



ফর্ম-৫
Form-5

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



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 :	8/2024/0973909	DATE OF REGISTRATION :	24/07/2024
S-UHID :	6563321622917	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 Sma Mddl.

12/8/24
11-152.

No flex movement
of lower limb

No SMA of lower limb
Expire at 4 months of age

O/E

Normal M₃
i.e. less movement
of lower limb
No DTR detected
at lower limb

Vides normal on D₃
Normal foot movement
UT - Both upper & lower limb

R/o SMA

TPM ± ?

By good
history

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

at birth
normal
movement

Ch. brain injury
postic care

① Zinc content of
soil and
water

② Height D₃ of
10th month

2

2

2



Name : Baby B OSIMA MONDAL
Lab No. : 471771997
Ref By : Dr.SURBATA 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

TEST CONDUCTED

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

RESULTS
**SPINAL MUSCULAR ATROPHY (SMA) MUTATION
 DETECTION**

Detected

Gene
Number of copies

SMN1 Exon 7
SMN1 Exon 8
SMN2 Exon 7
SMN2 Exon 8

0 copy detected
 0 copy detected
 2 copies detected
 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.





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National Reference laboratory, Block E,
Sector 18, Rohini, New Delhi - 110085

Test Report

Meenakshi
Lakhanpal

Ram Kumar
Chaturvedi

Varshini
Thamta

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 Varshini Krishna Thamta
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

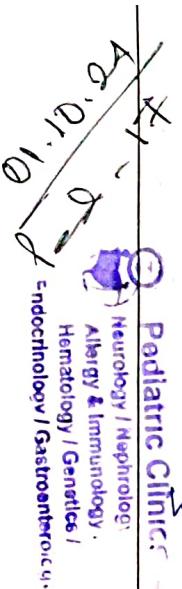
• Test results released pertain to the specimen submitted. • All test results are dependent on the quality of the sample received by the Laboratory.
 • Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. • 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.

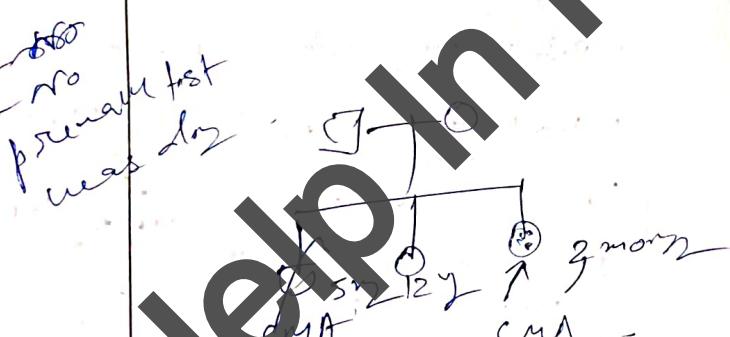




Genetic OPD
DEPARTMENT OF PEDIATRICS
DATE 01/10/24 HEIGHT 57 CM
SpO₂ 96% WEIGHT 5.3 Kg
PULSE.....BPM B/P.....mm/hg
HEAD CIRCUMFERENCE 38 CM

clslB Dr. Afzam @ Aarz

RLC
SMA type 1.
(Homozygous deletion)
exam 788 & SMT 802



→ Need gene therapy for
SMA (Zolgensma).

Refer to Dr. Jashwanth
Choudhury, Pediatric
Neurologist; NRS Medical
College & Hospital for guidance
regarding gene therapy

— Refer to Pediatrician
for consideration of HIB vaccine
pneumococcal vaccine.

Dr. Jitendra Kumar Datta / Dr. Alanu Kumar Datta
Additional Professor / Department of Biochemistry
Deshbandhu College, Sector 10, Salt Lake, Kolkata, West Bengal
Affiliated to the University of Calcutta



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

Cough No 2.

Not on any therapy

Current Medication :

Immunisation Status

UTD

Drug Allergy : (Give Details)

Investigations- Requested / Recently Done :

Bell shaped Chest
Fix up following
Hypotonia
Power - 2/5
Weak cry

Examination :

Pulse

BP

Weight (in Kg)

Height (in cm)

BMI

Nutritional Screening

Normal

At Risk

Malnourished

Any Special Need

Flaccipathy

SMA Type F

Provisional Diagnosis / Impression

Plan of Care / Treatment

Give D₃ drops / Vitamin a D₃ drops
0.5ml once a day
After 2 days
0.5ml once a day to continue

Follow Up :

* Canded mouth part

to apply on
monthly tongue daily or as reqd

Dr. Sanjukta De

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

Senior Consultant Clinical Director (Pediatrician & Neonatologist)

Registration No. 52551 WBMC

For Home collection of pathological samples please contact 6292235680.

