





भारत सरकार
Government of India

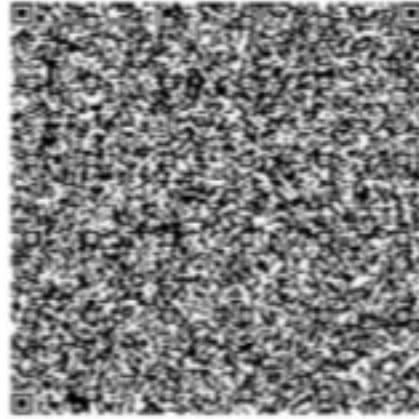
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक: / Enrolment No.: 0000/00306/78176

To
राजेश्वर मुरलीधर सोसे
Rajeshwar Murlidhar Sose
RHN 05, SYMPHONY HOMES,
NISARAG NAGAR,
PLOT NO 48TO51/5,
MHASRUL,
VTC: Nashik,
PO: Meri Colony,
District: Nashik,
State: Maharashtra,
PIN Code: 422004,
Mobile: 9325754054

Signature valid

Digitally signed by Unique
Identification Authority of India
05
Date: 2025.09.12 09:55
IST



आपला आधार क्रमांक / Your Aadhaar No. :

8422 3566 0876

VID : 9186 6256 5170 8364

माझे आधार, माझी ओळख



भारत सरकार
Government of India



Aadhaar no. issued: 09/08/2011



राजेश्वर मुरलीधर सोसे
Rajeshwar Murlidhar Sose
जन्म तारीख/DOB: 28/05/1982
पुरुष/ MALE

आधार हा ओळखीचा पुरावा आहे, नागरिकत्वाचा किंवा जन्मतारखेचा नाही.
हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाइन प्रमाणीकरण किंवा QR कोडचे
स्कॅनिंग/ ऑफलाइन XML)

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

8422 3566 0876

माझे आधार, माझी ओळख



Government of India



माहिती / INFORMATION

- आधार हा ओळखीचा पुरावा आहे, नागरिकत्वाचा किंवा जन्मतारखेचा नाही. जन्मतारीख आधार क्रमांक धारकाने प्रस्तुत केलेल्या नियमांमध्ये निर्दिष्ट केलेल्या जन्मतारीख दस्तऐवजाच्या पुराव्याद्वारे समर्थित असलेल्या माहितीवर आधारित आहे.
- ह्या आधार पत्राची पडताळणी UIDAI-नियुक्त प्रमाणीकरण एजन्सीद्वारे ऑनलाइन प्रमाणीकरणाद्वारे किंवा ऑप स्टोअरमध्ये उपलब्ध mAadhaar किंवा Aadhaar QR स्कॅनर ऑप वापरून किंवा www.uidai.gov.in वर उपलब्ध सुरक्षित QR कोड रीडर ऑप वापरून QR कोड स्कॅनिंगद्वारे सत्यापित केले जावे.
- आधार अद्वितीय आणि सुरक्षित आहे.
- ओळख आणि पत्त्याला आधार देणारी कागदपत्रे आधार नोंदणीच्या तारखेपासून दर 10 वर्षांनी आधारमध्ये अद्यतनित केली जावीत.
- आधार तुम्हाला विविध सरकारी आणि गैर-सरकारी लाभ/सेवांचा लाभ घेण्यास मदत करते.
- आधारमध्ये तुमचा मोबाईल नंबर आणि ईमेल आयडी अपडेट ठेवा.
- आधार सेवांचा लाभ घेण्यासाठी mAdhaar ऑप डाउनलोड करा.
- आधार/बायोमेट्रिक्स वापरत नसताना सुरक्षितता सुनिश्चित करण्यासाठी लॉक/अनलॉक आधार/बायोमेट्रिक्सचे वैशिष्ट्य वापरा.
- आधारची मागणी करणाऱ्या संस्थांनी संमती घेणे बंधनकारक आहे.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAdhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAdhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



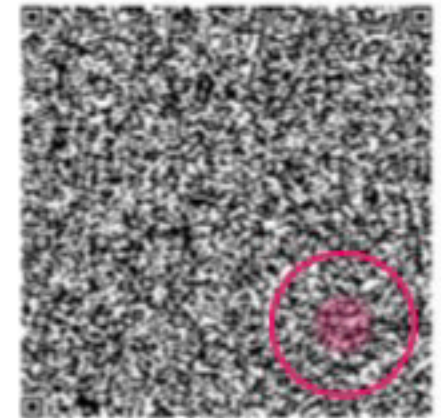
भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



