ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

Mandi Dabwali Road, Bathinda (Pb.) – 151001

PROCUREMENT CELL

AIIMS Bathinda/Proc.Cell/2026/248

Start Date: 08/08/2026
Due Date: 21/08/2026

Notice Inviting Quotations (NIQ)

The following items are required for AIIMS, Mandi Dabwali Road, Bathinda – 151001:

Sr.	Product with Description	Qty.	Specifications
I.	Patient Booklet	3000	As per Annexure - A

Kindly arrange to send your quotation giving the lowest rates per unit along with terms and conditions in a sealed cover addressed to the **Executive Director, AIIMS Bathinda, Mandi Dabwali Road, Bathinda – 151001, Punjab,** to reach this office before the last date of receiving Quotations, i.e., on **21/08/2026, Time 17:00**

The word "Quotations for Patient Booklet for the Dept. of Surgical Oncology, AIIMS Bathinda, our reference number, and the date should boldly be mentioned on the cover.

1. While submitting the quotation following should invariably be mentioned:
   a) Details of Specification and its lowest rate F.O.R. AIIMS Bathinda.
   b) GST Registration Number (attach copy)
   c) PAN No. (Attach copy)
   d) Clearly mentioned GST rates.
   e) Tax at a concessional rate as applicable to the Educational Institutions
   f) Completion from the date of receipt of the confirmed order.
2. The rates will be valid for one year from the date of issuance of the Work Order.
3. Payment will be made after the supply and inspection of the delivered items.
4. Under no circumstances will unsealed quotations be entertained in the office.
5. Quotations received after the due date shall not be considered.

01.08.2026

OIC, Procurement Cell

for

UNDERTAKING

(To be returned with quotation)

We hereby undertake the following:

1. We will not sell the product (s) to other institutions, bodies and also in the market at rates less than those quoted by us to AIIMS Bathinda.

2. The rate of GST/Excise Duty mentioned in the quotation is in accordance with the provisions of the rules, and the same is payable to the concerned authorities in respect of the stores.

3. The goods/Stores/articles offered shall be of the best quality and workmanship and their supply will be strictly in accordance with the technical specifications and particulars as detailed in the quotation.

4. The information furnished by us in the quotation is true and correct to the best of our knowledge and belief.

5. We have read and understood the rules, regulations, terms and conditions and agree to abide by them.

Authorised Signatory
(Seal)

Quotation Proforma

(To be returned with Quotation)

Following proforma should be filled in and duly signed by the firm and sent along with the quotation.

Firm's Reference		Date	
Firm Registration No. (if any)		PAN	
GST No.		Address:	
Phone No.			
Email Id			
M/s:		NIQ No.	
		Last Date of Submission	

Sr.	Product with Description	Qty	Unit Price	GST	Total Unit Price	Total Value	Total Value in words
1							
2							
3							
	Total						

I/we engage to supply the material(s) as required to your office and comply the following:

i. Terms and conditions of the NIQ.
ii. That the offer is valid for 90 days.
iii. That we have not been debarred by any Government body/PSU/Autonomous Body
iv. That the rates quoted are not higher than the rates quoted for same item to any Government body/PSU/Autonomous Body.
v. That the quotation submitted by us is properly sealed and prepared so as to prevent any subsequent alteration and replacement.

Place:
Date:

Authorized Signatory
(seal)

