

**NGO Name:** Grateful Child Welfare Foundation

**Patient Name:** Gurvani Kaur

**Hospital:** Jasola Apollo, New Delhi

**Cost of Treatment:** 25,00,000 INR



Gurvani Kaur, a bright and brave 12-year-old girl, is fighting a difficult battle against **Thalassemia**, a severe blood disorder that requires lifelong care and frequent treatments. She is currently undergoing treatment at **Apollo Hospital, New Delhi**, where doctors are working tirelessly to support her recovery.

However, the cost of her treatment is overwhelming for her family. The estimated expenses have reached **₹25,00,000 (25 lakh)**—an amount far beyond what they can manage on their own.

💛 **Please consider donating to support Gurvani's treatment and give her a chance at a brighter future.**

Your kindness, prayers, and generosity can help save a young life.

सेवा से  
श्रीमान

Grateful Child Welfare Foundation  
New Delhi - 46

विषय → ~~बेटी~~ बेटी की सहायता हेतु आर्थिक सहायता के लिए  
निवेदन पत्र।

महोदय,

मेरा नाम हरमीत कौर है, ग्राम नौतनवा के रहने वाली हूँ। मेरी  
बेटी गुरवानी को थैलेस्मिया नामक बीमारी है। इस बीमारी का  
इलाज करने के लिए मुझे 25 Lakh की आवश्यकता है। मैं  
15 Lakh तक का इंतजाम कर लिया है और 10 Lakh की  
आवश्यकता है। मैं सनस्था से निवेदन करना चाहती हूँ वह  
मेरी आर्थिक सहायता प्रदान करें।



हरमीत कौर  
ग्राम नौतनवा  
महाराजगंज

7408253020



Dated: August 1<sup>st</sup> 2025

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that Ms Gurvani Kaur (APD1.0011814724), 11 yrs old female, is a case of Thalassemia Major. She is currently on supportive care for the same. The only curative treatment for Thalassemia major is Bone Marrow Transplant. Gurvani has a matched sibling donor hence she is planned for Matched Sibling Donor Bone Marrow Transplant. It is strongly recommended for Gurvani to go ahead with BMT to give her best quality of life & normal life expectancy.

BMT (MSD) is an expensive treatment. The quotation for BMT is as mentioned below:

1.	Pre-transplant workup (donor & recipient)	approx. 1 Lac INR.
2.	Pre transplant preparation	approx. 1.5 lac X 2 cycles = 3 Lacs INR.
3.	Donor Harvest	approx. 1.75 Lacs INR.
4.	Transplant phase for 4 weeks of uncomplicated stay in hospital (dose of chemotherapy medicines depends on weight).	approx. 17 Lacs INR
5.	Post BMT weekly OPD follow ups	approx. 75,000 INR/month x 3 months.
<b>Grand Total</b>		<b>approx. 25 Lac INR.</b>

Overall success rate of BMT is approx. 80-90%.

**NOTE:** The cost might rise in case of any unforeseen complications & extended stay in the hospital.

Please find below the bank details:

<b>PLEASE DO NOT DEPOSIT CASH IN BANK ACCOUNT- ONLY BANK TRANSFER</b>	
<b>Bank detail for fund transfer (RTGS/ NEFT/ IMPS) to Apollo Hospital, Delhi</b>	
<b>Name of Account Holder</b>	Indraprastha Medical Corporation Limited
<b>Account Number</b>	5076108700000028
<b>Account Type</b>	Cash Credit Account
<b>Bank Name</b>	Punjab National Bank
<b>Branch Address</b>	Apollo Hospitals, Sarita Vihar, New Delhi-110076
<b>IFSC Code</b>	PUNB0507610
<b>Swift Code</b>	PUNBINBDNP



**DR GAURAV KHARYA**  
 CLINICAL LEAD | CENTER FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPIES  
 SENIOR CONSULTANT | PEDIATRIC HEMATOLOGY ONCOLOGY AND IMMUNOLOGY  
 APOLLO HOSPITAL, SARITA VIHAR, DELHI 110076  
 Email: [gaurav.kharya@gmail.com](mailto:gaurav.kharya@gmail.com)  
 Phone: +919213132168

**Dr. Gaurav Kharya**  
 Clinical Lead | Center for Bone Marrow Transplant  
 & Cellular Therapy  
 Senior Consultant | Paediatric Hematology  
 Oncology & Immunology  
 Indraprastha Apollo Hospitals,  
 Sarita Vihar, New Delhi 110076  
 DMC No. 25144  
 Ph. No. 9213132168  
 Email id - [gaurav.kharya@gmail.com](mailto:gaurav.kharya@gmail.com)



