





Wt = 19.5 kg
BSA = 0.77 m²

KARTIK S/O GAUTAM GYM

Kartik presented at Sars festival

was empirically given Dexam 1/10 Levene
respiratory distress

Initial Inv - TLC 38,250
MPO neg Aortic Leukemia
CXR - Mediastinal widening
+
Minimal effusion

- After started Dexam - Counted decreased.

Significant 3 child head TLS.

→ TLS was managed as per protocol &
Required RRT too.

- Repeat attempts to establish lineage
tried doing BMA & BMB - Post suggestive
& No Blast cells.

- Planning to LN biopsy too

Wt = 19.5 kg



oncau

Name	: MasterKARTIK	Centre Details	: MR. SUDEEP KUMAR
Age	: 6 Yrs Sex: Male	Accession.ID	: PRE2305020029
Collection Date	: 02/May/2023 03:15PM	Referred By	: KSCH
Received Date	: 03/May/2023 10:10AM	Report Date	: 09/May/2023 04:57PM
Registration Date	: 02/May/2023	Ref. No./TRF No.	: /

DEPARTMENT OF FISH & CYTOGENETICS

Chromosome Analysis (Haem.Malignancy)

Heparin, Whole Blood/Bone Marrow

Chromosomal Analysis: GTG Banding

Method Used : ONC/48 Hr Unstimulated culture
Specimen type : Heparinized ?Bone Marrow /? Peripheral Blood
Specimen Adequacy : Adequate
Clinical Indication : ? ALL

Banding Resolution : 300-550 bphs

Cytogenetic Profile

Metaphases Counted : 30
Metaphases Analyzed : 30
Metaphases Karyotyped : 30

Karyotype

Total Chromosome Number : 46
Autosomes : 44
Sex Chromosomes : 2(XY)

Observation : 46,XY[30]

Interpretation

There is no evidence of any structural or numerical abnormality in any of the cells studied.
The present findings may be evaluated in correlation with results of RTPCR study reported on 05/05/2023.

*Limitation: Low grade clonal rearrangements and/or the presence of submicroscopic or cryptic abnormalities may not be evident on conventional karyotyping.
Correlation of chromosomal study with clinical, hematological & molecular findings is recommended. Reported as per ISCN 2020*

- BM Biopsy

report.....

• CSF no malign cells CNS Status cyto $\left\{ \begin{array}{l} \text{RBC } > 1:1 \\ \text{WBC } + 6-3 \end{array} \right\}$ normal

• FNAC (No.....)

• LN Biopsy: (No 3175/22)

No T lymphoblastic lymphoma

• D 8 PS Absolute blast count (exact number) no blasts

• D 14 marrow: (write percentage of blasts).....

• OTHER TESTS

• Mx test.....

• HIV NR.....

• HbsAg.....

• HCV.....

• LFT: Bil T 1.18 D 0.81 SGOT ___ SGPT ___ ALP ___

• KFT Urea 47 Creatinine 0.45 Uric Acid ___

• S Calcium 8.3/4.5 Phosphorus 3.7

• CXR mediastinal widening (D)

• Skeletal Survey.....

• USG Abdomen.....

• CT.....

• PET Scan (date).....

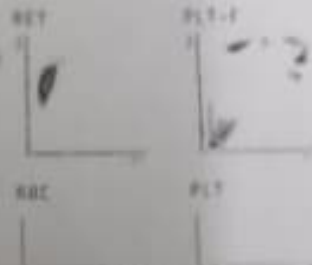
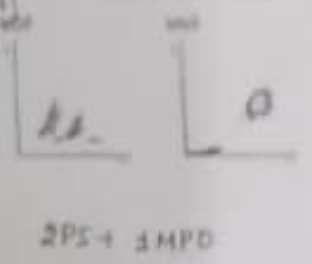
• RISK ASSESSMENT:

Flow cytometry plot showing data points for various cell types. The plot is titled 'Flow Cytometry' and has axes for 'FSC-A' and 'SSC-A'.