Details as on: 09/12/2025

पत्ता:
रौन 05, सिम्फोनी होम्स, निसरग नगर, PLOT नो 48TO51/5,
महस्रुळ, नाशिक, मेरी कॉलनी, नाशिक,
महाराष्ट्र - 422004

Address:
RHN 05, SYMPHONY HOMES, NISARAG
NAGAR, PLOT NO 48TO51/5, MHASRUL, Nashik,
PO: Meri Colony, DIST: Nashik,
Maharashtra - 422004



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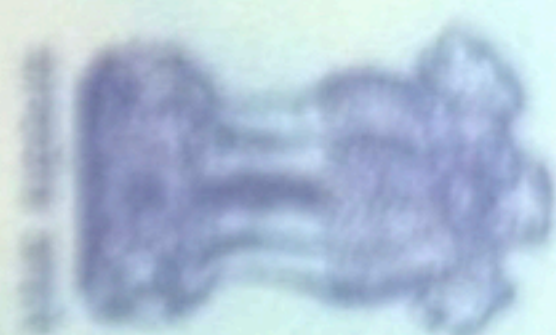
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help@uidai.gov.in

www.uidai.gov.in

आयकर विभागा

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

RAJESHWAR MURLIDHAR SOSE

MURLIDHAR GOPAL SOSE

28/05/1982

Permanent Account Number

BNPPS6907P

Signature

Rajeshwar



25082007



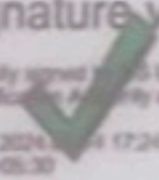
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भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक: / Enrolment No.: 2821/31151/03442

To
मेघा राजेश्वर सोसे
Megha Rajeshwar Sose
C/O: Rajeshwar Sose,
PL No 48 To 51/5 RH 05 Symphony Homes,
Near Tej Park,
Nisarg Nagar Mhasrul,
VTC: Nashik,
PO: Meri Colony,
Sub District: Nashik,
District: Nashik,
State: Maharashtra,
PIN Code: 422004,
Mobile: 7757909258

Signature valid


Digitally signed by Unique
Identification Authority of India
DN
Date: 2024.04.17 17:24:00
GMT+05:30



आपला **आधार** क्रमांक / Your **Aadhaar** No. :

2626 2768 3003

VID : 9119 6435 7944 4036

माझे **आधार**, माझी ओळख



भारत सरकार
Government of India



Aadhaar no. issued: 20/12/2012



मेघा राजेश्वर सोसे
Megha Rajeshwar Sose
जन्म तारीख/DOB: 09/06/1989
महिला/ FEMALE

आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा जन्मतारखेचा नाही.
हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाईन प्रमाणीकरण किंवा QR कोडचे
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2626 2768 3003

माझे **आधार**, माझी ओळख



SCAN TO EXP: Date:-18/01/2026

CASE FILE NO: - NBNK- 2912

PATIENT NAME: - BABY OF MEGHA RAJESHWAR SOSE

PATIENT AGE: - 1 M/FEMALE

PATIENT ADDRESS: - R/H NO 05, SYMPHONY HOMES NISARGA NAGAR PLOT NO 48TO51/5
MHASHRUL, NASHIK, NASHIK MAHARASHTRA 422004

NAME OF ILLNESS /DISEASE/DISORDER: EXTREME PRETERM [29 WEEKS, 1 DAY] EXTREME
LOW BIRTH WEIGHT [830 GRM], SEVERE RDS HMD, SEVERE SEPSIS, NEONATAL
HYPERBILIRUBIUM. SUFFERING FROM SEVERE CANDIDIAL SEPSIS, NOT GAINING WEIGHT
[T.W = 0.790 GM] FEEDING INTOLERANCE, REPEATED HYPOGLYCEMIA,
DISELECTROLYTE [HYPONATERMIA]

BIRTH WEIGHT :- 830 GRM

SUGGESTED TREATMENT: - NICU

TENTATIVE DATE :- 75 DAYS

ESTIMATED EXPENDITURE OF TREATMENT :- 7,00,000/- APPROX.



