Patient Name: Sajal Gupta

Treatment at: Apollo, Jasola, New Delhi

Disease: Thalassemia Major

APD1.0011569692
MASTER. SAJAL GUPTA
Age: 10Year (s) Year(s)/Male
25 Jan 2025 11:54:45 AM

Indraprastha Apollo HOSPITALS
TOUCHING LIVES

Dated: January 25th 2025

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Master Sajal Gupta**, 10 yrs old male, is a case of **Thalassemia Major post-transplant day +23**. He underwent Bone Marrow Transplant on January 2nd 2025. He is currently on OPD follow ups which will continue till one-year post-transplant, cost of which would be around 5 lacs INR.

Sajal's parents are from low socioeconomic background and can't afford the complete treatment cost. It is requested to provide them some financial assistance so that they can complete his treatment uninterrupted.

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	**PUNBINBBDNP**

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 I Center for Bone Marrow Transplant & Cellular Therapy
Senior Consultant I Paediatric Hematology Oncology & Immunology
Indraprastha Apollo Hospitals,
Sarita Vihar, New Delhi 110076
DMC No. 25144
Ph. No. 9213132168
Email id - gaurav.kharya@gmail.com

ई-डिस्ट्रिक्ट के अन्तर्गत जारी..

उत्तर प्रदेश शासन

कार्यालय तहसीलदार द्वारा प्रदत्त आय प्रमाण पत्र

जिला गाजियाबाद
तहसील सदर
आवेदन क्र० 241400010010948
प्रमाणपत्र क्र० 092241005366

जारी दिनांक: 23/01/2024

यथा विभागीय (क्षेत्रीय भूलेख निरीक्षक तथा लेखपाल की) जांच/रिपोर्ट के आधार पर प्रमाणित किया जाता है कि

	सूर्यभान कुमार गुप्ता/Suryabhan Kumar Gupta
पुत्र/पुत्री	मनरागी साह
माता का नाम	राजवती देवी
मकान नम्बर	ए ओ /195
मोहल्ला	अमृत स्टील कम्पाऊन्ड साऊथ साईड जी टी रोड
ग्राम	
तहसील	सदर
जनपद	गाजियाबाद

उत्तर प्रदेश का/की निवासी है व उसका वर्तमान पता मकान नम्बर ए ओ /195 ग्राम मोहल्ला अमृत स्टील कम्पाऊन्ड साऊथ साईड जी टी रोड तहसील सदर ,जनपद गाजियाबाद उत्तर प्रदेश है। परिवार की समस्त स्रोतों से मासिक आय अंकों में रु 4500 व शब्दो में रु. Four Thousand Five Hundred है। जिसके अनुसार कुल वार्षिक आय रु. 54000 व शब्दो में रु. Fifty Four Thousand है। आय का स्रोत दुकान पर नौकरी है। यह प्रमाण पत्र जारी होने की दिनांक से तीन वर्ष तक मान्य रहेगा।

जारी कर्ता केन्द्र: अवनीश
अवनीश,वाईफाई चौपाल जन सेवा केंद्र
पद: अवनीश अवनीश, केन्द्र प्रभारी
स्थान: 39,Nahirpur - Ward No.39,सदर,नगर निगम गाजियाबाद ,सदर
दिनॉक: 23/01/2024
हस्ताक्षर एंव मुहर

RAVI KUMAR SINGH
Digitally Signed by RAVI KUMAR SINGH
O=PERSONAL, S=Uttar Pradesh

सक्षम अधिकारी/तहसीलदार
डिजिटल हस्ताक्षरित
सदर,गाजियाबाद
दिनॉक: 23/01/2024

यह प्रमाण पत्र इलेक्ट्रॉनिक डिलिवरी सिस्टम द्वारा तैयार किया गया है तथा डिजिटल सिग्नेचर से हस्ताक्षरित है। सम्बन्धित केन्द्र के अधिकृत कर्मी द्वारा प्रमाणित किया गया है। यह प्रमाण पत्र वेबसाइट http://edistrict.up.gov.in पर इसका पहले आवेदन क्र० फिर प्रमाणपत्र क्र० अंकित कर,सत्यापित किया जा सकता है।

