

# KINNERA MEMORIAL TRUST

కిన్నెర మెమోరియల్ ట్రస్ట్

## Application for Help



**Name of the Patient:** Kondru. Baravindh Tej

**Father / Husband name:** Kondru. Suman

**DOB / Age:** 08-07-2018

**Permanent Address:** Bodapadu

**H.No:** 4-60

**Street / Village:** Ayyanaguntapalli, Vatticherukuru

**Mandal / District:** Vatticherukuru, Guntur

**Pin code:** 522001

**Phone No:** 8125701545

### DISEASE INFORMATION

( To be filled by Doctor )

**Diagnosis:** B/-ALL

**Date of Diagnosis:** 02-02-2024

**Investigations:** Bone Marrow Aspirate } B cell ALL
Flowcytometry }

**Treatment**

Chemotherapy
Supportive Care
Blood products

**Reviews**:

1.

2.

3.

4.

**Type of Treatment**: IV Sedation, Chemotherapy, Blood products, Supportive Care

**Estimation Amount**: 5 - 6 lakhs

**Any amount was sanctioned than any organization**:

**Recommendations**:

**Consultant Name** : Dr. Vena Akkineni

**Consultant Signature** : Dr. Vena

**Approved By**:

Sanctioned Rs. 30,000 issued
check NO: 37617