Terms and Conditions

1. The quotation must be in the form furnished by Procuring Entity and should be free from corrections/erasures. In case there is any unavoidable correction it should be properly attested. If not, the quotation will not be considered. Quotation written in pencil will not be considered.
2. All India Institute of Medical Sciences (AIIMS), Bathinda reserves the right to accept the offer by individual items and reject any or all quotations without assigning any reason thereof and does not bind itself to accept lowest quotations.
3. Manufacturer's name and country of origin of materials offered must be clearly specified. Please quote whether your organisation is large scale industry or small scale industry. If you have NSIC/MSE/MSI/DGS&D Certificate, please attach it to the quotation. Mention your registration details.
4. Complete details and ISI specification if any must accompany the quotation. Make/brand of the item shall be stated wherever applicable. If you have got any counter offer as suitable to the material required by us, the same may be shown separately.
5. Samples must be submitted where specified along with the quotations. Samples must be carefully packed, sealed and labelled clearly with enquiry number, subject and sender's name for easy identification. Rejected samples will be returned at your cost if insisted.
6. All supplies are subject to inspection and approval before acceptance. Manufacturer/supplier warranty certificates and manufacturer/Government approved lab test certificate shall be furnished along with the supply, wherever applicable.
7. AIIMS Bathinda reserves the right to modify the quantity specified in this enquiry.
8. The prices quoted should be firm till the supplies are completed. Please quote the rates in words and figures. Rates quoted should be free delivery at destination including all charges otherwise the quotation is likely to be rejected. Prices quoted for free delivery at destination will be given preference. If there is no indication regarding the FOR, in the quotation, then it will be considered as FOR destinations. Price quoted should be net and valid for a minimum period of 90 days from the date of opening of the quotation.
9. Delivery period required for supplying the material should be invariably specified in the quotation.
10. In case your quotation is accepted and order is placed on you, the supply against the order should be made within the period stipulated in the order. AIIMS Bathinda reserves the right to recover any loss sustained due to delayed delivery by way of penalty. Failure to supply the material within the stipulated period shall entitle Procuring Entity for the imposition of penalty without assigning any reasons @ 0.5% (half percent) of the total value of the item covered in order as penalty per day subject to a maximum of 5% (five percent) unless extension is obtained in writing from the office on valid ground before expiry of delivery period.
11. If the deliveries are not maintained and due to that account Procuring Entity is forced to buy the material at your risk and cost from elsewhere, the loss or damage that may be sustained there by will be recovered from the defaulting supplier.
12. Dispute clause: Any dispute relating to the enquiry shall be subject to the jurisdiction of the court at Bathinda only.
13. Our normal payment terms are 100% within 30 (thirty) days on receipt and acceptance of material at our site in good condition.

Annexure- A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), BATHINDA

Department of Surgical Oncology

TECHNICAL SPECIFICATIONS & PRINTING REQUISITION (FINAL CORRECTED SEQUENCE - 20 PAGES)

Document Name:	Surgical Oncology Booklet (OPD/ IPD Record)	**Department:**	Surgical Oncology
Date of Request:	24th July 2026	**Target Audience:**	OPD / IPD Cancer Patients
Total Booklet Pages:	**20 Pages** (10 Main Sequence Pages + 10 OPD Sheet Copies)	**Binding Type:**	Center Saddle Stitch / Wire Binding

1. DETAILED TECHNICAL SPECIFICATIONS FOR PRINTING

Parameter	Specification Details
Booklet Size	Almost Legal Size (255 mm x 345 mm) – Standard Finished Booklet Size with Lamination
Paper Type (First Page inside file)	220 GSM (Gloss/Matte finish) for front
Paper Type (Other Inner Pages)	70 to 90 GSM Smooth Maplitho Paper (high ink-absorbency for doctor endorsements, stamps and fluid handwriting)
Printing Color	Cover Page: Black n White color Printing
Pocket inside File	One pocket inside file

Dr. JASPREET SHERGILL
M.S.
Associate Professor
Dept. of Surgical Oncology
AIIMS, Bathinda

2. EXACT CORRECTED PAGE STRUCTURE & COMPLETE BOOKLET INDEX (20 PAGES)

Page No.	Section / Form Name	Key Contents & Layout Description
Page 1	Front Outer Cover / OPD Header	AIIMS Emblem Header, CR No., Patient Demographics Sticker Space, Special Instructions, Faculty Sign Stamp area
Page 2	Clinical History Sheet	Chief Complaints, Family History about Cancer, Medical Co-morbidities, Psycho-social Assessment & Addiction Profile
Page 3	General & Systemic Examination	General Condition, Karnofsky Score, System Examination, Medication Reconciliation, Prior Investigations & Advised Tests
Page 4	Socio-Economic & Pain Scale	Socio-Economic Status, VAS Pain Scale (0-10 Rating Scale with Faces), Nutritional Assessment, Psychological Needs
Page 5	Clinical Examinations & Findings	Clinical Examination Diagram (Lips, Vestibule, Alveolus, Hard/Soft Palate, Floor of Mouth, Mucosa, Tongue) and Plan of Care
Page 6	Indoor Treatment Sheet (IPD)	Date of Surgery, Post-Operative Day, Chemo Day, Diet, Vitals (Temp/ Pulse/RR/BP), Input/Output, Progress Notes & Verbal Orders
Page 7	General Medical Consent Form	Bilingual (English & Punjabi) Consent for Blood Tests, Biopsy, Endoscopy, CT/MRI, Chemotherapy and Research Sample donation
Page 8	HIV Testing Consent Form	Trilingual (English, Hindi, Punjabi) Consent Form DOC.NO: AB/PATH/FM/76 with Patient and Counsellor/Doctor signatures
Pages 9 – 18 *(10 Copies)*	**OPD Progress Note & Treatment Sheet** *(10 Identical Copies)*	Contains: Make 10 Copies Instruction, Date, Progress Note & Treatment, Physician Signature & Stamp area
Page 19	**Surgery Details Sheet**	Department Header, Surgery Details (Name of Surgery: NACT/ Adjuvant CT/PORT, Surgeon Name, Date of Surgery, Date of Admission, Date of Discharge)
Page 20	**Back Outer Cover / Warning Signs**	