HOSPITAL STAMP SIGN AND STAMP OF TREATING DOCTOR

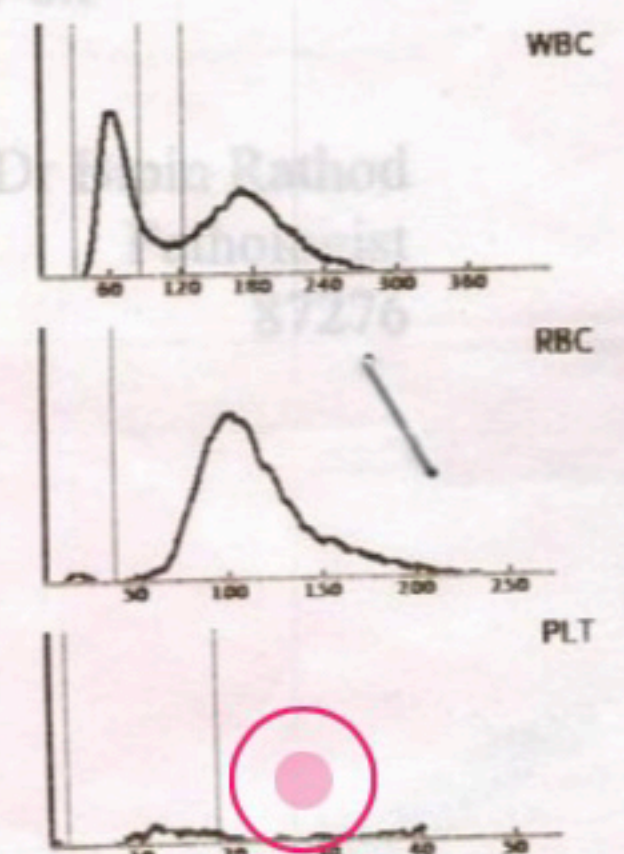
Dr. KEDAR MALWATKAR
MBBS, MD(Pediatrician), FIAP
R.G.No.62881
Mo.No.9822502295

Patient Name :	Baby of Megha Rajeshwar Sose	Ordering Doctor :	Dr Kedar Shriram Malwatkar
UHID :	NBNK-2912	Refer By :	Mr. Vinayak Waghare
Age :	30 D	Report Status :	Final
Gender :	Female	Accession Number :	IPABHARAT 62594
Ward :	NICU Govardhan Hill	Order Id :	OD 13-01-2026 14:53:45
Bed No. :	133-Sridama	Report Date :	13-01-2026
Collection Date :	13-01-2026 04:42 PM	Room :	NICU

Haematology

Service Name	Result	Unit
Extended CBC Haemogram		
Haemoglobin	10.5	gm%
Total Red Blood Count	3.41	10 ⁶ /uL
Pcv	31.1	%
Mcv	100.3	fl
Mch	30.9	pg
Mchc	33.8	gm/dl
Rdw	15.4	%
Total Wbc Count	10400	U/L
DIFFERENTIAL COUNT		
Neutrophils (Blood)	55 H	%
Lymphocytes (Blood)	38 L	%
Monocytes (Blood)	05	%
Eosinophils (Blood)	02	%
Platelet Count	0.72 L	lakhs /cumm

WBC	10.4	10 ³ /uL	
LYM	4.0	10 ³ /uL	H
MID	0.6	10 ³ /uL	
GRA	5.8	10 ³ /uL	
LYM%	38.3	%	
MID%	6.5	%	
GRA%	55.2	%	
RBC	3.41	10 ⁶ /uL	L
Hgb	10.5	g/dL	L
HCT	31.1	%	L
MCV	100.3	fL	H
MCH	30.9	pg	
MCHC	33.8	g/dL	
RDWc	15.4	%	H
RDWs	56.7	fL	H
PLT	72	10 ³ /uL	L
PCT	0.07	%	L
MPV	10.9	fL	
PDWc	11.9	%	
PDWs	10.7	fL	L
PLCR	48.3	%	H
PLCC	34.8	10 ³ /uL	
MI	29.4		
SI	2950.3		
GLR	1.5		
PLR	18.0		



-----End of the Report-----



Cash

Cash

Cash

ADMISSION RECORD

Name : Babyof Megha Rajeshwar Sose
Age/Gender : 29 D/Female
Mobile Number : 9325754054
DOB : 15/12/2025
Bed No. / Ward : 133-Sridama/NICU Govardhan Hill
Address : 05, NISARG NAGAR MHASRUL NASHIK, Nashik, Maharashtra, India 422001
UHID : NBNK-2912
Admission No. : NKIP25-26/572
Nationality : Indian
Marital Status : Single
Patient with special needs : NO

Next of kin name : Rajeshwar Sose
Relationship : Others
Address : NISARG NAGAR MHASRUL NASHIK, Nashik, Maharashtra, India 422001
Phones : 7757909258

DOA : 12-01-2026 07:21 PM
Treating Doctor : Dr Kedar Shriram Malwatkar
Admitting Doctor : Dr Kedar Shriram Malwatkar
Referring Doctor : Mr vinayak Waghere Arogymitra

Consent for Admission & Treatment

I, Rajeshwar Sase request hospital authorities for my/my daughter admission under the supervision of my attending Dr. Kedar Malwatkar I hereby also give my consent to my attending doctor or his/her designee to admit me under their care and decide the necessary treatment, operation or procedure required as per the time and situation as required. Also I have understood the expenses for my/my daughter treatment or operation and I have read and accepted the same. I will follow all my responsibilities towards hospital and pay for my/ my daughter treatment time to time as per the rules of hospital.

