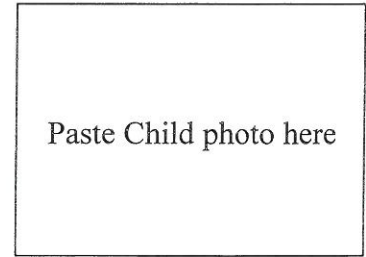




Date: 26/07/2017

Consent Letter



Paste Child photo here

Name of the Child: Master. Ruthik Gowda

Age: 1years Gender:Male

Date of Birth:

Diagnosis details:Acute lymphoblastic leukemia ALL Reg-B

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: Mr.Srinivasa gowda

Contact No:

Address: T.B Srinivas gowda,

Tottli post and village ,Kolar Dist.



The Specialist
in Cancer Care

Hospital Recommendation letter

Date: 26/7/2017

To,

**Child Vikas foundation
Bangalore**

Name of the Child: Master. Ruthik Gowda

Age: 1years Gender:Male

Medical Diagnosis: Acute Lymphoblastic Leukemia ALL-Reg B

Suggested treatment: Chemotherapy

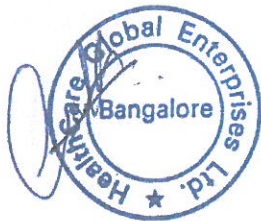
Proposed date of surgery / treatment: Chemotherapy

Estimated cost of treatment (Break ups): Rs.6,33,460

This is to certify that the above referred case is critically ill. 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 surgery treatment and in the event of any complications the expenses may exceed the estimated cost.

From;

Signature:



**Dr. Intezar Mehdi
Director and Head of the Department
Department of Pediatric Hematology,
Oncology & BMT
HCG Hospital, Bangalore, India**

Date: 26/07/2017

Consent Letter

Paste Child photo here

Name of the Child: Master. Ruthik Gowda

Age: 1years Gender: Male

Date of Birth:

Diagnosis details: Acute lymphoblastic leukemia ALL Reg-B

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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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: Mr.Srinivasa gowda

Address: T.B Srinivas gowda,

Tottli post and village ,Kolar Dist.

Contact No:

9902757732

Date: 26/07/2017

Consent Letter

Paste Child photo here

Name of the Child: Master. Ruthik Gowda

Age: 1years Gender: Male

Date of Birth:

Diagnosis details: Acute lymphoblastic leukaemia ALL Reg-B

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: Mr.Srinivasa gowda

Address: T.B Srinivas gowda,

Tottli post and village ,Kolar Dist.

Contact No:

9902757732

Hospital Recommendation letter

Date: 26/7/2017

To,

Child Vikas foundation
Bangalore

Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

Medical Diagnosis: Acute Lymphoblastic Leukemia ALL-Reg B

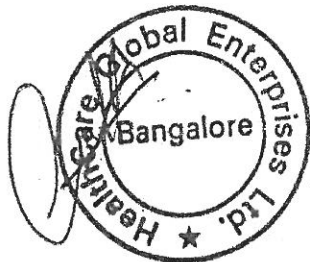
Suggested treatment: Chemotherapy

Proposed date of surgery / treatment: Chemotherapy ✓

Estimated cost of treatment (Break ups): Rs.6,33,460

This is to certify that the above referred case is critically ill. The child comes from economically weaker section and requires support for medical treatment expense. We hereby recommend you this case for financial assistance. The above mentioned estimation is an approximation for surgery treatment and in the event of any complications the expense may exceed the estimated cost.

