

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

Untitled Page https://esathi.up.gov.in/citizenservices/ServiceEdist/Certificate




उत्तर प्रदेश शासन

कार्यालय तहसीलदार द्वारा प्रदत्त आय प्रमाण पत्र


जिला	महाराज गंज	
तहसील	नीतन्वा	जारी दिनांक: 16/03/2025
सापेदन क्र०	251870010068199	
प्रमाणपत्र क्र०	571251010102	

यथा विभागीय (शेखीर भूखंड निरीक्षण तथा लेखापत्र की) जांचरिपोर्ट के आधार पर प्रमाणित किया जाता है कि:

पुच/पुची	जगदीश सिंह/JAGPREET SINGH
माता का नाम	सहेन्द सिंह
सकात नम्बर	18
मोहल्ला	वाई न० 18 जालगी नगर न० पा० पा०
ग्राम	
तहसील	नीतन्वा
जमपद	महाराज गंज



उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता सकात नम्बर 18 द्वारा मोहल्ला वाई न० 18 जालगी नगर न० पा० पा० तहसील नीतन्वा, जमपद महाराज गंज उत्तर प्रदेश है। परिवार की सम्पत्ति खास में मसिफ क्षेत्र में रु 7000 व लब्धी में रु. Seven Thousand है। जिनके अनुसार कुल वार्षिक आय रु. 84000 व लब्धी में रु. Eighty Four Thousand है। आय का खर्च अन्य है। यह प्रमाण पत्र जारी होने की दिनांक से तीन वर्षे तक मान्य रहेगा।



Karan Singh

Digitally Signed by Karan Singh (Official) CN=Karan Singh, O=Uttar Pradesh

सहाय अधिकारी/तहसीलदार

विजितल हनुवाधरित

नीतन्वा, महाराज गंज

दिनांक: 16/03/2025

यह प्रमाण पत्र एलेक्ट्रॉनिक सिस्टम द्वारा किया गया है। यथा विहित विधि से जारी किया है। एवम्, आवेदन प्राप्त करने की तारीख पर आवेदन के आधार पर प्रमाणित किया गया है। यह प्रमाण पत्र वेबसाइट <https://esathi.up.gov.in> पर उपलब्ध करने के लिए जारी है। यदि प्रमाण पत्र का उपयोग करने के लिए कोई भी समस्या है तो सहाय अधिकारी/तहसीलदार से संपर्क किया जा सकता है।

1 of 1
18/01/2025 9:4

IP No : DELIP565186 Bill No : INT2225401

Name : Ms. GURVANI KAUR

Draft not Final

Service Amount	2,255,538.00
Total Discount	0.00
Service Amount After Discount (Bill of Supply)	2,255,538.00
Other Information :	
Bill of Supply : INT2225401	367,868.00
Tax Invoice : INTTX2225401	2,623,406.00
Total Payable Amount	0.00
Authorization Amount(1)	
Deposit (15885694,15885687,15819133,15819125) Cash:0.00 , Non Cash:244,145.00	244,145.00
To Pay	2,379,261.00
To be Refund	0.00
Net Payable	2,379,261.00
Payment Details:	
Interim bill amount (Amount) : Two Lakhs Seventy Nine Thousand Two Hundred Sixty One Only	
No Tax is Payable on Reverse Charge Basis	
Amount Paid	244,145.00
Outstanding Amount	2,379,261.00
Mr. GAURAV JAIN	Mr. GAURAV JAIN Cashier/Manager
Generated by	
Disclaimer: This interim bill generated as requested by Patient for information purpose only and does not have any financial implications. The final Bill amount may vary depending on actual consumption of services and medicines at the time of discharge.	

Disclaimer : *All the above dates indicated as Date & Time of the entry only

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DEPARTMENT OF MICROBIOLOGY

Name : Ms. GURVANI KAUR
UHID : APD1.0011814724 / DELIP565165
Age : 12Yr 1Mth 14Days Gender : Female
SIN/ILRN : 12654781 | 5471307
WIBNo/RefNo : 6th Fir T2 BMT CT/3627
Specimen : Blood
Ref Doctor : Dr.BMT TEAM



Collected on : 09-DEC-2025 06:47:12 PM
Received on : 09-DEC-2025 07:52:39 PM
Reported on : 10-DEC-2025 02:34:47 PM

AEROBIC CULTURE AND SENSITIVITY [BLOOD - PAEDIATRIC and NEONATOLOGY] : (Culture)
Reports(CS)
PRELIMINARY REPORT :
NO BACTERIAL GROWTH INDICATED.
FURTHER REPORT WILL FOLLOW.
SECOND REPORT :
POSITIVITY INDICATED - GRAM VARIABLE BACILLI GROWN.
FURTHER REPORT MAY FOLLOW.
PREVIOUS REPORT SENT EARLIER ON : 10.12.2025.