Flow Cytometry Data Table

Cell Type	SSC-A (%)	FSC-A (%)	PLT (%)	RET (%)
WBC	18.5	95.5	0.0	0.0
LYM	18.5	95.5	0.0	0.0
MON	18.5	95.5	0.0	0.0
NEU	18.5	95.5	0.0	0.0
EOS	18.5	95.5	0.0	0.0
PLT	18.5	95.5	18.5	18.5
RET	18.5	95.5	18.5	18.5

Test 274/24
 Rank
 Gyn/M
 12500
 U.C.
 KSH



WBC Count Table

Cell Type	Count
WBC	12.5
LYM	6.5
MON	0.5
NEU	5.0
EOS	0.5

RET
 12.5

RET
 12.5
 PLT
 18.5

WBC % Message
 WBC % Scattergram
 Lymphocyte
 Monocyte
 Neutrophil
 Eosinophil
 Platelet

RET % Message
 RET % Scattergram

RET % Message
 RET % Scattergram
 Platelet
 PLT % Scattergram
 PLT Count

RET

Smear show lymphocyte with presence of 5% blasts. Blasts are 15 to 20 times size of smaller mature lymphocyte with high cell count and active cytoplasm, nucleolus and distinct nuclear chromatin, 0-1 intranuclear inclusions.

Few of the blasts showing nuclear membrane indentations and clearing. Red cells show mild anisocytosis and are normochromic normoblastic along with few normoblasts.

WBCs are reduced on smear. DLG - 12.5. Hb - 11.0, Hct - 32.0, Plt - 185,000.

Impression - MPO negative Acute LLL. Advice - 1) Bone marrow examination, 2) Immunophotyping.

M. S. F. 22

Diagnosis:.....

HEMATOLOGY CASE RECORD

Name Kartik Age/Sex 6y/M
 Father's Name Gaurav Date of Admission 30/4/23
 Address Grampet, Badli, Bhopal, Madhya Pradesh

Ph./ Mob.: _____
 Blood Group _____ Weight 17.5kg Height _____ Surface Area _____

SYMPTOMS: (mention duration of each symptom)

Fever... 1 1/2 months.....
 Pallor...
 Skin bleeds...
 Epistaxis...
 Other bleeds...
 Lymphadenopathy... neck swelling x 1 month
 Bone pains... difficulty in breathing x 15d. dysphagia x 15d
 Joint pain... all knee x
 Eye Swelling... abdo distension

SIGNS

Pallor...
 Skin bleeds...
 Lymphadenopathy (size/ sites)... generalised LAP . marked cervical LN
 Joint swelling... all knee
 Liver (cms) 9cm..... > mid-umbilicus...yes/ no.....
 Spleen (cms) 11cm..... > mid-umbilicus yes/no.....
 Other lump(s).....
 Testes.....
 Meningeal sings/Focal Neurological