Name:
Signature of Patient:

Name Signature of the Witness:
Name:

Admitted By
Shravani Ramakant Shankpal

Printed By
Shravani Ramakant Shankpal

Print Date & Time
12-01-2026 07:22 PM



HELPLINE
8669668651
9822003909

5th & 6th Floor, Archit Sai Avenue, Shree Vallabh Nagar, Behind Old Chhan Hotel, Mumbai Naka, Nashik 422001.
e-mail : care.nashik@nimaiborneo.com | web : www.borneohospitalnashik.com



SCAN TO EXPLORE

INITIAL ASSESSMENT NURSING

Name: <u>B/o Megha Rajeshwar Sose</u>		Sex: Male ☐ Female ☒	
Date of Admitted: <u>12/11/28</u>		Age: <u>29 Day</u>	
Contact Person's Name & Phone No.: <u>9325754054</u>		UHID / IP No.: <u>NIMH-2912</u>	
Chief Complaints:		Time Admitted: <u>7.21pm</u>	
Accompanied by companion: YES ☐ NO ☐			
If Yes, Name of companion: <u>Rajeshwar Sose</u>			
Relationship with patient: <u>Father</u>			
Phone No.: <u>9325754054</u>			
Primary language spoken: <u>Marathi</u>			
Interpreter needed: YES ☐ NO ☒			
Status of admission: Walking ☐ Wheelchair ☐ Stretcher ☐			
Temp.:	Pulse:	BP: <u>—</u>	Respiration:
		SpO2:	Height:
		Weight:	
Valuables/ Belongings (Please Tick)		With Patient	Sent Home
Dentures	YES ☐ NO ☒	☐	☐
Hearing Aid	YES ☐ NO ☒	☐	☐
Eye Glasses/ Contact Lens	YES ☐ NO ☒	☐	☐
Jewellery	YES ☐ NO ☒	☐	☐
Prosthesis	YES ☐ NO ☒	☐	☐
Orientation to Patient Environment			
Room ☐	Nurse Call ☐	Telephone ☐	Service Directory ☐
Admission Kit ☐	Visitors Policy ☐	Bed Controls ☐	Smoking Policy ☐
Bathroom ☐	Functional ☐	Emergency Exit ☒	Veg. only food ☐
Television ☐			
Allergies / Adverse Reaction			
Medication/ Drug	Not Known ☒	NO ☐	YES ☐ if Yes, Name of drug:
Blood Transfusion	☐	NO ☐	YES ☐ if Yes, (Event):
Food	Not Known ☐	NO ☐	YES ☐ if Yes, Name of food:
Fall Risk Assessment			
Age over 60 ☐	Impaired Judgement ☐	Post operative ☐	Previous Fall ☐
Sedated ☐	Muscular Weakness ☐	Sensory Deficit ☐	Other ☐
Ability to Perform Activities of Daily Life			
Activity	Independent	Assisted	Dependent
Bathing	☐	☐	☒
Dressing	☐	☐	☒
Eating	☐	☐	☒
Walking	☐	☐	☒
Toilet Use	☐	☐	☒

Vulnerable Patient		
Age > 65 years	YES ☐	NO ☐
Age < 12 years	YES ☐	NO ☐
Mentally Challenged	YES ☐	NO ☐
Physically Handicapped / Unable to perform ADL	YES ☐	NO ☐

Special Assessment for Infectious Disease			
Isolation required ☐	PPE required ☐	Vaccinated ☐	Skin lesions/ itching ☐

Current Medication			
Medication	Dose	Frequency	Date/ Time of last dose

Assessment of Pain :											
Pain Score ☐	0	1	2	3	4	5	6	7	8	9	10
Acute ☐											
Chronic ☐											
Location ☐											
	No	Mild	Moderate	Severe	Very Severe	Worst Pain					

Neurological Status		
Conscious ☐	Semi-Conscious ☐	Comatosed ☐

Psychological Status					
Anxious ☐	Depressed ☐	Angry ☐	Combative ☐	Sleep Disorder ☐	Others: ☐

