

BEST PRACTICE "CATCH"

(Care and Treatment of Child Heart)

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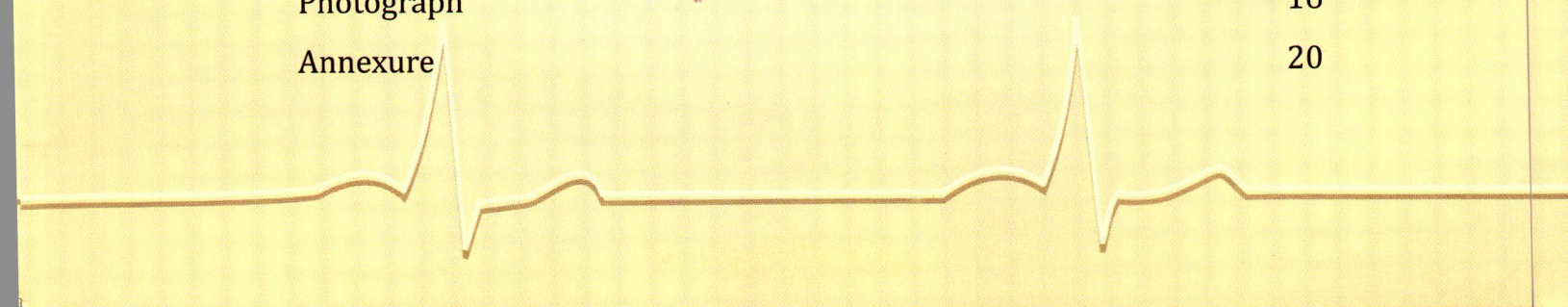


“CATCH”

Care and Treatment of Child Heart

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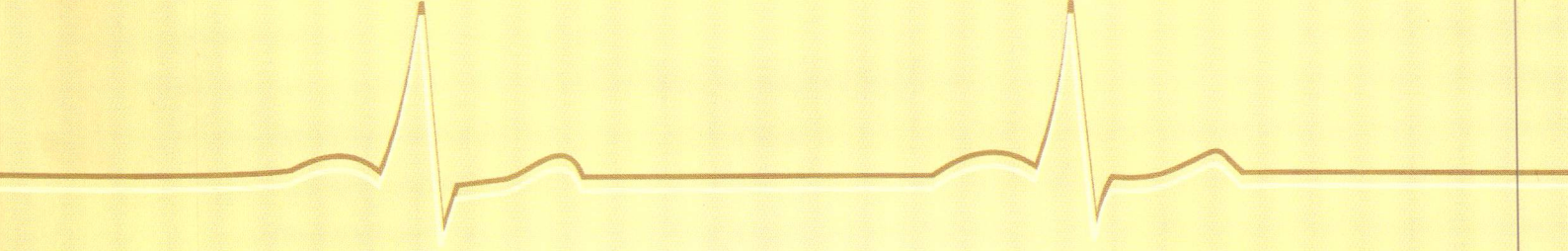
1.0 Introduction :

It is well-known that the early years of a child's life are most critical for both survival and development. Currently, there is no approach to structured children screening, identify health conditions warranting medical attention and ensure early intervention in India and it is high time we started to pay attention to their early detection and intervention.

Congenital Heart Disease (CHD) refers to structural and functional heart diseases which are present at birth. Congenital heart diseases (CHD) are primarily seen in neonates, infants and children; although in our country it is not uncommon to see adults with uncorrected CHD. The burden of congenital heart disease in India is likely to be enormous, due to a very high birth rate. This heavy burden emphasizes the importance of this group of heart diseases. The reported incidence of the CHD is 8-10 per thousand live births according to various studies from the different parts of world. Nearly 32-50% of these defects are critical requiring interventions in the first year of life.

India is a country with more than a billion population and a crude birth rate of 21/1000 population. This would amount to about 28 million live births every year. Going by an incidence of Congenital Heart Disease (CHD) of 8/1000 live births, we could expect about 180,000 children born with an abnormal heart every year. Of these, nearly 60,000-90,000 suffers from critical cardiac lesion, requiring early intervention and treatment in India.

Many of the paediatric cardiac programs in the country are still "supported" by the adult cardiac program. This is primarily to "offset" the economically unviable paediatric program. The paediatric cardiac surgical program is rendered unviable due to economically weaker young couple at the start of their careers are not able to afford the cost of the surgery and lack of specific governmental support for this purpose. As a result, the specialty remained a "service" by the healthcare delivery systems to the society rather than remunerative. On the other hand, large adult cardiac units consider having a paediatric cardiac program as a mere "status" symbol, in order to claim that their facility is indeed a complete cardiac surgical unit.



Needless to say, that dividend of early intervention would be huge including improvement of survival outcome and overall improvement of quality of life of our citizens. Bringing down both out of pocket expenses on belated treatment of diseases/disabilities (many of which become highly debilitating and incurable) and avoidable pressure on health system on account of their management are among obvious benefits.