Associate Professor MS
Department of Surgical Disciplines
AIIMS, Bathinda.

No.	Section / Form Name	Key Contents & Layout Description
		10 Warning Signs of Cancer, Surgical Oncology Center Services Information (1-5 points), AIIMS Bathinda Official Address & Stamp Space

Administrative Note: Page sequence has been precisely set as requested: Pages 9–18 consist of the 10 repeated OPD Treatment Sheets, followed by **Page 19 (Surgery Details Sheet)** and ending with **Page 20 (Back Cover - Warning Signs & Center Services)**.

Prepared / Submitted By:

Department Official / Nursing Officer
Dept. of Surgical Oncology, AIIMS Bathinda

Recommended & Approved By:

Faculty / Head of Department
Dept. of Surgical Oncology, AIIMS Bathinda

Dr. Harmandeep Singh
Associate Professor MS FAI
Department of Surgical Disciplines
AIIMS, Bathinda.
MC - 43529

Dr. JASPREET SHERGILL
M.S.
Associate Professor
Dept. of General Surgery
AIIMS, Bathinda

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

DEPARTMENT OF SURGICAL ONCOLOGY

OUT PATIENT RECORD

CR. NO._____

PATIENT NAME			
BLOOD GROUP		DATE	

PATIENTS DETAILS:

SPECIAL INSTRUCTIONS _____

Father's / Husband's / Guardian's Name:_____

Age_____ Sex_____ Mob. No._____

Address:_____ PIN:_____

Dr. Jaspreet Bhangu
M.S.
Associate Professor
Dept. of General Surgery
AIIMS, Bathinda

Dr. NIKHIL GUPTA
M.S. M.Ch.
Associate Professor
Dept. of Surgical Oncology

Dr. Harmandeep Singh Jabbal
Associate Professor MS FACS
Department of Surgical Disciplines
AIIMS, Bathinda.
PMC - 43529

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB – 151001

DEPARTMENT OF SURGICAL ONCOLOGY

STICKER

Date: _____ Time: _____

CLINICAL HISTORY SHEET

CHIEF COMPLAINTS WITH DURATIO:

_____

_____

_____

_____

_____

Family History about Cancer: _____

Medical History

☐ Diabetes ☐ Hypertension ☐ Heart Disease ☐ TB ☐ Asthma ☐ Hepatitis

☐ H/O Transfusion ☐ Other (Specify) _____

Duration_____ Treatment_____

Any Allergy/ Adverse Reactions: ☐ Yes ☐ No

Known or Suspected allergies to: ☐ Medications/ Drugs ☐ Blood Transfusion ☐ Food

☐ Other Details of allergy (If any): _____

PSYCHO SOCIAL HISTORY:

☐ Cigarette ☐ Tobacco Chewing ☐ Betel Nut ☐ Alcohol ☐ Beedi

☐ Gutka ☐ Pan Masala ☐ Snuff Duration_____

PSYCHOLOGICAL ASSESSMENT: ☐ Normal ☐ Anxious ☐ Depressed ☐ Agitated ☐ Self Harm ☐

Suicidal Risk DIET: ☐ Veg ☐ Non Veg ☐ Mix ☐

Weight_____ Kgs. Height _____Cms. Pulse____ B.P____ Temp_____

Male or Female Patient: Menstrual History Regular Irregular Menopause

Dr. Harmandeep Singh Jabba
Associate Professor MS FAC
Dept. of Surgical Disciplines
AIIMS, Bathinda.

