

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



आधार

Issue Date : 19/05/2017



Arika

Arika

जन्म तिथि / DOB : 28/08/2012

महिला / Female

8286 4491 2696

मेरा आधार, मेरी पहचान

PERMANENT

Icard No 47283 **Original**

Valid From 24/12/2015 to 23/12/2021

Name ARIKA

Date of Birth 28/08/2012

D/O SH HIRA

Resident of VILL HARWANI PO SINDHASLI TEH
CHIRGAON DISTT SHIMLA HP

Telephone No

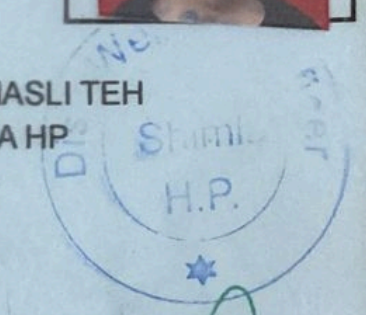
Panchayat-Tehsil SINDHASLI - CHIRGAON

District Shimla

Occupation OTHERS

Type of Disability HEARING IMPAIRED

% Disability 100 %



DWO Shimla

Government of Himachal Pradesh



Department of Social Justice & Empowerment

IDENTITY CARD

For persons with disabilities

This identity card is valid for availing benefit/concessions subject to conditions prescribed by appropriate authority from time to

MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITY

Certified that the State/District Medical Board at State/Zonal/District Hospital.....
CMO Chirgan.....H. P. has examined the candidate, whose signature and particulars
below :-

Name: Arica s/o, d/o, w/o Sh. Heera
Age: 3 Sex: Mh Village: Haswari P. O. Smdesh
District Shimla (H. P.)



Signature of candidate
Registration mark of the candidate

CATEGORY OF DISABILITY :

- 1. Blindness
- 2. Low Vision
- 3. Hearing Impaired
- 4. Locomotor Impaired
- 5. Mental Illness
- 6. Mental Retardation
- 7. Leprosy Cured

Deaf & mute
Congenital deafness

PERIOD OF DISABILITY :

Permanent/Temp.
Mild/Moderate/Severe/Profound

100% Disability
Permanent

VALIDITY OF CERTIFICATE :

(Specify the date in case of temporary disability)

EXTENT OF DISABILITY :

Other particulars clarifying the disability including
the percentage of disability.
Aids/Appliances recommended, if any.

SIGNATURES OF :

- 1. Member (concerned speciality)
- 2. Member
- 3. Member

Chairman / Chief Medical Officer,
Shimla District Medical Board (H. P.),
DDU Zonal Hosp

SHIMLA

SHIMLA



man/wed
(4108)

Admission No. 2017087220

SONATATI¹⁰⁰ +STANDARD

SN 320822

AW104130 Rev. 1.0



NEHRU HOSPITAL
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND
RESEARCH, CHANDIGARH - 160 012 (India)

नेहरू चिकित्सालय
स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान, चण्डीगढ़

DISCHARGE AND FOLLOW-UP CARD (R)

चिकित्सालय से छुट्टी प्राप्त करने तथा पुनः परीक्षण हेतु बुलावे का पत्र

CLINIC NAME AND No.

ENT-II

C.R. No. 201404673596

NAME

ARIKA

AGE 5/F.

| | | | |
|---|------------------------------------|-----|-----|
| M | <input checked="" type="radio"/> F | MCH | FCH |
|---|------------------------------------|-----|-----|

BLOOD GROUP

INCOME

| | | | | | | | |
|-----|--|--|--|--|--|--|-----|
| Rs. | | | | | | | P.M |
|-----|--|--|--|--|--|--|-----|

DATE OF ADMISSION

| | | |
|--------------|------|-------|
| (i) 27/11/17 | (ii) | (iii) |
|--------------|------|-------|

DATE OF DISCHARGE

| | | |
|-------------|------|-------|
| (i) 5/12/17 | (ii) | (iii) |
|-------------|------|-------|

CONSULTANT

Prof A K Gupta

SERVICE UNIT

ENT-II

BRIEF SUMMARY

c/o inability to respond to sound stimulus & inability to speak since birth.

DIAGNOSIS

B/L profound SNHL

COMPLICATIONS

SURGICAL PROCEDURES

Prof A.K. Gupta

Dr Samarendra

28/11/17

Ⓡ cochlear implantation

IGA.

- No H/O trauma

- No H/O BT.

- Allergic to brinjal.

(FAMILY . AND MARITAL HISTORY)

only child, no siblings.

No similar complaints.

(Personal & social history)

♀️ Hindu.

Student.

Non vegetarian.

It was admitted for 28 days
at Lady Reading Hospital, Shire
(d/t meconium aspiration)

It was on ventilator for 10
days for the same.

- No H/O neonatal jaundice,
neonatal tetanus.

- No delay in milestones.

- No nasal/oral complaints.

(PAST MEDICAL HISTORY).

No H/O DM/HTN/BA/epilepsy

No H/O previous sx.

