

Physician's Statement Form - D2

Completion Instructions:

1. This form may be completed by medical attendant who have treated the deceased covered in his/her last illness.
2. Separate forms may be used for each attendant if more than one physician has attended during last illness of the deceased. However only one form is required for all memberships where the deceased was covered.
3. Please complete the form completely with legible handwriting avoiding cutting / overwriting.

Takaful Membership Number:

Information about the deceased

a) Name: Zulfikar Ali Khaskheli	b) Date of Birth (Age) 04 May 1985	c) Gender (Tick One) <input checked="" type="checkbox"/> M <input type="checkbox"/> F
d) Father/ Husband's Name Abdul Rahim Khaskheli	e) CNIC No 41409-2503653-9	
f) Address of the deceased Flat No. A/2, Civil Hospital Colony, Tehsil & District Thatta		g) Occupation (immediately before death) Union Council Polio Officer
h) Mark of Identification No Any	i) Date of Death 17 February 2025	
j) Place of Death Flat No. A/2, Civil Hospital Colony, Tehsil & District Thatta	k) Time of Death 08:35 AM	
l) Cause(s) of Death (Primary) Cardio Pulmonary Arrest	m) Interval between onset and death (Primary cause of death)	
n) Cause of Death (Secondary) Cardio Pulmonary Arrest	o) Interval between onset and death (secondary cause of death)	
p) Cause of Death ascertained by <input type="checkbox"/> Examination after death <input type="checkbox"/> Symptoms and appearance during life	q) Result of Autopsy (if conducted)	
r) other significant conditions/ diseases contributing to but not causing death		

1. Were you regular attendant of the deceased? _____ if yes since _____
2. Have you treated him/her in the last 5 years prior to death? _____ (if yes please provide detail in the table given below)
3. Has any other physician, in your knowledge, treated him/her in the last 5 years prior to death? _____ (if yes please provide detail in the table given below)

Physician or Hospital	Address	Nature of illness

4. Please provide any other information you feel pertinent regarding deceased's ailment, habit, etc.

Witness
Signature & Date: _____
Name: <u>Mehmed Babar Ali Kazi</u>
Address: <u>Village - M. Adam Bheukhro</u>

Attending Physician
Signature & Date: _____
Name: <u>Dr. Babar Ali Kazi</u>
PMDC No: _____
Address: <u>Medical Officer, DHQ Civil Hospital Thatta</u>

Doctor signed

Version: PQFTL-MAS-Form-12024

Pak-Qatar Family Takaful Limited (PQFTL)

101-105, 1st Floor, Business Arcade, Block-VI, P.E.C.H.S., Shahrah-e-Faisal, Karachi-75400.
Phone: (92-21) 34311747-56 | Fax: (92-21) 34386451-2 | WhatsApp Self Service: (92 21) 34311747
Email: life.claims@pakqatar.com.pk | Web: www.pakqatar.com.pk

CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the Future



Participant Name : Zulfiqar Ali Khaskheli

1. Is your company/establishment/entity aware about and subsequently compliant as per the Anti-Money laundering/CFT laws prevalent in Islamic republic of Pakistan? If No, then why?
2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details.
3. Does your company have any AML/CFT related Policy in the field? Yes ☐ No ☐
4. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s).
For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.
5. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s).
foreign PEPs, individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party official
AND
Persons who are or have been entrusted with a prominent function by an international organization, means members of senior management and members of the board or equivalent functions
6. Has your company/institution/entity been the subject of any money laundering or terrorist financing-related proceedings (please see overleaf) ,investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your company/institution/entity or Directors or member of your senior management by a regulator or law enforcement body during the last five years?
Yes ☐ No ☐
7. Does your company/institution/entity receives any kind of funding/donations/charities received from any sources which are under investigation locally or from any sources which are based in foreign? If yes, then please share the details.
8. Has your company/institution/entity, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years? Yes ☐ No ☐
9. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If so, then please share the details.

I/We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned queries during the term of the contract, then the same may be intimated to PQFTL forthwith.

Signature & Stamp

Date

Use separate sheet where ever needed

CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the Future



AML-CFT REGULATIONS AND TYPOLOGIES

Typologies work is the study of methods, techniques and trends of money laundering and terrorist financing. The research of the following typologies has been undertaken for better understanding the money laundering and terrorist financing environment in the Asia/Pacific region.

The following are a few key money laundering and terrorist financing methods, techniques, schemes and instruments:-

HIGH			Medium High			Medium		
Typologies	Yes	No	Typologies	Yes	No	Yes	Yes	No
Narcotics and Trafficking			Participation in an organized criminal group and racketeering			Sexual Exploitation, Including Sexual Exploitation of Children		
Corruption and Bribery			Human Trafficking / Migrant Smuggling or Trafficking in Person and Smuggling of Migrants			Illicit Trafficking in stolen and other goods		
Smuggling in relation to Custom and Excise Duty and taxes			Illicit Arm Trafficking			Counterfeiting Currency		
Tax Crime related to direct and indirect taxes			Fraud/Forgery / Cheating			Counterfeiting and Piracy of Products		
Illegal MVTS/Hawala/Hundi			Kidnapping for ransom			Murder, Grievous Bodily Harm		
Cash Smuggling			Robbery / theft			Environmental Crime		
Terrorism and Terrorism Financing			Extortion for Business			Piracy		
Geography (Porous Borders Afghanistan & Iran)			Cyber crime					
Delivery Channels (Branchless Banking, Wires Transfers, Microfinance Bank)			Insider Trading and market Manipulation					
			Delivery Channels (Non-Banking Financial Companies & Modarabas)					

If answered 'YES' to Question no. 06 and accordingly selected any of the options above then please share the below details:-

Dealing Court/ Agency: _____ Nature: _____ Title: _____

Year: _____ City: _____

Few Details about the case:-

Claimant's Statement Form - D1

دعویدار کا بیان فارم

PAK-QATAR
FAMILY TAKAFUL

1. Claimant's Information

Claimant's/Nominee Name: Shahida Parveen	
Claiming the benefit as: Nominee <input checked="" type="checkbox"/> مستفید Successor <input type="checkbox"/> وارث Employer <input type="checkbox"/> نمائندہ Guardian <input type="checkbox"/> سرپرست Other (Specify) <input type="checkbox"/> (دیگر)	Relationship with Deceased: Spouse متوفی کے ساتھ رشتہ Date of Birth: 15 March 1985 CNIC: 41104 0647080 0 قومی شناختی کارڈ نمبر CNIC Issue Date: 27 December 2006 Claimant's Occupation: House Wife گھیم کنندہ کا پیشہ Title of Business or Employer Name: Not Applicable Claimant's Address: Deedar General Store, Behind Steel Colony, Hussain Khushk Village Makli Mobile Number: 0300-2811180 / 0313-0211180 موبائل نمبر Land Line Number: 0298 771180