Dr. NIKHIL GARGU
M.S. M.Ch.
Associate Professor
Dept. of Surgical Oncology
AIIMS, Bathinda

M.S.
Associate Professor
Dept. of General Surgery

NERAL EXAMINATION Gen. Condition [ ] Good [ ] Fair [ ] Poor [ ] Moribun

amofsky Score : _____ [ ]Pallor[ ]Icterus[ ]Cyanosis[ ]Clubbing[ ]Edema[ ]Obesit

SYSTEM EXAMINATIONS : [ ] PR/PS/PV [ ] H & N [ ] Broast

[ ] Resp. [ ] Cardio / Vas [ ] Per Abd. [ ] CNS

MEDICATION RECONCILIATION :

Drug Name	Dose	Route	Freq.	Last dose taken (Date & Time)	To be continued In the hospital	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Verify with the patient and then documented.

PRIOR INVESTIGATIONS / TREATMENT

Date	Investigations	Report	Date	Investigation	Report

PROVEN CANCER CASE : Yes / No

INVESTIGATIONS ADVISED

[ ] CBC [ ] Blood Grouping [ ] Urine RM [ ] Bl. Urea [ ] SGPT [ ] HbsAg [ ] HIV

[ ] HCV [ ] S. Creatine [ ] S. Billi [ ] S. alkapo4 [ ] Bl. Sugar [ ] S. Urice Acic

[ ] CEA [ ] CA 125 [ ] PSP [ ] AFP [ ] LDH [ ] BHCG

[ ] X-Ray Chest [ ] Barium Swallow [ ] Barium Meal [ ] Barium Enema [ ] USG [ ] Mamogran

[ ] CT Scan [ ] MRI

[ ] FNAC [ ] Slide / Block for Review [ ] ECG

Other : _____

Ref. To _____ Unit for _____

Dr. Harmandeep Singh Jabbal
Associate Professor MS FAC
Dept. of Surgical Disciplines
AIIMS, Bathinda.
RMC - 43529

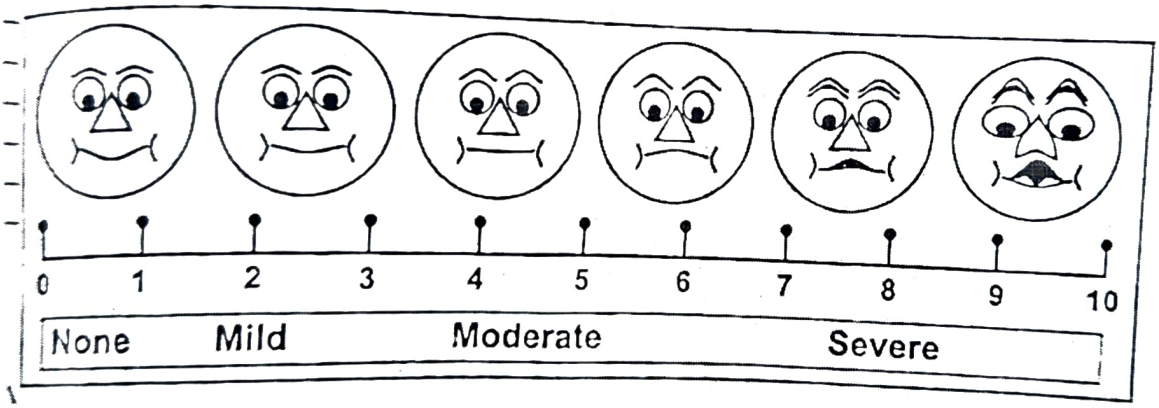
Professor
Dept. of General Surgery
AIIMS, Bathinda

DR. RAHUL GARG
M.S. M.Ch.
Assistant Professor
Dept. of Surgical Oncology
AIIMS, Bathinda

OCIO – ECONOMIC AND CULTURAL ASSESSMENT

Assessment	Action Needed
Socio - Economic Status: [ ] Low [ ] Middle [ ] High	
Support for Family / Children Required: [ ] Yes [ ] No	
Counseling Needs: [ ] Emotional [ ] Psychological [ ] None	
Financial Needs: [ ] Yes [ ] No	
Prosthetic Requirements: [ ] Yes [ ] No	
Cultural/ Spiritual Needs Assessed: [ ] Yes [ ] No	