From;

Signature: Dr. Intezar Mehdi
Director and Head of the Department
Department of Pediatric Hematology,



ನಮೂನೆ - 5
Form - 5

Government of India
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಮ.ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/13ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBD Act, 1969 and Rule 8/13 of the KRBD Rules, 1999)

ಈ ಕೆಳಕಂಡ ವಿವರವನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಕೋಲಾರ ಜಿಲ್ಲೆಯ ಕೋಲಾರ ತಾಲ್ಲೂಕಿನ (ಗ್ರಾಮ/ಪಟ್ಟಣ) ರಿಜಿಸ್ಟ್ರಾರರಿರುವ ಜನನ ಸಂಬಂಧವಾದ ಮಾಹಿತಿಗಳಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದ ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ

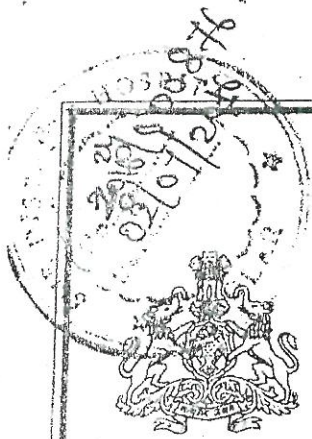
This is to certify that the following information has been taken from the original record of birth which is the register for Kolar (CMC) (village/town) of Kolar taluk of Kolar district of Karnataka State

1) ಹೆಸರು Name	RUTHVIK GOWDA.T.S.	2) ಲಿಂಗ Sex	ಗಂಡು Male
3) ಜನನವಾದ ತಾರೀಖು Date of Birth	31/01/2016	4) ಜನನವಾದ ಸ್ಥಳ Place of Birth	S.N.R. Hospital, Kolar (CMC), Kolar, Kolar, Karnataka
5) ತಾಯಿಯ ಹೆಸರು Name of Mother	Chaithra.D.	6) ತಂದೆಯ ಹೆಸರು Name of Father	Srinivasgowda.T.V.
7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ: Address of parents at the time of birth of the child:	Thotli, Thotli, Kolar, Kolar, Karnataka	8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ Permanent address of parents:	Thotli, Thotli, Kolar, Kolar, Karnataka
9) ನೋಂದಣಿ ಸಂಖ್ಯೆ: Registration No.:	803221/H/B/2016/000876	10) ನೋಂದಣಿ ತಾರೀಖು Date of Registration:	04/02/2016
11) ಪರಾ(ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ) Remarks(if any)		12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ Date of Issue	02/07/2016
13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ನೆಹಿ Signature of Issuing Authority		14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ Address of the issuing authority Medical Officer	S.N.R. Hospital, Kolar Taluk, Kolar District

[Handwritten Signature]
REGISTRAR
BIRTH AND DEATH
S.N.R. HOSPITAL, KOLAR

Medical Officer
S.N.R. Hospital, KOLAR
ಮೊಹರು/Seal

Vasantha



ನಮೂನೆ - 5
Form - 5

Government of India
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಪು.ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಪು.ನೋ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/13ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBD Act, 1969 and Rule 8/13 of the KRBD Rules, 1999)

ಈ ಕೆಳಕಂಡ ವಿವರವನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಕೋಲಾರ ಜಿಲ್ಲೆಯ ಕೋಲಾರ ತಾಲ್ಲೂಕಿನ (ಗ್ರಾಮ/ಪಟ್ಟಣ) ದ ರಿಜಿಸ್ಟ್ರಾರರಿಂದ ಜನನ ಸಂಬಂಧವಾದ ಮಾಹಿತಿ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದ ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ

This is to certify that the following information has been taken from the original record of birth which is the register for Kolar (CMC) (village/town) of Kolar taluk of Kolar district of Karnataka State

