent for Child Vikas Foundation (a registered NGO) to provide for my child's surgery and post treatment cost. I am aware that they will publish details in their collateral, website and other media platforms to enable them to raise funds. I hereby give consent for the same.

I will not accept whatever donation amount Child Vikas Foundation gives to my child. I will directly give donations to me or the hospital, I will accordingly inform the hospital and will forward any balance amount left with me to Child Help Foundation in special cases.

I am aware that donors may telephone us and visit us in the hospital or at our child's medical case.

Sincerely;

Date: 19/06/2017

Consent Letter



Name of the Child: Sriram

Age: 11 Years

Gender: Male

Date of Birth: 19-08-2006

Diagnosis details: Acute Lymphoblastic Leukemia

Suggested treatment: Chemotherapy

To whosoever it may concern

I hereby give my consent for Child Vikas Foundation (a registered NGO) to raise donations for my child's surgery and post treatment cost. I am aware that they will publicise child's details in their collateral, website and other media platforms to enable them to raise treatment cost. I hereby give consent for the same.

I will humbly accept whatever donation amount Child Vikas Foundation gives to me; a donor directly give donations to me or the hospital, I will accordingly inform Child Vikas Foundation and will forward any balance amount left with me to Child Vikas Foundation to meet other medical cases.

I am also aware that donors may telephone us and visit us in the hospital or at resident address to understand our child's medical case.

Yours Sincerely;

Signature: 

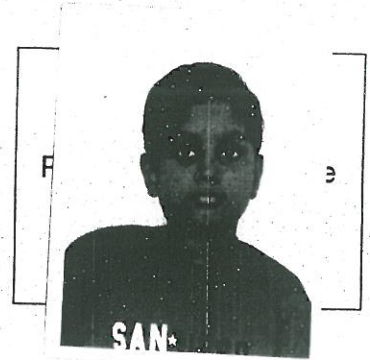
Parent or Guardian Name: Manoj

Address: Patterithazha, Ayanikkad, Inringal, Kozhikode, Kerala-673521



Date: 19/06/2017

Consent Letter



Name of the Child: Sriram

Age: 11 Years **Gender:** Male

Date of Birth: 19-08-2006

Diagnosis details: Acute Lymphoblastic Leukemia

Suggested treatment: Chemotherapy

To whosoever it may concern

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I am also aware that donors may telephone us and visit us in the hospital or at residence to understand our child's medical case.

Yours Sincerely;

Signature: 


Parent or Guardian Name: Manoj

Address: Patterithazha, Ayanikkad, Inringal, Kozhikode, Kerala-673521

Contact No: ~~944773826~~, ~~944773826~~

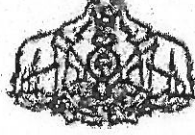
Hospital Recommendation letter**Date:12/10/2017****To,****Child Vikas foundation
Bangalore****Name of the Child: Master.Sriram****Age: 10 Years****Gender: Male****Medical Diagnosis: Relapsed Acute lymphoblastic leukemia****Suggested treatment: Chemotherapy****Estimated cost of treatment (Break ups): Rs.9,39,660**

This is to certify that the above referred Patient is Diagnosed with Relapsed Acute Lymphoblastic Leukemia. The child comes from an economically weaker section and requires support for medical treatment expense. We here by recommend you this case for financial assistance. The above mentioned estimate is approximation for chemotherapy treatment and in the event of any complications the expenses may exceed the estimated cost.


Dr.Intezar Mehdi/Dr.SumaDr.Amit.G/Dr.Rubiya**Consultant Paediatric Oncologist and Haematologist**

HealthCare Global Enterprises Limited

#8, P.kalinga Rao Road,
Sampangi Ram Nagar,
Bangalore - 560 027.**Ms. Sumana****Medical Social Worker (MSW)**



GOVERNMENT OF KERALA
KOYILANDY TALUK OFFICE
INCOME CERTIFICATE

No. 27108815

Date: 18/08/2017

Certified that the Annual Family Income of the person with the details mentioned below from all source is

₹ 24000 (Rupees twenty four thousand only)

Name of Person to whom certificate is issued	MANOJ
Gender	Male
Age	50
Name of Father	BHASKARAN NAIR LATE
Address	PATTERI THAZHE, 0, AYANIKKAD
Post Office with Pin code	AYANIKKAD, 673521
Name of Localbody	Payyoli
Village	Iringal
Taluk	Koyllandi
District	Kozhikode
Certificate Issued Date	18/08/2017
Designation of the Issuing officer	TAHSILDAR
Purpose for which the certificate is issued for	H C G ENTERPRISES SAMPANGI RAM NAGAR BANGALORE

This certificate is issued based on the details given in the application, local enquiry, facts and records produced.