PAIN SCALE (VAS) : _____



NUTRITIONAL SCREENING : _____

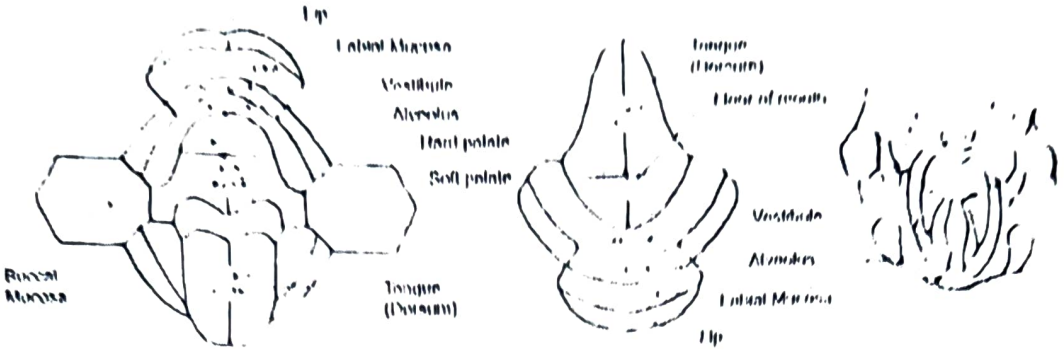
REMARKS : _____

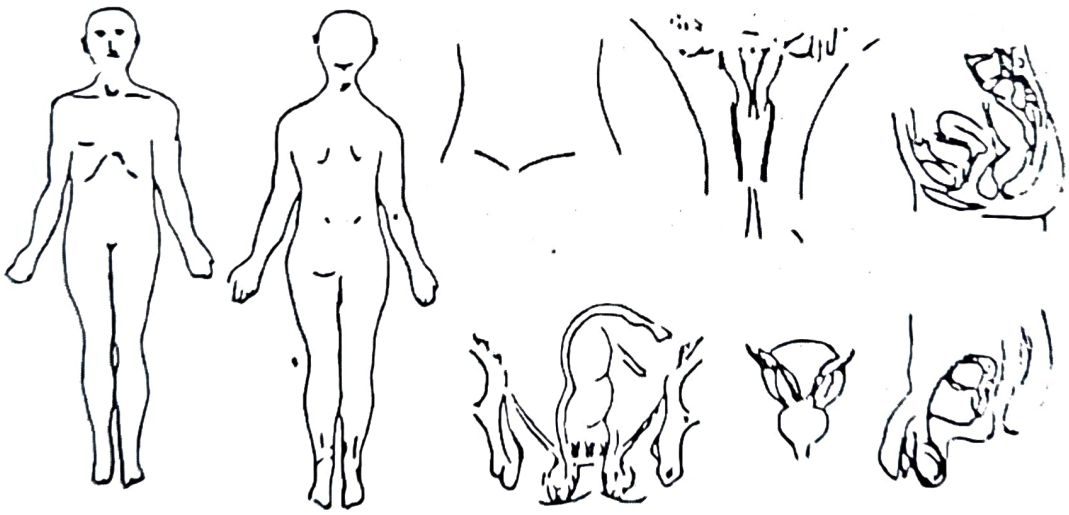
Dr. NIKHIL GARG
M.S. M.Ch.
Associate Professor
Dept. of Surgical Oncology
AIIMS, Bathinda

Dr. Jaspreet Singh
M.S.
Associate Professor
Dept. of Gen. Surgery

Dr. Harmandeep Singh
Associate Professor
Department of Surgical Disc
AIIMS, Bathinda.