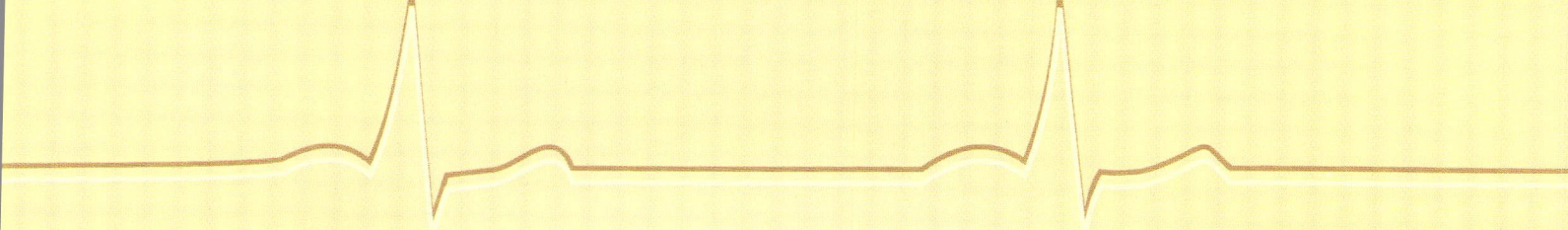
2.0 Access to Paediatric Cardiac Care in India:

There are no govt. policies for cardiac care in India except some subsidies from Govt. hospitals and voluntary organizations for open heart surgeries. There were no Paediatric Cardiac Care Programme in several states in the India and heart diseases in the children are not identified as a health priority by the government in our country. In 2011 the estimated number of children with CHD in MP was 30 thousand, but only 10 to 15 thousand children had undergone any surgery. Lack of awareness, limited knowledge of natural history of CHD, expensive nature of Paediatric Cardiac Care are some of the reasons for poor access to paediatric cardiac care in MP.

Rapid advances have taken place in the diagnosis and treatment of CHD over the last 6 decades. There are diagnostic tools available today by which an accurate diagnosis of CHD can be made even before birth. With currently available treatment modalities, over 75% of infants born with critical heart disease can survive beyond the first year of life and many can lead near normal lives thereafter. However, this privilege of early diagnosis and timely management is restricted to children in developed countries only. Unfortunately majority of children born in developing countries and afflicted with CHD do not get the necessary care, leading to high morbidity and mortality.

2.1 Prevalence of CHD in India

We have no community-based data for incidence of CHD at birth in India. Since a large number of births in our country take place at home, mostly unsupervised by an unqualified doctor, hospital statistics are unlikely to be truly representative. Various series available for prevalence of CHD in India indicates prevalence from as low as 2.25 to 5.2/1000 live births. There are a few studies of prevalence of CHD in school children;



these are mainly offshoots of prevalence studies for rheumatic fever and rheumatic heart disease.

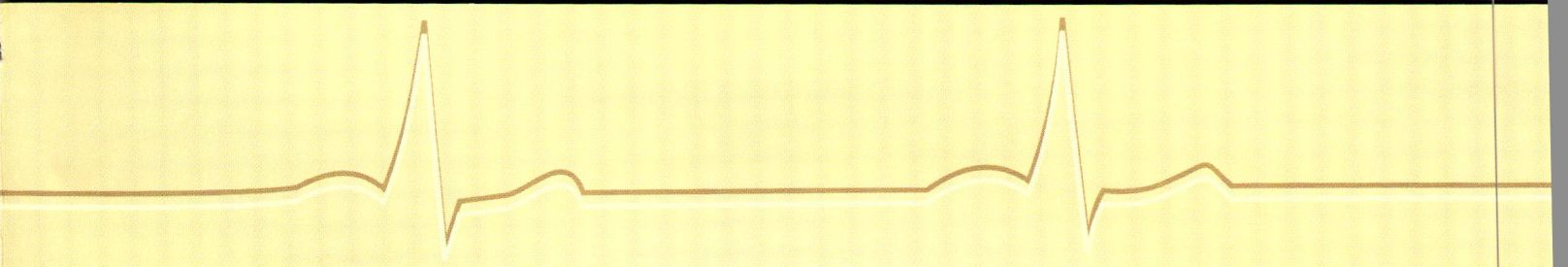
Since a large number of CHD are critical, leading to death in early life itself, these studies on school children have limited value and underestimate the true burden of CHD. Going by the crude birth rate of 27.2/1000 (2001 Census data), the total live births are estimated at nearly 28 million per year. With a believed incidence rate of 8/1000 live births; nearly 180,000 children are born with CHD each year in India. Of these, nearly 60,000 to 90,000 suffer from critical CHD requiring early intervention.

Approximately 10% of present infant mortality in India may be accounted for by CHD alone. In this way every year a large no of children are added to the total pool of cases with CHD. We also have a large no. of adult patients with CHD, primarily because of lack of health awareness and inadequate health care facilities.

2.2 Resources and Infrastructure

Managing CHD in India as indeed in any developing country is an important issue, often overlooked, despite the enormity of the problem. The resources and infrastructure are abysmally limited. There are only 14 centres in the country, which have facilities for paediatric cardiac care including infant and neonatal cardiac surgery. Majority of these institutions have busy adult cardiac surgery programs and much of the infrastructure is shared by the adults and paediatric cardiac services. As per guidelines of American College of Cardiology, it is recommended that for every 5 million people, there should be at least one paediatric cardiac program.

Accordingly, the estimated number of cardiac centres required for the entire population of India will be about 200. Of the 14 existing centres for cardiac care of infants and children, only one centre is in a government hospital, rest are all in private or semiprivate sector where the cost of treatment may be several times that in a government setup. Another problem is the geographical location of these centres. Most of cardiac care centres are either in southern part of India or in National Capital of Delhi. Unfortunately some of the most populous states like UP, Bihar, MP, Assam, and



Odisha have least or no resources for treatment of neonates, infants and children with CHD.