1) ಹೆಸರು Name	RUTHVIK GOWDA.T.S.	2) ಲಿಂಗ Sex	ಗಂಡು Male
3) ಜನನವಾದ ತಾರೀಖು Date of Birth	31/01/2016	4) ಜನನವಾದ ಸ್ಥಳ Place of Birth	S.N.R. Hospital, Kolar (CMC), Kolar, Karnataka
5) ತಾಯಿಯ ಹೆಸರು Name of Mother	Chaithra.D.	6) ತಂದೆಯ ಹೆಸರು Name of Father	Srinivasgowda.T.V.
7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ. Address of parents at the time of birth of the child:	Thotli, Thotli, Kolar, Kolar, Karnataka	8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ Permanent address of parents:	Thotli, Thotli, Kolar, Kolar, Karnataka
9) ನೋಂದಣಿ ಸಂಖ್ಯೆ. Registration No.:	803221/H/B/2016/000876	10) ನೋಂದಣಿ ತಾರೀಖು Date of Registration:	04/02/2016
11) ಪರಿಶೋಧನೆಯ ವಿವರ (ಇದ್ದಲ್ಲಿ) Remarks(if any)		12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ Date of Issue	02/07/2016
13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ Signature of Issuing Authority		14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ Address of the issuing authority Medical Officer	S.N.R. Hospital, Kolar Taluk, Kolar District

REGISTRAR
BIRTH AND DEATHS
S.N.R. HOSPITAL, KOLAR

Medical Officer
S.N.R. Hospital, KOLAR
ಮೊಹರು/Seal

Date: 26/07/2017

Consent Letter

Paste Child photo here

Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

Date of Birth:

Diagnosis details: Acute lymphoblastic leukaemia ALL Reg-B

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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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: Mr.Srinivasa gowda

Address: T.B Srinivas gowda,

Tottli post and village ,Kolar Dist.

Contact No:

~~XXXXXXXXXX~~

Hospital Recommendation letter

Date: 26/7/2017

To,

Child Vikas foundation
Bangalore

Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

Medical Diagnosis: Acute Lymphoblastic Leukemia ALL-Reg B
*→ white Blood Cancer
Increase in WBC quantity*

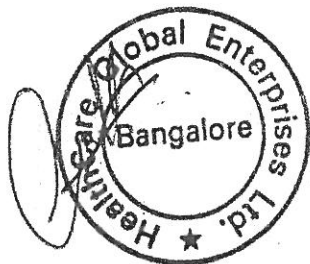
Suggested treatment: Chemotherapy

Proposed date of surgery / treatment: Chemotherapy ✓

Estimated cost of treatment (Break ups): Rs.6,33,460

This is to certify that the above referred case is critically ill. The child comes from economically weaker section and requires support for medical treatment expense. We hereby recommend you this case for financial assistance. The above mentioned estimate is an approximation for surgery treatment and in the event of any complications the expense may exceed the estimated cost.

From;

Signature: *for*Dr. Intezar Mehdi
Director and Head of the Department
Department of Pediatric Hematology,

Name of the Child: Master Ruthik Gowda

Age: 01

Gender: Male

Date of Birth: 31/01/2016

Diagnosis details: Acute Lymphoblastic Leukemia
Suggested treatment: Induction Chemotherapy

Dear Sir / Madam,

This is to inform you that Master Ruthik Gowda has undergone two cycles of chemotherapy. BMT testing and he is taking 4 hamsyl injection right now. He will be continuing his chemotherapy next week onwards.

He is under the supervision of Dr. Intezar Mehdi now.

Regards

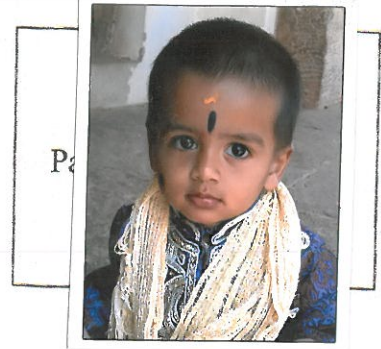
Feros



Manager - HCG Foundation

Date: 26/07/2017

Consent Letter



Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

Date of Birth:

Diagnosis details: Acute lymphoblastic leukemia ALL Reg-B

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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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:

Srinivasa Gowda

Parent or Guardian Name: Mr.Srinivasa gowda

Contact No:

9902757732

Address: T.B Srinivas gowda,

Tottli post and village ,Kolar Dist.