Nursing Needs		
Is there a language problem	YES ☐	NO ☒
Any cultural/ religious barriers	YES ☐	NO ☒
Is the patient at risk for falls	YES ☐	NO ☒
Is the patient incontinent	YES ☐	NO ☒
Does patient require oxygen therapy	YES ☐	NO ☒
Has tracheotomy been done	YES ☐	NO ☒
Is the patient at risk for pressure ulcers	YES ☐	NO ☒
Any special nutrition needs	YES ☐	NO ☒
Does the patient have implants	YES ☐	NO ☒
Any other needs	YES ☐	NO ☒

Form Completed By	
Name: Miss Rina Kokani.	
Signature:	
Designation: Staff Nurse	
Date: 12/11/26	Time: 8pm

IPD No.:

Patient Name :

B10- Sose

Date / Time	Clinical Feature	Treatment
13/1/26 WT - 0.770 kg BSL-50	SIB - <u>Dr. Pratik</u> - maintaining satn/pulse/peetn - 2 E/O vomiting O/E Euthermic HR - 148/min RR - 54/min SPO₂ 79.5% S/E (N) - SIS 20 (N) - CTA mod R) - AEBI R/A - sat+	<u>Rn</u> - keep warm - WFT/PIR/SpO₂ - RTF 4mc x 2 HR IVF/DPT + D25% + 3% NaCl + D5 (38mc 9mc 3mc mv) @ 2.3 ml/hr Inj. Aminoven 0.7 ml/hr (D6) Inj. Colistin 24000 IU (D6) Inj. AmPHO.B 4mg iv over 3 HR (10ml) (D6) Inj. Linospun 10mg iv Inj. capnea 8mg iv OD Domstal drop 1 drop TID colicaid drop 3° TDS - Inform JCS - SyP. Althrocina 0.2ml QID
11 AM GIR-6.5 TFI-200 ROP = 15/1/2026. on <u>Adv</u> CBC CRP Sr. crete Sr. electrolyte	SIB - <u>Dr. Malwatkere/Dr. Rupali</u>	<u>Rx</u> - RTF 7ml x 4 } 3hly 8ml x 4 } <u>EBM</u> only. (D=12.1) - IVF @ 2.6 ml/hr

IPD No.: Patient Name : Blo - Sore.

Date / Time	Clinical Feature	Treatment
13/1/26 5pm. ROP on 15/1/26 Hb - 10.5 WBC - 10,400 Platelet - 72,000 CRP - 11.3 ↑ Na⁺ - 131 ↑ K⁺ - 3.6 Creat - 0.6 (N) BSL - 30mg/dl	<u>SIB/12. Malawatkar / Dr. Abhishek.</u> Day 29 of life. Maintaining saturation/pulses/perfusion. mild tachypnoea ⊕. Passing CBS; tolerating 7ml RTF; No Vx episode. <u>O/E</u> Euthemic HR - 160/min, PP felt, CRT < 3sec. RR - 62/min; RD ⊕ SpO₂ > 95% on RA. Pimc. <u>S/E</u> CVS - S1S2 ⊕ RS - AEBE, mild SCR ⊕ CNS - C/T/A mod, Af elevul. PA - soft BS ⊕ <u>Adu</u> ct all	

(Signature)

IPD No.: Patient Name :

Date / Time	Clinical Feature	Treatment
14/01/26 12.30 pm	SIB Dr Malwathke / Dr Rupali Blood culture + Candida. Sensitive to Amphotericin B, Fluconazole, Voriconazole, Nystatin, Ketokonazole. For invasive Candida sepsis recommended antifungal is i.v. Fluconazole. & i.v. Amphotericin B. (Ref. NIH) (I)	<u>Adv</u> i.v. Fluconazole 25mg/kg daily dose ↓ 12mg/kg/day 20mg i.v. stat ↓ after 24h. 10mg i.v. OD
2 pm	SIB - Dr. Malwathke / Dr. Rupali - 1 ep vomiting (yellowish) O/E - euthermic HR - 152/min RR - 54/min SpO ₂ - 97% on RA CRT 3 sec S/E - CTA mod AEBC clear PIA - soft, NT.	<u>Adv</u> - Hold 1 feed - suction done nasal & oral. - IUF @ 4.3 ml/h

f

CONTINUATION SHEET

IPD No.:

Patient Name :

B10 : Sose

Date / Time	Clinical Feature	Treatment
14/1/26 5pm. Day 1 of 30	SIBI Dr. Malwarkar / Dr. Abhishhek. candida + blood culture septicaemia. elo yellowish vomiting maintaining saturation/pulses/ perfusion Passing ups. well. Euthamiz. Vitals well on RA.	Adm (D1) Zinjflexon (D2) Zinj. Colistin. (D3) Zinj. Amplic B. (D4) Zinj. Linezolid. Neb e 3% NS SOT 8merTF every 3hrly e 0.1ml Rest-Chart Simyl met oil. WF @ 1.8 ml/hr.
ROP tomorrow	TFI - 200 ml/kg/day. SOT CNS - SOT RS - AEBE, mild SOT CNS - CITIA mod, Afolur. PA - SOT, B SOT	