2. Deceased Information

Deceased Name: Zulfiqar Ali Khaskheli متوفی کا نام		Father/Husband Name: Abdul Rahim Khaskheli	
CNIC: 411409 2503653 9 قومی شناختی کارڈ نمبر		Date of Birth: 04 05 1985	
Deceased Occupation: متوفی کا پیشہ	Date of joining/Start of business: کاروبار کا آغاز	Designation: Union Council Polio Officer عہدہ	Employer Name: Chip Training and Consulting
Business Address:		Last working day:	
Takaful Membership Number	Amount of Claim (as per PMD):	Monthly Salary	
Claimant's complete (IBAN) bank account number: دعویدار کا مکمل (IBAN) بینک اکاؤنٹ نمبر		Bank Details:	

3. Takaful / Insurance History

Was deceased covered by takaful / Insurance from any other company (If the answer is yes, Please provide Detail below)		Yes <input type="checkbox"/> ہاں No <input type="checkbox"/> نہیں کیا متوفی کسی اور تافل / انشورنس میں بھی کورڈ ہے۔ (اگر جواب ہاں ہے تو درج ذیل تفصیل سہا کریں)
Number of membership Policy	Date of Issue	Company's Name and Address

4. Detail of Death Claimed

Date of Death: 17 February 2025 تاریخ وفات	Time of Death: 08:10 AM وفات کا وقت	Cause of Death: Cardio Pulmonary Arrest وفات کی وجہ
Place & Address of Death: Flat No. A/2, Civil Hospital Colony, Tehsil & District Thatta وفات کا مقام اور پتہ		

5. Past medical history

Date when the deceased complained about his/her illness	Duration of illness/sickness		
What was the complaint/symptoms?			
Detail of medical History of all treatment taken in previous two years prior to death			
Complaint/Illness	Date of Diagnosis	Name of doctor/hospital attended	Duration of Treatment

6. Declaration

I hereby declare that the answers to all the questions were entered completely and truthfully and nothing has been concealed or misrepresented. I hereby authorize Pak-Qatar Family Takaful Ltd:

- Knowing that the authorization will be used in determining the eligibility of the payment of death benefit in this(ese) contracts and will be used for processing of these benefits only;
- To require and collect medical and non-medical information regarding the deceased from all hospitals/doctors, medical facilities, federal, provincial and local government agencies, law enforcement agencies, Federal Bureau of Revenue, NADRA, Banks, takaful, insurance Retakaful and reinsurance companies and request all of them to provide all such information pertaining to the deceased;
- And the deceased had during his life time authorized the company to have access to such information pertaining him.

- میں اس بات کا قائل ہوں کہ تمام سوالوں کے جواب مکمل اور سچائی پر مبنی ہیں اور میں نے کوئی چیز چھپائی یا جھوٹا بیان نہیں کیا ہے۔
- میں اس بات کا قائل ہوں کہ انٹیلیجنٹ اور حقیقت پر مبنی ہوں اور جی نہیں ہوں۔
- میں اس بات کا قائل ہوں کہ اس معلومات کو تقاضی کی صورت میں ملنے والے فوائد کی وصولی کی اہلیت کا تعین کرنے اور صرف ان فوائد کی پرمیٹنگ کے لیے استعمال کیا جائے گا۔
 - میں اس بات کا قائل ہوں کہ اس معلومات کو تقاضی کی صورت میں ملنے والے فوائد کی وصولی کے لیے تمام معلومات فراہم کرنے میں تیار ہوں گا۔
 - میں اس بات کا قائل ہوں کہ اس معلومات کو تقاضی کی صورت میں ملنے والے فوائد کی وصولی کے لیے تمام معلومات فراہم کرنے میں تیار ہوں گا۔

Signature of Claimant & Stamp with Date

دعویدار کے دستخط اور مہر مع تاریخ

021 3431 1747-56 | life.claims@pakqatar.com.pk | www.pakqatar.com.pk

Physician's Statement Form - D2

Completion Instructions:

1. This form may be completed by medical attendant who have treated the deceased covered in his/her last illness.
2. Separate forms may be used for each attendant if more than one physician has attended during last illness of the deceased. However only one form is required for all memberships where the deceased was covered.
3. Please complete the form completely with legible handwriting avoiding cutting / overwriting.

Takaful Membership Number:

Information about the deceased

a) Name: Zulfiqar Ali Khaskheli	b) Date of Birth (Age) 04 May 1985	c) Gender (Tick One) <input checked="" type="checkbox"/> M <input type="checkbox"/> F
d) Father/ Husband's Name Abdul Rahim Khaskheli	e) CNIC No 41409-2503653-9	
f) Address of the deceased Flat No. A/2, Civil Hospital Colony, Tehsil & District Thatta		g) Occupation (immediately before death) Union Council Polio Officer
h) Mark of Identification No Any	i) Date of Death 17 February 2025	
j) Place of Death Flat No. A/2, Civil Hospital Colony, Tehsil & District Thatta	k) Time of Death 08:35 AM	
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2. Have you treated him/her in the last 5 years prior to death? _____ (if yes please provide detail in the table given below)
3. Has any other physician, in your knowledge, treated him/her in the last 5 years prior to death? _____ (if yes please provide detail in the table given below)

Physician or Hospital	Address	Nature of illness or Injury	Date(s) of treatment

4. Please provide any other information you feel pertinent regarding deceased's ailment, habits, mode of living etc.

Witness
Signature & Date: _____
Name: <u>Mehmoed Bhanbhyo</u>
Address: <u>Village M. Adan Bhanbhyo</u>

Attending Physician
Signature & Date: _____
Name: <u>Dr. Babar Ali Kazi</u>
PMDC No: _____
Address: <u>Medical Officer, DHQ Civil Hospital Thatta</u>

DR BABAR ALI KAZI
Medical Officer BPS-17
Registration # 2504-01-M

Pak-Qatar Family Takaful Limited (PQFTL)

101-105, 1st Floor, Business Arcade, Block-VI, P.E.C.H.S., Shahrah-e-Faisal, Karachi-75400.
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CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the Future



Participant Name : Zulfiqar Ali Khaskheli

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5. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s).
Foreign PEP's: individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.
AND
Persons who are or have been entrusted with a prominent function by an international organization, means members of senior management and members of a board or equivalent functions.
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Signature & Stamp

Date

CORPORATE AML QUESTIONNAIRE

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HIGH		
Typologies	Yes	No
Narcotics and Trafficking		
Corruption and Bribery		
Smuggling in relation to Custom and Excise Duty and taxes		
Tax Crime related to direct and indirect taxes		
Illegal MVTS/Hawala/Hundi		
Cash Smuggling		
Terrorism and Terrorism Financing		
Geography (Porous Borders Afghanistan & Iran)		
Delivery Channels (Branchless Banking, Wires Transfers, Microfinance Bank)		

Medium High		
Typologies	Yes	No
Participation in an organized criminal group and racketeering		
Human Trafficking / Migrant Smuggling or Trafficking in Person and Smuggling of Migrants		
Illicit Arm Trafficking		
Fraud/Forgery / Cheating		
Kidnapping for ransom		
Robbery / theft		
Extortion for Business		
Cyber crime		
Insider Trading and market Manipulation		
Delivery Channels (Non-Banking Financial Companies & Modarabas)		