Indraprastha Apollo HOSPITALS

The Emergency Specialist 1066 Saving time. Saving lives

GSTIN : 07AAACI2398N1Z4 **Day Care/OP Cash Bill - Bill of Supply** Reference No :

Name	: Master. SAJAL GUPTA	**Age :**	11Yr 5Mth 5Days
		Sex :	Male
Father Name	: SURYA BHAN		
Address	: AO/195, AMIT STEEL COMPOUND SOUTH SIDE, GT ROAD, VTC Ghaziabad Uttar Pradesh India201001,		
Pan Number:	BNWPG7956D		

UHID: APD1.0011569692

OP Number: DEL1OPP5842570

Doctor's Name	: Dr. UMA MALLAIAH
Speciality	: OPHTHALMOLOGY

Bill No : DEL-OCS-4875443
Date : 25-Feb-26 **Time :** 15:26:08

Bill Amount: `. 2,000.00

Amount in words: ` Two Thousand Only

FOR APOLLO HOSPITALS

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	**Consultation (999311)**					
1	OP Consultation - Follow Up Visit	Medical	1	2,000.00	0.00	2,000.00
					Sub Total	**2,000.00**

Service Amount :	2,000.00
Total Bill Amount	2,000.00
Final Payment (Cash:0.00, NonCash:2,000.00)	2,000.00

No Tax is Payable on Reverse Charge Basis
Receipt Details: Received with thanks sum of `. 2,000.00 (CARD (BHIM))
` Two Thousand Only From Master. SAJAL GUPTA

***** Denotes Cancelled Services
(QR) Denotes Quick Registration

Authorized Signatory

Ms. Nancy Gola..
Cashier

GST rate reduction benefits passed on to the patients as applicable

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

For enquiry & appointments contact : **011-26925801 / 26925858**
Indraprastha Apollo hospital, Sarita Vihar, Delhi-Mathura Road, New Delhi 110076.
Phone : +91-11-26925801, 26925858, Fax : +91-11-26823629 Email: info@apollohospitals.com

Apollo Centre for Bone Marrow Transplant & Cellular Therapy

Indraprastha Apollo Hospitals

CENTER FOR BONE MARROW TRANSPLANT AND CELLULAR THERAPY
BONE MARROW TRANSPLANT FOLLOW UP

Date: 14-02-2026
Name: Mast SAJAL GUPTA
APD1.0011569692
Allergies: NK
Age/Sex: 10 years/male
Date of HSCT: 02/01/2025
OP No:
Primary Diagnosis: Transfusion Dependent Thalassemia Class II, TTF GRAFALON TBI Post HFD (TCD alpha/beta CD45 RA depleted) HSCT (TCD PTCY), Day > 1-year post-transplant, (GCSF + Plerixafor mobilized); HFD donor - Brother
Pretransplant prep: PTIS # 2
Donor blood gp: B+
Recipient blood gp: B+ (Post BMT: ___)
Chimerism day +30: 100%
CMV PCR: (D/R) Ig+/+; day +11; TND; +18: TND; +21: TND; +32: TND: +39: TND; + 44: TND; +51: TND; +60: TND; +68: TND; +82: TND; +87: TND; +102: 344; +109: 264; +115: 107; +122: TND; +134: TND; +150: TND; +248: TND; +274: TND; +349: TND;
EBV PCR:
Ig: +30: BMT follow up sheet
LSA: +30: BMT follow up sheet
HPLC:

Complaints: EYE REDNESS
Examination:

Vitals: stable; BP: N mm Hg
Investigations:

CBC: 11/6.4/120 P53.67%
LKFT: SGOT/SGPT: 31/41
Creatinine: 0.25, K: WNL
Sirolimus levels: ND
HbS Ag- Non reactive

