



GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH AND FAMILY WELFARE
KOLKATA MUNICIPAL CORPORATION

ফর্ম-৫
Form-5



BIRTH CERTIFICATE

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE WEST BENGAL REGISTRATION OF BIRTHS & DEATHS RULES 2000.)

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR KOLKATA MUNICIPAL CORPORATION OF BLOCK/MUNICIPALITY BOROUGH 04 OF DISTRICT KOLKATA OF STATE WEST BENGAL, INDIA.

NAME : AADRITI MONDAL GENDER : FEMALE
DATE OF BIRTH : 08/07/2024 PLACE OF BIRTH : POPULAR NURSING HOME, BOROUGH 04, KOLKATA, WEST BENGAL
NAME OF MOTHER : SIMA MONDAL NAME OF FATHER : SUBINAY MONDAL
MOTHER'S IDENTITY PROOF : AADHAAR- XXXXXXXX5379 FATHER'S IDENTITY PROOF : AADHAAR- XXXXXXXX0288
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD : LOCALITY:- MACHHI BHANGA, VILLAGE/TOWN:- BAGDOBAMACHHI BHANGA, RAJARHAT BLOCK, DIST:- NORTH 24 PARGANAS, WEST BENGAL-700135
PERMANENT ADDRESS OF MOTHER : LOCALITY:- MACHHI BHANGA, VILLAGE/TOWN:- BAGDOBAMACHHI BHANGA, RAJARHAT BLOCK, DIST:- NORTH 24 PARGANAS, WEST BENGAL-700135
CERTIFICATE NO : 012024/0973909 DATE OF REGISTRATION : 24/07/2024
S-UHID : 65608321622917 REMARKS (IF ANY) :
DATE OF ISSUE : 24/07/2024 UDIN : ---
UPDATED ON : 2024-07-22 17:27:38 ISSUING AUTHORITY :



Signature Not Verified
Digitally Signed.
Name: DEBASIS RAY
Date: 27-Sep-2024 13:01:26

SUB-REGISTRAR (BIRTH & DEATH)
KOLKATA MUNICIPAL CORPORATION

"THIS IS A COMPUTER GENERATED CERTIFICATE."
THE GOVT OF INDIA VIDE CIRCULAR NO. 1 / 12 / 2014 - VS(CRS) DATED 27 - JULY - 2015
HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES

"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

c5b7bd8b-e6ec-72f6-019d

The QR Code and Certificate Number can be verified through the portal <https://janma-mrityutathya.wb.gov.in>

Dr. Subrata Bishnu

M.D. (PED), D.N.B. (PED)
Regn. No. : 45194 (WB)
Mobile : 98300 52490

FOR APPOINTMENT

Mobile : 98300 37261
8 A.M. - 1 P.M., 5 P.M. - 9 P.M.
EXCEPT SUNDAY AFTERNOON

CONSULTATION :

P-868, BLOCK-A, LAKE TOWN
KOLKATA - 700089 (NEAR S.B.I.)
MON TO SAT : 8 A.M.-1 P.M., 5 P.M.-8 P.M.
SUNDAY : 8 A.M. - 11 A.M.

FOR EMERGENCY ATTEND HOSPITAL
NOTE ANY REACTION TO ANY MEDICINE & INFORM S.O.S.

R/o Sina Model.

1 mst
Sex F.

12/8/24
11-152.

Qo len no revert
of lower limbs

Qo SMA of 1st baby
Expired at 4m of
age

O/E

Normal MB
i len movement
of lower limbs
No DTR detected
at lower limb.

Videos recorded on Day 3
Normal food movement
UP both upper + lower limbs

R/o SMA

lym + ?

Cy good
mum.

