



KINNERA MEMORIAL TRUST

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Application for Help

Name of the Patient: VIPIN PAL

Father / Husband name: SHREEPAT PAL

DOB / Age: 16/08/2017, 8y 8m

Permanent Address: Ward no 04, Satti ka maidan,
H.No: gram post alipura, tehsil nowgong,
Street / Village: Alipura

Mandal / District: chhatarpur

Pin code: 471111

Phone No:

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: BETA THALASSEMIA MAJOR S/P HAPOIDENTICAL
HSCT

Date of Diagnosis: 04/05/2026 WITH ~~GRADE 4 GUTCATH~~
ADENOVIRAL
PNEUMONIA

Investigations:

Upper resp panel - Adenovirus

CCT Chest - severe viral pneumonia

Treatment

Cidofovir weekly

Reviews:

Type of Treatment: **Medical**

Estimation Amount: **5,00,000/-**

Any amount was sanctioned than any organization: **NO**

Recommendations: **NIL**

Consultant Name : Dr. **S.K. WAHEED HUSSAIN**

Consultant Signature : Dr. 

Approved By:

Please attach the following documents:

- Patient Aadhar
- Patient Parents Aadhar
- White Card
- Reports
- Patient Passport size Photo
- Family Photo