Report Status:Final

All Lab results should be correlated clinically. For any unexpected results labs may be contacted.



PEDIATRIC CARDIOLOGY ECHOCARDIOGRAM REPORT

NAME: GURVANI KAUR

AGE: 11 YRS

SEX: F

UHID: APD1: 00814724

DATE: 23RD SEPTEMBER 2018

LOCATION: INDRAPRASTHA APOLLO HOSPITAL

REFERRING PHYSICIAN: DR. GAURAV KHARYA

DIAGNOSIS:

ECHO SCREENING FOR BMT

- NO STRUCTURAL CARDIAC ANOMALY
- GOOD BIVENTRICULAR FUNCTION
- NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION
- LV GLS: -24 %
- LVEF: 62%



Vikas Kohli (for Dr Vikas Kohli)

VIKAS KOHLI MD. FAAP, FACC

AMERICAN BOARD CERTIFIED PEDIATRIC CARDIOLOGY
DIRECTOR, PEDIATRIC CARDIOLOGY

ANATOMY

1. *Situs Solitus Levocardia.*
2. **Systemic Veins, Atrial Septum, and Atria:** IVC and SVC drain into RA. IA intact
3. **A-V valves, Ventricles, Ventricular Septum:** No mitral or tricuspid regurgitation is noted. Normal RV and LV dimension noted. Normal LV systolic function noted. IVS is intact.
4. **Outflow tracts, Semilunar Valves:** Normal outflow tract & semilunar v noted.
5. **Great Arteries:** Normal related great arteries. Ascending aorta, arc descending aorta normal. Both branches of pulmonary arteries are normal. Coarctation of aorta & patent ductus arteriosus noted.
6. **OTHERS:** Normal coronary arteries and pericardium.

Comments:




SYSTOLIC FUNCTION

LV Ejection Fraction = 62 %



DEPOSIT RECEIPT

Uhid : APD1.0011814724	Patient Identifier : DELIP565165	Receipt No : 15995889
Patient Name : Ms. GURVANI KAUR		UTR No:
Address : NAGAR PALIKA PARISHAD NAUTANWA JANKI NAGAR WARD NO 18 MAHARAJGANJ Gorakhpur Uttar Pradesh India		Receipt Date : 24/01/2026 06:56:19 PM 
Transaction Type : DEPOSIT		
Transaction Amount : 11000.00		
Mode Of Payment EFT	Instrument Number 602416357387	Transaction Amount ₹ 11000.00
		Instrument Date 24/01/2026 12:00:00 /

Received with Thanks : 11000.00
Eleven Thousand Only (INR) From Ms. GURVANI KAUR

Remarks: ICIC MMTIMPS602416357387 KKBK Transfer PANKAJ MAH Kotak Mahindra

NOTE: All Payments Including Dr. Fees Should be Paid at Billing Counter Only

Cashier

Mr. Dinesh Kumar



Keep the records carefully and bring them along during your next visit

For enquiry & appointments contact : 011-26925801 | 26925858

Indraprastha Apollo hospitals, Sarita Vihar, Delhi-Mathura Road, New Delhi 110 076.
Phone : +91-11-26925801, 26925858, Fax : +91-11-26823629 Email: infodelhi@apollohospitals.com



Grateful Child Welfare Foundation



Dated: August 1st 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 (MSO) is an expensive treatment. The quotation for BMT is as mentioned below:

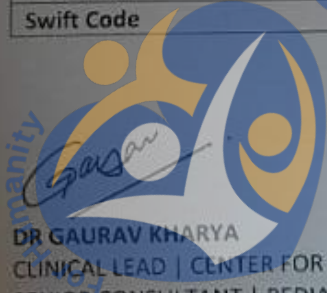
1.	Pre-transplant workup (donor & recipient)	approx. 1 Lac INR.
2.	Pre transplant preparation	approx. 1.5 lac X 2 cycles = 3 Lacs INR.
3.	Donor Harvest	approx. 1.75 Lacs INR.
4.	Transplant phase for 4 weeks of uncomplicated stay in hospital (dose of chemotherapy medicines depends on weight).	approx.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

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:

PLEASE DO NOT DEPOSIT CASH IN BANK ACCOUNT- ONLY BANK TRANSFER	
Bank detail for fund transfer (RTGS/ NEFT/ IMPS) to Apollo Hospital, Delhi	
Name of Account Holder	Indraprastha Medical Corporation Limited
Account Number	5076108700000028
Account Type	Cash Credit Account
Bank Name	Punjab National Bank
Branch Address	Apollo Hospitals, Sarita Vihar, New Delhi-110076
IFSC Code	PUNB0507610
Swift Code	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
 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
 DIAC No. 25144
 Ph. No. 9213132168
 Email id - 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
 Expected Length of Stay: 4 days IF Yes : Inside MLC / Outside
 T.P.A. Yes/No Auth. Letter Enclosed Yes/No