Chief complaints → % inability
to respond to sound stimulus
& inability to speak since birth

HOP/ → Parents noticed that the
child is not responding to
sound stimulus at the age
of 9 months. It was taken to
local doctor, then to IGMC
Chimla from where they were
referred to PGIMER. It was
born of a ~~FTAVD~~ delivery
(Caesarean).

child did not cry at birth

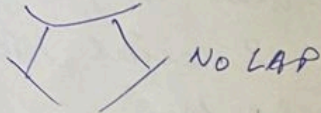
o/e

Pt conscious, oriented, afebrile

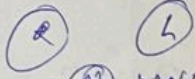
face



Neck

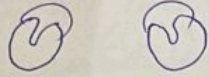
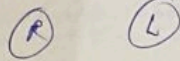


Eyes



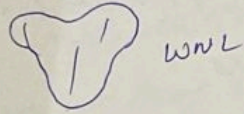
VA. ~~(A)~~ WNL
EOM. B/L full & free
Pupils. B/L NSNR.

Ears



B/L TM intact
B/L EAC/MP/R
WNL.

o/e



Investigations

27/12/14

BCRA (PSD)

name IV could not be traced at 99 dBHL in both ears.

Ax → B/L profound SNHL.

Plan → Cochlear implant

↓ GA.

Operative Notes 28/11/17

Ax → B/L congenital profound sensorineural hearing loss.

operation → (R) cochlear implantation 1 GA.

Surgeon → Prof A.K. Gupta.
Assistant → Dr Samarendra.

~~TOE~~ → steps → ↓ GA, OT, PPA,
Pt positioned, painted & draped.
After LA infiltration, E hat
deln 1:40,000, incision given
which was extended into

Exc. skin flap in subcutaneous
plane & periosteal flap elevated
supraorbital triangle skinned
Tympanometal flap elevated
along with the auricular canal
flap done. Bony wall drilled
for R-S unit. Bony tunnel
made for electrode away. Cable
ostomy done. Med-el sensor
implant - R-S unit was
secured in well. Electrode
away was passed through
strong ~~...~~ Full insertion

done through neckostomy.
- TM flap repositioned back.
- wound closed in 3 layers &
3-0 nylon & ~~...~~ circulation
uneventful.

course of stay in hospital.

- Pt admitted pre-operatively & complete workup done.

- Post operatively, patient started on anti-allegic; ^{histaminics} in antibiotics & PP1.

- Dressing removal & Penicillin application done on POD.

condition at the time of discharge.

Pt conscious, oriented, afebrile.

Vitals stable.

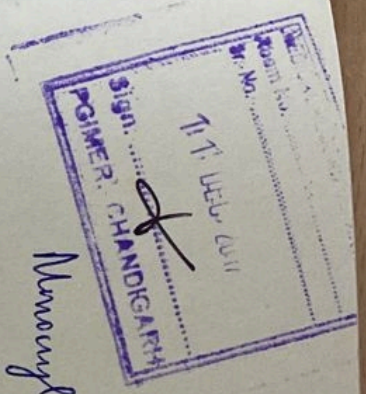
G.I. C fair.

Advice at discharge

- Syf Amoxyclox 5ml BD X7d
- Syf Thymocic Plus 5ml BD X3d.
- R/A on 11/12/17 for S/R
- ~~41085~~ MEET.
- To come on 20/12/17 for switch on
- Plu in ENT OPD ↓ Prof A.K.
- Gupta Mon/Wed 4108 on 11/12/17.

Dr. Arvind S. Bhat

S. Bhat



Monocyl saline eido cut
Wound healthy

Adv:
To come for switch on
on 20/12/17

Dr. Arvind S. Bhat



P.G.I.M.E.R., CHANDIGARH
Whole Body CT SCAN

Name Alka **Age** 34 **Sex** 12

CR No. 4673596 **CT No.** 358/15 **OPD/WARD**

Referred by _____ **Date** 10/2/15 **No. of Films** (2)

SIGNATURE [TECHNICIAN INCHARGE
RESIDENT
CONSULTANT



LEARNING CENTRE

Regd. No. 15343

(An Initiative by Shanti Foundation)

H. No. 16/21/3, 1st Floor, Pkt. 4, Behind Sector-2, Rohini, Delhi-110085

S. No.

013

Date 08/07/23

M/s Arika

Address Ramo Market Pitampura

| S. No. | Description | Per Session | Amount |
|---------|----------------------|-------------|-----------------|
| 1. | Special Education | <hr/> | 8000 |
| 2. | Occupational Therapy | | |
| 3. | Speech Therapy | | + |
| 4. | ABA Therapy | | |
| 5. | IQ Assessment | | |
| | <u>cab.</u> | <u>-</u> | <u>2500</u> |
| TOTAL | | | <u>11,000/-</u> |
| Advance | | | |
| Balance | | | |

E. & O. E.

For : IGNITED MINDS SPECIAL SCHOOL AND LEARNING CENTRE

[Signature]
Signature