Medium		
Yes	Yes	No
Sexual Exploitation, Including Sexual Exploitation of Children		
Illicit Trafficking in stolen and other goods		
Counterfeiting Currency		
Counterfeiting and Piracy of Products		
Murder, Grievous Bodily Harm		
Environmental Crime		
Piracy		

If answered 'YES' to Question no. 06 and accordingly selected any of the options above then please share the below details:-

Dealing Court/ Agency: _____

Nature: _____

Title: _____

Year: _____

City: _____

Few Details about the case:-



حکومت پاکستان

قومی شناختی کارڈ

41409-2503653-9

نام : ذوالفقار علی خان صنیلی

جنس : مرد

والد کا نام : عبدالرحیم خان صنیلی

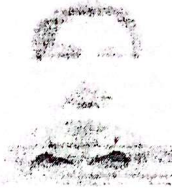
شناختی علامت : کوئی نہیں

تاریخ پیدائش : 04/05/1985

عثمان یوسف مبین

دستخط حامل کارڈ

دستخط رجسٹرار جنرل



شناختی نمبر : 41409-2503653-9 خاندان نمبر : NOW259

موجودہ پتہ : سول ہاسپتال کالونی، مکان نمبر A/2، ملکی، تحصیل و ضلع ٹھٹہ

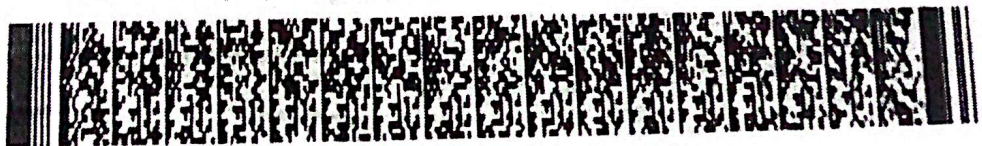
مستقل پتہ : گوٹہ جان محمد خان صنیلی، دولت پور، تحصیل قاضی احمد

ضلع شہید بینظیر آباد



تاریخ اجراء : 18/11/2015 تاریخ ترمیم : 18/11/2025

گمشدہ کارڈ ملنے پر قریبی لیٹر بکس میں ڈال دیں



حکومت پاکستان

قومی شناختی کارڈ

41104-0647080-0



نالی: شاہد حسین

جنس: مذکر

پتو: جیو ریلو ڈاکٹر حسی

شناختی کارڈ

سلیم حسین

جنم جي تاريخ: 15/03/1985

کارڈ پر کمرے کی تصویر

رجسٹرار جنرل حرم صحیح

شناختی کارڈ نمبر: 41104-0647080-0 خاندان نمبر: 00Y47M

ھن جو ڪو نٿو ڳوٺ ھان پر ڳوٺي ٺال ڪھر ٿنڊو ڀاڱو ٺالو ٺنڊو ڀاڱو
سلو ٻڌين

مستقل ٿيو ڀاڱو

جاري ٿيو: 27/12/2006 حرم ٺنڊو: 30/11/2015

گھر ٺال کارڊ ٺنڊو ٺي وڃي ٺال جي ڏي وڃي





K08042517

حکومت سندھ پاکستان

THE GOVT OF SINDH PAKISTAN

نکار رجسٹریشن سرٹیفکیٹ

MARRIAGE REGISTRATION CERTIFICATE

CRMS No: M411010-15-0131

FORM No K08042517

دہلی کے کوائف

دہلی کے کوائف

نام: شادی پرورین
شناختی کارڈ نمبر: 4110106470800نام: زولفقار علی
شناختی کارڈ نمبر: 4140925036539والد کا نام: زکیر حسین
شناختی کارڈ نمبر: 4110194588751والد کا نام: عبدالرحیم
شناختی کارڈ نمبر: 414094332283930 سال 00 دن 00 م 00 س 00 ی 3 م 00 D
پتہ: سید خان بزرگ، تحصیل بدین، ضلع بدین30 سال 11 دن 00 م 00 س 00 ی 1 م 11 D
پتہ: جان محمد خان، تحصیل ثاٹا، ضلع ثاٹا

Particulars of Bride

Particulars of Groom

NAME: SHAHIDA PERVEEN

NAME: ZULAFQAR ALI

CNIC: 4110106470800

CNIC: 4140925036539

FATHER NAME: ZAKIR HUSSAIN

FATHER NAME: ABDUL RAHEM

CNIC: 4110194588751

CNIC: 4140943322839

AGE: 30 Y 3 M 00 D MARITAL STATUS: VIRGIN

AGE: 30 Y 1 M 11 D MARITAL STATUS: VIRGIN

ADDRESS:

ADDRESS:

CIVIL HASPETAI MAKLEE

VILLAGE SAEED KHAN BHURGARE TEH BADIN DIST: BADIN

VILLAGE JAN MUHAMMAD KAHSKHLI TEH THATTA DIST: THATTA

Date OF Marriage: 15-6-2015

15-6-2015

Marriage Solemnized by Name: GULAM HUSSAIN

Marriage Solemnized by CNIC: 4110101159469

4110101159469

Date of Entry: 31-12-2015

31-12-2015

Date of Issuance: 31-12-2015

31-12-2015

دستخط:

سیکرٹری برائے رجسٹریشن

تھو (10) ضلع بدین

41101-3609097





Phone No. 0298-920169,

Fax No. 0298-920165,

Email: cschthatta@gmail.com

**OFFICE OF THE
CIVIL SURGEON, CIVIL HOSPITAL THATTA**

NO: CHT/- () / 973

Dated: 05/03/2025

Death Certificate

This to certify that Mr Zulfqar Ali S/o Abdul Rahem Khaskheli age about 40 years having CNIC No: 41409-2503653-9 Residence of Civil Hospital Colony Makan No: A/02 Makli District Thatta, brought dead in ER/Emergency department at 08:35 AM Dated 17-02-2025 Vide Cod No. 4470/C. Due to Cardio Pulmonary Arrest.

DR. BABAR ALI KAZI
Medical Officer
Registration No. 1000000000000000

**Dr. BABAR ALI KAZI
MEDICAL OFFICER
DHQ CIVIL HOSPITAL THATTA**



حکومت سندھ پاکستان

THE GOVT OF SINDH PAKISTAN



اندراج وفات سرٹیفکیٹ

Death Registration Certificate

MAKLI TC : دفتر اندراج

Tracking Id: 91100061249858

CRMS No. D106954887

OLD/M REG #:

Deceased Person's Details

متوفی کے کوائف

Old CRMS No. :

Name :	Zulfiqar Ali Khaskheli	نام :	ذوالفقار علی خاصخیلی
Nationality :	Pakistani	قومیت :	پاکستانی
CNIC No :	41409-2503653-9	شناختی کارڈ :	41409-2503653-9
Date of Birth :	04-Jul-1965	تاریخ پیدائش :	04-Jul-1965
Gender :	Male	جنس :	مرد
Religion :	Islam	مذہب :	اسلام
Sickness Period :	0 Days 0 Months 0 Years	مدت علالت :	0 دن 0 ماہ 0 سال
Date of Death :	17-Feb-2025	تاریخ وفات :	17-Feb-2025
Date of Burial/Last rite :	17-Feb-2025	تاریخ تدفین/آخری رسومات :	17-Feb-2025
Place of Death :	Civil Hospital Thatta	جائے وفات :	سول ہسپتال ٹھٹہ
Reason of Death :	Natural	وجہ وفات :	قدرتی
Nature of Death :	Normal	کیفیت وفات :	عام
Buried/Last rite at :	Near Makhdoom Adam Makli	جگہ تدفین/آخری رسومات :	تزد مخدوم آدم مکلی