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

③ Carnisine Syrup

2.5 ml once a day to continue

④ Calcan-D / Calciferol D₃ Syrup

2.5 ml once a day x to continue

⑤ Aslkhatin Syrup

1.5 ml twice a day x to continue

Reedup adured

Easum

Nesteen

Aptamil 1

3 ml

WB: 100

Maxima drop

0.5 ml twice a day x 5d

Neocolite drop

0.5 ml twice a day x 5d

Roche)

(Risdiplam) Sataabdi — 80181 48223

Reemata — 94328 88613

(Cere 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. Sanjukta De.

DCH (Ch), DNB (Paeds), DCH (London), MRCPC(UK), FRCPCH(UK),
DipAllergy(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 these 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 HICU 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

DMC-104-786

DOCTOR'S SIGN

Sima Mondal

PARENTS'S SIGN

Help In Humanity Trust

INSTITUTE OF CHILD HEALTH , KOLKATA

CASE SUMMARY

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So, 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 ~~B/L~~ ^{Right} 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

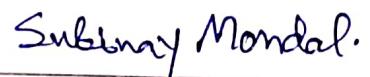
air entry+, deformed chest wall

CVS-S1, S2 audible

P/A- soft, tender, IPS+



DOCTOR'S SIGN



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 Bhanga

Machibhanga

North Twenty Four Parganas

West Bengal 700135

13/01/2016

323027867



MA230278677FT



আপনার আধার সংখ্যা / Your Aadhaar No. :

2235 6114 0288

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার

Government of India



সুবিনয় মন্ডল

SUBINAY MONDAL

পিতা : ভরত চন্দ্র মন্ডল

Father : BHARAT CHANDRA MONDAL

জন্মতারিখ / DOB : 06/04/1976

পুরুষ / Male



2235 6114 0288

আধার - সাধারণ মানুষের অধিকার

তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকস্বরের 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 বান্ধা।
- 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 .



ভাৰতীয় বিশিষ্ট পরিচয় প্রাধিকৰণ
Unique Identification Authority of India

ঠিকানা:

মাছিড়ঙ্গা, মাছিড়ঙ্গা,
বাগদোবামাগাছি ভঙ্গা, মাছিড়ঙ্গা,
উত্তর ২৪ পৱনগন্তা, পশ্চিমবঙ্গ,
700135

Address:

MACHIADANGA,
MACHIADANGA, Bagdabamachhi
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



भारतीय विशिष्ट परिचय प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

तालिकाभूक्तिর आई डि / Enrollment No.: 1062/11189/28585

To
সীমা মন্ডল
Sima Mondal
W/O: Subinay Mondal
MACHIBHANGA
Bagdoramachhi Bhanga
Machibhanga
Rajarhat North 24 Parganas
West Bengal 700135
9836932081

04/09/2015

287077523
MP870775234FT



আপনার আধার সংখ্যা / Your Aadhaar No. :

9025 8616 5379

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার

Government of India



সীমা মন্ডল
Sima Mondal
পিতা : ভদ্রেশ্বর মণ্ডল
Father : Bhadreswar Mondal
জন্মতারিখ / DOB : 14/01/1991
মহিলা / Female



9025 8616 5379

আধার - সাধারণ মানুষের অধিকার

তথ্য

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

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- আধার ক্রিয়ে সরকারী ও বেসরকারী পরিষেবা প্রাপ্তির সহায় হবে।
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ভাৰতীয় বিশিষ্ট পরিচয় প্রাপ্তিকৰণ

Unique Identification Authority of India

ঠিকানা:

ওয়াই/ও: সুবিনয় মণ্ডল,
মাছিভাঙা, বাগডোবামাছি ভাঙা,
মাটিভাঙা, উত্তর ২৪ পুরগনা,
রাজারহাট, পশ্চিম বঙ্গ, ৭০০১৩৫

Address:

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

9025 8616 5379