Deficit.....
 Fundus.....
Resp System - 4 presentation pleural effusion

CVS

Provisional/Clinical Diagnosis _____

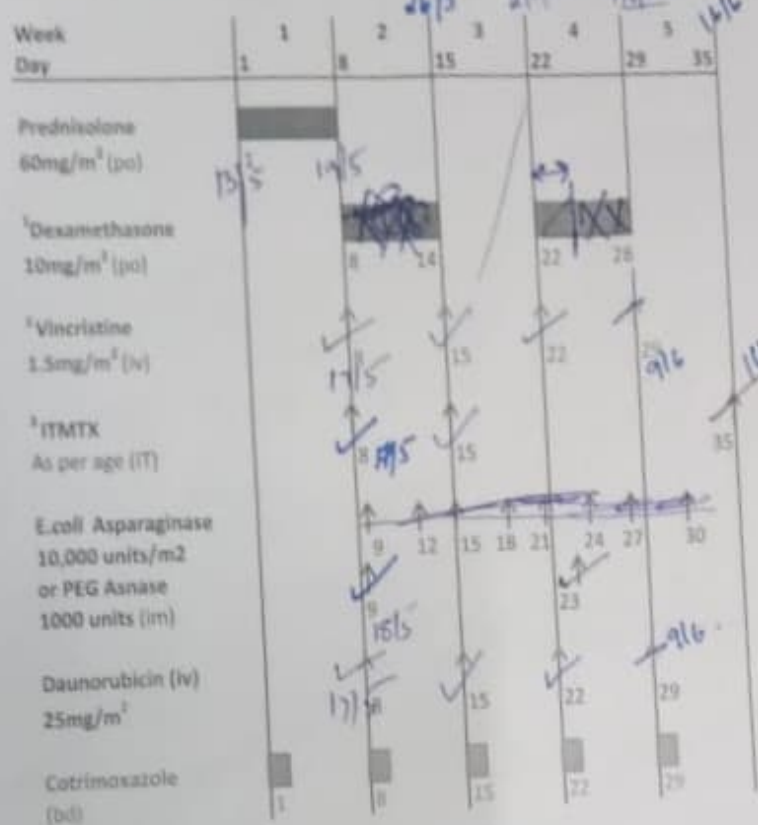
Basic Hematology Data (At admission)

Kaatik No Gaurom

wt. 19.8 kg

BSA: 0.77m²

T-cell High Risk Induction Phase



¹ Desamethasone
² Vincristine: maximum single dose of Vincristine is 2mg
³ Intrathecal Methotrexate: <2 years= 8mg; 2 years-Less than 3 Years= 10mg; ≥3 years= 12mg
 MRD estimation on Day 35 (optional)

5-11/5 - relieved some Dexam - prior
 15-11/5 - 3mg Dexam due (4 days dexam @ 4mg po/d line) 4x2x4
 ↳ 2/6/23 onwards

16/6/23 CBC TBS (D35)

16/6 D35 CSF sent → no blast.

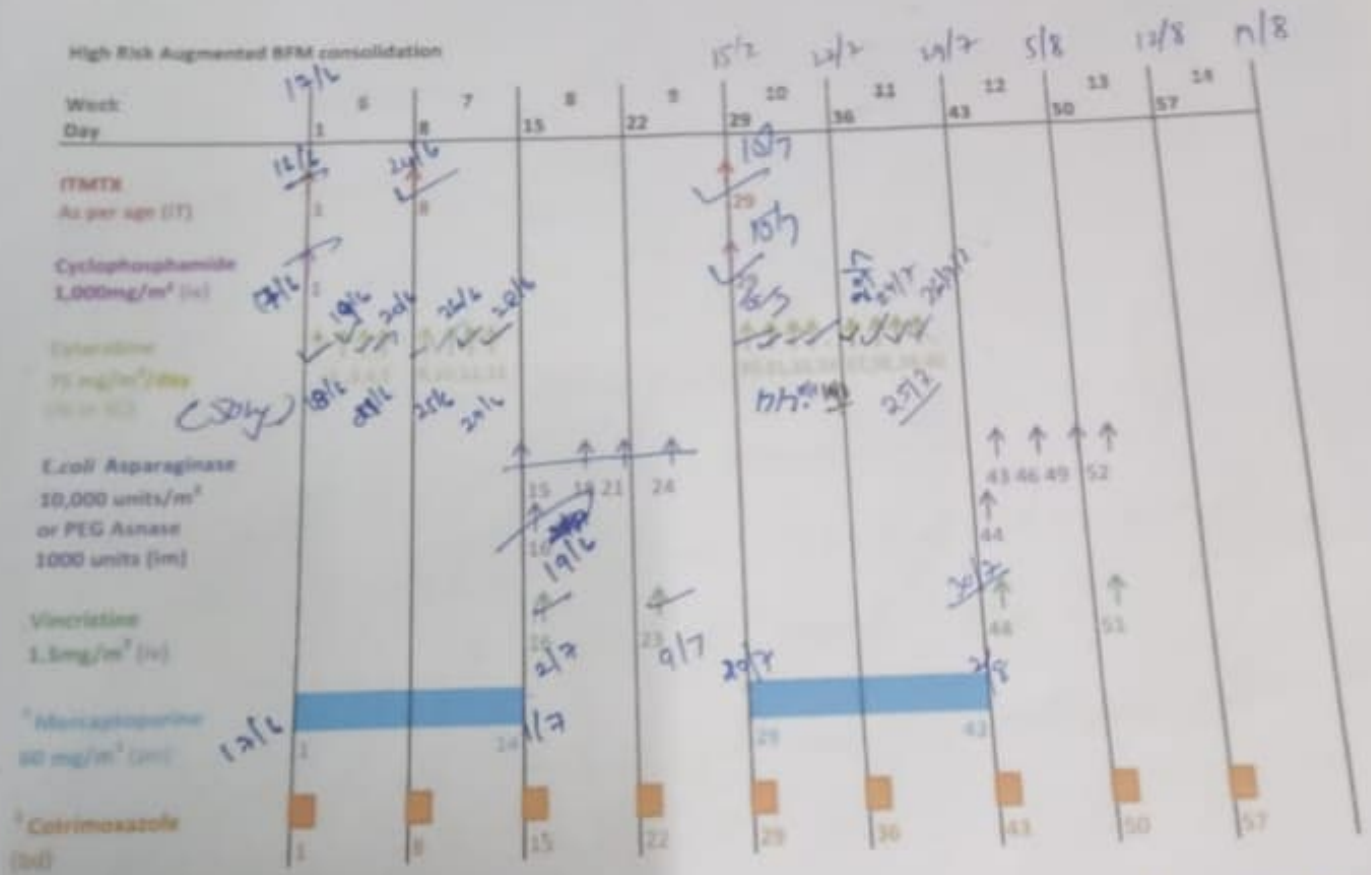
BMA MRD } to be done at end of consolidation