CLINICAL EXAMINATIONS & FINDINGS:





PLAN OF CARE: _____

Date: _____ Time: _____

Name & Sign of Doctor

Dr. Harmandeep Singh Jabbal
Associate Professor MS FACS
Department of Surgical Disciplines
AIIMS, Bathinda.
PMC - 43528

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB – 151001
अखिल भारतीय आयुर्विज्ञान संस्थान, बठिंडा

DEPARTMENT OF SURGICAL ONCOLOGY

150 YEARS OF CELEBRATING THE MAHATMA

STICKER

Indoor Treatment Sheet

Date: _____ Time: _____

Date of Surgery: _____ Post-Operative Day: _____ Chemo Day: _____ Diet: _____

Clinical Notes

Temp: Pulse: /Min. R.R: Min. B.P._____/_____mm of Hg

Input : ml. Output : ml D.O. :

Progress Notes Advice :

Medications Reconciliations :

General Orders	Time/ Sign Of Nurse							
Verbal Orders								

Dr. Harmandeep Singh Jabbal
Associate Professor MS FACS
Department of Surgical Disciplines
AIIMS, Bathinda.
PMC - 42529

Dr. NIKHIL GARG
M.S, M.Ch.
Associate Professor
Dept. of Surgical Oncology
AIIMS, Bathinda

Dr. Jaspreet Shergill
Associate Professor
Dept. of General Surgery
AIIMS, Bathinda

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB – 151001
ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ ਅਖਿਲ ਭਾਰਤੀ ਆਯੁਰਵਿਗਿਆਨ ਸੰਸਥਾਨ, ਬਠਿੰਡਾ

DEPARTMENT OF SURGICAL ONCOLOGY

STICKER

CONSENT

ਸਹਿਮਤੀ ਫਾਰਮ

ਅਸੀਂ ਹੇਠਾਂ ਹਸਤਾਖਰ ਕੀਤੇ (ਮਰੀਜ਼) ਅਤੇ ਮਰੀਜ਼ ਦੇ ਰਿਸ਼ਤੇਦਾਰ ਘੋਸ਼ਣਾ ਕਰਦੇ ਹਾਂ ਕਿ ਡਾਕਟਰ ਨੇ ਸਾਨੂੰ ਬਿਮਾਰੀ ਅਤੇ ਇਸਦੇ ਨਤੀਜਿਆਂ ਬਾਰੇ ਪੂਰੀ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਹੈ। ਇਸ ਸੰਬੰਧ ਵਿੱਚ, ਅਸੀਂ ਡਾਕਟਰ ਨੂੰ ਲੋੜ ਅਨੁਸਾਰ ਹੇਠ ਲਿਖਿਆਂ ਵਿੱਚੋਂ ਕੋਈ ਵੀ ਟੈਸਟ ਅਤੇ ਇਲਾਜ ਕਰਨ ਦੀ ਇਜਾਜ਼ਤ ਦਿੰਦੇ ਹਾਂ।

1 ਖੂਨ ਦੀ ਜਾਂਚ, ਬਾਇਓਪਸੀ, ਸੂਈ ਟੈਸਟ, ਐਂਡੋਸਕੋਪੀ ਲਈ। ਐਂਜੀਓਗ੍ਰਾਫੀ, ਸੀਟੀ ਸਕੈਨ, ਸੋਨੋਗ੍ਰਾਫੀ। ਐਕਸ-ਰੇ, ਮੈਮੋਗ੍ਰਾਫੀ। ਨਿਦਾਨ ਲਈ ਜ਼ਰੂਰੀ ਐਮਆਰਆਈ ਆਦਿ.

2 ਕੀਮੋਥੈਰੇਪੀ ਇਲਾਜ ਲਈ

3 ਏਮਜ਼ ਬਠਿੰਡਾ ਦੁਆਰਾ ਕੀਤੇ ਗਏ ਖੋਜ ਕਾਰਜ ਲਈ ਖੂਨ ਦੇ ਨਮੂਨੇ, ਟਿਸ਼ੂ ਦੇ ਨਮੂਨੇ ਅਤੇ ਟੈਸਟ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਵੀ ਸਹਿਮਤ ਹਾਂ।

ਮਰੀਜ਼ ਦੇ ਦਸਤਖਤ_____

ਮਰੀਜ਼ ਦੇ ਰਿਸ਼ਤੇਦਾਰਾਂ ਦੇ ਦਸਤਖਤ_____

ਮਿਤੀ:

CONSENT FORM

We the undersigned (patient) and the patient's relatives declare that the doctor has given us complete information about the disease and its results. In this regard, we give permission to the doctor to perform any of the following tests and treatments as may be necessary.