Ongoing medication:

1.	**IMMUNOSUPPRESANTS:**	NR
2.	**ANTIMICROBIALS:**	NR
3.	**ANTI-EPILEPTIC:**	NR
4.	**ANTI-HYPERTENSIVE:**	NR
5.	**SUPPORTIVE:**	NR **CT E/D AS ADVISED BY DR UMA (OPTIMIST & VYOFACT-T)** CHLORHEX MW TDS; SITZ BATH THRICE DAILY; INCENTIVE SPIROMETRY AS ADVISED OPTIMOIST ED, VYOFACT -T, ADDWET ON EYE OINTMENT (AS DIRECTED BY OPTHAL)
6.	**DLI (CD 45 RA depleted):**	1 million/kg (4/2/2025), 1 million/kg (4/3/2025)
7.	**VACCINATION:**	POST HSCT VACCINATION TO BE INITIATED AS PER PROTOCOL

Monitor BP thrice daily; To give Tab Amlodipine 5.0 mg SOS if BP > 116/76 mmHg
BP centiles: 50th – 99/60 mmHg, 90th- 112/73 mmHg, 95th- 116/76 mmHg

Plan:

- **PLAN TO START TACROLIMUS OINT IN CASE OCCULAR SYMPTOMS PERSISTS**
- Review after 6 weeks with CBC, Special liver transplant profile, viral multiplex PCR, ~~Sirolimus trough levels~~ & consultation.
- **Immunoglobulin profile & immunodeficiency panel to be repeated on day, +30 + 60, +100, +180, +270, +365**
- **Chimerism, HPLC and ~~blood group~~ to be done @ day +45, +60, +100; +180; +270; +365**
- Revaccination to be started after 1-year post BMT after achieving good immune reconstitution.

Gaurav

DR GAURAV KHARYA
CLINICAL LEAD I 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 GARIMA NIRMAL I CONSULTANT (+917011027315)
DR NIKHIL GUPTA I ASSOCIATE CONSULTANT (+919971916831)

DR ABY P BABY I JUNIOR CONSULTANT & FELLOW
DR SHRUTI VERMA I JUNIOR CONSULTANT & FELLOW
DR SWETLANA MUKHERJEE I JUNIOR CONSULTANT & FELLOW
DR PALLAVI WADHAVAN I JUNIOR CONSULTANT

IN CASE OF EMERGENCY, PLEASE CALL ON BMT CT HELPLINE: 8826197259
APPOINTMENTS (MS HIMSHIKHA): 8826931012
ADMISSIONS (MS JOYSHREE): 7005432414
REPORTS (MR ARUN): 8920860478

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Dr. Uma Mallaiah
MBBS, DO (CMC, Vellore), FRCS, Ophthalmology (UK)
Senior Consultant Ophthalomolgy

Indraprastha Apollo Hospitals

APD1.0011569692
MASTER. SAJAL GUPTA
Age: 11Year (s) Year(s)/Male
25 Feb 2026 3:24:37 PM

Schirmer's 15 mm. 20 mm

C/o - redness OU since 2days itching.

NO H/o - DM HTN

PGP -1-2.0 -1-1.75

Rx

1. SYSTANE HYDRATION (Preservative free) 1 drop every 2 hours R + L.
2. TACROLIMUS eye ointment 0-0 R + L.
3. RESTASIS eye drop 0-0-0 R + L.
4. TOBASTAR - F 0-0-0 R + L 2 week. 0-0 2 week. 0 2 week & STOP.