T cell ALL (HR)

Kartik S/o Gautam

wt - 16 kg.

BSA - 0.66 m².



¹ Mercaptopurine: 80mg/m²/day once at night.

Plan BMA (MPO) at end of consolidation to look for response.

D29 → 15/7/23 → 6MP → Not started due to LANCET → 20/7

ddh R M... sir

6MP - started on 20/7 - 2/8



on

Name	Pradeep K. S. D.	Centre Details	MR. SUDEEP KUMAR
Age	47 Yrs Sex: Male	Accession ID	PRE2305020019
Collection Date	05/May/2023 08:55PM	Referred By	KSCH
Received Date	05/May/2023 08:55PM	Report Date	05/May/2023 14:57PM
Registration Date	05/May/2023	Ref. No./TRF No.	1/

DEPARTMENT OF FISH & CYTOGENETICS

Chromosome Analysis (Haem. Malignancy)
Bovine, White Blood Cell, Bone Marrow

Chromosomal Analysis: GTG Banding

Method Used : ONC/43 Hr Unstimulated culture
Specimen type : Heparinized ? Bone Marrow / ? Peripheral Blood
Specimen Adequacy : Adequate
Clinical Indication : ? ALL

Banding Resolution : 300-550 bphs

Cytogenetic Profile
Metaphase Counted : 10
Metaphase Analyzed : 10
Metaphase Karyotype : 10

Karyotype
Total Chromosome Number : 46
Autosomes : 44
Sex Chromosomes : 2XY

Observation : 46,XY[20]

Interpretation

There is no evidence of any structural or numerical abnormality in any of the cells studied.
The present findings may be evaluated in correlation with results of RTPCR study reported on 05/05/2023.



