



OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER (NORTH-WEST)
DIRECTORATE OF HEALTH SERVICES (GOVT. OF NCT OF DELHI)
DELHI GOVT. DISPENSARY BUILDING, SECTOR -13, ROHINI, DELHI - 110085
Ph.: 011-27861464, 27555056 Telefax: 011-27861592 E-mail: cmonw-dhs-delhi@nic.in

No. F.1(3)/11/DHS/NW/RTI/PF./

Date:

To,

✓ Dr. Mitu Khurana
39, A-I Block,
Janakpuri
West Delhi,
New Delhi.110058

Subject: Reply of transferred RTI I.D. NO. 588 dated 13.09.2013 in r/o Ms. Mitu Khurana, vide diary no. 12069 dated 08.10.2013

Madam,

With reference to your letter dated 13.09.2013 on the above cited subject. It is to inform you that amount has been received from you Rs. 48/- for providing 24 pages photocopies of information, the requisite photocopies are enclosed herewith.

Encl: as above.

CDMO (NW)/
Public Information Officer

No. F.1(3)/11/DHS/NW/RTI/PF./ 13390-92

Date: 08/10/13

Copy to:

1. SPO (PNDT), Directorate of Family Welfare .
2. Office copy.

gurmeet munga
6/10/13
CDMO (NW)/
Public Information Officer

ID No. 5206 588

No. A. 60014/44/2013-PNDT
Government of India
Ministry of Health & Family Welfare
(PNDT)

Nirman Bhawan, New Delhi
Dated the 5 September 2013

To,
/Dr. Mitu Khurana,
House No. 39, A-1 Block,
Janakpuri, New Delhi-110058

05/RTI

P.I.O. (PNDT)

DIARY NO. 187

DATE 9/9/13

88

9/9/13

Subject: Information under RTI ACT, 2005.

Sir,

Kindly refer to your RTI application received through online RTI Portal under RTI Act, 2005 seeking information from this Ministry. With regard to your application, the desired information is as under:-

S.No.	Information Sought	Information
1.	Certified copy of my entire case file which was seized by NIMC.	The requisite information is not available in this Division. Your application under RTI Act, 2005 is therefore, transferred under Section 5(3) of the RTI Act, 2005 to the Public Information Officer, Department of Health & FW, Govt. of NCT of Delhi. You may contact the concerned SPIO of Government of NCT, Delhi for information sought by you under the RTI Act.
2.	Certified copy of raid report on Jaipur Golden Hospital on 03.06.2008.	The copy of said report is annexed.

If you are not satisfied with the above information furnished to you, you may appeal to the Appellate Authority within 30 days of receipt of this reply. The Appellate Authority in this matter is Dr. V. S. Salhotra, DC (RCH), Ministry of Health & Family Welfare, Room No. 305 'D', Nirman Bhawan, New Delhi (Tel: 011-23061853).

Yours faithfully,

(D. N. Sahoo)

Under Secretary to the Govt. of India & CPIC

Tel: 23061853

Email: sahoo.dn@nic.in

L-24
L-48/2

ANS No 1



CONSULTANT INFORMATION (PATIENT ADMISSION)

F-244

Name of Patient.....

Name of Consultant / Unit.....

Date & Time of Arrival in Casualty / OPD.....

INFORMATION GIVEN BY (NAME)	TO	CONSULTANT (NAME)	AT TIME	SIGNATURE
1. CMO.....		Dr.....		
2. Admission Clerk.....		Dr. <i>[Signature]</i>		
3. S.R./J.R. on Duty.....		Dr.....		
4. Staff Nurse on duty.....		Dr.....		

[Signature]
 D. D. K. BALUJA
 MEDICAL DIRECTOR
 JAIPUR GOLDEN HOSPITAL
 SECTOR-3, ROHINI, DELHI-85

Certified/Attested Copy
 As Per Page No. 79 File
 No. *[Signature]* / *[Signature]* / *[Signature]*

ADD. CHIEF J.
 N.W. District Dns
 Rohini Sect-13, Delhi-85
[Signature]
 12/11/85



48 05 4007 - 3001

(2) F-1

JAIPUR GOLDEN HOSPITAL

2-INSTITUTIONAL AREA, SECTOR-3, ROHINI, NEW DELHI-110 085

(A Unit of Jaipur Golden Charitable Clinical Laboratory Trust)

Patient's Name..... *Dr. Mita Khurana*

C. R. No.....

Age / Sex..... Date.....

PRESCRIPTION SLIP

DESCRIPTION

Rx

*Please admit in
CR I desired
category under
Dr. S.N. Baram*

*Traceable
Self-Attest*

Signature of the Doctor

Regn. No.....

