

S.No.	Name and Address of Patient	BPL Card No.	Undertaking of EWS	Patient ID	IPD	OPD	Doctor's Name	Speciality	Referring Authority if any	Date of Admission	Date of Discharge
1	*Mast. Abdul Bayees, Pulwana, Jammu & Kashmir	_	Yes	MM01258885	IPD		Dr. Anil Bhan	CTVS	Self	12.6.2018	19.6.2018
2	*Mast. Abdul Bari, Pulwana, Jammu & Kashmir	_	Yes	MM01258882	IPD		Dr. Anil Bhan	CTVS	Self	12.6.2018	19.6.2018
3	*Baby Priyansh, Ramapuram Bank Colony, Meerut, UP	_	Yes	MM01259588	IPD		Dr. Anil Bhan	CTVS	Self	16.6.2018	25.6.2018
4	*Baby Disha, JJ Colony, Wazirpur, New Delhi	_	Yes	MM01260893	IPD		Dr. Naresh Trehan	CTVS	Self	19.6.2018	28.6.2018
5	*Mast Azhan Shafi, Pulwama, Jammu & Kashmir	_	Yes	MM01258882		OPD	Dr. Manvinder Singh Sachdev	Pediatric Cardiology	Self	27.6.2018	

^{*&}quot;Please note that the data/ information furnished to you hereby is confidential in nature as it is gathered from patients in course of their treatment, under a fiduciary relationship between doctor and patient, and is therefore exempted from disclosure under Sections 8(1)(e) and 8(1)(j) of the Right to Information Act, 2005. Further, no disclosure can be made without our prior written consent in accordance with Clause 11 of the RTI Act."