The total number of dedicated paediatric cardiologists and cardiac surgeons is also very low (about 25 paediatric cardiologist and 10-12 paediatric cardiac surgeons), actually a small fraction of what is required for optimal care. The total number of cardiac surgeries for CHD at all age groups in all centres combined in India approximates 6500 per year, of these only about one-fourth is in neonates and infants. The analysis of this data highlights that less than 2% of total number of infants and newborns requiring heart surgery actually receive optimal treatment. The remaining 98% of infants born with CHD probably do not survive. This will include a large number of infants with potentially correctable lesions like ventricular septal defect, patent ductus arteriosus etc.

2.3 Reasons for Poor Cardiac Care

1. **Lack of awareness:** Only a very small fraction of CHD cases are detected at birth and during infancy. This is probably the most important reason for the dismal state of affairs concerning children with CHD in our country. Firstly, most births occur without supervision of a paediatrician. Secondly, the ability of most paediatricians to detect heart disease is very limited, because of inadequate exposure to paediatric cardiology during their postgraduate training program. This is especially true for newborns where the abnormality on clinical examination may be very subtle. Additionally, there are no compulsory update programs for practicing paediatricians to keep them abreast of the upcoming developments.
2. **Time lag between diagnosis and treatment:** Due to the limited knowledge of natural history of CHD, there is considerable time lag between diagnosis and referral to a paediatric cardiac centre for intervention. In addition, delay may also result from inaccurate diagnosis. Often there is total lack of awareness about what facilities are available within the country and about recent developments in the specialty. Some of the paediatricians especially in rural and semi urban areas



still believe that a child with ventricular septal defect can only be operated after he or she attains a weight of 10 kg. This delay may result in complications like hypoxic brain damage, Eisenmenger's syndrome etc.

Many families in rural and semi urban parts of India seek advice from unqualified, self-proclaimed "doctors" and quacks because of common beliefs and myths. This further adds to the delay in diagnosis and proper management of the child with CHD.

3. **Lack of government paediatric cardiac care programme:** Heart disease in children is not identified as a health priority by the government in our country. There are no government policies for cardiac care in children. This is perhaps related to the prevailing notion that CHD is uncommon, often fatal and is therefore not worth expanding national resources.

There are no paediatric cardiac care programs in several states in India as highlighted earlier. Families have to travel hundreds of kilometres to reach a centre, which is equipped with necessary facilities. Besides expenses involved in travelling and staying in an alien city, there is considerable income loss due to lost work for number of days.

4. **Cost of treatment:** Paediatric cardiac care is too expensive for the average Indian family despite subsidies from hospital, government and voluntary organizations. An open-heart surgery cost approximately Rs. 50,000-60,000 in a government set up; the cost may be 2-5 times in private and semiprivate hospitals, making it unaffordable for the vast majority of families.
5. **Lack of support from private hospitals and pharmaceutical industry:** Several private hospitals excelling in adult cardiac care indirectly discourage paediatric surgical programs, as paediatric programs are more demanding and more expensive and are associated with higher morbidity and mortality.

Similarly, unlike for adult cardiology, there is very little support from the pharmaceutical industry for development of paediatric cardiac care programs in the country.

6. **Limited Social importance :** The social importance of paediatric cardiology and paediatric cardiac surgery is much less as compared to adult cardiology and coronary artery surgery which gives more limelight to the cardiologist and the surgeon. Given a choice, very few specialists choose paediatric cardiology and paediatric cardiac surgery over adult cardiology and adult cardiac surgery respectively, which are far more lucrative.

3.0 CATCH (Care and Treatment of Child Heart) initiative of Indore District

Indore is known as a commercial capital of Madhya Pradesh. The name Indore is due to its deity Indreshwar. Indore is one of the richest cities in central India and also known as "Mini Mumbai" among native people of Indore, due to its lifestyle similarities with Mumbai. It also reflects Mumbai's potpourri of cultures, with significant Marwari, Marathi, North Indians and Sindhi populations. Indore is administered by the Indore Municipal Corporation. Indore district consists of 4 Tehsils- Depalpur, Sanwer, Indore and Mhow. Number of Blocks in the district is 5. There are total 335 Panchayats and 649 villages.

Health infrastructure of Indore district

Public Health Infrastructure

S.No.	Facility	Status
(a)	Allopathic Hospital	45
(b)	Community health centres	03 (96 Beds)
(c)	Primary health centres	26 (54 Beds)
(d)	Sub Health Centres	24
(e)	Private hospitals	111



3.1 Project Rationale

There are many parents whose children are suffering from inborn heart disease- CHD. Many of them are from economically weaker section of the society, who cannot afford the cost of the treatment. This category of the children has to depend on the government financial support/ help. In many cases poor families leave the hope to save the life of their child who is suffering from this disease. With the strong commitment to sustain/save the life of these children, Indore district administration and the Women & Child Development department started the project named 'CATCH', an acronym for "Care and Treatment of Child Heart".

Project CATCH was initiated by Shri Raghwendra kumar Singh, then District Collector-Indore & Shri Vishal Nadkarni, then Programme Officer-Women & Child Development Department, Indore.

3.2 Project Objectives

- To fulfil the dreams of the Parents/Families who lost their hope to save their child born with heart diseases.
- To provide early diagnosis, treatment, surgery, post-operative care and financial support to children suffering from heart disease, particularly from economically weaker sections of the society.

3.3 Situation before initiative

- Earlier, there was no identified nodal centre or nodal officer to take up the responsibility, especially for children with congenital heart diseases.
- There was no survey done to generate credible data source to estimate the prevalence of CHD among children.
- Due to lack of awareness on whereabouts of treatment facilities for children with CHD, the parents were not able to approach the district administration or health department.