An

Blood test for gene mutation
or deletion of
~~SMA~~ SMN1 gene

Altm
mus.
divert

Ch breathless
sweat can

① Zn cont of
500 mg of
xl

① Nicotich D3 of
1000 mg x
week

Name : Baby B OSIMA MONDAL	Age : 1 Month
Lab No. : 471771997	Gender : Female
Ref By : Dr.SUBRATA BISHNU	Reported : 23/8/2024 3:03:39PM
Collected : 16/8/2024 4:01:00PM	Report Status : Final
A/c Status : P	
Collected at : KRL- New Town (KOLKATA REFERENCE LAB) DR LAL PATH LABS LTD Premises No-031-0199 Plot No-CB 31/1 Street 1 99 Action Area 1C, Newtown Kolkata-700156	Processed at : LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi-110085


Test Report
TEST CONDUCTED

SPINAL MUSCULAR ATROPHY (SMA), MUTATION DETECTION (MLPA)

RESULTS
SPINAL MUSCULAR ATROPHY (SMA) MUTATION DETECTION

Detected

Gene
Number of copies

SMN1 Exon 7

0 copy detected

SMN1 Exon 8

0 copy detected

SMN2 Exon 7

2 copies detected

SMN2 Exon 8

2 copies detected

Note

- PCR is a highly sensitive technique, however inherent PCR inhibitors in the specimen may result in amplification failures
- Results must be interpreted in context with clinical findings, family history and other relevant laboratory data
- Genetic counseling is recommended

Comment

Spinal Muscular Atrophy (SMA) is a group of autosomal recessive neuromuscular disorders characterized by degeneration of anterior horn cells of the spinal cord, leading to symmetrical muscle weakness & atrophy. With a prevalence of 1 in 10,000 live births and a carrier frequency of approximately 1 in 50, proximal SMA represents the second most common fatal autosomal recessive disorder after Cystic fibrosis. There are two highly similar genes playing a pivotal role in SMA, SMN1 and SMN2. These genes can be distinguished by two single nucleotide differences one in exon 7 and one in exon 8. SMN2 gene is much less efficient in making functional SMN protein, therefore SMN1 gene is the determinant factor in developing SMA. Individuals lacking a functioning copy of SMN1 gene is always a patient, whereas SMA carriers carrying a single copy of SMN1 gene are symptom-free.



Name : Baby B OSIMA MONDAL
Lab No. : 471771997
Ref By : Dr.SUBRATA BISHNU
Collected : 16/8/2024 4:01:00PM
A/c Status : P
Collected at : KRL- New Town (KOLKATA REFERENCE LAB)
DR LAL PATH LABS LTD
Premises No-031-0199 Plot No-CB 31/1 Street 1
99 Action Area 1C, Newtown Kolkata-700156
Age : 1 Month
Gender : Female
Reported : 23/8/2024 3:03:39PM
Report Status : Final
Processed at : LPL-NATIONAL REFERENCE LAB
National Reference laboratory, Block E,
Sector 18, Rohini, New Delhi-110085



Test Report

Dr Meena Lakhanpal
PhD, Biotechnology
Research Scientist

NRL - Dr Lal PathLabs Ltd

Dr Ram Kumar
PhD, Biotechnology
Senior Research Scientist Molecular
Diagnostics
NRL - Dr Lal PathLabs Ltd

Dr Vamshi Krishna Thamam
MCI - 17-25915
MBBS, MD Pathology
DipRCPath UK, Molecular Genetics
Fellowship, Tata Medical Center
Head - Genomics & Clinical
Cytogenetics
NRL - Dr Lal PathLabs Ltd

End of report



IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory.
•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at {@show#jurisdiction} shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medical legal purposes. •This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor. The report does not need physical signature
(#) Sample drawn from outside source.

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.

Tel: +91-11-49885050, Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory.





Peerless Hospitex Hospital And Research Center Limited

360, Panchasayar, Kolkata - 700 094, Phone : 033-4011 1222, 2462 2394/2462/0071-73

E-mail : ph.enquiry@peerlesshospital.com • Website : www.peerlesshospital.com

CIN - U85110WB1989PLC046938



FOLLOW UP CLINIC

UHID: MR/24/053568 Visit ID: OP/24/190997 Invoice No IO/24/744743 Date: 28/11/2024 Sex: Female
Name: Ms. Aadriti Mondal Age: 4 Months 21 Days
Category: GENERAL Visit Count : 2 (No Booking) Queue: 11
Doctor: Dr. Sanjukta De
Address: RAJARHAT BISHNUPUR SHIBTALA R B PARK RAJARHAT 700135 Mob-1. 8017795115 Mob-2.

Chief Complaints / History :

SMA Type I

Copy No 2.