@

IPD No.:

Patient Name:

Bla Jose

Date / Time	Clinical Feature	Treatment
15/11/26 7:00am DOL - (31) BJL - 37 T.Wt - 0.790kg (+ 25gms) TFE 180ml/kg/day	SIBDr Chetan / Dr Smiley OIE GCMAD Euthem HR 140/min RR 36/min SpO₂ 97% CRT < 2s No distress SIBRs - clear Abs- as SIB (2) Norm CNS - consun- CIT 1Amm PIA 20mm	R: - Kneupwan - RTF 8ml + 2drop met oil x 3hrly - iv fluid 1.8ml/hr - injection (DPF 38ml + $\frac{D_{50}}{9ml}$ + $\frac{3\% NaCl}{3ml}$ + $\frac{1\% NaHCO_3}{1ml}$) ① 1.8ml/hr - in. Aminoven 0.7ml/hr ② in. Fluon 10mg iv qd ③ in. Colistin 24000IU iv qd ④ in. Ampro B 4mg iv qd over 3hrs ⑤ in. Linopon 10mg iv qd - in. Capnea 8mg iv qd - Domsta Drop 1drop TDS - Colicein Drop 3drop TDS - Syr Almoen 0.2ml po qid - w/F-TR (1pr) - Erfan Y Informed Mr Malwatta Sir R₁ RTF 9ml x 3hrly - iv fluid @ 2.5ml/hr.
TFE 200cc/kg/day		

IPD No.:

Patient Name :

B/o Rose

Date / Time	Clinical Feature	Treatment
15/1/2026 11 AM	SIB - Dr. Malwathkar	Dr. Rupali RX - RTF 9ml / 2hly - IUF @ 2.5 ml/hr
ROP = today #5 TFI = 210		
3 pm	SIB - Dr. Malwathkar	Dr. Rupali RX → RTA 5ml (milkish) ↓ Hold one feed.
TFI = 200 (166.8)		- IUF @ 4.8 ml/hr - NBM till further order.
Call given to Dr. Harshal Gondhale sir for ROP		
15/1/26 8 pm	SIB - Dr. Malwathkar / Dr. Abhishek	Dr. Ali - No further aspirate - maintaining saturation/pulse/perfusion. - Passing ur. - vitals well on RA. - Abd Distension ↓ sed Rest NAD
		- continue 8ml RTF 3hly. - IUF @ 2ml/hr. - Rest call

IPD No.:

Patient Name :

B10 Sate

Date / Time

Clinical Feature

Treatment

16/1/26
7:00am

SIB Dr Chetan / Dr Smitesh

DOL (32)

OIE Gcmad

BSL -65

Euthem

TWT -0.820kg
(+30gmn)

HR 150/min

RR 40/min

SpO₂ 96%

CRT 4s

distension

mild pallor

SIE RIS - clear A+02

CNS - SIS

Normo

CNS - conscious

CIT/Amo

P/A 2/2

R

- keep warm

- RTF EBM 8ml + 2 drop mctol
x 3hry

- iv fluid @ 2ml/hr

- ig: Aminoven 0.2ml/hr

(D₃) - ig: Flucon 10mg iv op(D₃) - inj Colistin 24000IU iv TD(D₃) - ig: Amphi B 4mg iv op
Over 3hry(D₃) - b: Lincospan 10mg iv BD

- ig: Caprea 8mg iv op

- Domsta Drop 1 drop TD

- Collicoid Drop 3 drop TD

- Althamou drop 0.2ml po QID

- WIF-TPP 1/2p

- Imfan

16/01/26
7:30am

S/B - Dr. Matwatkar / Dr. Chetan

Rx.

CA. RTF 9ml x 3hry.