1 For blood tests, biopsy, needle tests, endoscopy. Angiography, CT scan, Sonography. X-ray, mammography. MRI etc. required for diagnosis

2 For chemotherapy treatment

3 We also agree to provide blood samples, tissue samples and tests for research work conducted by AIIMS Bathinda.

Patient's signature_____

Patient's relatives' signature_____

Date:

Dr. Harmandeep Singh Jabb
Associate Professor MS FA
Department of Surgical Discipline
AIIMS, Bathinda.
PMC-

Consent Form for HIV Testing / एचआईवीपरीक्षणहेतुसहमतिपत्र / ਐਚ.ਆਈ.ਵੀ.ਟੈਸਟਲਈਸਹਿਮਤੀਪੱਤਰ

Patient Information / रोगीकीजानकारी / ਮਰੀਜ਼ਦੀਜਾਣਕਾਰੀ

1. Name / नाम / ਨਾਮ: _____
2. Age / उम्र / ਉਮਰ: _____
3. Gender / लिंग / ਲਿੰਗ: _____
4. Address / पता / ਪਤਾ: _____
5. Contact No. / संपर्कनंबर / ਸੰਪਰਕਨੰਬਰ: _____

2. Purpose of the Test / परीक्षणकाउद्देश्य / ਟੈਸਟਦਾਮਕਸਦ

I understand that the purpose of this test is to detect the presence of Human Immunodeficiency Virus (HIV) in my blood, which causes AIDS

मैंसमझताहूँकिइसपरीक्षणकाउद्देश्यमेरेरक्तमेंएचआईवी (HIV) वायरसकीउपस्थितिकापतालगानाहै, जोएड्स (AIDS) काकारणबनताहै।

ਮੈਂਸਮਝਦਾ/ਸਮਝਦੀਹਾਂਕਿਇਸਟੈਸਟਦਾਮਕਸਦਮੇਰੇਖੂਨਵਿਚਐਚ.ਆਈ.ਵੀਵਾਇਰਸਦੀਮੌਜੂਦਗੀਦਾਪਤਾਲਗਾਉਣਾਹੈ, ਜੋਐਡਜ਼ਦਾਕਾਰਨਬਣਦਾਹੈ।

3. Consent Statement / सहमतिवक्तव्य / ਸਹਿਮਤੀਬਿਆਨ

I voluntarily agree to undergo HIV testing. I have been informed about the purpose, benefits, and possible implications of this test. I understand that my identity and test results will be kept confidential and shared only with authorized medical personnel.

मैंअपनीइच्छासेएचआईवीपरीक्षणकरानेकेलिएसहमतहूँ।मुझेइसपरीक्षणकेउद्देश्य, लाभऔरसंभावितपरिणामोंकेबारेमेंबतायागयाहै।मैंसमझताहूँकिमेरीपहचानऔरपरीक्षणपरिणामगोपनीयर खेजाएंगेऔरकेवलअधिकृतचिकित्साकर्मियोंकेसाथसाझाकिएजाएंगे।

ਮੈਂ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਐਚ.ਆਈ.ਵੀ ਟੈਸਟ ਕਰਵਾਉਣ ਲਈ ਸਹਿਮਤ ਹਾਂ। ਮੈਨੂੰ ਇਸ ਟੈਸਟ ਦੇ ਮਕਸਦ, ਫਾਇਦੇਅਤੇਸੰਭਾਵਿਤਨਤੀਜਿਆਂਬਾਰੇਦੱਸਿਆਗਿਆਹੈ।ਮੈਂਸਮਝਦਾ/ਸਮਝਦੀਹਾਂਕਿਮੇਰੀਪਛਾਣਅਤੇਟੈਸਟਦੇਨਤੀਜੇਗੁਪਤਰੱਖੇਜਾਣਗੇਅ ਤੇਸਿਰਫਅਧਿਕ੍ਰਿਤਮੈਡੀਕਲਸਟਾਫਨਾਲਸਾਂਝੇਕੀਤੇਜਾਣਗੇ।

4. Declaration / घोषणा / ਐਲਾਨ

I hereby give my full consent for HIV testing and confirm that the information provided above is true to the best of my knowledge.