Drug Allergy : (Give Details)

Current Medication :

Immunisation Status

Not on any medicine

UTD

Examination :

Pulse

BP

Weight (in Kg)

Height (in cm)

BMI

Nutritional Screening

Normal ☐

At Risk ☒

Malnourished ☐

Any Special Need ☐

✓ Bell shaped Chest
✓ Fix up follow

Investigations-Requested / Recently Done

Hypotonia / DTR not elicitable
Power - 2/5

Weak Cry Flaccid baby

Provisional Diagnosis / Impression

SMA Type F

Plan of Care / Treatment

Calpolise D₃ drops / Vitamora D₃ drops
0.5ml once a day
A - 2 drops
0.5ml once a day to continue

Follow Up :

* Caudal mouth paint

Dr. Sanjukta De

to apply on

MBBS, DCH(Cal), DNB(Paediatrics), DCH(London), MRCPCH(UK), FRCPCH(UK), Dip Allergy(UK)

Senior Consultant Clinical Director (Pediatrician & Neonatologist)

Registration No. 52551 WBMC

mouth (tongue) daily or as reqd

For Home collection of pathological samples please contact 6292235680.

For Doctor Appointment Please Contact 033-40333333 / 24622462 from 8:00AM-7:00PM

③ Carnisum Symp.
2.5 ml once a day to continue.

④ Calanol-D / Calcium D₃ Symp
2.5 ml once a day x to continue

⑤ Aslhatin Symp
1.5 ml time a day x to continue

Reedap adured
Easum

Nestern Pils

Aptamil 1

SD

3rd in
4500

Maxtra drop

0.5 ml time a day x 5

Neocolite drop

0.5 ml time a day x 5

Roche)

(Risdiplan) Satebadi — 80181 48223

Neomuta — 94328 88613

(Aere SMA)



Peerless Hospitex Hospital And Research Center Limited

360, Panchasayar, Kolkata - 700 094, Phone : 033-4011 1222, 2462 2394/2462/0071-73

E-mail : ph.enquiry@peerlesshospital.com • Website : www.peerlesshospital.com

CIN - U85110WB1989PLC046938



TO WHOM IT MAY CONCERN

Date : 14.11.2024

UHID - MR / 24/ 053568

This is to state that Baby Aadriti Mondal aged 4 months is suffering from Autosomal Recessive Spinal muscular atrophy (SMA) TYPE 1 which a genetic disorder which has to be treated immediately. The most appropriate Medicine needed for the treatment of this disease is named ZOLGENSMA, which will cost approximately around 16 crore rupees + Import duty and GST. This life saving medication should be given for the child before she completes 2 years of age. Hence it should be given for her as early as possible.

As the amount required is huge, I request all people to kindly contribute towards the treatment and help them during this time of need.

Thanking you,

Dr. Sanjatta De.

DCH (CH), DNB (Paeds), DCH (London), MRCPC(UK), FRCPCH(UK),
Dip Allergy(UK)

Senior Consultant & Clinical Director (Paediatrician & Neonatologist)

Registration No 52551WBMC

Peerless Hospitex Hospital And Research Center Limited

360, Panchasayar , Kolkata-700094, West Bengal, India

INSTITUTE OF CHILD HEALTH , KOLKATA

CASE SUMMARY

- NAME –AADRITI MONDAL
- AGE – 5 months
- SEX – female
- FATHER – SUBINAY MONDAL
- ADDRESS- MACHIBHANGA, RAJARHAT, 24 PGS NORTH, 700135
- REG NO - 23-13506
- DOA – 26/12/2024

Chief complaints:

- 1) Cough for 2 days
- 2) DEFORMED CHEST WALL (COLLAPSE)
- 3) RESPIRATORY DISTRESS FOR 1 DAY
- 4) K/C/O SMA TYPE 1

HOPi:

5 months baby girl presented with cough for 2 days, poor feeding and lethargic to ER on 26/12/24. Baby is a known case of SMA type1

Past history:

3rd baby of mother

1st baby expired due to SMA at the 5 months of age

This baby was diagnosed at 1.5 months of age due mother's previous knowledge of SMA, was showing poor tone, flaccidity of limbs at 1.5 months. As under doctor's care from that time for gene replacement therapy at 1.5 years of age.