Name	Master/KARTIK	Centre Details	MR. SURESH KUMAR
Age	4 Yrs	Accession ID	PH2309020129
Collection Date	05/May/2023 11:15PM	Referred By	KBCN
Received Date	05/May/2023 11:42AM	Report Date	05/May/2023 05:17PM
Registration Date	05/May/2023	Ref. No./TRF No.	/

DEPARTMENT OF MOLECULAR DIAGNOSTICS-1

Acute Lymphoblastic Leukemia Translocation Panel

Acute Lymphoblastic Leukemia Translocation Panel (Qualitative)

Multiplex RTPCR & Gel Electrophoresis

Specimen type: EDTA P. Blood/ Bone Marrow

TRANSLOCATION	STATUS OF TRANSLOCATION
t(9;22)(q34;q11)	Not detected
t(12;21)(p13;q22)	Not detected
t(1;19)(q23;p13)	Not detected
t(4;11)(q21;q23)	Not detected

Result:

The hybrid transcripts for *BCR/ABL1*, *ETV6/RUNX1*, *E2A/PBX1* and *MLL/AF4* were not detected in leukocytes of the specimen.

Interpretation:

This multiplex RTPCR assay addresses interrogation of the translocation status of the following translocations of importance in Acute Lymphoblastic Leukemia. The analytical sensitivity ranges from 10^{-3} to 10^{-4} for each of the translocations studied.

The *BCR/ABL1* gene translocation, or t(9;22)(q34;q11) is found in more than 95% patients of pediatric and 15-30% patients of adult B-ALLs. Detection of *BCR/ABL1* translocation is the diagnosis of CML and denotes an unfavorable prognosis in ALL. This Test detects the *Bcr* and *Minc* (*m-BCR*) breakpoint forms corresponding to p210 and p190kDa protein respectively.

The *ETV6/RUNX1* gene translocation, or t(12;21)(p13;q22) has been reported in 20-25% of pediatric pre B-ALL in the Caucasian race and 5-10% patients of pediatric pre ALL-B-ALL population. The presence of this translocation is an indicator of favorable prognosis in ALL.

The *E2A/PBX1* gene translocation, or t(1;19)(q23;p13) has been reported in 3-6% of pediatric pre B-ALL. The presence of the translocation is an indicator of unfavorable prognosis.

The *MLL/AF4* gene translocation, or t(4;11)(q21;q23) has been reported in 3-5% of pediatric pre B-ALL.

T-ALL

Karthik N. Gauram

6y/m

Acute Lymphoblastic leukemia

Database

Age at diagnosis 6y

Presentation

fever (2 weeks) + 12m swelling in neck + 1m. Difficultly in healthy child. lymphocytes = 15 days

Initial TLC 35000

CAR > 1/3

Yes/No

Compensated

Liver: Bulky

Yes/No

Spleen: Bulky

Yes/No

B/L testis Normal/ Enlarged

Bone marrow/ PS

324/33

~~MPO neg acute leukaemia~~

Flowcytometry/IPT

T-cell (lymph node)

Cytogenetics

no high risk cytogenetics

1st CSF: TLC/DLC/RBC

WBC 14

WBC > 6.7 (1 MN per MN or)

Malignant cells

- 0

D8 - Absolute blast count

no blast seen

D35 - Bone marrow - not done

- CXR → WNL (No mediastinal widening)