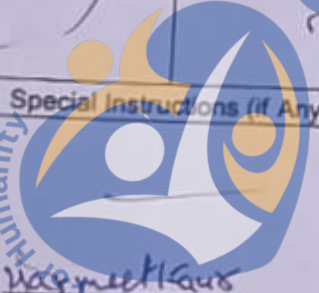
INSTRUCTIONS FOR STAFF NURSE

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)



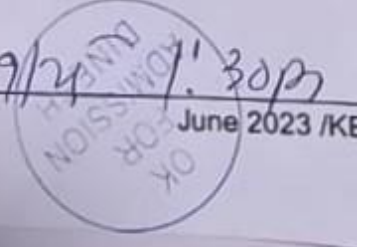
Special Instructions (if Any) Pre-op Instructions (if applicable)

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



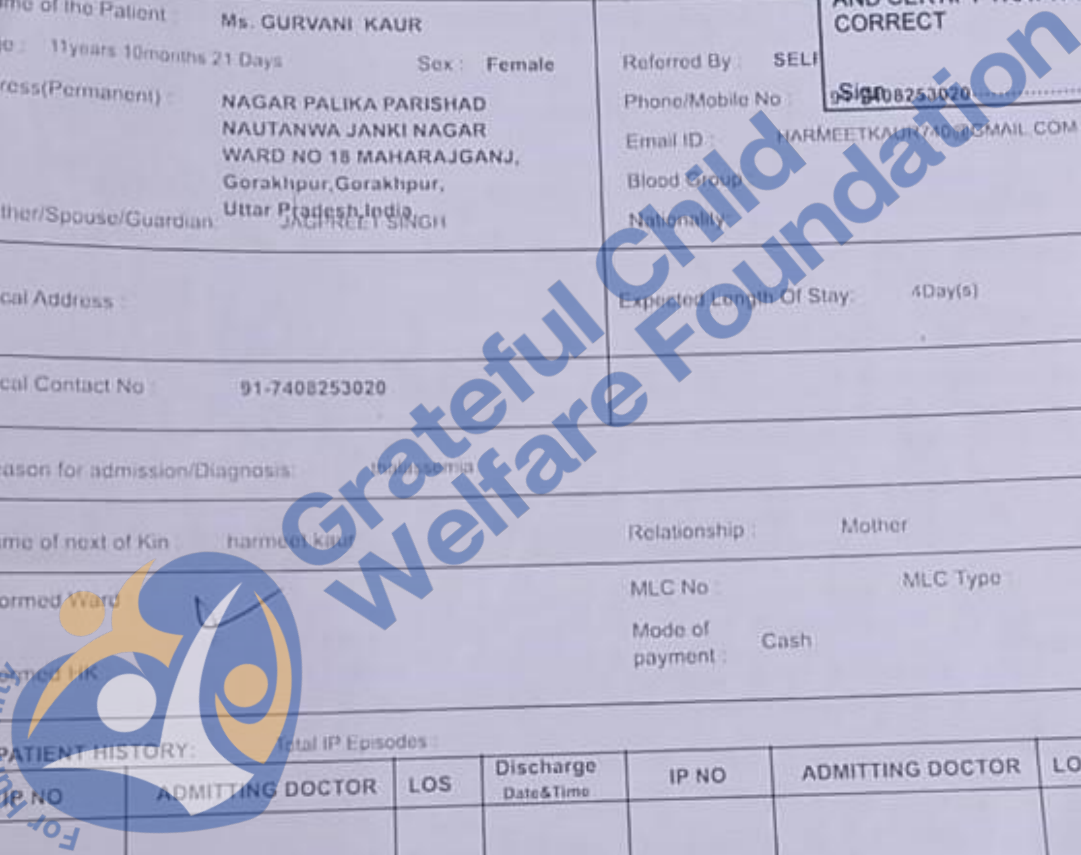
ADMISSION FORM

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 |  www.uidai.gov.in

 भारत सरकार
GOVERNMENT OF INDIA



हरमीत कौर
Harmeet Kaur
जन्म तिथि/ DOB: 23/10/1985
महिला / FEMALE



6535 1413 1160

आधार-आम आदमी का अधिकार

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O जगप्रीत सिंह, जानकी
नगर बॉर्ड न.18, नौतनवाँ,
महाराजगंज,
उत्तर प्रदेश - 273164

Address:
W/O Jagpreet Singh, janki nager
ward no.18, Nautanwa, Maharajganj,
Uttar Pradesh - 273164

6535 1413 1160

Aadhaar-Aam Admi ka Adhikar

Please Come Forward and Support Gurvani's Treatment

**Grateful Child Welfare
Foundation**

+91 99581 14443



9958114443@okbizaxis



BHIM L1PI

Beneficiary Name: Grateful Child Welfare Foundation

A/C Number: 023788700000384

Bank Name: YES Bank

Branch: Naraina, New Delhi

IFSC Code: YESB0000237