Course in hospital :

The child was admitted in ICH on 26/12/24. Routine investigations sent, CRP was high 66, Inj. CEFTRIAXONE day7 with nebs LEVOLIN started. After Feeding, the child suddenly developed respiratory distress. Nebs with 3% NaCl with AMBROXAL and MUCOMIX was added along with chest physiotherapy. USG of chest was done which revealed no empyema.

On 30th of December Mother observed that the child is lethargic with shallow breathing, developed cyanosis, periphery was cold, pulses are not palpable HR<80/min with SPO2 65% on RA. Therefore child is shifted to ICU for further management. On CXR, right sided lung collapse with hyperinflation of left lung. So, the child is initially kept in HHFNC with FiO2 30%, 25lit/min O2 support. On repeat CXR 2nd JANUARY showed B/L upper lobe collapse with worsening respiratory efforts. The child shifted to NIV mode of ventilation with FiO2 40%, PEEP-7

Family h/o: 1st baby expired at age of 5 months due to SMA.

Working Diagnosis: **SMA type1 with B/L upper lobes collapse**

On examination in PICU:

Child was crying but lethargic, pupil size 3mm B/L reactive, CBG=138mg/dl

Airway secured, breathing SpO2-92% with NIV mode of ventilation.

HR-146/min, BP-76/42 (56)mm Hg, RR-76/min, CRT <3s, peripheries warm

P- Cy° CL° O° Nv° Ng°

Chest- B/L poor

air entry+, deformed chest wall

CVS-S1, S2 audible

P/A- soft, tender, IPS+

Dr. Mahadeo Pal

SMC-104-786

DOCTOR'S SIGN

Sima Mondal

PARENTS'S SIGN

Help In Humanity Trust

INSTITUTE OF CHILD HEALTH , KOLKATA

CASE SUMMARY

- NAME –AADRITI MONDAL
- AGE – 5 months
- SEX – female
- FATHER – SUBINAY MONDAL
- ADDRESS- MACHIBHANGA, RAJARHAT, 24 PGS NORTH, 700135
- REG NO - 23-13506
- DOA – 26/12/2024

Chief complaints:

- 1) Cough for 2 days
- 2) DEFORMED CHEST WALL (COLLAPSE)
- 3) RESPIRATORY DISTRESS FOR 1 DAY
- 4) K/C/O SMA TYPE 1

H/OPI:

5 months baby girl presented with cough for 2 days, poor feeding and lethargic to ER on 26/12/24. Baby is a known case of SMA type 1

Past history:

3rd baby of mother

1st baby expired due to SMA at the 5 months of age

This baby was diagnosed at 1.5 months of age due mother's previous knowledge of SMA, was showing poor tone, flaccidity of limbs at 1.5 months. As under doctor's care from that time for gene replacement therapy at 1.5 years of age.

Family h/o: 1st baby expired at age of 5 months due to SMA.

Course in hospital :-

The child was admitted in ICH on 26/12/24. Routine investigations sent, CRP was high 66, Inj. CEFTRIAXONE day 1 with nebs LEVOLIN started. After Feeding, the child suddenly developed respiratory distress. Nebs with 0.9% NaCl with AMBROXAL and MUCOMIX was added along with chest physiotherapy. USG of chest was done which revealed no empyema.

On 30th of December Mother observed that the child is lethargic with shallow breathing, developed cyanosis, periphery was cold, pulses are not palpable HR<80/min with SPO2 65% on RA. Therefore child is shifted to PICU for further management. On CXR, right sided lung collapse with hyperinflation of left lung. So, the child is initially kept in HHFNC with FiO2 30%, 25lit/min O2 support. On repeat CXR 2nd JANUARY showed B/L upper lobe collapse with worsening respiratory efforts. The child shifted to NIV mode of ventilation with FiO2 40%, PEEP-7. Gradually respiratory distress decreased on NIV.

SD, shifted to HHFNC mode. Currently, all antibiotics are off.
Child planned to give disease modifying drug (risdiplam). Parents have been explained regarding pro's, con's and outcome of medication.

Working Diagnosis: SMA type1 with ^{Right} B/L upper lobes collapse

On examination in PICU:

Child was crying but lethargic, pupil size 3mm B/L reactive, CBG=138mg/dl

Airway secured, breathing SpO2-92% with NIV mode of ventilation.