- 
- There was no methodology adopted to ascertain criticality of the children suffering with CHD. The inability to prioritize the surgical procedure resulted in death of many children.
 - The condition of the suffering children use to get worse due to lack of proper guidance to the parents who needed to get certificates issued by State Insurance Support Fund, filling application with district administration and various other departments.
 - There was frequent delay in surgery due the difference between treatment estimate and amount sanctioned under the government schemes.
 - There was no community participation to resolve the treatment problem of the children suffering with CHD.
 - There was no monitoring mechanism employed to gauge the progress in treatment of the children suffering with CHD.

3.4 CATCH initiative : Strategy adopted

- **Designating Nodal officer:** Under CATCH programme, Shri Raghwendra kumar Singh, District Collector-Indore appointed Shri Vishal Nadkarni, Programme Officer-Women & Child Development Department, Indore as the nodal officer for implementation of the CATCH programme.
- **Designating Nodal Department:** Department of women and child development was made the nodal department for the programme and a well planned strategy was followed for launching CATCH programme.
- **Survey & Awareness Campaign:** A survey and awareness campaign was conducted by trained Aanganwadi workers to find out the heart patient children in Indore district. In this survey 237 children were identified who were suffering from heart related disease.

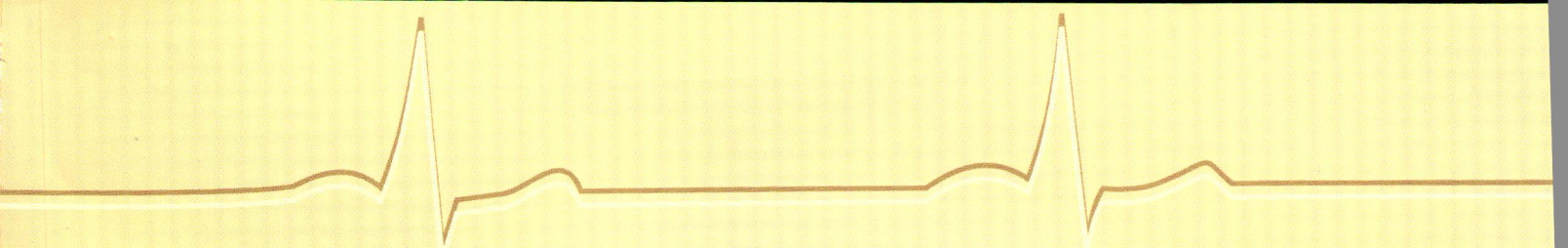
- **Free Health Check-up Camp:** After survey, a mega free health check-up camp for suffering children was organized in collaboration with a private hospital CHL to ascertain their criticality through ECHO. The mega camp was organized in Gandhi Hall at district head quarter.
- **Single Window System:** Women & child development department arranged for a single window facility to provide identified children all facilities like-registration of heart patient children, their Photos identity, eco-cardiogram, consultancy from the heart specialist, children condition profiling, financial estimation of the operation, application filling for various departmental benefits like application for Rajya Bimari Sahayata scheme, BPL card etc. at a single place.
- **Single day Event:** For the convenience of parents all these activities were completed on the same day.
- **Child Condition Profiling:** In the mega camp all identified children suffering from CHD were categorise in five groups as given below-

S.No.	Category	Priority
1	A+	Operation needed urgently
2	A	Operation needed in one month
3	B	Operation needed in three month
4	C	Intensive observation needed
5	D	No need for the operation

TABLE 1: Condition Categorization of Child

Out of 237 children, 109 Children of category A+ to C got free eco-cardiogram and estimates prepared for them and operation priority was set according the need.

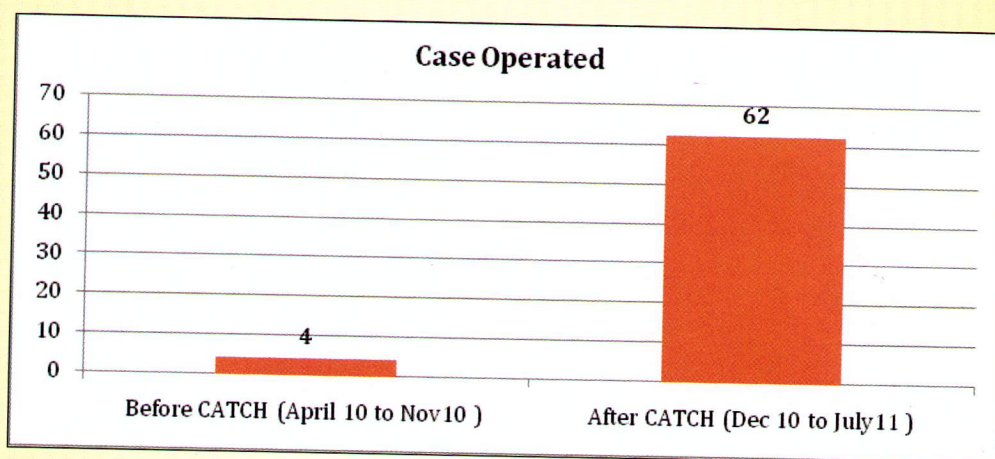
- **Treatment of Children:** Arrangement was made for treatment of these children in the districts. A total of 69 children were operated out of which 15 were operated



free of cost. The children who were not covered under the Rajya Bimari Sahayata got special discount from the private hospitals due to coordination of district administration. The financial gap between estimated and actual expense were compensated with the help of community participation, and by the fund support from Red Cross Society.