ನಮೂನೆ - 5
Form - 5



Government of India
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಚನಾಧಿಕಾರಿ
Chief Registrar of Births and Deaths

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

BIRTH CERTIFICATE

(ಒಮ್ಮಾನೂ ಅಧಿಕಾರಿಯು, 1969ರ 12/17ನೆಯ ಪ್ರಕಾರ ಹಾಗೂ ಕೆ.ಎಸ್.ಎಂ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/11ರ ಮೇರೆಗೆ ಕೊಡಲಾಗಿದೆ)

ಈ ಕೆಳಕಂಡ ವಿವರಗಳನ್ನು, ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಸುಸ್ಥಿರ ಮೂಲಾಧಾರ ಪಟ್ಟಿ ಮತ್ತು ಜನನ/ಮರಣಗಳ ರಚನಾಧಿಕಾರಿಗಳಿಂದ ಜನನ ನಂಬಲಾರದ ಮೂಲ
ವಿವರಗಳಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯಾದ ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ

This is to certify that the following information has been taken from the original record of birth which is the register for Kolar
(CMC) (village/town) of Kolar taluk of Kolar district of Karnataka State

1) ಹೆಸರು	2) ಲಿಂಗ	3) ಗಂಡು	
Name	RUTHVIK GOWDA, T. S.	Male	
4) ಜನನದ ತಾರೀಖು	31/01/2016	5) ಜನನದ ಸ್ಥಳ	S.N.R. Hospital, Kolar (CMC), Kolar, Karnataka
Date of Birth		Place of Birth	
6) ತಾಯಿಯ ಹೆಸರು	7) ತಂದೆಯ ಹೆಸರು	8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ	ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕರ್ನಾಟಕ
Name of Mother	Chaitra.D.	Name of Father	Srinivasgowda, T. V.
9) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ	10) ತಂದೆತಾಯಿಯರ ವಿಳಾಸ	11) ಶಿಶುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ	Thoti, Thoti, Kolar, Kolar, Karnataka
Address of parents at the time of birth of the child:	Permanent address of parents:	Address of the child:	
Thoti, Thoti, Kolar, Kolar, Karnataka	Thoti, Thoti, Kolar, Kolar, Karnataka	Thoti, Thoti, Kolar, Kolar, Karnataka	
12) ನೋಂದಣ ಸಂಖ್ಯೆ	803221/H/B/2016/000876	13) ನೋಂದಣ ತಾರೀಖು	04/02/2016
Registration No.:		Date of Registration:	
14) ವರದಿಯನ್ನು ಹೊರಡಿದ ದಿನಾಂಕ	02/07/2016	15) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ	02/07/2016
Date of Issue		Date of Registration:	
16) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ	17) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ	18) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ	S.N.R. Hospital, Kolar Taluk, Kolar District
Address of the Issuing authority Medical Officer	Address of the Issuing authority Medical Officer	Address of the Issuing authority Medical Officer	

19) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

20) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ
Signature of Issuing Authority

"ಪ್ರತಿಮೂಲದ ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತಪಡಿಸಿ"
"Ensure registration of every birth and death"

Hospital Recommendation letter

Date: 26/7/2017

To,

Child Vikas foundation
Bangalore

Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

*→ white Blood Cancer
Increase in WBC quantity*

Medical Diagnosis: Acute Lymphoblastic Leukemia ALL-Reg B

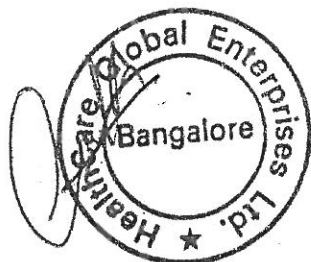
Suggested treatment: Chemotherapy

Proposed date of surgery / treatment: Chemotherapy ✓

Estimated cost of treatment (Break ups): Rs.6,33,460

This is to certify that the above referred case is critically ill. The child comes from economically weaker section and requires support for medical treatment expense. We hereby recommend you this case for financial assistance. The above mentioned estimated approximation for surgery treatment and in the event of any complications the expense may exceed the estimated cost.