HR-146/min, BP-76/42 (56)mm Hg, RR-76/min, CRT <3s, peripheries warm

P- Cy° CL° O° Nv° Ng°

Chest- B/L poor

air entry+, deformed chest wall

CVS-S1, S2 audible

P/A- soft, tender, IPS+



DOCTOR'S SIGN

Subinay Mondal.

PARENTS'S SIGN



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

ভারত সরকার

Unique Identification Authority of India
Government of India

তালিকাভুক্তির আই ডি / Enrollment No.: 1111/19251/01874

To
সুবিনয় মন্ডল
SUBINAY MONDAL
MACHIADANGA
MACHIADANGA
Bagdobamachhi Bhangra
Machibhanga
North Twenty Four Parganas
West Bengal 700135

13/01/2016
323027867



M/230278677FT



আপনার **আধার** সংখ্যা / Your **Aadhaar** No. :

2235 6114 0288

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার

Government of India



সুবিনয় মন্ডল
SUBINAY MONDAL
পিতা : ভারত চন্দ্র মন্ডল
Father : BHARAT CHANDRA MONDAL
জন্মতারিখ / DOB : 06/04/1976
পুরুষ / Male



2235 6114 0288

আধার - সাধারণ মানুষের অধিকার



सत्यमेव जयते
Government of India



তথ্য

- **আধার** পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়।
- পরিচয়ের প্রমাণ অনলাইন প্রমাণীকরণ দ্বারা লাভ করুন।

INFORMATION

- **Aadhaar** is proof of identity, not of citizenship .
- To establish identity, authenticate online .

- **আধার** সারা দেশে মান্য।
- **আধার** ভবিষ্যতে সরকারী ও বেসরকারী পরিষেবা প্রাপ্তির সহায়ক হবে।
- **Aadhaar** is valid throughout the country .
- **Aadhaar** will be helpful in availing Government and Non-Government services in future .



ঠিকানা:
মাছিডাঙ্গা, মাছিডাঙ্গা,
বাগদোবামাগাছি ভঙ্গা, মাছিডাঙ্গা,
উত্তর ২৪ পরগনা, পশ্চিমবঙ্গ,
700135

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

Unique Identification Authority of India

Address:
MACHIADANGA,
MACHIADANGA, Bagdobamachhi
Bhanga, Machibhanga, North
Twenty Four Parganas, West
Bengal, 700135

2235 6114 0288



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



सत्यमेव जयते
भारत सरकार



आधार

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

ভারত সরকার

Unique Identification Authority of India
Government of India

তালিকাভুক্তির আই ডি / Enrollment No.: 1062/11189/28585

To

সীমা মন্ডল

Sima Mondal

W/O: Subinay Mondal

MACHIBHANGA

Bagdobamachhi Bhanga

Machibhanga

Rajarhat North 24 Parganas

West Bengal 700135

০৪৩৬৬৩২০৪১

04/09/2015

287071523



MP870715234FT



আপনার आधार সংখ্যা / Your Aadhaar No. :

9025 8616 5379

आधार - साधारण मानुषेर अधिकार



ভারত সরকার

Government of India

সীমা মন্ডল

Sima Mondal

পিতা : ভদ্রেস্বর মন্ডল

Father : Bhadreswar Mondal

জন্মতারিখ / DOB : 14/01/1991

মহিলা / Female



9025 8616 5379

आधार - साधारण मानुषेर अधिकार

তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়।
- পরিচয়ের প্রমাণ অনলাইন প্রমাণীকরণ দ্বারা লাভ করুন।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- আধার সারা দেশে মান্য।
- আধার ভবিষ্যতে সরকারী ও বেসরকারী পরিষেবা প্রাপ্তির সহায়ক হবে।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ঠিকানা:
ওয়াই/ও: সুবিনয় মণ্ডল,
মাছিভাঙ্গা, বাগডোবামাছি ভাঙ্গা,
মাচিভাঙ্গা, উত্তর ২৪ পরগনা,
রাজারহাট, পশ্চিম বঙ্গ, 700135

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
Unique Identification Authority of India

Address:
W/O: Subinay Mondal,
MACHIBHANGA, Bagdobamachhi
Bhanga, Machibhanga, North 24
Parganas, Rajarhat, West Bengal,
700135

9025 8616 5379