- **Aanganwadi workers** acted as the brand ambassador of the project to take the project awareness to every door step. Now the beneficiaries contact directly to the women and child development department and get the benefit of treatment facility directly.
- **Convergence of funds :** The provisions of Rajya Bimaari Sahayta Nidhi have been evoked for timely treatment of children. Now the difference between treatment estimate and sanctioned amount is managed through community participation, hospital discounts and funds from Red Cross Society.
- **Community Mobilization:** The then District collector himself conducted meetings with all private hospitals and healthcare professionals in the district. As a result,
 1. CHL Apollo Hospital did organize the free primary health check-up camp for identified children with CHD. They also provided the free consultation from specialists; helped patients in making surgery cost estimates and distributed free medicines
 2. CHL Apollo, Gokuldas Hospital, Vishesh Hospital & Bhandari Hospital joined hands in providing ECHO facility to all identified children with CHD. They also offered discounts up to 20-25 thousand to many families.
 3. Vishesh Hospital conducted free surgery on 10 girl child under Beti Bachao Abhiyaan & Gokuldas Hospital did free surgery on 5 children.
 4. Being Human Foundation, run by film star Salman Khan, helped in operation of 23 cases among identified children.

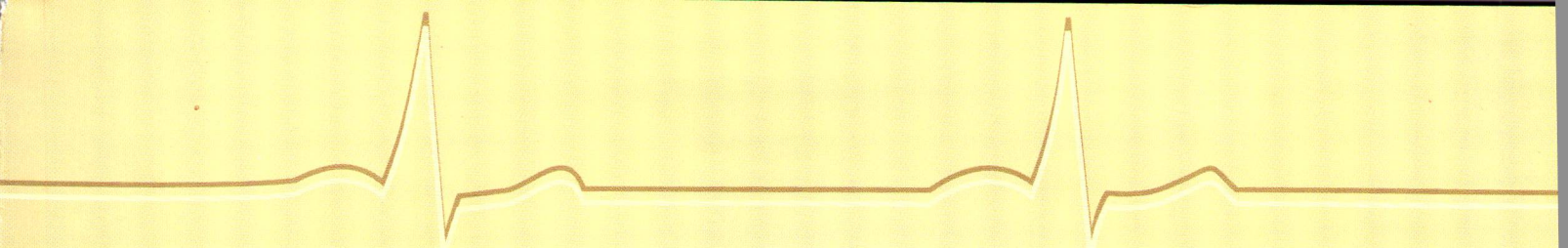
- **Timely & Effective Monitoring:** Shri Raghwendra Singh, District Collector-Indore involved personally to analyse each case and defined timelines and planned arrangement for their immediate treatment. Each case that came up during the meeting with locals was taken up on priority and got registered with women & child development department and was resolved using official communications. All government department were sensitized on the importance of this project and they fully supported the cause in all possible ways.



Graph 1: Cases operates before & after CATCH initiative

S.No.	Cases	Count
1.	No. of BPL Cases	125
2.	No. of APL Cases	126
3.	Total no. of cases received	251
4.	BPL Cases referred to AIMS	4
5.	BPL Cases operation not needed	25
6.	No. of BPL Patient operated till date	64
7.	No. of APL Patient operated till date	11
8.	APL Cases referred to AIMS	2
9.	APL Cases operation not needed	23

Table 2: No. of cases treated under Project CATCH (as on December, 2011)



4.0 Result achieved and Outcome

4.1 Mukhyamantri Bal Hriday Upchar Yojna (MBHUY)

The CATCH initiative and its success resulted in introduction of Mukhyamantri Bal Hriday Upchar Yojna (MBHUY) by Government of Madhya Pradesh (MP). The MBHUY as a state sponsored scheme was launched on 14 July, 2011. Under MBHUY, Children suffering from congenital heart diseases are identified and operated. The scheme authorized 10 hospitals in the state and outside for operations.

Under the scheme, financial assistance upto maximum Rs. 1.0 lakh is provided to concerning government and recognised private hospitals for heart surgery of BPL (Below Poverty Line) children from 0 to 15 years of age, who suffer from heart disease. So far, 2602 children have been provided benefit of the scheme since its launch in year 2011 at a cost of over Rs. 9.0 crore. A provision of Rs. 15.0 crore has been made under Rajya Bimari Sahyta Nidhi (Provincial disease assistance fund). Under MBHUY the government provided the stipulated rates for the procedure, irrespective of the outcome. The stipulated rates are as follows; ASD (INR. 80,000) VSD (INR 90,000), TOF (INR 100,000), Valve Replacement (130,000), PDA/Surgical ligation (INR 25,000), Coarctation of aorta (INR 30,000). However additional financial assistance for providing care to the affected child can be given by govt. agency through various policies and welfare funds.

4.2 Process under MBHUY

1. The beneficiary goes to the hospital.
2. The patient is examined and disease is detected.
3. The amount required for the treatment of the detected disease is quoted.
4. The report is then sent to the chairman of committee.
5. Registration is done, the patient is sent for 2nd opinion.
6. The final opinion sheet is then sent to the Civil surgeon.
7. Then finally it goes to CMHO Office where the final procedure takes place.