Eoc - MRD

Initial risk

HR

Final Risk

HR

Govt. of India
KALAWATI SARAN CHILDREN'S HOSPITAL
INVESTIGATION RECORD SHEET

Name: Kartik

Age: 6Y

Sex: Male

C.R. No. 1230

Date	0/5	10/5	12/5	17/5	13/6	18/6	24/6	27/6	07/7	10/7	16/7
HB/HCT	8.3 24.6	8.5 26.7	10 29.7	10.3 30.2		9.2 28.7	9.6 28.4	8.13 26	8.1 25.7	8.6 26.8	8.4 24.8
TLC/DLC	2240 N99L30	8190 N65L4	5010 N46L1	3200 N29		2420 N42	2220 N42	3320 N42		4120 N42	4380 N42
Platelet Count	1.5L	2.1L	2.5L	3.12L		2.41L	2.7L	3.28L		1.9L	2.2L
Urea	47	37.7	34	17.6	17.6	23	29.7	26.4		34	46.7
Creatinine	0.45	0.39	0.42	0.42	0.25	0.22	0.35	0.25		0.38	0.2
Na	135	145	134			140	125	136		139	136
K	4.3	4.5	3.9			4.5	3.9	3.8		3.5	4.1
Serum Bilirubin Direct / Indirect	1.58 0.78	0.49 0.44	1 0.44			0.96 0.76	0.49 0.41	0.58 0.25		0.49 0.24	0.5 0.2
SGOT	33	26.9	43			74	32.9	19.2		28	38
SGPT	38	33.4	46			115	55.7	56.6		61	69
Alk Po.	129	153	136			247	240	187		178	175
S. Protein/Alb	6.3 3.9		6.5 3.9		6.62 3.9	6.44 3.55	6.52 3.72	6.03 3.46		7 4.2	6.6 4.1
S. Calcium/l	8.3 4.5	3.8	4.4			9.3 5.1	9.5 4.6	8.8 4.6		10.2 5.6	6.2 3.8
Phosphate	3.7		1.7		1.5	2.11	2.23			2	2.0
RBS & CRP	7.37	7.2	1.4			14.2	11.5			2	2.0
Lipid Profile UA	0.7	0.4			1.4	1.5	2.0	3.8			
CSF M/E											
B/C											
Any other Fluid Examination	12/5	CSF - WBC 40, RBC > 10, WBC 6.7, MNC 100, MNC 100, MNC 100									
PS/RMAT DENGUE SEROLOGY	18	MNC 100 - 0 cells WBC 13 - no blast									

calling
 1 1/2 hrs
 breath
 wall
 program
 1000

TTTS
 MNC
 INR = 1.1



Name	: Master/KARTIK	Centre Details	: MR. SUDEEP KUMAR
Age	: 6 Yrs Sex: Male	Accession ID	: PRE2305020020
Collection Date	: 02/May/2023 03:15PM	Referred By	: KSCH
Received Date	: 03/May/2023 10:42AM	Report Date	: 05/May/2023 05:27PM
Registration Date	: 02/May/2023	Ref. No./TRF No.	: /

DEPARTMENT OF MOLECULAR DIAGNOSTICS-1

ALL patients. The presence of the translocation is an indicator of unfavorable prognosis.

Test Attributes and Limitations:

The analytical sensitivity of the assay ranges from 10^{-3} to 10^{-4} for each of the translocations studied. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA.

PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

Note: This Test has been developed and its performance evaluated at Oncoquest Laboratories.

*** End Of Report ***

Disclaimer: All Results released pertain to the specimen submitted to the lab

1. Test results are dependent on the quality of the sample received by the lab
2. Tests are performed as per schedule given in the test listing and in any unforeseen circumstances, report delivery may be delayed
3. Test results may show interlaboratory variations
4. All disputes and claims are subjected to local jurisdiction only
5. Test results are not valid for medico legal purposes
6. For all queries, feedbacks, suggestions, and complaints, please contact customer care support +9124 665 0000



Name	: MasterKARTIK	Centre Details	: MR. SUDEEP KUMAR
Age	: 6 Yrs Sex: Male	Accession.ID	: PRE2305020029
Collection Date	: 02/May/2023 03:15PM	Referred By	: KSCH
Received Date	: 03/May/2023 10:42AM	Report Date	: 05/May/2023 05:27PM
Registration Date	: 02/May/2023	Ref. No./TRF No.	: /

DEPARTMENT OF MOLECULAR DIAGNOSTICS-I

ALL patients. The presence of the translocation is an indicator of unfavorable prognosis.

Test Attributes and Limitations:

The analytical sensitivity of the assay ranges from 10^{-3} to 10^{-4} for each of the translocations studied. Samples must be received at the laboratory under appropriate conditions within 48hrs of aspiration to ensure preservation of RNA.

PCR is a highly sensitive technique; reasons for apparently contradictory results may be due to improper quality control during sample collection, selection of inappropriate specimen and/or presence of PCR inhibitors.

Note: This Test has been developed and its performance evaluated at Oncquest Laboratories Ltd.