DLB 123303

Estimated 7 BSY scheme  
 Form # 1001  
 Wal India  
 Patients



Request For Admission

Please admit Mr./Ms. Gurvani Father's Husband's Name Jagpreet Singh  
 Age 11 (Yrs.) Sex f UHID No. 11814724 Date of Admission 15/9/24 Time of Admission 1:30 pm  
 Payer Category -  CASH  CORP  TPA  INTL  
 Payment Details \_\_\_\_\_  
 Room Category General Ward Under Dr BMT Team  
 Provisional Diagnosis Thelomys Mafu Allergies n/a  
 Procedures and Treatment Contemplated: Chemotherapy MLC : Yes/No  
 IF Yes : Inside MLC / Outside  
 MLC No.: \_\_\_\_\_  
 Expected Length of Stay: 4 days  
 T.P.A. Yes/No \_\_\_\_\_ Auth. Letter Enclosed Yes/No \_\_\_\_\_

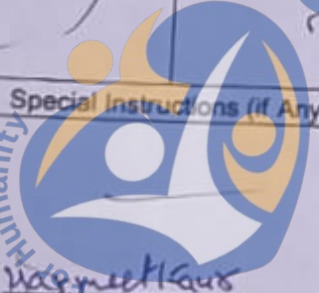
INSTRUCTIONS FOR STAFF NURSE

Inform me and my Resident / Registrar / Dr. \_\_\_\_\_

Diet	NBM	Liquid	Repeated	Diabetic	Renal	Others
<u>Bm</u>	Soft Solid	Normal	Cardiac	Salt free	Hepatic	

(B) Lab. Investigations (D) Radiological Investigations Medications

(3659)



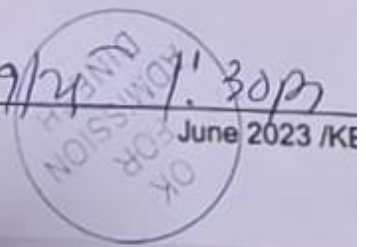
Special Instructions (if Any) Pre-op Instructions (if applicable)

Att. Name Kagmeet Kaur  
 Relation Mother  
 Phone No 7408253020

Please tick: as appropriate:

Preventive  Diagnostic  Curative  Palliative  Rehabilitative

Name of Consultant/Authorised Signatory: BMT Team Signature: \_\_\_\_\_  
 Date & Time 15/9/24 1:30 pm