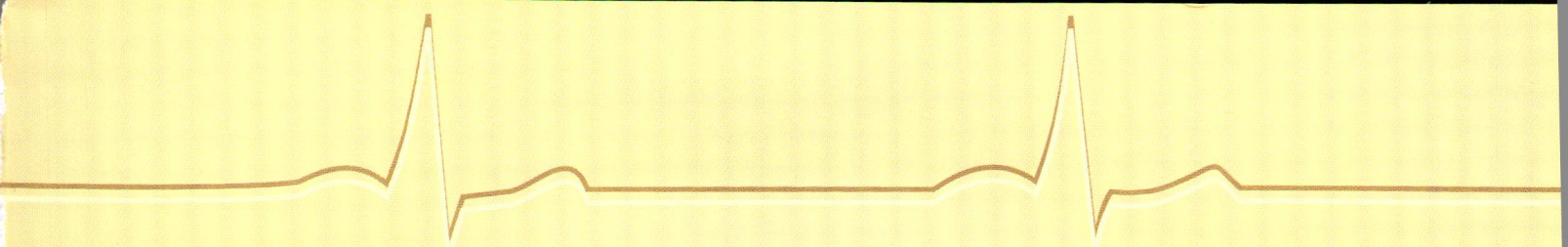
MBHUY is the first state sponsored financial assistance scheme for children suffering from congenital heart diseases. The scheme has been launched in 2011 and is benefitting large number of beneficiaries with its financial provisions.

5.0 Lessons Learned

1. Systematic planning and Community participation are necessary for this type of initiative.
2. Increasing awareness about CHD in general population through electronic and print media. For this venture, paediatricians, paediatric cardiologists, voluntary organizations, industry and media need to collaborate.
3. Increasing awareness amongst paediatricians through seminars, symposia, CMEs etc. Paediatricians should be trained to recognize CHD in newborn period.
4. Involvement of voluntary organizations and industry to support and develop paediatric cardiac care programs in various existing centres, which have good adult cardiac care facilities. These centres have infrastructure available, which can be utilized.

6.0 Replicability

The initiative has resulted in introduction to Mukhyamantri Bal Hriday Upchar Yojna (MBHUY) by Government of Madhya Pradesh (MP). Such initiatives can be easily replicated in other districts of the country.



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— मीडिया रिपोर्ट, कोलकाता

आज की दुनिया में शिक्षा का अर्थ है न केवल किताबें पढ़ना और परीक्षाएँ देना, बल्कि जीवन में उपयोगी कौशल और मूल्यों का विकास करना है। शिक्षा के माध्यम से हम अपने समाज को बेहतर बनाने में सक्षम हो सकते हैं। शिक्षा के माध्यम से हम अपने समाज को बेहतर बनाने में सक्षम हो सकते हैं।

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भारतीय अस्पताल में बेटी गुड़िया को मिलेगा नया जीवन

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भारतीय अस्पताल में बेटी गुड़िया को मिलेगा नया जीवन



Photograph of Children treated under project CATCH





CATCH camp



Treatment camp under project CATCH



Diagnosis of children in progress under project CATCH treatment camp



Consultations in progress under CATCH treatment camp



Play area made for children under CATCH treatment camp

Annexure: Operation Cases under CATCH

No.	Name of Child	Father's Name	Age (In Month)	Operation date	Name of Hospital
1	Master Krishna Shimle	Shri Ashok Shimle	54	17.11.2010	CHL Appolo Hospital
2	Master Punit Tomar	Shri Mukesh Tomar	53	09.12.2010	CHL Appolo Hospital
3	Shweta Dhiman	Shri Sanjay Dhiman	35	22.10.2011	CHL Appolo Hospital
4	Anushka Chouhan	Shri Nitin Chouhan	35	15.01.2011	CHL Appolo Hospital
5	Krishna Chouhan	Shri rajesh Chouhan	42	07.10.2011	CHL Appolo Hospital
6	Priya Umrao	Shri Umrao	76	03.03.2011	Gokuldas Hospital
7	Master Alfez	Shri Imran	71	04.03.2011	CHL Appolo Hospital
8	Master Nitin	Shri Parmanand	80	09.04.2011	CHL Appolo Hospital
9	Master Gautam	Shri Shrawan	49	11.01.2011	CHL Appolo Hospital
10	Khushi	Shri Mahesh	65	15.03.2011	CHL Appolo Hospital
11	Rishikha	Shri Rajesh	37	21.03.2011	Bhandari Hospital
12	Master Krishna	Shri Kallu Mandloi	389	14.04.2011	CHL Appolo Hospital
13	Master Daksha	Shri Veersing Bichodia	65	10.02.2011	Bhandari Hospital
14	Bhumi Sikarwar	Shri Bharat Sikarwar	39	20.01.2011	Bhandari Hospital
15	Shantanu Gour	Shri Rajendra Gour	58	12.02.2011	CHL Appolo Hospital
16	Gautam Sunahre	Shri Manoj Sunahre	127	09.03.2011	CHL Appolo Hospital
17	Master Jatin	Shri Raju Jagaria	65	10.02.2011	Bhandari Hospital
18	Master Rishi	Shri Manoj Golia	55	08.02.2011	Bhandari Hospital
19	Mahak Dhakad	Shri Lalsing Dhakad	70	27.06.2011	Gokuldas Hospital
20	Dharmendra Baghel	Shri Suraj Baghel	127	26.02.2011	CHL Appolo Hospital
21	Sonali	Shri Manoj	117	16.03.2011	CHL Appolo Hospital
22	Mohd.Ayan	Mohd.Ajhar	47	20.02.2011	CHL Appolo Hospital
23	Khushi	Shri Vinod Tawar	44	26.02.2011	CHL Appolo Hospital