*** End Of Report ***

Disclaimer: All Results released pertain to the specimen submitted to the lab

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5. Test results are not valid for medico legal purposes
6. For all queries, feedbacks, suggestions, and complaints, please contact customer care-support +0124 665 0000

DEPARTMENT OF PATHOLOGY
LADY HARDINGE MEDICAL COLLEGE & SMT S. K. HOSPITAL : NEW DELHI

HISTOPATHOLOGY REPORT

Name of Patient: Kartik Age /Sex: 6/M Regd. No : 12300
Hospital: LHMC Ward: U2 C6 Dr. In charge: Dr. V. Singh
Specimen No: 3575 Microsection No. 3575/23
Nature of Specimen: Saline, Lymph node
Date of Receiving: 18/5/23 Date of Reporting: 27/05/2023

Labelled as Lymph node in normal saline (3575/23)

Sections studied shows poorly preserved lymph node architecture which appear effaced monotonous population of lymphoid cells. Many tingible body macrophages and apoptotic bodies identified. However, morphology is poorly preserved for definitive opinion.

Labelled as Lymph node in formalin (3575A/23)

H&E stained serial sections from lymph node biopsy show totally effaced lymph node architecture. Tumor is monotonous population of small to medium size cells with scant moderate cytoplasm, irregular nuclear membrane with coarse granular chromatin and prominent nucleoli. Follicles show irregular nuclear membrane. Numerous tingible body macrophages interspersed throughout the population with numerous apoptotic bodies and mitotic figures seen, 10-12/hpf. Features are suggestive of Lymphoblastic lymphoma.

CD3: Positive diffuse 3+ (cytoplasmic)

CD5: Positive (cytoplasmic)

CD4: Positive

CD8: Positive

Tdt: nuclear positive

CD10: Positive

CD79a: positive in remnant follicle *only*

CD20: Positive in remnant follicle *only*

Ki67: 100%

Impression: T-lymphoblastic lymphoma (centroblastic subtype). Report on next page.

KALAWATI SARAN CHILDREN HOSPITAL

CLINICAL PATH LABORATORY

--- Patient ---

Sample ID : 12300 CSF
Patient Name : KARTIK U2C5

Patient ID :

Medical unit name : UNIT 2

Sex : Male

Sample comment :

Doctor name :

--- Measurement ---

BF

Analysis time 18/05/2023 11:25:33

RBC	1.1	/ μ l
WBC	6.7	/ μ l
MN#	0.0	/ μ l
MN%	0.0	%
PMN#	6.7	/ μ l
PMN%	100.0	%
EC	0.0	/ μ l
TNC	6.7	/ μ l

Dr CLP

Name	Master KARTIK	Centre Details	MR. SUDEEP KUMAR
Age	6 Yrs Sex: Male	Accession ID	PRE2305020029
Collection Date	02/May/2023 03:15PM	Referred By	KSCH
Received Date	03/May/2023 10:42AM	Report Date	05/May/2023 05:27PM
Registration Date	02/May/2023	Ref. No./TRF No.	/

DEPARTMENT OF MOLECULAR DIAGNOSTICS-I

Acute Lymphoblastic Leukemia Translocation Panel
 Acute Lymphoblastic Leukemia Translocation Panel (Qualitative)
 Multiplex RTPCR & Gel Electrophoresis

Specimen type: EDTA P. Blood/ Bone Marrow

TRANSLOCATION	STATUS OF TRANSLOCATION
t(9;22)(q34;q11)	Not detected
t(12;21)(p13;q22)	Not detected
t(1;19)(q23;p13)	Not detected
t(4;11)(q21;q23)	Not detected

Result:
 The hybrid transcripts for *BCR/ABL1*, *ETV6/RUNX1*, *E2A/PBX1* and *MLL/AF4* were not detected in the leukocytes of the specimen.

Interpretation:

This multiplex RTPCR assay addresses interrogation of the translocation status of the four major gene translocations of importance in Acute Lymphoblastic Leukemia. The analytical sensitivity of the assay ranges from 10^{-3} to 10^{-4} for each of the translocations studied.