From;

Signature: *Intezar Mehdi*

Dr. Intezar Mehdi
Director and Head of the Department
Department of Pediatric Hematology,

ನಮೂನೆ - 5
Form - 5



Government of India
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು

Chief Registrar of Births and Deaths

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಮ.ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/13ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBD Act, 1969 and Rule 8/13 of the KRBD Rules, 1999)

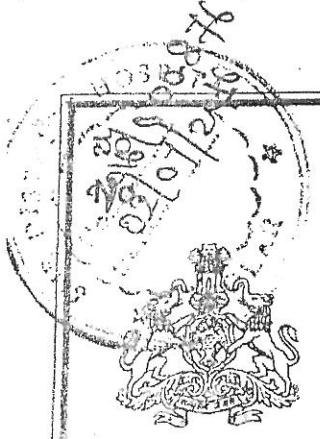
ಈ ಕೆಳಕಂಡ ವಿವರವನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಕೋಲಾರ ಜಿಲ್ಲೆಯ ಕೋಲಾರ ತಾಲ್ಲೂಕಿನ (ಗ್ರಾಮ/ಪಟ್ಟಣ) ರಿಜಿಸ್ಟ್ರಾರನಿಂದ ಜನನ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದ ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ

This is to certify that the following information has been taken from the original record of birth which is the register for Kolar (CMC) (village/town) of Kolar taluk of Kolar district of Karnataka State

1) ಹೆಸರು Name	RUTHVIK GOWDA.T.S.	2) ಲಿಂಗ Sex	ಗಂಡು Male
3) ಜನನವಾದ ತಾರೀಖು Date of Birth	31/01/2016	4) ಜನನವಾದ ಸ್ಥಳ Place of Birth	S.N.R. Hospital, Kolar (CMC), Kolar, Kolar, Karnataka
5) ತಾಯಿಯ ಹೆಸರು Name of Mother	Chaithra.D.	6) ತಂದೆಯ ಹೆಸರು Name of Father	Srinivasgowda.T.V.
7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ: ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka Address of parents at the time of birth of the child:		8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ: ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka Permanent address of parents:	
9) ನೋಂದಣಿ ಸಂಖ್ಯೆ: Registration No.:	803221/H/B/2016/000876	10) ನೋಂದಣಿ ತಾರೀಖು Date of Registration:	04/02/2016
11) ಪರಮಾಣವಾದುದು ಇದ್ದಲ್ಲಿ Remarks(if any)		12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ Date of Issue	02/07/2016
13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ Signature of Issuing Authority		14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ Address of the issuing authority Medical Officer	S.N.R. Hospital, Kolar Taluk, Kolar District

[Signature]
REGISTRAR
BIRTH AND DEATH
S.N.R. HOSPITAL, KOLAR.

District Medical Officer
S.N.R. Hospital, KOLAR
ಮೊಹರು/Seal



ನಮೂನೆ - 5
Form - 5

Government of India
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA

ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು

Chief Registrar of Births and Deaths

ಜನನ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ.ಮ.ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/13ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

BIRTH CERTIFICATE

(Issued Under Section 12/17, of the RBD Act, 1969 and Rule 8/13, of the KRBD Rules, 1999)

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This is to certify that the following information has been taken from the original record of birth which is the register for Kolar (CMC) (village/town) of Kolar taluk of Kolar district of Karnataka State

