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TAX BENEFIT



MEDICAL AID APPEAL

Dear Donor,

My Son, Mast Om Singh is 10 years old baby boy taking treatment under care of Dr Sunil Bhatt. he is suffering from Thalassaemia major, he underwent Bone Marrow Transplant at Narayana health medical Hospital. In Bangalore, Karnataka.

HE REQUIRES SURGICAL INTERVENTION AND BED CHARGES WITH DIAGNOSTIC INVESTIGATION AND MEDICINES

DONATE NOW

YOUR CONTRIBUTION CAN CHANGE HIS LIFE!!

Following the doctor's Suggestion, we brought Mast. Om singh at Narayan health hospital. After many expensive tests, it was revealed that our son is suffering from rare disease. He needs supporting treatment costing **Rs- 9,00,000/- (NINE LAKHS)** Today he has suffered the risk of losing his life to this disease and as parents there is nothing, we are able to do to help our child.

HE HAS TO UNDERGO THIS TREATMENT

My husband cannot afford **Rs. 9,00,000/-** to save our son's life on our meager Income. As a last report, I am requesting you to rescue our **10 years old** from this agony. His condition is getting worse every minute, and he may not have much time left with urgent supporting treatment. We have sold the little Jewellery we owned and now we are penniless. Without a treatment my son won't make it. Only you and your generosity can save this Child's life.

SPREADINGBLISS FOUNDATION is a national nonprofit organization dedicated to Save Life of Children. All donations to **SPREADINGBLISS FOUNDATION** are exempted from tax under section 80G of the Income Tax Act, 1961. Lastly You Can Make A Family Smile At The End Of The Day.

BANK DETAILS:



Account no- 50200033414230

IFSC CODE-HDFC0000358.

(Mira Road Branch)



Spreading Bliss Foundation

TAN NO - MUMS96207G | REG. NO - U85320MH2018NPL312178
A/C NO - 50200033414230 | IFSC CODE - HDFC0000358



Office No: 004/A-12, Sector 5, Janak Shanti Nagar,
Rassaz Mall, Mira Road (E)

5th March 2024

To
The Spreading Bliss Foundation.

Dear Sir / Madam,

This is to state that Om Singh is a known case of Thalassemia Major. He underwent Bone Marrow Transplant at our centre on 23rd of December 2023. Currently patient on follow up and supportive care. The approximate cost of follow up and supportive care would be Rs.9,00,000/- (Rupees nine lakhs only) in the absence of any major complications.

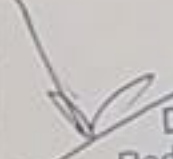
We request you to transfer the amount in advance either by cheque / DD/ Pay order/ Electronic transfer to initiate treatment to the below mentioned Bank Account.

Account Number : 00000038003340056
Description : CA-GEN-PUB OTH-NONRURAL-INR
Name : NARAYANA HRUDAYALAYA LIMITED
Currency : INR
Corporate Address: 258/A, BOMMASANDRA INDL AREA, ANEKAL TALUK
BANGALORE, KARNATAKA-560099
Branch : COMMERCIAL BRANCH, HOWRAH(04150)
IFS Code : SBIN0004150

Pls Note: After the transfer acknowledgement of transfer should be sent to below mentioned fax/mail. Fax no-08071222177 Mail id- punith.yv@narayanahealth.org /mamatha.m@narayanahealth.org / sneha.d@narayanahealth.org Patient MRN No Is Mandatory-----

Thanking you,

With Regards,


DR. SUNIL BHAT
Director and Clinical Lead -
Pediatric Haematology, Oncology
& Bone Marrow Transplantation
Narayana Health City, Bangalore
Reg. No.: KMC/1964

Pediatric Hematology, Oncology and Blood & Marrow Transplantation
Narayana Health Network Hospitals -
Mazumdar Shaw Cancer Centre, Narayana Health City Bangalore, India

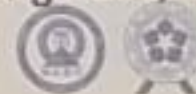
Mazumdar Shaw Medical Center

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Tel +91 80 712 22222 | Email: info.msmc@narayanahealth.org | www.narayanahealth.org



Appointments

1800-309-0309 (Toll Free)

Emergencies

97384 97384

27 March 2024

To
The Spreading Bliss Foundation.