मैंएचआईवीपरीक्षणकेलिएअपनीपूर्णसहमतिदेता/देतीहूँऔरपुष्टिकरता/करतीहूँकिऊपरदीगईजानकारीमेरेज्ञानकेअ नुसारसहीहै।

ਮੈਂਐਚ.ਆਈ.ਵੀਟੈਸਟਲਈਆਪਣੀਪੂਰੀਸਹਿਮਤੀਦਿੰਦਾ/ਦਿੰਦੀਹਾਂਅਤੇਇਹਪੁਸ਼ਟੀਕਰਦਾ/ਕਰਦੀਹਾਂਕਿਉੱਪਰਦਿੱਤੀਜਾਣਕਾਰੀਮੇਰੇਗਿ ਆਨਅਨੁਸਾਰਸਹੀਹੈ।

5. Signature / हस्ताक्षर / ਦਸਤਖਤ

Patient's Signature / रोगीकेहस्ताक्षर / ਮਰੀਜ਼ਦੇਦਸਤਖਤ: _____

Date / दिनांक / ਤਾਰੀਖ: _____

Counsellor/Doctor's Name & Signature / परामर्शदाता/चिकित्सककानामवहस्ताक्षर / ਕੌਂਸਲਰ/ਡਾਕਟਰਦਾਨਾਮਅਤੇਦਸਤਖਤ: _____

Designation / पदनाम / ਅਹੁਦਾ: _____

Date / दिनांक / ਤਾਰੀਖ: _____

Dr. Jaspreet Singh Sidhu
M.S.
Associate Professor
Dept. of General Surgery

Dr. NIKHIL GARG
M.S. M.Ch.
Associate Professor
Dept. of Surgical Oncology
AIIMS, Bathinda

Dr. Harmandeep Singh Jabb
Associate Professor MS FACS
Department of Surgical Disciplines
AIIMS, Bathinda.
PMC - 43529

Make 10 Copies

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA
JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB – 151001
अखिलभारतीयआयुर्विज्ञानसंस्थान, बठिंडा अखिलभारतीयआयुर्विज्ञानसंस्थान, बठिंडा

DEPARTMENT OF SURGICAL ONCOLOGY

150 YEARS OF CELEBRATING THE MAHATMA

STICKER

OPD PROGRESS NOTE & TREATMENT SHEET

DATE	Progress Note & Treatment

Dr. J.S. Gill
M.S.
Associate Professor
Dept. of General Surgery
Bathinda

Associate Professor
Department of Surgical Disciplines
AIIMS, Bathinda
PMC - 43529

Dr. NIKHIL GARG
M.S.
Associate Professor
Dept. of Surgical Oncology
Bathinda

DEPARTMENT OF SURGICAL ONCOLOGY AIIMS BATHINDA

SURGERY DETALIS

NAME OF SURGERY: (NACT/ Adjuvant CT / PORT) _____

_____

SURGEON NAME: _____

DATE OF SURGERY: _____

DATE OF ADMISSION: _____

DATE OF DISCHARGE: _____

Dr. Harmandeep Singh Jabb
Associate Professor MS FA
Department of Surgical Disciplines
AIIMS, Bathinda.
PMC 43529

WARNING SIGNS OF CANCER:

(1) ULCER Which has not been healing for a long time.

(2) A lump in the breast or bleeding from the nipple

(3) Foul-smelling vaginal discharge

(4) Continuously muffled sound

(5) Difficulty swallowing food and water

(6) Change in the type of chronic cough

(7) Tumor in any part of the body

(8) Unusual changes in bowel habits

(9) Abnormal bleeding from any part of the body

(10) Unusual change in the size of a mole or wart

SURGICAL ONCOLOGY CENTER AIIMS BATHINDA

1. Cancer-related health check-up
2. Demonstration for cancer awareness
3. Cancer Insurance Policy
4. Hospice for cancer patients
5. Guidance for addiction recovery

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

JODHPUR ROMANA, MANDI DABWALI ROAD, BATHINDA, PUNJAB – 151001

ਅਖਿਲਭਾਰਤੀਆਯੁਰਵਿਗਿਆਨਸੰਸਥਾਨ, ਬਠਿਂਡਾअखिलभारतीयआयुर्विज्ञानसंस्थान, बठिंडा

M.S.
Associate Professor
Dept. of General Surgery
Bathinda

Dr. Karmandeep Singh
MS
Associate Professor
Department of Surgical Disciplines
AIIMS, Bathinda.
PMC - 43529

Dr. NIKHIL GARG
M.S., M.Ch.
Associate Professor
Dept. of Surgical Oncology
AIIMS, Bathinda