

Date : 22-02-2013

To,

Child Vikas Foundation

Bangalore

Subject: Sriram Patient's Update

Dear Sir,

Master Sriram has finished most of his intensive chemotherapy and has just recently finished his Testicular Radiation. He is on Interim maintenance chemotherapy now.

Thank you

Yours Sincerely,



Feros Khan

Manager-HCG Foundation

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

28296/2006 - 38722/08
09.10.08
Date 21/09/2006
B0240171-0609215

True Copy
Amal
M. G. M.
Signature of Issuing Authority
Seal

[Signature]
MUB REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION

RANJISHA. T.P.
HSS12/Trivels
M. H. S. S. Puthupparam
Vatalam - 673 105

MUB REGISTRAR OF BIRTH & DEATH
KOZHIKODE CORPORATION





CHILD VIKAS FOUNDATION

(Reg No. BMH-4-00385-2016-17)

441, Ground Floor, 17th Cross, 35th Main, J.P. Nagar, 6th Phase, Bengaluru - 560 078
www.childvikasfoundation.org

CVF Medical Case Form

Details of Guardian/ Father & Mother	
Guardian/ both parents name and age	
Father: <u>Manoj</u>	Age: <u>50</u>
Mother: <u>Sheeba</u>	Age: <u>39</u>
Name of the patient <u>Master. Sriram</u>	
Gender: Male / Female <u>Male</u>	
Date of birth & completed age: <u>19-08-2006</u> , <u>9yrs 11yrs</u>	
Studying in standard: <u>7thstd</u>	
Name of the school :	
Student ID card (provided - yes/no):	
Complete residence address: <u>Patterithazha, Ayanikkad,</u> <u>Iringal, Kozhikode,</u> <u>Kerala - 673521</u>	Total family members: <u>4</u>
Residential status (owned / rented/ other - please specify)	
Home Visit Report: (if within city limits): if done by CVF or Hospital - Y/N	
Financial status of parent: (BPL family / weaker section of society)	
Status of job (working / not working)	
Nature of job: <u>Insurance Agent [Patient's Father]</u>	
Salary per month: <u>10,000/-</u>	
Total monthly family income: <u>15,000/-</u>	
Parents telephone no's <u>9739409497 / 9447079923</u>	
Diagnosis of patient:- <u>Acute Lymphoblastic Leukemia</u>	
Operation/ treatment details in brief:- <u>Chemotherapy</u>	
Name & Telephone No. of the treating Doctor:	
Parents consent letter: (Y/N) <u>Yes</u>	
Documents required from patient: (please tick)	