Certified/Attested Copy

As Per Page No. *18* File

No. *62/18707/2017*

Muk 5/21/17

Addl. C.D.M.O.
N.W. District DHS
Rohini Sect-13, Delhi-85



JAIPUR GOLDEN HOSPITAL

2- Institutional Area, Sector-III, Rohini, New Delhi-110 085

NOSOCOMIAL INFECTION

Present

Absent

(Please Tick)

Pt's Name

Mr. Mitesh Kumar

Father/Husband Name

Kamal Kumar

Ward/Room No.

153608

C. R. No.

Dr. Incharge

ADMISSION / DISCHARGE SUMMARY SHEET

D.O.A.	28/4/05	D.O.D.	28/4/05	HOSPITAL DAYS	
PROVISIONAL / ADMISSION DIAGNOSIS	DESCRIPTION			I.O.D. CODE Nos.	
PROVISIONAL DIAGNOSIS				0098	
FINAL DIAGNOSIS	Twin Pregnancy = Pain abd.				
COMPLICATION	Nil				
OPERATIVE PROCEDURES WITH DATE	Conservative management done.				

RESULTS : RECOVERED / IMPROVED / UNCHANGED / L.A.M.A. / EXPIRED

(SIGNATURE OF THE RESIDENT DOCTOR)

(SIGNATURE OF THE CONSULTANT)

(SIGNATURE OF THE MED. SUPDT.)
(IF NECESSARY)

Certified/Attested Copy
 As Per Page No... 27... File
 No... 12/15/05/1000/1000/1000
 Addl. C.D.M.O. M.K.
 N.W. District DHS
 Rohini Sect-13, Delhi-85

ADMISSION SLIP

CR No. 153608

Admission Date : 28/04/2005 Discharge Date : / /
Time : 9.34 Time :

CONSULTANT: Dr. S.N. BASU
UNIT : DEPT. OF GYNAE.

BOOKING SLIP NO: @ CATEGORY: LABOUR ROOM WARD: LR BED: LR

PATIENT NAME: Mrs. MITU KHURANA AGE: 29 Years

OCCUPATION : SERVICE SEX: Female Marital Status : Married

Husband Name: MDR. KAMAL KHURANA

OCCUPATION: SERVICE RELIGION: HINDU

ADDRESS (Full) : H. NO. C4/6, SEC. 15, ROHINI, DELHI. Tel (Off):
Tel (Res): 27852727

ADDRESS OF THE NEXT OF KIN (Son/Daughter/Nephew/Niece/Relatives)
Telephone:

MLC: No Nationality : INDIAN

BOOKING RECEIPT NO : @ Date : / / AMOUNT (Rs.): @

ADVANCE RECEIPT NO : 683624 Date : 28/04/2005 AMOUNT (Rs.): 3000.00

BILLING CATEGORY : ECONOMY

PREVIOUSLY ADMITTED IN JAIPUR GOLDEN HOSPITAL : No *KI*
Signature Of Admitting Clerk

Oper : KD

DECLARATION

Above category has been opted by us and all expenses involved in the course of treatment during admission have been explained to us. We agree to make all the payments before discharge as per rule of the hospital. In Case of change to higher category of bed, we undertake to pay the charges as per higher category for the entire stay. Also we shall be responsible for whatever money of valuables we bring to the hospital and keep the same entirely at our own risk.

I/we hereby, give consent to the hospital for carrying out treatment of Dr. Mitu Khurana including investigations, medication and operations under any kind of Anaesthesia at my/own risk.

Name : Dr. Kamal Khurana Relation With Patient Husband

Address: C-4/6, Sector-15, Rohini, Delhi-85

Telephone No. 27852727 Signature Kamal

Dr. K. BALUJA
DIRECTOR
JAIPUR GOLDEN HOSPITAL
SECTOR-15, ROHINI, DELHI-85

Certified/Attested Copy
As Per Page No. 26 File
No. 22/17/05/105/105
N.W. District DHS
Rohini Sect-13, Delhi-85
Dr. S.N. Basu

ADMISSION SLIP

CR No. 153608

Admission Date : 28/04/2005 Discharge Date : / /
Time : 9.34 Time :

CONSULTANT: Dr. S.N. BASU
UNIT : DEPT. OF GYNAE.