Shahul Kumar



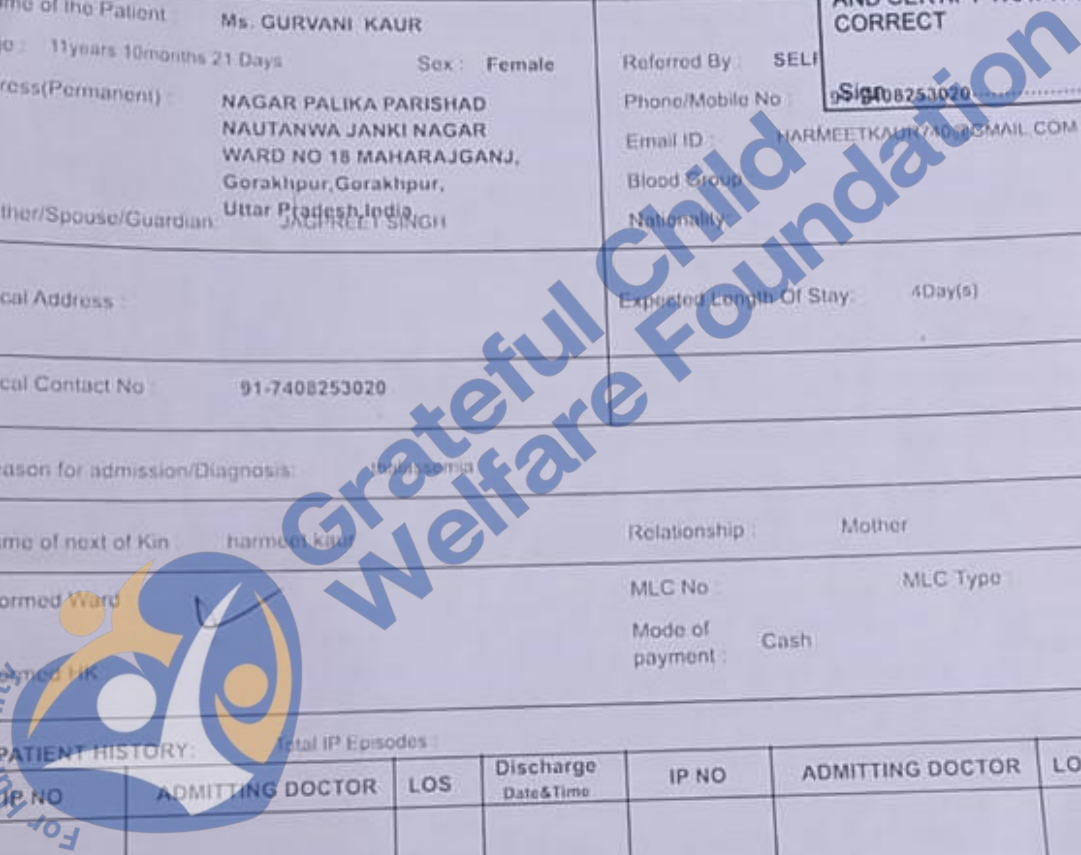
ADMISSION FORM

AF - I

WT = 37  
Height = 142

UHID APD1.0011814724	DATE OF ADMN 15-Sep-2025	TIME OF ADMN 01:42:27 PM	WARD 6th Flr T2 BMT CT	Category/BedNo 3654 / A/C MULTI BED UNIT	IPNO DELIP554732		
NAME OF THE CONSULTANT: Dr.BMT TEAM			SPECIALITY: HEMATOLOGY,ONCOLOGY,IMMUNOL OGY,BMT				
SECONDARY CONSULTANT:			SPECIALITY:				
Name of the Patient: Ms. GURVANI KAUR			Referred By: SELF				
Age: 11years 10months 21 Days			Sex: Female				
Address(Permanent): NAGAR PALIKA PARISHAD NAUTANWA JANKI NAGAR WARD NO 18 MAHARAJGANJ, Gorakhpur,Gorakhpur, Uttar Pradesh,India			Phone/Mobile No: 91-7408253020				
Father/Spouse/Guardian: JAGPREET SINGH			Email ID: HARMEETKAUR740@GMAIL.COM				
Local Address:			Expected Length Of Stay: 4Day(s)				
Local Contact No: 91-7408253020			Reason for admission/Diagnosis: Thrombocytopenia				
Name of next of Kin: harmeet kaur			Relationship: Mother				
Informed Ward:			MLC No: MLC Type:				
Informed HIK:			Mode of payment: Cash				
INPATIENT HISTORY: Total IP Episodes:							
IP NO	ADMITTING DOCTOR	LOS	Discharge Date&Time	IP NO	ADMITTING DOCTOR	LOS	Disc Date

I HAVE CHECKED MY ADDRESS  
AND CERTIFY THAT IT IS  
CORRECT



 **भारत सरकार**  
**GOVERNMENT OF INDIA** 

Issue Date: 10/10/2017



गुर्वाणी कौर  
**Gurvani Kaur**  
जन्म तिथि / DOB : 25/10/2013  
महिला / FEMALE  
Mobile No. 8960047560  
**5396 9369 5446**  
VID:9186 3204 8375 4819

**मेरा आधार, मेरी पहचान**

 **भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA** 

पता:  
आत्मजा: जगप्रीत सिंह, नगर पलिका परिषद नौतनवा,  
जानकी नगर बॉर्ड न 18, नौतनवाँ, महाराजगंज,  
उत्तर प्रदेश - 273164

Download Date: 17/2022

**Address**  
D/O: Jagpreet Singh nagar palika Parishad Nautanwa  
Janki nagar ward no 18 Nautanwa Maharajganj Uttar  
Pradesh - 273164



**5396 9369 5446** 

 1947 |  [help@uidai.gov.in](mailto:help@uidai.gov.in) |  [www.uidai.gov.in](http://www.uidai.gov.in)



**Please Come Forward and Support Gurvani's Treatment**

**Grateful Child Welfare  
Foundation**

+91 99581 14443



9958114443@okbizaxis



**BHIM LPI**

**Beneficiary Name: Grateful Child Welfare Foundation**

**A/C Number: 023788700000384**

**Bank Name: YES Bank**

**Branch: Naraina, New Delhi**

**IFSC Code: YESB0000237**