Security Code : 2441M

Signature valid

Digitally signed by PAMLA N
Date: 2017.08.18 19:46:43 IST

NOTE:

1. This digitally signed document is legally valid as per the Information Technology (IT) Act, 2000.
2. Authenticity of this document can be verified from <http://edistrict.kerala.gov.in/> and submitting the Certificate Number and Security code. Alternatively, please call the numbers 155300(from BSNL landline), 0471155300(from BSNL mobile), 04712335523/04712115094/04712115098(from other networks) and quote the Certificate Number to the operator

KOZHIKODE CORPORATION



045743

FORM No.5

(See Rule 8)

BIRTH CERTIFICATE

(Issued under Section 12)

This is to certify that the following information has been taken from the original record of birth which is the register for Kozhikode Corporation of Tahsil Kozhikode of District Kozhikode of State Kerala.

Name: ~~(Not Recorded)~~ SREERAM M

Sex: Male

Date of Birth: 19/09/2006
(NINETEEN / NINE / TWO THOUSAND SIX)

Place of Birth: National Hospital, Kozhikode

Name of Father: MANOJ P

Name of Mother: SHEEBA K

Registration No. 28296/2006

Date of Registration: 22/09/2006

Handwritten: 28722/08
08.15.10.08

Date 21/09/2006
B0240171-0609215

Handwritten signature
REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION

Handwritten signature
RANJISHA T.P.
HSSP/Phys/dg
M.M.H.S.S. Puthuppan
Kozhikode - 673 105

Signature of Issuing Authority
Seal
REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION



Date: 19/06/2017

Consent Letter



Name of the Child: Sriram

Age: 11 Years

Gender: Male

Date of Birth: 19-08-2006

Diagnosis details: Acute Lymphoblastic Leukemia

Suggested treatment: Chemotherapy

To whosoever it may concern

I hereby give my consent for Child Vikas Foundation (a registered NGO) to raise funds /donations for my child's surgery and post treatment cost. I am aware that they will publish my child's details in their collateral, website and other media platforms to enable them to raise the treatment cost. I hereby give consent for the same.

I will humbly accept whatever donation amount Child Vikas Foundation gives to me; also if donors directly give donations to me or the hospital, I will accordingly inform Child Vikas Foundation and will forward any balance amount left with me to Child Help Foundation to assist other medical cases.

I am also aware that donors may telephone us and visit us in the hospital or at residence to understand our child's medical case.

Yours Sincerely;

Signature:


Parent or Guardian Name: Manoj

Address: Patterithazha, Ayanikkad, Inringal, Kozhikode, Kerala-673521

Contact No: ~~9447075923~~, ~~9447075923~~

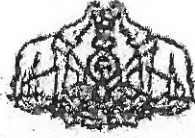
Hospital Recommendation letter**Date:12/10/2017****To,****Child Vikas foundation
Bangalore****Name of the Child: Master.Sriram****Age: 10 Years****Gender: Male****Medical Diagnosis: Relapsed Acute lymphoblastic leukaemia****Suggested treatment: Chemotherapy****Estimated cost of treatment (Break ups): Rs.9,39,660**

This is to certify that the above referred Patient is Diagnosed with Relapsed Acute Lymphoblastic Leukemia. The child comes from an economically weaker section and requires support for medical treatment expense. We here by recommend you this case for financial assistance. The above mentioned estimate is approximation for chemotherapy treatment and in the event of any complications the expenses may exceed the estimated cost.


Dr.Intezar Mehdi/Dr.Suma/Dr.Amit.G/Dr.Rubiya**Consultant Paediatric Oncologist and Haematologist**

HealthCare Global Enterprises Limited
#8, P.kalinga Rao Road,
Sampangi Ram Nagar,
Bangalore - 560 027.

Ms. Sumana**Medical Social Worker (MSW)**



GOVERNMENT OF KERALA
KOYILANDY TALUK OFFICE
INCOME CERTIFICATE

No. 27108815

Date: 18/08/2017

Certified that the Annual Family Income of the person with the details mentioned below from all source is

₹ 24000 (Rupees twenty four thousand only)

Name of Person to whom certificate is issued	MANOJ
Gender	Male
Age	50
Name of Father	BHASKARAN NAIR LATE
Address	PATTERI THAZHE, O, AYANIKKAD
Post Office with Pin code	AYANIKKAD, 673521
Name of Localbody	Payyoli
Village	Iringal
Taluk	Koyllandi
District	Kozhikode
Certificate issued Date	18/08/2017
Designation of the Issuing officer	TAHSILDAR
Purpose for which the certificate is issued for	H C G ENTERPRISES SAMPANGI RAM NAGAR BANGALORE

This certificate is issued based on the details given in the application, local enquiry, facts and records produced.