Parental Information

والدین کے کوائف

Father's Name :	Abdul Rahim Khaskheli	والد کا نام :	عبدالرحیم خاصخیلی
CNIC No :	41409-4332283-9	شناختی کارڈ :	41409-4332283-9
Mother's Name :	Subhan Khatoon	والدہ کا نام :	سبحان خاتون
CNIC No :	41409-8265637-2	شناختی کارڈ :	41409-8265637-2

Address

پتہ

Address :	Civil Hospital Colony House No. A/2 , Village Makli	پتہ :	سول ہسپتال کالونی مکن نمبر اے/2 ، گلوں مکلی
Tehsil :	Thatta	تحصیل :	ٹھٹہ
District :	Thatta	ضلع :	ٹھٹہ

Applicant's Details

درخواست دہندہ کے کوائف

Name :	Subhan Khatoon	نام :	سبحان خاتون
CNIC No :	41409-8265637-2	شناختی کارڈ :	41409-8265637-2
Relation with Deceased :	Mother	متوفی سے رشتہ :	والدہ

Information of Burial/Last rite by

تدفین/آخری رسومات کنندہ کے کوائف

Name :	Asghar Ali Khaskheli	نام :	اصغر علی خاصخیلی
CNIC No :	41409-4333233-9	شناختی کارڈ :	41409-4333233-9
Relation with Deceased :	Brother	متوفی سے رشتہ :	بھائی

Entry Date : 08-Mar-2025

Issue Date : 08-Mar-2025

Entry Status : Normal

Additional Information:



تاریخ اندراج : 08-Mar-2025
 تاریخ اجراء : 08-Mar-2025
 اندراج اسٹیٹس : نارمل
 اضافی معلومات :

دستخط
 تاون آفیسر
 Town Committee Makli

NATIONAL DATABASE AND REGISTRATION AUTHORITY

Certificate No:
63522472

Ministry of Interior, Government of Pakistan

RECIPT FOR ID CANCELLATION

(بوجہ وفات Due to Death)

Under Section 17(3) of NADRA ordinance 2000

زیر دفعہ 17(3) نادر آرڈی نینس مجریہ سنہ 2000ء

Applicant Details

درخواست دہندہ کی تفصیلات

Identity Number: 41409-4333233-9	شناختی کارڈ نمبر:	Name: Asghar Ali Khaskheli	نام:
Relation with Deceased: Sibling	متوفی سے رشتہ: بھائی / بہن	asghar ali khaskheli	

Deceased Details

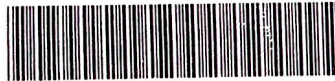
متوفی کی تفصیلات

Father's Name Abdul Rahim Khaskheli	والد کا نام: عبدالرحیم خا صخلی	Name: Zulfiqar Ali Khaskheli	نام: ذوالفقار علی خا صخلی
Date of Death: 17 February, 2025	وفات کی تاریخ:	Identity Number: 41409-2503653-9	شناختی کارڈ نمبر:



(Signature)
REGISTRAR GENERAL OF PAKISTAN
دستخط رجسٹرار جنرل

Issuance Date
تاریخ اجراء 18 March, 2025



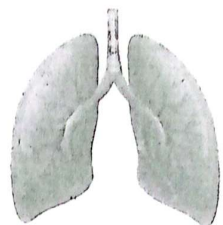
4140943332339

*This receipt is legally admissible as evidence to prove the above-mentioned data and information of the aforesaid deceased under section 17(4) of NADRA ordinance 2000.

یہ رسید مذکورہ بالا متوفی کے درج بالا کوائف و معلومات ثابت کرنے کیلئے قانون نافذ کرنے والے دفاتر (17(4) نادر آرڈی نینس مجریہ سنہ 2000ء بطور ثبوت قابل قبول ہے)

Parshad Kumar

B.B.S, F.C.P.S(Pulmonology JPMC Karachi)
Senior Registrar Dept of Pulmonology LIMHS Thatta



ڊاڪٽر پرشاد ڪمار

ايم. بي. بي. ايس. ايف. سي. بي. ايس (پلمونالوجسٽ جي بي ايم سي ڪراچي)
سپينشل رجسٽرار ڊيپارٽمنٽ آف پلمونالوجسٽ لمس ٿاٽا

Chest Specialist

چيسٽ اسپيشلسٽ

MEMBER OF EUROPEAN RESPIRATORY SOCIETY

ٽي بي، نمونيا، دم، ساهه جي تڪليف، پراڻي ڪنگ، بلغم ۾ رت جو اچڻ، سيني جي ڪينسر، ساهه جي نالي جا مسئلا
جديد ڪيمرا جي ذريعي ٿڌڙن جو معائنو، ٿڌڙن جي جعل ۾ پاڻي يا هوا جي پرجهڻ

Patient Name: _____

Zulqian

Age: _____

Date: _____

13/2/25

B.P: _____

Pulse: _____

Spo₂: _____

Weight: _____

Rx

O₂ 2 L/min Pib

*90 N/S
500
12x12*

*30 Parago
4.5gm*

*in 100ml N/S
12x12*

ATC

*3' Rile 4eg
1.5gm*

رابطي لاءِ 0310-0031335, 0298-581686

ٽائيم : سومر کان جمعي جي منجهند جو 03 بجي کان شام 07 بجي تائين
زينب جنرل هاسپيٽل نزد سٽي اسڪول، مڪلي.



Dow University Hospital

SECTION OF EMERGENCY MEDICINE SUMMARY OF DISCHARGE

Patient Identification

Subfigure

118402163

DIC

Date

11/2/25

Physician / Intern

Principal Reason for Visit

(Chief complaint / Provisional Diagnosis)

354 Nhom came

e C/o

SOB

cough (dry)

Associated diagnosis:-

Suspected Pul. TB

Investigations:-

BBG / CBC / UUC / CRP

Treatment provided/Consults:-

inj Ceftriaxone

inj ouset

inj risek

inj falgas

Patient's Condition at Discharge:-

Stable / Unstable

Medications on Discharge:-

Care D/W e C/O D

advised patient to be

followed in OPD

Please return to the emergency room if

After last consult

All risks explained

Please follow up with Dr. _____ in _____ (days)

Signature of Resident / Intern

Name / Signature of Supervising Physician

Code List

1. Cardiovascular

- a. Chest pain-Atypical/Noncardiac
- b. Syncope
- c. Ghreahat/Palpitation
- d. Angina
- e. Congestive heart failure
- f. Hypertension-unspecified

2. Pulmonology

- a. Shortness of breath-nonspecific
- b. Hemoptysis
- c. Pneumonia
- d. TB
- e. Asthma / RAD
- f. COPD exacerbation
- g. Acute Bronchitis
- h. URTI

3. GI/abdominal

- a. Abdominal Pain-Nonspecific
- b. Pelvic pain (In female)
- c. Peptic ulcer disease
- d. Non-infectious Colitis/enteritis
- e. Infectious Gastroenteritis/colitis
- f. Hepatitis viral
- g. Alcoholic
- h. Nonspecific
- i. Biliary colic / cholelithiasis
- j. Jaundice-NOS
- k. Hepatic encephalopathy
- l. Ascites
- m. Foreign bodies
- n. Anal fissure and fistula
- o. abscess
- p. Haemorrhoids
- q. Constipation

4. Neurology

- a. Headache/facial Pain
- b. Vertigo/dizziness
- c. Seizure
- d. Bell's Palsy
- e. Peripheral Neuropathy
- f. Febrile Seizure

5. Psychiatry

- a. Anxiety
- b. Depression
- c. Psychosis
- d. Conversion
- e. Other specify

6. Infectious diseases

- a. Fever? Cause
- b. Malaria
- c. Enteric fever
- d. Measles
- e. Chicken pox
- f. Herpeszoster
- g. Viral exanthema
- h. Scarlet fever

7. Genitourinary

- a. UTI
- b. Renal colic
- c. Epididymitis/orchitis
- d. Scrotal mass
- e. Acute lower GU infection (urethritis / vulvovaginitis / Bartholinitis)

8. Skin/soft tissue

- a. Rash
- b. Wound and Laceration
- c. Abrasion
- d. Skin / subcutaneous infection
- e. Cellulites/ abscess
- f. urticaria

9. Eye

- a. Trauma
- b. Foreign Body
- c. Red Eye
- d. Loss of vision

10. ENT

- a. Epistaxis
- b. Foreign Body (Ears)
- c. Foreign Body (Nose)
- d. Foreign Body (pharynx)
- e. Pharyngitis
- f. Laryngitis
- g. Otitismedia
- h. Externa

11. Dental

- a. Toothcare
- b. Avulsion

12. Trauma

- a. Face / neck
- b. Head Injury
- c. Trunk (Chest, Abdomen, Pelvic, back)

13. Extremity/orthopedic injuries

- a. Shoulder + U Arm
- b. Elbow + forearm
- c. Wrist & hand
- d. Finger
- e. Lower limb trauma
- f. Foot and ankle

14. Other musculoskeletal

- a. Neck pain
- b. Back pain
- c. Joint Pain
- d. General weakness

15. Bite

- a. Human (Accidental)
- b. Human (Assault)
- c. Animal
- d. Snake
- e. Rat
- f. Insect

16. Environmental injuries

- a. Thermal Burn
- b. Chemical Burn
- c. Electrical injuries
- d. Radiation

17. Gynaecology/Obsitrics

- a. PV Bleed

18. Neonatal Problems

- a. Neonatal jaundice
- b. Excessive cry

19. a. Drug Poisoning

20. Procedural

- a. IV Injection
- b. Dressing (burn/wound)
- c. FB removal
- d. I & D (Skin)
- e. I & D (soft tissue)
- f. Ascitic tap
- g. Foley's
- h. G-tube removal /change
- i. Nebulizer & other procedures

21. a. other unknown cause of morbidity or mortality

(1) First Copy: Folder

(2) Second Copy: Patient

(3) Third Copy: (coding)



ڈاؤ یونیورسٹی آف ہیلتھ سائنسز کراچی

DOW LAB

Diagnostic Reference & Research Laboratory



No: 250213-118402163

voice No: 1121710974

Name: ZULFIQAR ALI

Referred By: SELF

Sample Date: 14-Feb-2025

CP (COMPLETE BLOOD PICTURE) (LAB NO : 0621710974)

TEST(s)	RESULT(s)	REFERENCE RANGE(s)
HB	9.2 gm/dL	13.0-17.0
RBC	4.1 x 10 ¹² /L	4.5-5.5
HCT	30 %	40-50
MCV	72 fL	80-100
MCH	22 pg	27-32
MCHC	31 gm/dL	31.5-34.5
WBC	13.2 x 10 ⁹ /L	4.0-10.0
PLATELETS	354 x 10 ⁹ /L	150-400
NEUTROPHILS%	80 %	40-80
LYMPHOCYTES%	09 %	20-40
MONOCYTES%	09 %	2-10
EOSINOPHILS%	02 %	01-06
BASOPHILS%	00 %	0-1
RDW	16	<15

Remarks: Hypochromic, anisocytosis, microcytosis.
 ? Iron Deficiency Anemia
 Suggest Iron Profile.
 Reactive neutrophils leukocytosis.
 ? Cause. Clinical Correlation Advised.

Electronically verified on 14-Feb-2025 12:43 AM. No Signature required.

Printed By: Waleed Khalique

Printed On: 14-Feb-2025 04:06 AM

Page 1 of 3

Laboratory Address : KDA Scheme 33, Gulzar-e-Hijri, Ojha Campus, Near Suparco Chowk, University Road, Karachi. Tel: 021-99261488.
 021-99261472-80, (Ext: 2215,2216), Fax: 99261445, Email: ddril@duhs.edu.pk, dowlab@duhs.edu.pk
Collection Center I : Civil Hospital Collection Center, Baba-e-Urdu Road, Karachi-74200. Tel: 021-32715462
Collection Center II : Jinnah Hospital Road Collection Center, NILGID, Sarfaraz Rafiqui H.J. Shaheed Road, Opp N.I.C.V.D. Karachi-35
 Tel: 021-35216602
Collection Center III : Malir Chest Clinic, Christen Colony, Near Zam Zam Ice Factory, Malir, Karachi. Ph: 021-34402430
Collection Center IV : Nazimabad Collection Center, Mughlia Arcade Nazimabad No.3, Shop No. 6 Near S.M. Public School Tel: 021-36728221
Collection Center V : H-29, Shamim Appartment, Block-10, Ayesha Manzil, F.B. Area, Karachi. Tel: 36366811-12

OFFICE OF THE NAZIM UNION COUNCIL KHARR NO.45

R. No. 89/2010

22/12/2010

Tal: Daulatpur

TALUKA DAULATPUR DISTRICT NAWAB SHAH

BENAZIR
ABAD.

RESIDENCE CERTIFICATE

Certificate that Mr: Zulfigar Ali

S/o: Abdul Rahim by Caste KhasKheli

Is Bonified resident of village Tan Mohammad KhasKheli

Deh: Khas Union Council Khas

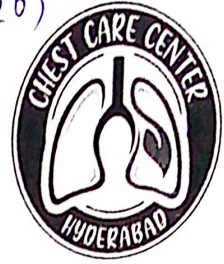
Taluka Kazi Ahmed District Shahd Benazir Abad.