The *BCR/ABL1* gene translocation, or t(9;22)(q34;q11) is found in more than 95% patients of CML, 5% patients of pediatric and 15-30% patients of adult B-ALLs. Detection of *BCR/ABL1* transcript establishes the diagnosis of CML and denotes an unfavorable prognosis in ALL. This Test detects the Major (M-*BCR*) and Minor (m-*BCR*) breakpoint forms corresponding to p210 and p190kDa protein respectively.

The *ETV6/RUNX1* gene translocation, or t(12;21)(p13;q22) has been reported in 20-25% patients of pediatric pre B-ALL in the Caucasian race and 5-10% patients of pediatric pre ALL-B in the Indian population. The presence of this translocation is an indicator of favorable prognosis and longer DFS.

The *E2A/PBX1* gene translocation, or t(1;19)(q23;p13) has been reported in 3-6% of ALL patients and upto 20-25% patients of pediatric pre B-ALL. The presence of the translocation is an indicator of unfavorable prognosis.

The *MLL/AF4* gene translocation, or t(4;11)(q21;q23) has been reported in 3-5% of pediatric and adult



Vinay Bhatia
 Dr. Vinay Bhatia
 Ph.D.
 Head, Molecular Biology
 and Genomics

Shivani
 Dr. Shivani Abhinav
 MD, D.N.B (Path)
 Head, National Reference
 HMC BG No. 17018

DEPARTMENT OF PATHOLOGY

LADY HARDINGE MEDICAL COLLEGE & SMT. S.K. HOSPITAL, NEW DELHI

CYTOLOGY REPORT FORM

Name of Patient Kotlik Sex boy Age M Regd. No. 12200

Hospital KCH Ward U-5 Dr. In-Charge Dr. V. Singh

Case No 1654 Smear No 4805-06/23

Received on 18/5/23 Reported on 18/5/23

Investigation asked for :-

D & C S F

Report :-

CSF for malignant cytology (4805-06/23)

Gross: received approx. 1 ml of clear fluid
TLC: '0' cells / csm.

Microscopy:

Smears are acellular

G. J.
Dr. Shweta Singh

- Hb 11.1 gm/dl
- TLC 256 /mm³
- DLC: N 9 % L 91 % E 0 % M 1 % B 1 % Myelo 1 % Meta 1 %
Blasts 55 % n RBC 100 /100wbc
- Platelets 59k / mm³
- Smear
- Exam leucocytosis + 55% blasts

- BMA (No 274/23) Report Y
blasts 55 Myo1 M101 St01 Nil L2 M02 E01 (in p/s)
leucocytosis c 55%

- Morphological
Subtype
- Special Stains
 - MPO ⊖
 - PAS
 - Peroxidase
 - Other
- Immunophenotyping
- Chromosomal studies
 - Numerical
 - Structural
 - BCR-ABL
- BM biopsy (No) Imprint
report



BACHPAN CARE ORGANIZATION

YOUR CONTRIBUTION, MANY SOLUTION

B-360, Jaitpur, Extension, Badarpur, New Delhi - 110044

E-mail: into@bachpancareorganization.org | Web: bachpancareorganization.org

Ref. No.

Date

28/07/23

सेवा में,

संस्थापक महोदय

बचपन केंद्र आर्गेनाइजेशन

बदरपुर नई दिल्ली,

महोदय मेरा बच्चा कार्तिक जिसका उपचार कलावती
शरण बाल चिकित्सालय नई दिल्ली में हो रहा है।
हमारे बच्चे को एलड कैंसर है। मेरे बच्चे का
बुढ़ बढ़ती जा रहा है। कृपया करके हमारे बच्चे के
इलाज में मदद करें। हमारा पुरा परिवार जिवन और
आपका और आपके संस्था का आभारी रहेगा।
कृपया करके हमारे परिवार को
आर्थिक सहायता प्रदान करें।

प्राथी

Gautam Kumar

Your Contribution

Many Solution