24	Pooja	Shri Jitendra	67	25.05.2011	CHL Appolo Hospital
25	Rupesh Gahlot	Shri Sohan Gahlot	212	30.03.2011	CHL Appolo Hospital
26	Babu Prajapati	Shri Mukesh Prajapati	79	28.02.2011	CHL Appolo Hospital
27	Himanshu	Shri Omprakash	52	16.04.2011	Bhandari Hospital
28	Mayank Chouhan	Shri Ramswarup	137	03.03.2011	CHL Appolo Hospital
29	Gayatri	Shri Ramkuwar	31	06.08.2011	CHL Appolo Hospital
30	Dhanraj Patel	Shri Munnalal Patel	9	12.01.2011	Bhandari Hospital
31	Ritik Jeenwal	Shri Vinod Jeenwal	100	17.01.2011	Bhandari Hospital
32	Ankit Chouhan	Shri Mukesh Chouhan	121	23.05.2011	Bhandari Hospital
33	Master Moin	Shri Mahmood	121	23.05.2011	CHL Appolo Hospital
34	Vishal Doria	Shri Pawan Doria	110	06.01.2011	CHL Appolo Hospital
35	Dinesh Godia	Shri Santosh Godia	108	19.05.2011	Gokuldas Hospital
36	Anjali	Shri Parushram	80	12.11.2011	Gokuldas Hospital
37	Krishna Borasi	Shri Dileep Borasi	89	10.04.2011	CHL Appolo Hospital
38	Ashwin Borasi	Shri Ajay Borasi	42	29.07.2011	Bhandari Hospital
39	Gokul Yadav	Shri Shailendra yadav	32	15.02.2011	CHL Appolo Hospital
40	Antimbala Sharma	Shri Suresh Babulal	12	18.04.2011	Gokuldas Hospital
41	Poonam	Shri Balaram	72	29.03.2011	Bhandari Hospital
42	Master Amar	Shri Rajkumar Kakkad	72	03.02.2011	Bhandari Hospital
43	Deepali	Shri Vijay Kaushal	15	27.01.2011	Bhandari Hospital
44	Ishita	Shri rajendra Yadav	15	12.01.2011	Gokuldas Hospital
45	Kajal	Shri Rajesh Chouhan	18	10.03.2011	Bhandari Hospital
46	Sajid Shah	Shri Abdul Aziz	48	05.05.2011	Gokuldas Hospital
47	Suhana Rao	Shri Ajay Rao	7	15.06.2011	CHL Appolo Hospital
48	Sonam Gosar	Shri Niranjan Gosar	209	30.03.2011	CHL Appolo Hospital
49	Apporva Sen	Shri Mukesh Sen	7	20.05.2011	Gokuldas Hospital
50	Sheetal Shekhawat	Shri Mahendra Shekhawat	156	15.10.2011	Vishesh Diagnostic Centre
51	Rafeeq Mohammad	Shri Aslam Akbar		17.06.2011	CHL Appolo Hospital

52	Mohd. Basheer	Shri Maqsoor Alam	24	15.04.2011	CHL Appolo Hospital
53	Mohini Chouhan	Shri Prakash Chouhan	48	23.09.2011	Bhandari Hospital
54	Divyanshi Karole	Shri Chandan Singh	7	06.05.2011	CHL Appolo Hospital
55	Priya Verma	Shri Pradeep Verma	108	02.07.2011	CHL Appolo Hospital
56	Priyanshu	Shri Surendra	7	28.07.2011	CHL Appolo Hospital
57	Shabana	Mohd. Sohel	84	25.06.2011	CHL Appolo Hospital
58	Yogesh Sarsiya	Shri Anil Sarsiya	96	04.06.2011	Gokuldas Hospital
59	Mohit Patil	Shri Raju Patil	4	23.06.2011	Bhandari Hospital
60	Master Rashidul	Shri Rahidul Miya	42	15.09.2011	Bhandari Hospital
61	Master Arjun	Shri Mohan Bhil	120	23.08.2011	Gokuldas Hospital
62	Roshan Verma	Shri Ravi Verma	132	14.07.2011	CHL Appolo Hospital
63	Pawan Khirkiya	Shri Jitendra Khirkiya	26	01.06.2011	Bhandari Hospital
64	Yuvraj	Shri Manoj	48	06.08.2011	Gokuldas Hospital
65	Ayush	Shri Satish Choubare	12	27.07.2011	CHL Appolo Hospital
66	Latika	Shri Sunil Survanshi	18	04.10.2011	Vishesh Diagnostic Centre
67	Saloni Sitole	Shri Kishore Sitole	36	24.09.2011	Vishesh Diagnostic Centre
68	Master Rehan	Shri Irfan Mansoori	48	28.07.2011	Gokuldas Hospital
69	Master Jash Saluja	Shri Virendra Singh	12	23.07.2011	CHL Appolo Hospital
70	Vaibhavi Salvi	Shri Manish Salvi	36	24.11.2011	Vishesh Diagnostic Centre
71	Nitin Dayma	Shri Puransingh Dayma	9	05.08.2011	Bhandari Hospital
72	Himanshu Kushwah	Shri Narendra Singh	24	14.08.2011	Bhandari Hospital
73	Payal Thakur	Shri Mahesh Singh	120	24.11.2011	CHL Appolo Hospital
74	Rudra Pratap	Shri Arvind Pawar	9	12.12.2011	Bhandari Hospital
75	Anjali Sharma	Shri Sanjay Sharma	60	15.11.2011	Gokuldas Hospital
76	Lokesh Kaushal	Shri Sanjay Kaushal	18	09.12.2011	Bhandari Hospital
77	Devendra Rajpoot	Shri Bhagat Singh Rajpoot	47	15.12.2011	CHL Appolo Hospital