R. D. Allah.
SECRETARY
Nazim Council Kharr
Union Council Kharr
Taluka Daulatpur Distt: Nawab Shah



CHEST CARE CENTER

207

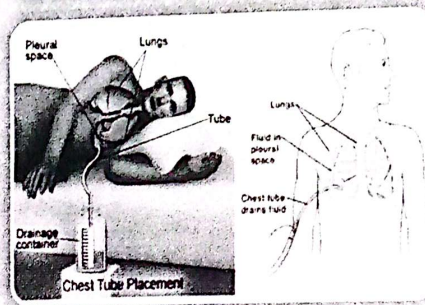
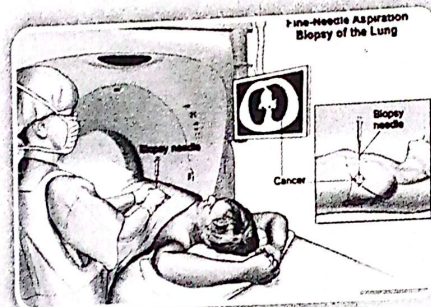
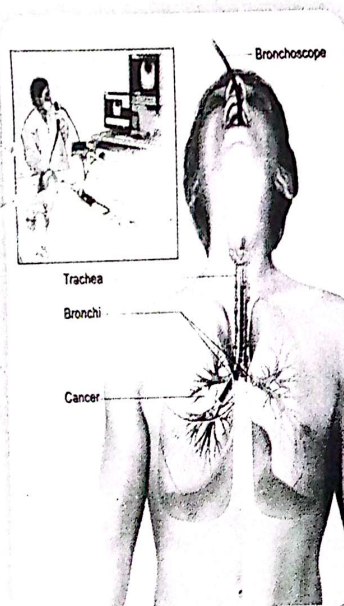


DR. MUBEEN AHMED MEMON

MBBS, FCPS (Pulmonology)

**ASSISTANT PROFESSOR &
INCHARGE DEPARTMENT OF PULMONOLOGY
CONSULTANT CHEST PHYSICIAN**

**INTERVENTIONAL PULMONOLOGIST & CRITICAL CARE SPECIALIST
LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO**



PATIENT'S NAME:

Zulfiqar

AGE:

SEX:

DATE:

25/08/20

Male

06/08/20

ADDRESS:

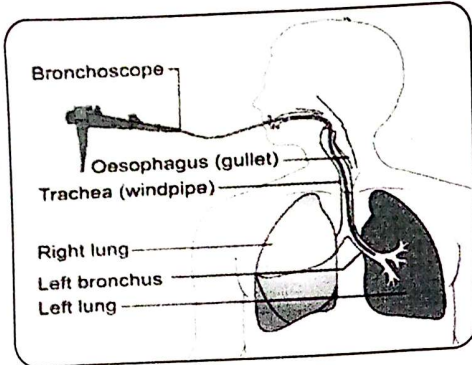
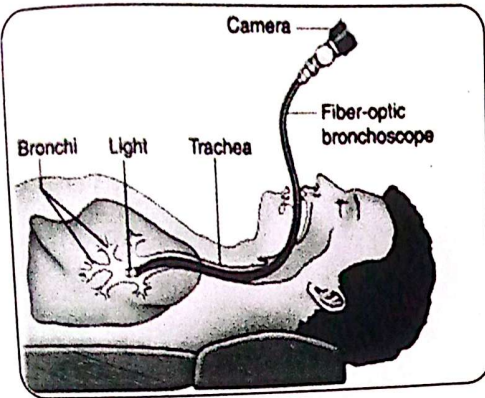
Thatta



CHEST CARE CENTER



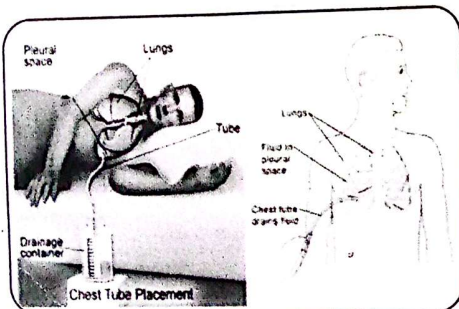
FIRST EVER FLEXIBLE VIDEO BRONCHOSCOPY IN HYDERABAD



چیسٹ کیئر سینٹر حیدرآباد کی جانب سے حیدرآباد میں پہلی مرتبہ پھیپھڑے اور سانس کی نالیوں کا کیمرہ (Bronchoscopy) کے ذریعے معائنے کا آغاز کیا گیا ہے۔ یہ ٹیسٹ پھیپھڑے اور سینے کی بیماریوں کے ماہر ڈاکٹر (Pulmonologist) انجام دیتے ہیں۔ (Bronchoscopy) برونکواسکوپ کا ٹیسٹ پھیپھڑے کی بیماری کی تشخیص کا ایک جدید طریقہ کار ہے۔ اس کے ذریعے مریض کے پھیپھڑوں اور سانس کی نالیوں سے بلغم نکالا جاتا ہے۔ جس سے مریض کی سانس کی روانی بہتر ہوتی ہے۔ اس بلغم کے ٹیسٹ سے پھیپھڑے کی بیماریوں (نمونیا، ٹی بی، کینسر) وغیرہ کی تشخیص میں آسانی ہوتی ہے اور مریض کو صرف شق اور اندازے سے دی جانے والی ٹی بی کی دواؤں سے بچایا جاسکتا ہے۔ برونکواسکوپ کے ذریعے آپ کے پھیپھڑوں کی بائیوپسی بھی کی جاتی ہے۔ جس کے ذریعے کینسر کے مرض کی تشخیص بھی ممکن ہے۔ (Bronchoscopy) برونکواسکوپ کے ذریعے حادثاتی طور پر پھیپھڑے اور سانس کی نالیوں میں جانے والی چیزوں جیسا کہ چھالیہ کے دانے، سوئی، پن وغیرہ کو بھی نکالا جاسکتا ہے۔

CHEST INTUBATION / TUBE THORACOSTOMY

سینے میں پھیپھڑے اور اسکی جھلی کے درمیان نلکی ڈالنے کا مرکز



پھیپھڑے اور اس کی جھلی کے درمیان پانی (Pleural Effusion) یا ہوا (Pneumothorax) بھر جانے سے مریض کے سانس لینے کے عمل میں دشواری ہوتی ہے۔ یہ ایک ہنگامی صورتحال ہوتی ہے۔ اگر اس ہوا یا پانی کو بروقت نکالا جائے تو مریض کی جان کو خطرہ لاحق ہوتا ہے۔ سینے میں پھیپھڑے اور اس کی جھلی کے درمیان نلکی ڈالنے کے بعد اس ہوا یا پانی کا اخراج آسان ہو جاتا ہے۔

ڈاؤ لو نیورٹی آف ہیلتھ سائنسز کراچی
DOW LAB



Diagnostic Reference & Research Laboratory
Age/Gender: 35Y /Male

Referred By: SELF

Sample Date: 14-Feb-2025

Trace No: 1121710974
Name: ZULFIQAR ALI

TEST(s)

SODIUM

POTASSIUM

CHLORIDE

BICARBONATE

ELECTROLYTES (LAB NO : 0321710974)

RESULT(s)

141 mEq/l

4.6 mEq/l

105 mEq/l

23.1 mEq/L

REFERENCE RANGE(s)

136-146

3.5-5.1

98-107

23-29

Electronically verified on 14-Feb-2025 12:43 AM. No Signature required.

Printed By: Waleed Khaliq

Printed On: 14-Feb-2025 04:06 AM

Page 3 of 3

Laboratory Address : KDA Scheme 33, Gulzar-e-Hijri, Ojha Campus, Near Suparco Chowk, University Road, Karachi. Tel: 021-99261488, 021-99261472-80, (Ext: 2215,2216), Fax: 99261445, Email: ddrri@duhs.edu.pk, dowlab@duhs.edu.pk
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Collection Center V : H-29, Shamim Apartment, Block-10, Ayesha Manzil, F.B. Area, Karachi. Tel: 36366811-12



چیسٹ کیئر سینٹر ڈاکٹر مسین احمد مسین

ایم بی بی ایس، ایف سی پی ایس (پلو نالوجی)

اسسٹنٹ پروفیسر ماہر امراض پھیپھڑاؤ سینہ



Patient Name: Zulqarnain

Age: 35

Date: 28/11/21

B.P	TEMP	PULSE	RESP-RATE	O2 SAT	PEFR	WEIGHT
127/78	36	100 b/min	19 b/min	96%		68kg

PATIENT HISTORY:

DM ☒ Y ☒ N

HTN ☒ Y ☒ N

IHD ☒ Y ☒ N

PETS ☒ Y ☒ N

H/O TB ☒ Y ☒ N

CONTACT WITH TB PERSON ☒ Y ☒ N

H/O COVID-19 ☒ Y ☒ N

COVID-19 VACCINE STATUS ☒ Y ☒ N

SMOKER ☒ Y ☒ N

OCCUPATION.....

OTHER ADDICTION.....

BIO MASS FUEL EXPOSURE.....

ANTI HCV ☒ + ☐ -

HBSAG ☒ - ☐ +

DRUG USAGE.....

CT Scan

COMPLAIN:

Flowed
Cough

EXAMINATION:

ADVICE:

PROVISIONAL DIAGNOSIS:

NOT VALID FOR COURT

پیر تا ہفتہ دوپہر 2 بجے سے رات 7 بجے تک

0333-2655847
022-2730703

چیسٹ کیئر سینٹر نزد حامد سپر مارٹ ڈاکٹر لائن، صدر، حیدرآباد

انڈس میڈیکل سینٹر سکریٹری ڈاکٹر لائن، بروز اتوار صبح 10 بجے سے دوپہر 2 بجے تک
0333-2655847

ڈاکٹر پیلاڑہ ڈاکٹر لائن نیو ٹاؤن میر پور خاص | بروز ہفتہ صبح 10 بجے سے دوپہر 2 بجے تک
0333-2655847

Rx

MEDICINE / دوا	کھانے کے بعد مائی کان بوہ	کھانے سے پہلے مائی کان اگدو	رات	دوپہر منجھند	صبح
Tas-EXAMINER 12.5	⊙	—			⊙
Cep- Synclit 476			⊙	—	⊙
elnie					
Tas- Muteant 12	⊙	—	⊙	—	
Tas- Dower	⊙	—	⊙	—	
<u>Wdr</u>					
Tas- Dower 2.5	⊙		⊙	—	⊙

پریزاکری

FOLLOW UP:



چیسٹ کیئر سینٹر ڈاکٹر مبین احمد مبین

ایم بی بی ایس، ایف سی پی ایس (پلوٹولوجی)

اسسٹنٹ پروفیسر ماہر امراض پھیپھڑاؤ سینہ

Patient Name: 22/10/2020

Age: 20

Date: 22/10/2020

B.P	TEMP	PULSE	RESP-RATE	O2 SAT	PEFR	WEIGHT
<u>116/80</u>	<u>98</u>	<u>110</u> <u>4/m</u>	<u>-</u>	<u>87%</u>		<u>50kg</u>

PATIENT HISTORY:

DM ☒ Y ☒ N

HTN ☒ Y ☒ N

IHD ☒ Y ☒ N

PETS ☒ Y ☒ N

H/O TB ☒ Y ☒ N

CONTACT WITH TB PERSON ☒ Y ☒ N

H/O COVID-19 ☒ Y ☒ N

COVID-19 VACCINE STATUS ☒ Y ☒ N

SMOKER ☒ Y ☒ N

OCCUPATION.....

OTHER ADDICTION.....

BIO MASS FUEL EXPOSURE.....

ANTI HCV ☒ - / ☒ +

HBSAG ☒ - / ☒ +

DRUG USAGE.....

CDR

PROVISIONAL DIAGNOSIS:

COMPLAIN:

→ Sore →
→ cough sputum →

EXAMINATION:

الر جی
بلوہ
بلوہ

ADVICE:



NOT VALID FOR COURT

پیر تا ہفتہ دوپہر 2 بجے سے رات 7 بجے تک

0333-2655847
022-2730703

چیسٹ کیئر سینٹر نزد حامد سپر مارٹ ڈاکٹر لائن، صدر، حیدر آباد۔

انڈس میڈیکل سینٹر سکرٹروڈ ٹاؤن شاہ | بروز اتوار صبح 10 بجے سے دوپہر 2 بجے تک
1333-2655847

ڈاکٹر پلازہ ڈاکٹر لائن نیو ٹاؤن میر پور خاص | بروز ہفتہ صبح 10 بجے سے دوپہر 2 بجے تک
0333-2655847

MEDICINE / دوا

کھانے کے بعد مانی کا ایوہ	کھانے سے پہلے مانی کا ایوہ	رات	دوپہر منجھند	صبح
------------------------------	-------------------------------	-----	-----------------	-----

Tab - Ciprofloxacin 500mg

①

①

-

①

Alamir Hand 5mg

←

①

①

①

Cep - Veritact 500mg

①

-

①

Edin

Tab - Paracetamol 500mg

①

-

①

-

Tab - Paracetamol 500mg

①

-

①

-

025

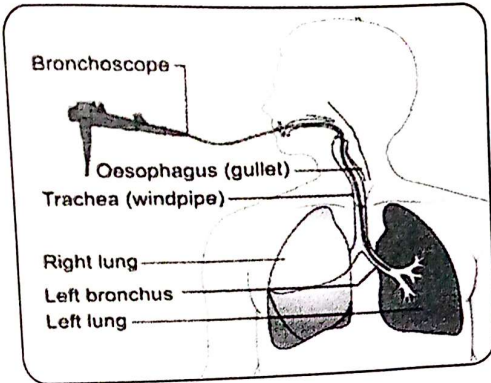
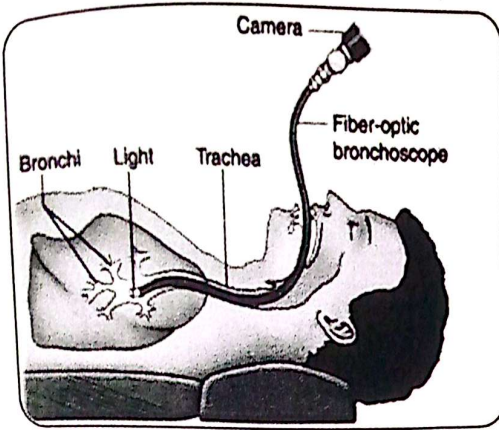
پریزاکری

FOLLOW UP:

Spent for 1000mg
1000mg

CHEST CARE CENTER

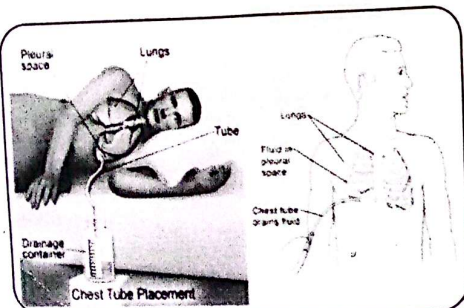
FIRST EVER FLEXIBLE VIDEO BRONCHOSCOPY IN HYDERABAD



چیسٹ کیئر سینٹر حیدرآباد کی جانب سے حیدرآباد میں پہلی مرتبہ پھیپھڑے اور سانس کی نالیوں کا کیمرہ (Bronchoscopy) کے ذریعے معائنے کا آغاز کیا گیا ہے۔ یہ ٹیسٹ پھیپھڑے اور سینے کی بیماریوں کے ماہر ڈاکٹر (Pulmonologist) انجام دیتے ہیں۔ (Bronchoscopy) برونگواسکوپ کی ٹیسٹ پھیپھڑے کی بیماری کی تشخیص کا ایک جدید طریقہ کار ہے۔ اس کے ذریعے مریض کے پھیپھڑوں اور سانس کی نالیوں سے بلغم نکالا جاتا ہے۔ جس سے مریض کی سانس کی روانی بہتر ہوتی ہے۔ اس بلغم کے ٹیسٹ سے پھیپھڑے کی بیماریوں (نمونیا، ٹی بی، کینسر) وغیرہ کی تشخیص میں آسانی ہوتی ہے اور مریض کو صرف شق اور اندازے سے دی جانے والی ٹی بی کی دواؤں سے بچایا جاسکتا ہے۔ برونگواسکوپ کے ذریعے آپ کے پھیپھڑوں کی بائیوپسی بھی کی جاتی ہے۔ جس کے ذریعے کینسر کے مرض کی تشخیص بھی ممکن ہے۔ (Bronchoscopy) برونگواسکوپ کے ذریعے حادثاتی طور پر پھیپھڑے اور سانس کی نالیوں میں جانے والی چیزوں جیسا کہ چھالیہ کے دانے، سوئی، پن وغیرہ کو بھی نکالا جاسکتا ہے۔

CHEST INTUBATION / TUBE THORACOSTOMY

سینے میں پھیپھڑے اور اسکی جھلی کے درمیان نلکی ڈالنے کا مرکز

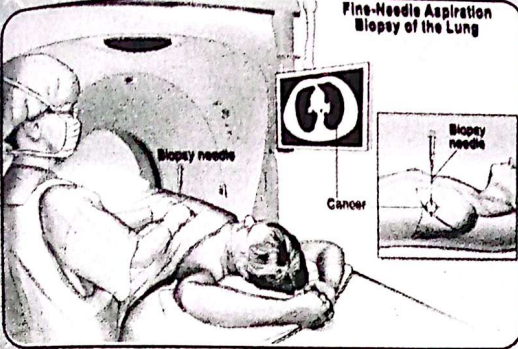


پھیپھڑے اور اس کی جھلی کے درمیان پانی (Pleural Effusion) یا ہوا (Pneumothorax) بھر جانے سے مریض کے سانس لینے کے عمل میں دشواری ہوتی ہے۔ یہ ایک ہنگامی صورتحال ہوتی ہے۔ اگر اس ہوا یا پانی کو بروقت نکالا نہ جائے تو مریض کی جان کو خطرہ لاحق ہوتا ہے۔ سینے میں پھیپھڑے اور اس کی جھلی کے درمیان نلکی ڈالنے کے بعد اس ہوا یا پانی کا اخراج آسان ہو جاتا ہے۔



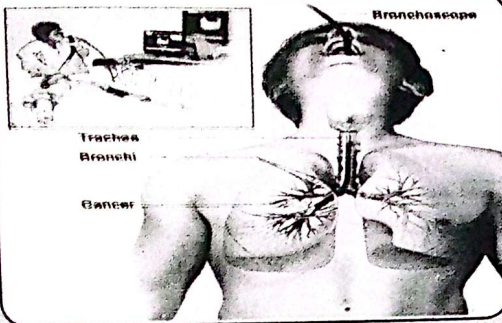
SPIROMETRY MACHINE

Lungs/Pulmonary Function Test (PFT) to difference between obstructive & restrictive Lung Disease, as well as between asthma & COPD.



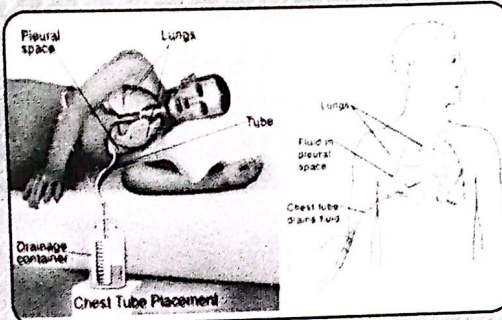
CT-SCAN GUIDED LUNG BIOPSY

Trucut Lung Biopsy of Peripherally Located Lung Masses & Lesion Under Safe Guidance of CT-Scan.



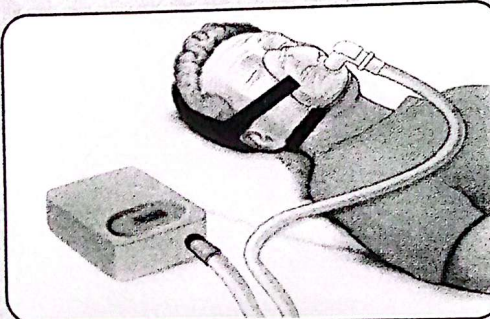
BRONCHOSCOPY

Bronchoscopic Lung biopsy of central & endobronchial lung masses.
Bronchial wash through bronchoscopy in order to difference between tuberculosis & other infections.



TUBE THORACOSTOMY (Chest Intubation)

Patient of Effusion, Pneumothorax & empyema are treated by tube insertion & other manure of lung expansion.



NON-INVASIVE VENTILATION (NIV)

BIPAP & CPAP applied to patient of Type 1 & Type II respiratory failure i.e. COPD, OSA (Obstructive Sleep Apnea), OHD (Obesity Hypoventilation Syndrome), Chronic Asthma Kyphoscoliosis, post TB bronchiectasis etc.

پیر تا ہفتہ دوپہر 2 بجے سے رات 7 بجے تک

0333-2655847
022-2730703

پیشہ کیئر سینٹر نزد حامد سپر مارٹ ڈاکٹر لائل، صدر، حیدر آباد۔

انڈس میڈیکل سینٹر سکرٹڈ روڈ ڈولہ شاہ | بروز اتوار صبح 9 بجے سے دوپہر 1 بجے تک
0333-2655847

مٹر پلازہ ڈاکٹر لائل نیوٹاؤن میر پور خاص | بروز ہفتہ صبح 9 بجے سے دوپہر 1 بجے تک
0333-2655847