Security Code : 2441M

Signature valid

Digitally signed by SAMLA N
Date: 2017.08.18 19:46:43 IST

NOTE:

1. This digitally signed document is legally valid as per the Information Technology (IT) Act, 2000.
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KOZHIKODE CORPORATION



045743

FORM No.5

(See Rule 8)

BIRTH CERTIFICATE

(Issued under Section 12)

This is to certify that the following information has been taken from the original record of birth which is the register for Kozhikode Corporation of Tahsil Kozhikode of District Kozhikode of State Kerala

Name: ~~Not Recorded~~ SREERAM. M

Sex: Male

Date of Birth: 19/09/2006
(NINETEEN / NINE / TWO THOUSAND SIX)

Place of Birth: National Hospital, Kozhikode

Name of Father: MANOJ P

Name of Mother: SHEEBA K

Registration No. 28296/2006

Date of Registration: 22/09/2006

Handwritten notes:
21/09/06 38723/08
09.15.10.08

Date: 21/09/2006
B0240171-0609215

Handwritten signature and stamp:
Signature of Issuing Authority
Kozhikode Corporation

Signature of Issuing Authority
Seal
Signature: RANJISHA. T.P.
H.S.S. Puthuppalayam
Kozhikode - 673 105

REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION



Date: 19/06/2017

Consent Letter



Name of the Child: Sriram

Age: 11 Years

Gender: Male

Date of Birth: 19-08-2006

Diagnosis details: Acute Lymphoblastic Leukemia

Suggested treatment: Chemotherapy

To whosoever it may concern

I hereby give my consent for Child Vikas Foundation (a registered NGO) to raise funds /donations for my child's surgery and post treatment cost. I am aware that they will publish my child's details in their collateral, website and other media platforms to enable them to raise the treatment cost. I hereby give consent for the same.

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Yours Sincerely;

Signature:

Parent or Guardian Name: Manoj

Address: Patterithazha, Ayanikkad, Inringal, Kozhikode, Kerala-673521

Contact No: ~~978940247~~, ~~9247029026~~



The Specialist
in Cancer Care

adding life to years

Hospital Recommendation letter

Date:12/10/2017

To,

Child Vikas foundation
Bangalore

Name of the Child: Master.Sriram

Age: 10 Years


Gender: Male

Medical Diagnosis: Relapsed Acute lymphoblastic leukemia

Suggested treatment: Chemotherapy

Estimated cost of treatment (Break ups): Rs.9,39,660

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Consultant Paediatric Oncologist and Haematologist

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Ms. Sumana

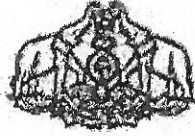
Medical Social Worker (MSW)

HealthCare Global Enterprises Ltd.

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91 80 3366 9999 | info@hcgoncology.com | www.hcgoncology.com | CIN : U15200KA1998PLC023489

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GOVERNMENT OF KERALA
KOYILANDY TALUK OFFICE
INCOME CERTIFICATE

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Post Office with Pin code	AYANIKKAD, 673521
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District	Kozhikode
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KOZHIKODE CORPORATION



045743

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Name: Not Recorded SREERAM M

Sex: Male

Date of Birth: 19/09/2006
(NINETEEN / NINE / TWO THOUSAND SIX)

Place of Birth: National Hospital, Kozhikode

Name of Father: MANOJ P

Name of Mother: SHEEBA K

Registration No. 28296/2006

Date of Registration: 22/09/2006

Handwritten notes:
2HE as in 38723/08
on 15.10.08

Date: 21/09/2006
B0240171-0609215

Handwritten signature and stamp:
SUB REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION

Handwritten signature:
Signature of Issuing Authority
Seal
RANJISHA T.P.
HSSD/Phys/06
Sub-Reg. H.S.S. Puthuppalayam
Kozhikode - 673 105

Sub REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION



Date: 19/06/2017

Consent Letter



Name of the Child: Sriram

Age: 11 Years **Gender:** Male

Date of Birth: 19-08-2006

Diagnosis details: Acute Lymphoblastic Leukemia

Suggested treatment: Chemotherapy

To whosoever it may concern

I hereby give my consent for Child Vikas Foundation (a registered NGO) to raise funds /donations for my child's surgery and post treatment cost. I am aware that they will publish my child's details in their collateral, website and other media platforms to enable them to raise the treatment cost. I hereby give consent for the same.

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Yours Sincerely;

Signature:

Parent or Guardian Name: Manoj

Address: Patterithazha, Ayanikkad, Inringal, Kozhikode, Kerala-673521

Contact No: ~~0495411117~~, ~~0495411117~~

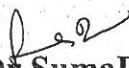
Hospital Recommendation letter

Date:12/10/2017

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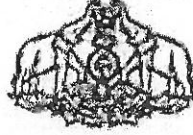
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No. 27108815

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KOZHIKODE CORPORATION



045743

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Sex: Male

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(NINETEEN / NINE / TWO THOUSAND SIX)

Place of Birth: National Hospital, Kozhikode

Name of Father: MANOJ P

Name of Mother: SHEEBA K

Registration No. 28296/2006

Date of Registration: 22/09/2006

Handwritten notes:
28722/08
09.15.10.08
Date 21/09/2006
B0240171-0609215

Signature of Issuing Authority
Seal
Signature: *Ranjisha T.P.*
Seal: RANJISHA. T.P.
T.S.S.T. (TNSK/09)
H.S.S. Puthupparamba
Kozhikode - 673 105

REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION

