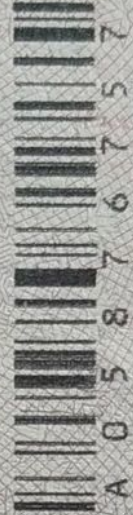


## PERSONAL DATA AND EMERGENCY CONTACT

Name: MD MINAZ UDDIN SORDER  
Father's Name: MD KOFIR UDDIN SORDER  
Mother's Name: MST ALEJAN BEGUM  
Spouse's Name: MST ALOKA BEGUM  
Permanent Address: SARAIKANDI, ISHWARDI, DARSHURIA - 6620, PABNA

Emergency Contact:  
Name: MD ALAUDDIN  
Relationship: BROTHER  
Address: SARAIKANDI, ISHWARDI, DARSHURIA - 6620, PABNA

Telephone No: +8801795150055



PASSPORT

পাসপোর্ট

গণপ্রজাতন্ত্রী বাংলাদেশ PEOPLE'S REPUBLIC OF BANGLADESH

শ্রেণি/Type দেশ কোড/Country Code পাসপোর্ট নং/Passport Number  
P BGD A05876757

বংশগত নাম/Surname  
SORDER

প্রদত্ত নাম/Given Name  
MD MINAZ UDDIN

জাতীয়তা/Nationality  
BANGLADESHI

জন্ম তারিখ/Date of Birth  
04 FEB 1971

লিঙ্গ/Sex জন্মস্থান/Place of Birth  
M PABNA

প্রদানের তারিখ/Date of Issue প্রদানকারী কর্তৃপক্ষ/Issuing Authority  
30 NOV 2022 DIP/DHAKA

মেয়াদোত্তীর্ণের তারিখ/Date of Expiry স্বাক্ষর/Holder's Signature  
29 NOV 2032

ব্যক্তিগত নং/Personal No.  
7613942684878

পূর্ববর্তী পাসপোর্ট নং/Previous Passport No.  
BH0118099

706900



স্বাক্ষর/Holder's Signature



# SAROJ GUPTA CANCER CENTRE & RESEARCH INSTITUTE



## REGISTRATION CARD

No.

202305389

Dt.

19/8/23

Name

MD MINAZ

UDDIN

SORDER

SEX

M

REL.

M

APPX.  
AGE

52

DOB

DIAGNOSIS

BLOOD  
GROUP

DEPT.

CONSULTANT

OPD-DAYS

SARADINDU GHOSH Saturday



DATE

REMARKS

19.8.23

Blood for T3T4TSH  
S-Calcium S-Thyroglobulin  
USG neck.

Bhai,

26/8/23

Review after  
1 week

T3 T4 TSH

DR. MAAZ AHMED KHAN  
MBBS, MS (General Surgery)  
105507 (MMC)

DR. MAAZ  
MBBS

DATE REMARKS

~~5/9/13~~ E/mox in 128  
My. vs

To review after  
1 month

T<sub>3</sub>, T<sub>4</sub>, T<sub>g</sub>

Dr. Maaz Ahmed Khan  
MBBS, MS (General Surgery)  
105507 (MMC)

DATE REMARKS

27/10/23

Cont Tab. Thyroxine

- Blood for  
T<sub>3</sub>, T<sub>4</sub>, TSH,  
Thyroglobulin

↓  
Review after  
1 month

DR. PIYAS SENGUPTA  
MBBS, MS (General Surgery)  
76545 (WBMC)



# ADVICE MEMO

## SAROJ GUPTA CANCER CENTRE & RESEARCH INSTITUTE

MAHATMA GANDHI ROAD, THAKURPUKUR, KOLKATA - 700 063

Phone : (033) 6123 4343 • E-mail : info@sgccri.org  
 Website : www.cancercentrecalcutta.org / sgccri.org  
 24 Hours Help Line No. : 90070 87270 / 98312 16575



Date 20/9/24

Patient Md Minaz Uddin Sarder UHID No. 23/53899

Indoor Serial No. \_\_\_\_\_

|  |               |                     |         |                |
|--|---------------|---------------------|---------|----------------|
| Indoor Admission in :<br>I. T. U. / Cabin / Cubicle / General / Chemo Bed No : _____<br>For _____ Days _____<br>ITU Charges : Investigation / Ventilator |               |                     |         | For Office Use |
| Pathology Examination :  |               |                     |         | Charges Paid   |
|  | Proposed Date | Report Dt. (Approx) | Charges |                |
| - T3/T4/TSH<br>- s. Thyroglobulin  |               |                     |         |                |
| Endoscopy : (Please specify)<br>With / without C.D.  |               |                     |         | for            |
| Surgery :  |               | Proposed Date       | Charges |                |
| Operation - Special / Major / Minor / Biopsy with / without anaesthesia  |               |                     |         |                |
| Chemotherapy for OPD Cases :   |               |                     |         | Receipt No. :  |
| Blood Transfusion Services :   |               |                     |         | Date :         |
| Radiotherapy :<br>Pay for _____ exposures<br>Brachytherapy _____ applications<br>Palliative Care   |               |                     |         |                |
| Radiology  | Proposed Date | Report Dt. (Approx) | Charges |                |
| Diagnostic X-Ray   |               |                     |         | Signature      |
| USG<br>CT Scan   |               |                     |         |                |