BOOKING SLIP NO: @ CATEGORY: LABOUR ROOM WARD: LR BED: LR

PATIENT NAME: Mrs. MITU KHURANA AGE: 29 Years

OCCUPATION : SERVICE SEX: Female Marital Status : Married

Husband Name: MDR. KAMAL KHURANA

OCCUPATION: SERVICE RELIGION: HINDU

ADDRESS (Full) : H.NO. 04/6, SEC. 15, Tel (Off):
ROHINI, DELHI. Tel (Res): 27852727

ADDRESS OF THE NEXT OF KIN (Son/Daughter/Nephew/Niece/Relatives)
Telephone:

MLC: No Nationality : INDIAN

BOOKING RECEIPT NO : @ Date : / / AMOUNT (Rs.): @

ADVANCE RECEIPT NO : 683624 Date : 28/04/2005 AMOUNT (Rs.): 3000.00

BILLING CATEGORY : ECONOMY

PREVIOUSLY ADMITTED IN JAIPUR GOLDEN HOSPITAL : No *KL*
Oper : KD Signature Of Admitting Clerk

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I/we hereby, give consent to the hospital for carrying out treatment of Dr. Mitu Khurana including investigations, medication and operations under any kind of Anaesthesia at my/own risk.

Name : Dr. Kamal Khurana Relation With Patient Husband

Address: C-4/6, Sector-15, Rohini, Delhi-85

Telephone No. 27852727 Signature Kamal

T. Baluja
K. BALUJA
N.W. DIRECTOR
JAIPUR GOLDEN HOSPITAL
ROHINI, DELHI-85
Certified/Attested Copy
As Per Page No. 2 File
No. 2/18/8/...
51243
Addl. C.D.M.O.
N.W. District D.S.
Rohini Sect-13, Delhi-85

Always to my surprise, Ashwini Kantai

Schedule on Request

Phone : 27525984 to 86, 27525988 to 90
27525993 to 95, 27525997



JAIPUR GOLDEN HOSPITAL

2, INSTITUTIONAL AREA, ROHINI, NEW DELHI-110 085

(A UNIT OF JAIPUR GOLDEN CHARITABLE CLINICAL LABORATORY TRUST)

DISCHARGE SUMMARY SHEET

Patient's Name Dr. Ashwini Kantai Age 45 Sex F

Name & relationship of NOK Dr. Ashwini Kantai

C.R. No. 153608 Room/Bed No. _____

Address 11 NO C4/6, Sec-15, Rohini, Delhi

Date of Admission 22.4.05 Date of Discharge 28.4.05

Diagnosis 4th Pregnancy with pain abdomen.

Unit II Consultant Dr. S.N. Basu

DISCHARGE SUMMARY

Brief Summary of case

1) Previous deliveries = 16 wks.
Diagnosed Twin = coticky Pan abd
lower & Peri umbilical Since evening
Vomiting x 1 Episode Since (no food)
Incom Egg Yesterday since she had
vomiting

LMP = 4/Jan/05

EDD = 11/Jun/05

M = G, Mammography with - T₁ - Threatened aborⁿ wks
Treatment - oral progester
then Bolus 200

Certified/Attested Copy

As Per Form No. 7.5. File

No. 27/18/05/2005/MS/MSD

Dr. S.N. Basu
Addl. C.D.M.O.
N.W. Discharge
Rohini Sect-15, Delhi-110085

(PLEASE PRESERVE THIS DISCHARGE SHEET)

Modest history
ingrained history

APP. 29. 4. 05
UTI
J. C. A. 20. 4. 05

Investigations :-

5-1-10

(6)

Uric acid

not working attached
Uric acid - 2-4
Spirulina cell 1-2

V.C.
28.1.05

Uric acid
syrup] NCC.

Uric acid
Uric acid - I
But today II
17.1.05 BH. 200

Treatment / Operation notes :-

Conservative Management -
done

Outcome of treatment - Improved / Cured / No improvement / Transferred to other Hospital / L.A.M.A. / Expired

Advice on Discharge-

Collect urine c/s Report then
- Tab. Voveran 1 tab stat - SOS

- Tab. Oad 40mg OD

- Syrup Sacramol 2 Tsp TDS

- Syrup Digenic 2 Tsp TDS

x 5 days.

Plenty of oral fluids / water to be taken

Certified / Attested Copy
Page No. 25 File
NO. 12/10/05/DNS/...

Address: M.C. N.W. District DHS Rohini Sect-13, Delhi-85

Date

28.1.05

DR. K. BALUJA
MEDICAL DIRECTOR
JAIPUR GEN. HOSPITAL
SECTOR 13, ROHINI, DELHI-85

used by Dr. S.N. Basu
(Signature of Doctor)

Name

Designation

Name : Mrs. Mitu Khurana
Ref. By : Dr. S.N. Basu

Age : 29 Years
Date : 28-04-05

ULTRASOUND KUB

Both kidneys are normal in size, shape & echotexture. No calculus is seen. No mass is seen.
Bilateral hydronephrosis is noted (possibly gestational).