1) ಹೆಸರು	2) ಲಿಂಗ	ಗಂಡು
Name	RUTHVIK GOWDA.T.S.	Sex
3) ಜನನವಾದ ತಾರೀಖು	31/01/2016	4) ಜನನವಾದ ಸ್ಥಳ
Date of Birth		Place of Birth
		S.N.R. Hospital, Kolar (CMC), Kolar, Kolar, Karnataka
5) ತಾಯಿಯ ಹೆಸರು	6) ತಂದೆಯ ಹೆಸರು	
Name of Mother	Chaithra.D.	Name of Father
		Srinivasgowda.T.V.
7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ	8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ	
ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka	ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka	
Address of parents at the time of birth of the child:	Permanent address of parents:	
Thotli, Thotli, Kolar, Kolar, Karnataka	Thotli, Thotli, Kolar, Kolar, Karnataka	
9) ನೋಂದಣಿ ಸಂಖ್ಯೆ	10) ನೋಂದಣಿ ತಾರೀಖು	
Registration No.:	803221/H/B/2016/000876	Date of Registration:
		04/02/2016
11) ಪರಾ(ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ)	12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ	
Remarks(if any)		Date of Issue
		02/07/2016
13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ	14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ	
Signature of Issuing Authority	Address of the issuing authority	
	S.N.R. Hospital, Kolar Taluk, Kolar District	

9066462342
REGISTRAR
BIRTH AND DEATHS
S.N.R. HOSPITAL, KOLAR.

Deputy Medical Officer
S.N.R. Hospital, KOLAR
ಮೊಹರು/Seal



The Specialist
in Cancer Care

Date: 26/07/2017

Consent Letter

Paste Child photo here

Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

Date of Birth:

Diagnosis details: Acute lymphoblastic leukaemia ALL Reg-B

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: Mr.Srinivasa gowda

Address: T.B Srinivas gowda,

Tottli post and village ,Kolar Dist.

Contact No:

~~9842345678~~

Hospital Recommendation letter

Date: 26/7/2017

To,

Child Vikas foundation
Bangalore

Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

Medical Diagnosis: Acute Lymphoblastic Leukemia ALL-Reg B
*→ white Blood Cancer
Increase in WBC quantity*

Suggested treatment: Chemotherapy

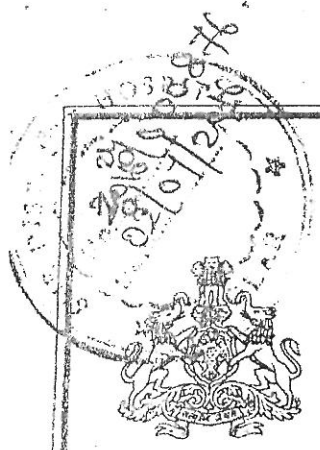
Proposed date of surgery / treatment: Chemotherapy ✓

Estimated cost of treatment (Break ups): Rs.6,33,460

This is to certify that the above referred case is critically ill. The child comes from economically weaker section and requires support for medical treatment expense. We hereby recommend you this case for financial assistance. The above mentioned estimation is an approximation for surgery treatment and in the event of any complications the expense may exceed the estimated cost.

From;

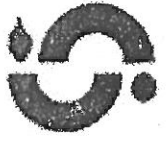
Signature: *for*Dr. Intezar Mehdi
Director and Head of the Department
Department of Pediatric Hematology,



ನಮೂನೆ - 5
Form - 5

Government of India
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths
ಜನನ ಪ್ರಮಾಣ ಪತ್ರ



(ಜ.ಮ.ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/13ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)
BIRTH CERTIFICATE

(Issued Under Section 12/17 of the RBD Act, 1969 and Rule 8/13 of the KRBD Rules, 1999)

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This is to certify that the following information has been taken from the original record of birth which is the register for Kolar (CMC) (village/town) of Kolar taluk of Kolar district of Karnataka State