Review 2 week

Sarita Vihar, Delhi-Mathura Road, New Delhi-110076 (INDIA)
Ph.: 011-71791180, 011-71791181
OPD Room No. : 1129, First Floor, Gate No.-2, Cell : 9899478542
E-mail : mallaiah@hotmail.com Website : www.apollohospdelhi.com
For Appointment : 9654101816

Indraprastha Apollo HOSPITALS
TOUCHING LIVES

The Emergency Specialis
DIAL 1066
Saving time. Saving lives

107 408

GSTIN: 07AAACI2398N1Z4

Day Care/OP Credit - Bill of Supply

Reference No :

Name	: Master. SAJAL GUPTA	Age: 11Yr 4Mth 15Days	UHID : APD1.0011569692
Father Name	: SURYA BHAN	Sex: Male	
Address	: AO/195, AMIT STEEL COMPOUND SOUTH SIDE, GT ROAD, VTC Ghaziabad Uttar Pradesh India201001,		OP Number: DEL1OPP5805855
Pan Number :	BNWPG7956D		
Doctor's Name	: DR. GAURAV KHARYA		
Speciality	: PAEDIATRIC HAEMATO-ONCOLOGY AND BONE MARROW TRANSPLANT		Bill No : DEL-OCR-620219
Payer Name(1)	: CGHS UPC AGREED TAIND OP AGREEMENT		Date : 04-Feb-26 Time : 15:00:11
Ref No	: MCR NO 11569692		
Authorization No	: .		
Employer Name	: .		

Bill Amount: `. 6,200.00
Amount in words: ` Six Thousand Two Hundred Only

FOR APOLLO HOSPITALS

S.No	Aliascode	Service Type/ServiceName	Department	Qty	RefTariff	Dis(%)	Amount (INR
1		Investigations (999311)					
1	0	(LAL) CHIMERISM POST-ENGRAFTMENT	Haematology	1	6,200.00	0.00	6,200.0
			Sub Total				6,200.0

Ashish dy

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

For enquiry & appointments contact : 011-26925801 / 26925858
Indraprastha Apollo hospital, Sarita Vihar, Delhi-Mathura Road, New Delhi 110076.
Phone : +91-11-26925801, 26925858, Fax : +91-11-26823629 Email: info@apollohospitals.com

Name : Master. SAJAL GUPTA **OP Number:** DEL1OPP5805837 **Bill No:** DEL-OCR-620215

Service Amount	26,886.00
	0.00
Total Bill Amount	26,886.00
Authorization Amount	26,886.00
To Pay	0.00
Refund Amount()	0.00
Net Amount Before Tax	26,886.00
Net Amount	26,886.00

No Tax is Payable on Reverse Charge Basis

*** Denotes Cancelled Services** **(QR) Denotes Quick Registration** Authorized Signatory

Mr. DEEPAK SHARMA
Cashier

Signature of patient/attendant
Relationship with patient :

GST rate reduction benefits passed on to the patients as applicable

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Indraprastha Apollo HOSPITALS
TOUCHING LIVES

The Emergency Specialist
DIAL 1066
Saving time. Saving lives

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GSTIN : 07AAACI2398N1Z4 | Day Care/OP Credit - Bill of Supply | Reference No:

Name	: Master. SAJAL GUPTA	Age: 11Yr 4Mth 15Days Sex: Male	UHID: APD1.0011569692
Father Name	: SURYA BHAN		OP Number: DEL1OPP5805837
Address	: AO/195, AMIT STEEL COMPOUND SOUTH SIDE, GT ROAD, VTC Ghaziabad Uttar Pradesh India201001.		
Pan Number :	BNWPG7956D		
Doctor's Name	: DR. GAURAV KHARYA		Bill No : DEL-OCR-620215
Speciality	: PAEDIATRIC HAEMATO-ONCOLOGY AND BONE MARROW TRANSPLANT		Date : 04-Feb-26 Time : 14:53:38
Payer Name	: Air India Marwari Yuva March OP Agreement		
Ref No	: MCR NO 11569692		
Authorization No	: C/O UPCM		
Employer Name	: .		FOR APOLLO HOSPITALS