Urinary bladder is empty.

Two live foetus are seen in uterine cavity, one fetus is in cephalic presentation, other in breech presentation.

Foetal movements and foetal cardiac activities were observed in real time and appear normal.
No obvious cranio spinal deformities noted.

Gestational age

Fetus - I

Cephalic position
By USG
BPD - 38 mm - 17 wks. 5 days
FL - 22.9mm - 16 wks. 6 days
HC - 140 mm - 17 wks. 2 day
AC - 117 mm - 17 wks. 4 day
EFW - 185 +/- 27 gms
HC/AC ratio - 1.19
FL/AC ratio - 19.6
FL/HC ratio - 16.4
Average gestational age by
USG - 17 wks. 0 days

Fetus - II

Breech position
By USG
BPD - 31 mm - 15 wks. 6 days
FL - 21 mm - 16 wks. 2 days
HC - 125 mm - 16 wks. 2 day
AC - 94 mm - 15 wks. 4 day
EFW - 141 +/- 21 gms.
HC/AC ratio - 1.31
FL/AC ratio - 22
FL/HC ratio - 16
Average gestational age by
USG - 16 wks. 0 days

Placenta is posterior. No previa. Maturity Gr-I. No focal defect is seen.

Amniotic fluid is adequate. Internal os is closed.

IMPRESSION : Twin live intra uterine pregnancy of approx. 16 wks. & 17 wks. 0 days duration respectively.
Bilateral renal hydronephrosis.
Please correlate clinically.

Certified/Attested Copy

AS Per Page No. 24 File

No. 624/11/05/Dr. N.K. Arora

Dr. N.K. Arora, MD
Consultant Radiologist

Dr. Prithish Bawa, MD
Consultant Radiologist

Dr. Niten Seth, MD
Consultant Radiologist

99

72

DIAGNOSIS :

TREATMENT :

Handwritten signature and scribbles

Certified/Attested Copy
 As Per Page No. 77 File
 No. 21457/2017/107
M. M. O.
 District DHS
 Rohini Sect-13, Delhi-85

CONTD.

DATE:

P/E

P-

Pop -

P° 7° E°

P/A

22-24 hr

LHS

① 160

② 148/-

P/V

ND

B.G.P.

B.tue.

26/4 10/3

19/3

24/2

Hb/PCV

10.9 10.7

TLC

DLC

7100 | P₇₅ L₂₅

12.1/37.1

HIV

U₂

R/N

PC 4-8

PC 15-16

11200 | P₈₀ L₁₉

Hbs Ag

EC 3-6

EC 20-25 At trace ↓

VDRL

RBS

US

Protein < 5x10³/ml (25 March). Ewh > 10⁵/ml.
79 (P). Protein > 10⁵/ml.

USG

24/3

2 LIUF

< 11⁷⁴
11⁺¹

8/3

2 LF < 9⁷²

Monochromic Diaminiche

Single Platelet 1 cm from es.

Mock / Diam.

Hb Chromatoph

TSH (Jan) '05

(N)

1.86

2 Ig G

Toxop

Antibody

+ve vac 1.279.

2 Ig M

-ve

Dr. D. K. BALUJA
DIRECTOR
MILITARY DISPENSARY
SECTORS ROHINI

Certified/Attested Copy
As Per Page No. 2 File

Add. No. 62/15/07
M.W. Disb. 13/07/07
Rohini Sect-13, Delhi-85



JAIPUR GOLDEN HOSPITAL

2- Institutional Area, Sector-3, Rohini, New Delhi-110 085

Name Mr. N. K. ... C R No

Dr.-in-Charge Dr. S. N. Barua Ward 4F

DATE

TIME

12

- Adult
- Inj Voveran 1mg IM stat.
- C. Oad 40 mg ad
- ECG localization
- Syp Sucramat 2ts/tds
- Syp Dupen 2 table spoon tds
- Plenty of water to drink
- watch for any ... pain

AVE

Reports & attendants created

Temp - ... urine R/M & c/c

...

10 am Pt. feeling better

AVE

CSP

...

Urine R/M & c/c

12:30 pm

PLS

Dr. S. N. Barua informed about info pyelonephritis & recurrent UR

Adv traced ... USG whole abd incl kUB

Contd

Addl. C.D.M.O. As Per Page No. 70 File
 N.W. District PHS No. ...
 Rohini Sect-13
 Certified/Attested Copy
...