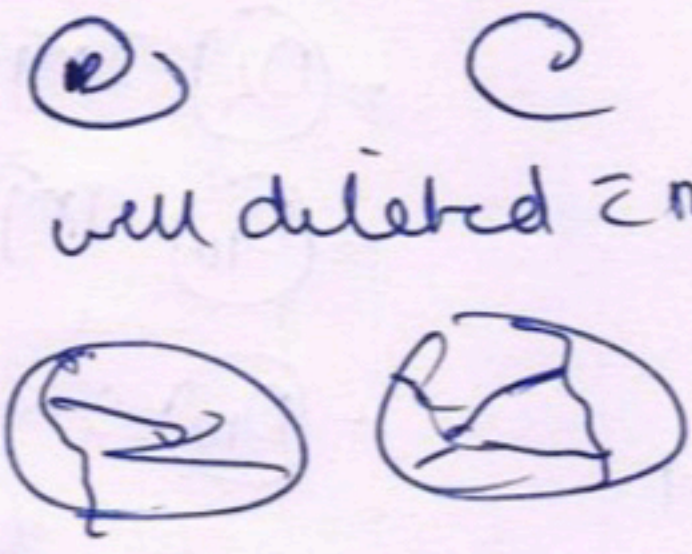
Rest G all.

CONTINUATION SHEET

IPD No.:

Patient Name :

B10 - Sore

Date / Time	Clinical Feature	Treatment
16/1/2026	SIB - Dr Rupali / Dr. Magi	
TFI = 210	tachypnea RR - 64/min	<u>RX</u> - RTF gm 3 hely - Drop Duion 0.5ml OD - IUF @ 2ml/hr
ROP pending call given to Dr. Harshal Gondhale sir 16/1/26	<u>Dr Harshal Gondhale (Retrieval)</u>  Both eye zone II Stage I No Plus No Preplus Revised 10 days later if necrosis	
16/1/26 7pm.	SIB/Dr. Abhishek / Dr. Smriti 1 elo vomiting - yellowish Abd distension + - tense No tenderness. vitals WNL	<u>Adv</u> - Hold 1 feed. - IUF ↑ to 2-3 ml/hr. - Rest call

BSL
12mg/dl

@

IPD No.:

Patient Name :

Blo - Sose

Date / Time	Clinical Feature	Treatment
17/01/26 6:30 AM	SIB - Dr. Shailaja (RMO)	R _y
	- maintaining sat ^m / pulse / per ^m	- WIF T1P1R1SP0 ₂ I10
	- Tol. 9 ml RTF.	- INF $\left[\frac{DPF}{38\text{ml}} + \frac{D25\text{ml}}{9\text{ml}} + \frac{31\text{ml}}{3\text{ml}} + \frac{1\text{ml}}{2.5\text{ml}} \right]$
	1 elo vomiting at 8:00 PM (yellowish)	@ 2.3 ml/hr
	- passing vls well	- CT. RTF 9 ml / 3hrly C 0.1 ml mct oil in every feed
	OIE - Gutthemic	- IN Aminoven @ 0.7 ml/hr
	HR - 150/min, PP felt, CRT < 3 sec	- (D ₄) Inj. Flucan 10 mg iv OD
	RR - 60/min	- (D ₁₀) Inj. Colistin 24000 IU iv TDS
	SP0 ₂ > 95% at R.A.	- (D ₁₀) Inj. Ampho B 4 mg iv OD (over 3 hrs)
	SIE - CNS - CTAMed	- (D ₁₀) Inj. Lincospan 10 mg iv OD
	CNS - S ₁ S ₂ ⊕	- Inj. capnea 8 mg iv OD
	R _y - AGE, RD, J ₁	- Domstal Drop 1° 10 TDS
	PIA - Soft, BS ⊕.	- Colicaid Drop 3° 10 TDS.
		- Althrocin Drop 0.2 ml plog 10.
		- Inform SOS.



Patient Name :	Babyof Megha Rajeshwar Sose	Ordering Doctor :	Dr Kedar Shriram Malwatkar
UHID :	NBNK-2912	Refer By :	Mr. Vinayak Waghare
Age :	30 D	Report Status :	Final
Gender :	Female	Accession Number :	IPABHARAT 62594
Ward :	NICU Govardhan Hill	Order Id :	OD 13-01-2026 14:53:45
Bed No. :	133-Sridama	Report Date :	13-01-2026
Collection Date :	13-01-2026 04:42 PM	Room :	NICU