78	Master Rehan	Shri Ramzan Khan	59	16.11.2011	CHL Appolo Hospital
79	Yash Goyal	Shri Bablu Goyal	30	30.08.2011	CHL Appolo Hospital
80	Abu Toraf	Shri Abdul Toraf	11	26.09.2011	Bhandari Hospital
81	Jagrati Patel	Shri Biharilal Patel	168	08.10.2011	Vishesh Diagnostic Centre
82	Tanisha Chouhan	Shri Anil Chouhan	60	01.09.2011	Gokuldas Hospital
83	Akshat Kushwah	Shri Jitendra Kushwah	11	04.10.2011	Gokuldas Hospital
84	Devika Rawat	Shri Balram Rawat	30	30.09.2011	Vishesh Diagnostic Centre
85	Veer singh Badal	Shri Ishwar singh Badal	12	22.12.2011	Vishesh Diagnostic Centre
86	Samarth Panchal	Shri Shailendra Panchal	9	22.09.2011	Bhandari Hospital
87	Riyanki Chintaman	Shri Ajay Chintaman	38	25.12.2011	CHL Appolo Hospital
88	Anjali	Shri Santosh Mehra	108	22.09.2011	Vishesh Diagnostic Centre
89	Akansha Bhadoria	Shri Karan Singh	114	07.11.2011	Vishesh Diagnostic Centre
90	Sneha Mukati	Shri Rahul Mukati	48	03.12.2011	Vishesh Diagnostic Centre
91	Ravi Doria	Shri Suresh Doria	108	13.12.2011	CHL Appolo Hospital
92	Akshara Panchal	Shri Sunil Panchal	29	17.12.2011	Bhandari Hospital
93	Piyush Patil	Shri Ramlal Patil	84	07.12.2011	Greater Kailash Hospital
94	Master Deepak Soni	Shri Dayal Charan Soni	250	18.03.2011	Other State
95	Master Aditya	Shri Bablu	38	07.07.2012	Bhandari Hospital
96	Toshab Sharma	Shri Ramswaroop		05.11.2012	Bhandari Hospital
97	Naman Tuteja	Shri Mandeep singh Tuteja	9	11.01.2012	Bhandari Hospital
98	Aziza	Shri Sheraj Chouhan	30	21.04.2012	Vishesh Diagnostic Centre
99	Shubham	Shri Shamsingh Chouhan	108	10.03.2012	Bhandari Hospital
100	Anjali Prajapati	Shri Ramprasad Prajapati	168	16.08.2012	Bhandari Hospital
101	Sharda Chouhan	Shri Ummedsingh Chouhan	76	08.06.2012	Bhandari Hospital

102	Joya Ansari	Mohd. Raise Ansari	3	26.03.2012	Bhandari Hospital
103	Anjali Doria	Shri Rajesh Doria	54	27.03.2012	CHL Appolo Hospital
104	Anuj Soni	Shri Amit Soni	37	21.10.2012	Bhandari Hospital
105	Master Firoj	Shri Pappu Patel	108	15.02.2012	Vishesh Diagnostic Centre
106	Rahul Sharma	Shri Dharmendra Sharma	156	08.03.2012	Bhandari Hospital
107	Gaurav Solanki	Shri Kamal Solanki	95	12.01.2012	CHL Appolo Hospital
108	Arjun Chouhan	Shri Gulabsingh Chouhan	108	06.02.2012	Vishesh Diagnostic Centre
109	Yashika Solanki	Shri Kailash Solanki	20	25.09.2012	Bhandari Hospital
110	Nikita Patel	Shri Sanjay Patel	184	07.02.2012	CHL Appolo Hospital
111	Rajesh	Shri Kaluram Patel	132	05.06.2012	Bhandari Hospital
112	Anil Nath	Shri Gabbar Nath	132	02.05.2012	CHL Appolo Hospital
113	Baby Gudiya	Shri Mangilal Sawariya	18	04.04.2012	Bhandari Hospital
114	Khushi Devraya	Shri Deepak Devraya	105	02.04.2012	CHL Appolo Hospital
115	Manisha Jha	Shri Brahmanand Jha	360	25.12.2012	Bhandari Hospital
116	Ekta Choudhary	Shri Ashok Choudhary	52	22.08.2012	Bhandari Hospital
117	Naman Khandagle	Shri Ashok Khandagle	42	25.06.2012	Bhandari Hospital
118	Alok Borasi	Shri raju Borasi	52	02.10.2012	Bhandari Hospital
119	Vansh Rathore	Shri Mukesh Rathore	39	08.08.2012	CHL Appolo Hospital
120	Moin Khan	Shri Abdul Hafiz	111	11.06.2012	CHL Appolo Hospital
121	Mala Nath	Shri Panchi Nath	144	23.06.2012	Vishesh Diagnostic Centre
122	Mohit Khandekar	Shri Santosh Khandekar	84	05.08.2012	CHL Appolo Hospital
123	Sheetal Negi	Shri rahul Negi	11	31.08.2012	CHL Appolo Hospital
124	Piyush Changre	Shri Ashok Changre	48	29.06.2012	CHL Appolo Hospital
125	Vanshika Choudhary	Shri Sandeep Choudhary	12	29.10.2012	Gokuldas Hospital
126	Kashish	Shri Amar Khan	130	01.06.2012	Other State
127	Himanshi Prajapati	Shri Vinod Prajapati	120	17.05.2012	Other State
128	Disha Malviya	Shri Om Prakash Malviya	96	30.05.2012	Other State