CONTD.

(12)

DATE

~~1:45pm~~
~~28/4/08~~

As per telephonic talk to the
Lecnic R
M Puscatt 2-4
Epihella cell 1-2
vener Alb
sugar/wt

VSG. - done Reports awaited
Pt comfortable
No complaints of Pain etc

2:20pm

S/B D. S-N Basu

vulva

Pt feeling better

Adv - Prussmally to
DOR after Report
collection & inform D. Basu

3:30pm

to D. N. Basu - informed
Adv DOR

~~Handwritten signature~~

~~Handwritten signature~~

Certified/Attested Copy
Page No. 70 File
NO. P.H. 100/1000/100/100
Addl. C.D.M.O.
N.W. District DHS
Rohini Sect-13, Delhi-85

FOR IN-PATIENT ONLY

Continuation Sheet No

14

Name C R No

Dr. in-Charge Ward

TIME

DATE



JAIPUR GOLDEN HOSPITAL
2- Institutional Area, Sector-3, Rohini, New Delhi-110 085

Recd

Dr. D. K. BALIJA
MEDICAL DIRECTOR
JAIPUR GOLDEN HOSPITAL
SECTOR-3, ROHINI, DELHI-85

Contd.....

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As Per Page No. File

No. *1216707/2015/MS/Phd*

ADD. C.R.M. &
N.W. Dist. & T.
Rohini Sect-13, Delhi-85

ROHINI, NEW DELHI-110085
PHONE: 988-990 FAX NO.: 27518121

F I N A L B I L L

122148 BILL DATE: 29/04/2005 ADMIN. NO.: 153629
PATIENT: NITU KHURANA Age: 29 Years
P.L. NO. 1576, BEL. 13, ROHINI, DELHI.

DR. S.N. MASHI CLINIC CARE TYPE DEPT. OF UYANNE.

BED NO	ADMIT/DOB/MI	ADMIT/DOB/STG	CURATE CD	DEPOSIT AMT	M.R.N.O
11005	29/04/2005	ADMITTED		3000.00	
11005	20/04/2005	DISCHARGED			

ARTICULARY	AMOUNT (IN Rs.)
ARTHOLOGY	150.00
LABORATORY	600.00
EMERGENCY CHARGES	050.00
DISMISSION CHARGES	00.00
DR. S.N. MASHI Doctor Fee	100.00
Total	1300.00
Less Adv. Received	3000.00
Returns	1700.00

Date	Amount	Receipt No	Date	Amount
29/04/2005	3000.00			

W/Attestation

[Signature]
DR. D. K. BALUJA
 MEDICAL DIRECTOR
 JAIPUR GOLDEN HOSPITAL
 SECTOR 3, ROHINI, DELHI-85

Certified/Attested Copy
 As Per Page No. 2 File
 No. F-24/18708/10ns/mj/lus
 Add. C.D. No. 105/2004
 N.W. District DHS
 Rohini Sect-13, Delhi-85

JAIPUR GOLDEN HOSPITAL

2- INSTITUTIONAL AREA, SECTOR-3, ROHINI, NEW DELHI-110 085
PHONES : 27525984-85, 27525988-90, 27525993-95, 27525997



LABORATORY REPORT (URINE)

Pt.'s Name Dr. S. Mittal Khurana Receipt No. OPD/PVT./IPD Date 28/4/05
 Age / Sex 50 / F C.R. No. 153608
 OPD / Ward No. L.R.
 Clinical Diagnosis
 Sender's Name / Sign. 10 AM Time

A. PHYSICAL EXAMINATION
 Volume 20 ml
 Colour p. yellow
 Sp. Gr. 1.020
 pH Acidic

B. CHEMICAL EXAMINATION
 Albumin None
 Sugar None
 Ketone Bodies
 Bile Salts
 Bile Pigments
 Urobilinogen
 Blood
 Others

C. MICROSCOPY EXAMINATION
 Pus Cells 2-3 /HPF
 RBC NIL /HPF
 Ep Cells 1-2 /HPF
 Crystals NIL
 Casts NIL
 Others

D. SPECIAL EXAMINATION
 Total Urinary Protein gm/24 hrs.
 Any other Test

Lab. No.	Specimen in	Report out	Technician	Pathologist
				<u>DR</u>

22

(Signature)
 JGH
 N 153608

Certified/Attested Copy
 As Per Page No. File
 Add. ...
 N.W. Dis. ...
 Rohini Sect. ...
 5/11/05