Dear Sir / Madam,

This is to state that Om Singh is a known case of Thalassemia Major. He underwent Bone Marrow Transplant at our centre on 23rd of December 2023. Currently patient on follow up and supportive care. The approximate cost of follow up and supportive care would be Rs.9,00,000/- (Rupees nine lakhs only) in the absence of any major complications.

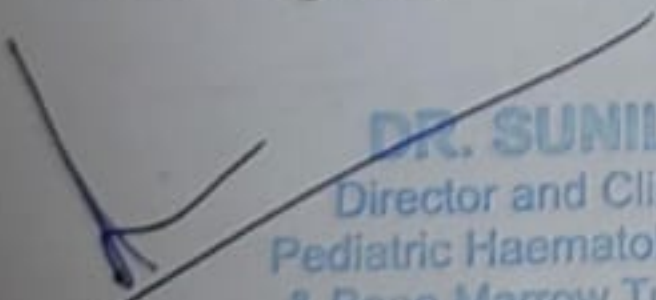
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Branch : COMMERCIAL BRANCH, HOWRAH(04150)
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[/mamatha.m@narayanahealth.org](mailto:mamatha.m@narayanahealth.org) / sneha.d@narayanahealth.org **Patient MRN No Is Mandatory-----**

Thanking you,

With Regards,


DR. SUNIL BHAT
Director and Clinical Lead -
Pediatric Haematology, Oncology
& Bone Marrow Transplantation

Narayana Health City, Bangalore

Director and Clinical Lead

Pediatric Hematology, Oncology and Blood & Marrow Transplantation

Mazumdar Shaw Medical Centers -

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Mazumdar Shaw Cancer Centre, Narayana Health City Bangalore, India

Hospital Address: Narayana Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk,
Bangalore 560099 | Tel +91 80 712 22222 | Fax +91 80 2783 2648

Registered Office Address: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bengaluru - 560099



Appointment
1800 309 0309



Email:
info.msmc@narayanahealth.org



Our Accreditations

Download
Narayana Health App



Smart Health
Care Solution



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Civil Surgeon
Satna, Madhya Pradesh



Date: 28/01/2022

Certificate No.: MP1241620130226265

This is to certify that I/we have carefully examined Shri Om Singh, Son of Shri Pushpendra Singh, Date of Birth 19/06/2013, Age 10, M, Registration No. 2312/00000/2202/0079778, resident of House No. Village Rahikwara, Nagod, Satna - 485446, Sub District Nagod, District Satna, State / UT Madhya Pradesh, whose photograph is affixed above, and I am/we are satisfied that:

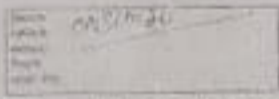
(A) He is a case of **Thalassemia**

(B) The diagnosis in his case is **Thalassemia**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Civil Surgeon
Satna, Madhya Pradesh

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.



भारत सरकार

Government of India



प्रतिमा सिंह

Pratima Singh

जन्म तिथि / DOB : 01/01/1983

महिला / Female



3302 8652 6298

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: अर्धांगिनी: पुष्पेन्द्र सिंह, हाउस
न. 21, ग्राम घटेह खुर्द, घतेह खुर्द,
सतना, रहिक्वारा, मध्य प्रदेश,
485446

Address: W/O: Pushpendra Singh, house
no. 21, gram ghateh khurd, Ghateh Khurd,
Satna, Rahikwara, Madhya Pradesh,
485446

3302 8652 6298



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार

Government of India



Issue Date : 29/05/2015



ओम सिंह

Om Singh

जन्म तिथि/DOB: 19/06/2013

पुरुष/ MALE

9245 9222 4631

VID : 9176 8198 5101 3344

मेरा **आधार**, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

आत्मज: पुष्पेन्द्र सिंह, हाउस न. 21, ग्राम घटेह खुर्द, घतेह
खुर्द, सतना,
मध्य प्रदेश - 485446

Address:

S/O: Pushpendra Singh, house no. 21, gram
ghateh khurd, Ghateh Khurd, Satna,
Madhya Pradesh - 485446



9245 9222 4631

VID : 9176 8198 5101 3344

1947

help@uidai.gov.in



www.uidai.gov.in

Download Date: 26/05/2022

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

PRATIMA SINGH

GULJAR SINGH

01/01/1974

Permanent Account Number

FAZPS5431R

प्रतिमा

Signature



18072013