1) ಹೆಸರು	2) ಲಿಂಗ	ಗಂಡು
Name	RUTHVIK GOWDA.T.S.	Sex
3) ಜನನವಾದ ತಾರೀಖು	31/01/2016	4) ಜನನವಾದ ಸ್ಥಳ
Date of Birth		Place of Birth
		S.N.R. Hospital, Kolar (CMC), Kolar, Kolar, Karnataka
5) ತಾಯಿಯ ಹೆಸರು	6) ತಂದೆಯ ಹೆಸರು	
Name of Mother	Chaithra.D.	Name of Father
		Srinivasgowda.T.V.
7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ:	8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ	
ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka	ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka	
Address of parents at the time of birth of the child:	Permanent address of parents:	
Thotl, Thotli, Kolar, Kolar, Karnataka	Thotl, Thotli, Kolar, Kolar, Karnataka	
9) ನೋಂದಣಿ ಸಂಖ್ಯೆ:	10) ನೋಂದಣಿ ತಾರೀಖು	
Registration No.:	803221/H/B/2016/000876	04/02/2016
		Date of Registration:
11) ಪರಾ(ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ)	12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ	
Remarks(if any)		02/07/2016
		Date of Issue
13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ	14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ	
Signature of Issuing Authority		Address of the issuing authority Medical Officer
		S.N.R. Hospital, Kolar Taluk, Kolar District

[Handwritten Signature]
REGISTERED
BIRTH AND DEATH
SRI DML HOSPITAL, KOLAR.

Assistant Medical Officer
SRI DML HOSPITAL, KOLAR
ಮೊಹರು/Seal



The Specialist
in Cancer Care

adding life to years

Date: 26/07/2017

Consent Letter

Paste Child photo here

Name of the Child: Master. Ruthik Gowda

Age: 1years Gender: Male

Date of Birth:

Diagnosis details: Acute lymphoblastic leukaemia ALL Reg-B

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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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: Mr.Srinivasa gowda

Address: T.B Srinivas gowda,

Tottli post and village ,Kolar Dist.

Contact No:

~~XXXXXXXXXX~~

Hospital Recommendation letter

Date: 26/7/2017

To,

Child Vikas foundation
Bangalore

Name of the Child: Master. Ruthik Gowda

Age: 1years

Gender: Male

*→ white Blood Cancer
Increase in WBC quantity*

Medical Diagnosis: Acute Lymphoblastic Leukemia ALL-Reg B

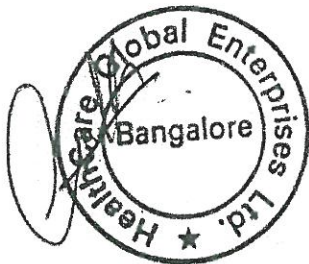
Suggested treatment: Chemotherapy

Proposed date of surgery / treatment: Chemotherapy ✓

Estimated cost of treatment (Break ups): Rs.6,33,460

This is to certify that the above referred case is critically ill. The child comes from economically weaker section and requires support for medical treatment expense. We hereby recommend you this case for financial assistance. The above mentioned estimated approximation for surgery treatment and in the event of any complications the expense may exceed the estimated cost.

From;

Signature: *Intezar*Dr. Intezar Mehdi
Director and Head of the Department
Department of Pediatric Hematology,



Hospital Recommendation letter

Date: 26/7/2017

To,

**Child Vikas foundation
Bangalore**

Name of the Child: Master. Ruthik Gowda

Age: 1years Gender:Male

Medical Diagnosis: Acute Lymphoblastic Leukemia ALL-Reg B

Suggested treatment: Chemotherapy

Proposed date of surgery / treatment: Chemotherapy

Estimated cost of treatment (Break ups): Rs.6,33,460

This is to certify that the above referred case is critically ill. 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 surgery treatment and in the event of any complications the expenses may exceed the estimated cost.