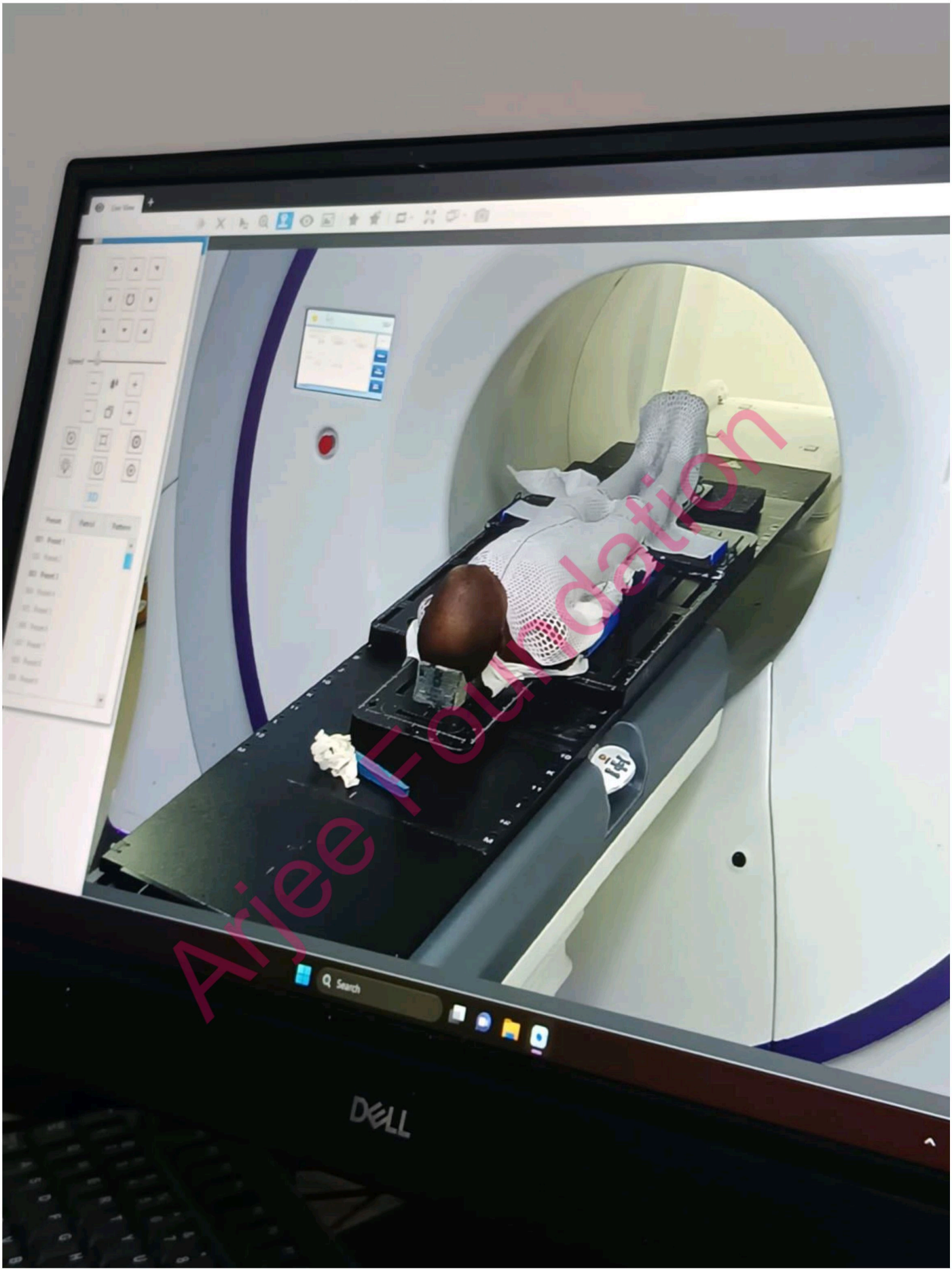
S.No	Aliascode	Service Type\Service Name	Department	Qty	Ref Tariff	Dis(%)	Amount(INR)
1		**Investigations (999311)**					
1	0	CMV RT PCR QUANTITATIVE (WHOLE BLOOD)	Microbiology	1	8,170.00	15.00	6,944.50
2	0	ABNORMAL Hb STUDIES (HPLC/ELECTROPHORESIS)	Haematology	1	2,460.00	15.00	2,091.00
3	0	IMMUNE DEFICIENCY PANEL - I (CD3, CD4, CD8, CD19)	Haematology	1	12,880.00	15.00	10,948.00
			Sub Total				**19,983.50**
2		**Profile (999311)**					
1	0	IMMUNOGLOBULIN PROFILE [IGG,IGM,IGA]	BioChemistry	1	8,120.00	15.00	6,902.00
			Sub Total				**6,902.00**