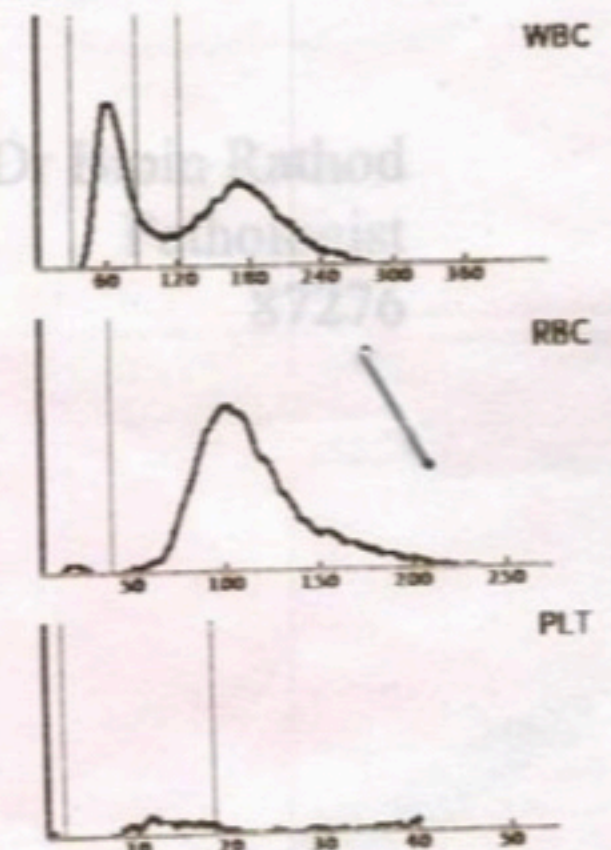
Haematology

Service Name	Result	Unit
Extended CBC Haemogram		
Haemoglobin	10.5	gm%.
Total Red Blood Count	3.41	10 ⁶ /uL
Pcv	31.1	%
Mcv	100.3	fl
Mch	30.9	pg
Mchc	33.8	gm/dl
Rdw	15.4	%
Total Wbc Count	10400	U/L
DIFFERENTIAL COUNT		
Neutrophils (Blood)	55 H	%
Lymphocytes (Blood)	38 L	%
Monocytes (Blood)	05	%
Eosinophils (Blood)	02	%
Platelet Count	0.72 L	lakhs /cumm

*****TEST RESULT*****
BORNED HOSPITAL
BHARAT 62594
Date : 13/01/2026 14:53:45
Patient No : 3
Patient Name : B/O MEGHA S
MODE : VEIN

WBC	10.4	10 ³ /uL	
LYM	4.0	10 ³ /uL	H
MID	0.6	10 ³ /uL	
GRA	5.8	10 ³ /uL	
LYM%	38.3	%	
MID%	6.5	%	
GRA%	55.2	%	
RBC	3.41	10 ⁶ /uL	L
Hgb	10.5	g/dL	L
HCT	31.1	%	L
MCV	100.3	fL	H
MCH	30.9	pg	
MCHC	33.8	g/dL	
RDWc	15.4	%	H
RDWs	56.7	fL	H
PLT	72	10 ³ /uL	L
PCT	0.07	%	L
MPV	10.9	fL	
PDWc	11.9	%	
PDWs	10.7	fL	L
PLCR	48.3	%	H
PLCC	34.8	10 ³ /uL	
MI	29.4		
SI	2950.3		
GLR	1.5		
PLR	18.0		

-----End of the Report-----



Cash

Cash

Cash

ADMISSION RECORD

Name : Babyof Megha Rajeshwar Sose
Age/Gender : 29 D/Female
Mobile Number : 9325754054
DOB : 15/12/2025
Bed No. / Ward : 133-Sridama/NICU Govardhan Hill
Address : 05, NISARG NAGAR MHASRUL NASHIK, Nashik, Maharashtra, India 422001
UHID : NBNK-2912
Admission No. : NKIP25-26/572
Nationality : Indian
Marital Status : Single
Patient with special needs : NO

Next of kin name : Rajeshwar Sose
Relationship : Others
Address : NISARG NAGAR MHASRUL NASHIK, Nashik, Maharashtra, India 422001
Phones : 7757909258

DOA : 12-01-2026 07:21 PM
Treating Doctor : Dr Kedar Shriram Malwatkar
Admitting Doctor : Dr Kedar Shriram Malwatkar
Referring Doctor : Mr vinayak Waghere Arogymitra

Consent for Admission & Treatment

I, Rajeshwar Sase request hospital authorities for my/my daughter admission under the supervision of my attending Dr. Kedar Malwatkar I hereby also give my consent to my attending doctor or his/her designee to admit me under their care and decide the necessary treatment, operation or procedure required as per the time and situation as required. Also I have understood the expenses for my/my daughter treatment or operation and I have read and accepted the same. I will follow all my responsibilities towards hospital and pay for my/ my daughter treatment time to time as per the rules of hospital.

Name:
Signature of Patient:

Name Signature of the Witness:
Name:

Admitted By
Shravani Ramakant Shankpal

Printed By
Shravani Ramakant Shankpal

Print Date & Time
12-01-2026 07:22 PM



HELPLINE
8669668651
9822003909

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SCAN TO EXPLORE