From;

Signature:



**Dr.Intezar Mehdi
Director and Head of the Department
Department of Pediatric Hematology,
Oncology & BMT
HCG Hospital, Bangalore, India**



ನಮೂನೆ - 5
Form - 5

Government of India
ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVERNMENT OF KARNATAKA
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು
Chief Registrar of Births and Deaths
ಜನನ ಪ್ರಮಾಣ ಪತ್ರ



(ಜ.ಮ.ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕ.ಜ.ಮ.ನೋ. ನಿಯಮಗಳು 1999ರ ನಿಯಮ 8/13ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

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1) ಹೆಸರು	2) ಲಿಂಗ	ಗಂಡು
Name	RUTHVIK GOWDA.T.S.	Sex
3) ಜನನವಾದ ತಾರೀಖು	31/01/2016	4) ಜನನವಾದ ಸ್ಥಳ
Date of Birth		Place of Birth
		S.N.R. Hospital, Kolar (CMC), Kolar, Kolar, Karnataka
5) ತಾಯಿಯ ಹೆಸರು	6) ತಂದೆಯ ಹೆಸರು	
Name of Mother	Chaithra.D.	Name of Father
		Srinivasgowda.T.V.
7) ಮಗುವಿನ ಜನನದ ಸಮಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ವಿಳಾಸ:	8) ತಂದೆತಾಯಿಯರ ಖಾಯಂ ವಿಳಾಸ	
ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka	ತೊಟ್ಟಿ, ಕೋಲಾರ, ಕೋಲಾರ, Karnataka	
Address of parents at the time of birth of the child:	Permanent address of parents:	
Thotli, Thotli, Kolar, Kolar, Karnataka	Thotli, Thotli, Kolar, Kolar, Karnataka	
9) ನೋಂದಣಿ ಸಂಖ್ಯೆ:	10) ನೋಂದಣಿ ತಾರೀಖು	04/02/2016
Registration No.:	Date of Registration:	
		803221/H/B/2016/000876
11) ಪರಾ(ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ)	12) ಪ್ರಮಾಣಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ	02/07/2016
Remarks(if any)	Date of Issue	
13) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ	14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ	
Signature of Issuing Authority	Address of the issuing authority Medical Officer	
	S.N.R. Hospital, Kolar Taluk, Kolar District	

Handwritten Signature
REGISTRAR
BIRTH AND DEATH
SNI DIST. HOSPITAL, KOLAR.

Independent Medical Officer
SNI Dist. Hospital, KOLAR
ಮೊಹರು/Seal

“ಪ್ರತಿಯೊಂದು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ”
“Ensure registration of every birth and death”

Date: 14-03-2018

To,

Child Vikas Foundation

Bangalore

Subject: Treatment Completion

Dear Sir,

Master Ruthvik Gowda has completed his prescribed treatment at HCG, Bangalore hospital.

Thank you

Yours Sincerely,



Feros Khan

Manager-HCG Foundation

Name of the Child: Ruthvik Gowda
Age: 1, Male
Date of birth: 31-01-2016
Diagnose: Acute Lymphoblastic Leukemia
Treatment: Chemotherapy

Date : 11-01-2018

Dear Sir/ Madam

Ruthvik Gowda has finished consolidation chemotherapy. He still has about 8 months of intensive chemotherapy (4-5 courses) then maintenance chemotherapy with Hemsyl injection.

This report is given by his Oncologist Dr. Intezar Mehdi.

Regards

Feros

Manager-HCG Foundation



Name of the Child: Master Ruthik Gowda

Age: 01 Gender: Male

Date of Birth: 31 /01/2016

Diagnosis details: Acute Lymphoblastic Leukemia

Suggested treatment: Induction Chemotherapy

Dear Sir / Madam,

This is to inform you that, Master Ruthik Gowda has undergone two cycles of chemotherapy, BMT testing and he is taking 4 hamsyl injection right now. He will be continuing his chemotherapy next week onwards.

He is under the supervision of Dr. Intezar Mehdi now.

Regards

Feros



Manager – HCG Foundation