(3)(1)(2) 7/2/26/5pm

(1) 5/2/26/11:30AM

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

Accredited By JCI
For enquiry & appointments contact : 011-26925801 / 26925858
Indraprastha Apollo hospital, Sarita Vihar, Delhi-Mathura Road, New Delhi 110076.
Phone : +91-11-26925801, 26925858, Fax : +91-11-26823629 Email: info@apollohospitals.com



POST STEM CELL TRANSPLANT VACCINATION SCHEDULE(1, 2)
(Allogeneic transplant), Recommendations by ISCTR (March 2017)
To be initiated once the patient is off immunosuppression (1 month) with no signs of GVHD

Name	Hosp No	Age	Sex	UPN
Mast Aajal		10y	m	

Date of BMT	Immunosuppression stopped on (Date)	Chronic GVHD (Yes/No)
02.01.25	@ day 100	No

S No	Vaccine	Volume	Route	Start at	Comments	1st dose	2nd dose	3rd dose
1	Pneumococcal conjugate vaccine (PCV-13) 3 doses followed by	0.5ml	IM	1 year	3 doses: 2 months apart. 0,2,4, months	29.2.26	19.5.26	Pneumococcal Polysaccharide Conjugate Vaccine (Adsorbed) I.P. 13-valent Prevnar 13 Batch No.: MG0195 Mfg. Date: 11/2024 Exp. Date: 10/2027 PAA167949
2	Pneumococcal polysaccharide capsular vaccine. (to be given in children after 24 months of age)	0.5 ml	IM	At least 1 year 10 months post alllo BMT	10 months after 1st dose of prevnar			
2	Inactivated Influenza (April to September)	0.25ml (6 mths – 3 yrs) 0.5ml (>3 yrs)	IM	6 months onwards and yearly	<9 years – 2 doses month) >9 years – 1	10.9.26	INACTIVATED INFLUENZA VACCINE (SPLIT VIRION) I.P. (TRIVALENT) VaxiFlu	2027
3	Inactivated polio	0.5ml	IM	1 year	3 doses; 2 months apart. 0, 2, 4 months			
4	H influenza B	0.5ml	IM	1 year	3 doses; 2 months apart. 0, 2, 4 months			
5	DTaP/DPT	0.5ml	IM	1 year	3 doses; 2 months apart. 0,2,4 months			
3,4, 5	Combination vaccine: - (IPV, HiB, DTaP) given 2 months apart)	0.5ml	IM	1 year	3 doses; Alternative to vaccines 3,4 & 5 2 months apart 0, 2, 4 months	March 2026		
6	Hepatitis B	0.5ml	IM	1 year	3 doses; 0, 2, 6 months			
7	HPV: 9-26 years. Vaccine be administered in sitting/lying down position. And the patient be observed for 15 min post vaccination.	0.5ml	I/M	1 year	3 doses (0, 2, 6 months)			

खाद्य एवं रसद विभाग
उत्तर प्रदेश
जनपद : Ghaziabad

राशन कार्ड क्रमांक	**114040744465**
टाउन	Ghaziabad (M Corp.)
मुखिया का नाम	**NIKKI KUMARI GUPTA**
पिता/पति का नाम	ANARSHI PRASAD
श्रेणी/जाति	सामान्य
निवास का पता	AO/195,, AMRIT STEEL COMP, GHAZIABAD (M CORP.), GHAZIABAD - 201001
आधार / एनरोलमेंट नं०	XXXXXXXX4419
गैस ग्राहक कनेक्शन सं०	
गैस एजेंसी का नाम	---- ----
उचित दर दुकान	Gyanendra Pal Tyagi
यूनिटो का विवरण	4
दिनांक	07-03-2024

परिवार के सदस्यों का विवरण

क्र.	सदस्य का नाम	जन्मतिथि	पिता/पति का नाम	मुखिया से सम्बन्ध	आधार संख्या
1	AYANSH GUPTA	31-01-2019	SURYABHAN KUMAR GUPTA	बेटा	XXXXXXXX8786
2	NIKKI KUMARI GUPTA	08-08-1985	ANARSHI PRASAD	स्वयं	XXXXXXXX4419
3	SAJAL GUPTA	20-09-2014	SURYABHAN KUMAR GUPTA	बेटा	XXXXXXXX4314
4	SURYABHAN KUMAR GUPTA	12-12-1984	MANARAGI SAH	सौहर / पति	XXXXXXXX2715

Digitally signed on
Date : 09/03/2024 09:26:29 IST

Note:
1. This is a digital certificate. The format of this certificate may differ from document issued by the concerned department.
2. This certificate is generated by DigiLocker (https://digilocker.gov.in) directly from concerned department database.
3. This digitally signed document is legally valid as per the IT Act 2000 when used electronically.
4. To verify the print out of this certificate, download DigiLocker Android application from Google Play store and scan the QR code on the printed certificate.

भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00745/31203

To
संजल गुप्ता
Sajal Gupta
C/O Suryabhan Kumar Gupta,
AO/195,
Amit steel compound South side,
G.T Road,
VTC: Ghaziabad,
PO: Ghaziabad,
District: Ghaziabad,
State: Uttar Pradesh,
PIN Code: 201001,

Signature Not Verified
Digitally signed by the UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2024.08.19 07:34:08 GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :
9940 6286 4314
VID : 9137 6983 4180 1026

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 06/01/2022

संजल गुप्ता
Sajal Gupta
जन्म तिथि/DOB: 20/09/2014
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल को स्कैनिंग) के साथ किया जाना चाहिए।

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).

9940 6286 4314
मेरा आधार, मेरी पहचान

Government of India

AADHAAR

सूचना / INFORMATION

१५ वर्ष की आयु पूर्ण करने पर बच्चों को बायोमेट्रिक जानकारी अपडेट करने की आवश्यकता है।
Children on attaining 15 years of age need to update Biometric information.

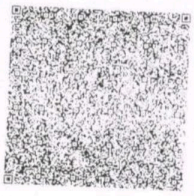
- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सार्वजनिक क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के सबूतों को [illegible] से प्रत्येक 10 वर्ष में कम से कम एक बार अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी लाभों/सेवाओं को प्राप्त करने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बॉयोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बॉयोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth. DOB/ DOBE 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 its free online authentication by UIDAI-appointed authentication agencies or by scanning using mAadhaar or Aadhaar QR Scanner app available on 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 [illegible].
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar 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 पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O सूर्यभान कुमार गुप्ता, ओ/१९५, अमित स्टील कंपाउंड साउथ साइड, जी.टी रोड, गाज़िआबाद, गाज़िआबाद, गाज़िआबाद, उत्तर प्रदेश - 201001

Address:
C/O Suryabhan Kumar Gupta, AO/195, Amit steel compound South side, G.T Road, Ghaziabad, PO: Ghaziabad, DIST: Ghaziabad, Uttar Pradesh - 201001

Details as on: 19/01/2024



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