



Ref. No.: FRR/Vinayak/1013/2025-26

Dated:28.07.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Keshav.

Sex: Male **Age:** 10 Months 4 Days .

Father Name:Sanjay Kumar.

Address: Bulandshehr (U.P.).

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 28/07/2025

Overall Analysis: The patient - Master Keshav was brought in to our hospital by his father - Mr.Sanjay Kumar on 28th July 2025. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil. His elder sister was carrying the child suddenly she slipped and Master Keshav contacted with hot oil and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 25% TBSA Thermal Burn Injury. The Burns is on back area, head area and hand area . The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 10 months, the injury is of a grave nature. We plan to manage the child conservatively applying wound dressing and debridement procedures to close the wound as early as possible. Surgical Skin Grafting if required, would be undertaken at a later stage.

Visuals:



Fund Requirement - During Hospital Stay

Please find below the detailed fund requirement for the first 3 Weeks of treatment.

Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	48,000.00
Funds - Dressing & Procedures	35,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	187,000.00
Total (in words):	One Lakh Eighty Seven Thousand Only

Fund Requirement - Follow Up

Please find below the detailed fund requirement for Follow Up period of 1.5 Month Post Discharge.

Funds - Follow Up Visits & Dressings	3,000.00
Total (in numbers)	3,000.00
Total (in words):	Three Thousand Only
Fund Requirement - TOTAL	
Stage 1	187,000.00
Stage 2	3,000.00
Total (in numbers)	190,000.00
Total (in words)	One Lakh Ninety Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Keshav .



For Vinayak Hospital
(A Division of Vinayak Hospital)
5th Floor, Vinayak Hospital, Sector 27, Atta Market,
NH - 1, Noida - 201301 (UP)

AO/AD

सेवा में
श्रीमान आद्यक्ष
मिश्राल हिल

सी - 63 वेसमैन्ट साउथ एवरा पार्ट - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।
महोदय श्रीमान निवेदन यह है कि मेरा नाम संजय है ।
मेरा निवास कुडवल बनारस, बुलंदशहर, बुलंदशहर, उत्तर
प्रदेश में स्थित है । मेरा एक बेटा है । जिसका नाम
केशव है । उसकी आयु 10 महीना 4 दिन है । मेरा
बेटा घर में खेल रहा था, तभी अचानक गर्म तेल
की कुड़ाही के संपर्क में आने के कारण जल गया ।
जिसके कारण मैं उसे दौड़ा के विनायक हॉस्पिटल
लैकुर जाया और वहाँ पर उसके इलाज के लिए
एक लाख नब्बे हजार का खर्चा बताया गया है ।
जो कि मैं यह खर्चा उठाने में असमर्थ हूँ ।
इसलिए मेरा आपसे निवेदन यह है कि मेरे बेटे
को सहायता प्रदान करें ।

Date :- 28/July/2025

बेटे का नाम :- केशव

उम्र :- 10 महीना 4 दिन

पता :- कुडवल बनारस,

बुलंदशहर, बुलंदशहर,

उत्तर प्रदेश

आपका आभार होगा ।

आपका प्रार्थी

संजय ।

संजय



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2500583

Room No. 261 Category

Date of Admission 28/07/25



Name MASTER KESHAV

S/o, D/o, W/o MR. SANTAY

Occupation

Age 10 MONTHS 4 days Sex M

Religion HINDU

Father's / Husband's Name

Address KUDVAL BAHARH

BULANDSHAHAR, BULANDSHAHAR

U.P. - 203201

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. REENA Informed at 12.00

Admitting Dr. AHOK KUMAR VERMA Informed at 12.10

Chay
Receptionist

I hereby declare that I am getting admitted in this Hospital on my own will. The expenses have been explained to me and I agree to make all payments before discharge.

I agree that I am keeping no valuable with me in the Hospital and no one will be responsible in the events of theft if any.

Signature of Patient / Relative

Unit / Consultant DR. AHOK KUMAR VERMA

Date of Discharge

Provisional Diagnosis

Final Diagnosis

Infectious nature of disease : Yes/No

Outcome : LAMA / Stable / Improved / Cured / Died

Death Record filled by Dr.

FOR DELIVERY CASE ONLY

Date and Time of Delivery

New Born : Male / Female

Birth record filled by Dr.

Patient shifted from Room No. to

On

Shifted from Room No. to

On

Shifted from Room No. to

On

Discharge Date Time Bill No. / R.No. Dated

For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory



VINAYAK HOSPITAL

(A Unit of Chaudhary Nursing Home Pvt. Ltd.)
Reg. No. 201307



27113

MLC - 3863
done in vinayak hospital

EMERGENCY ASSESSMENT

NAME MASTER KESHAV AGE / SEX 10M / M DATE 28.7.25 OHID 12:04 PM

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History ALL NIL

Diabetes / HT / IHD / TB

OTHER

Menstrual History

Current Medication NIL

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 136 ml
B P - — ml
Resp Rate - 36 ml
Temp - 98.6 of
Ht / Wt - 8kg

Investigations

SpO2 96%
R 198 ml
TRIAGE CODE
P1 ☐ RED
P2 ☐ YELLOW
P3 ☐ GREEN
P4 ☐ BLACK
20

Dietary Advise & Normal Preventive Care diat

Chief Complaints

Above child came to casualty with c/o 1 day old burn wound (22-25% TBSA) - pain, burning sensation over scalp (half), ~~right~~ right left forearm and back.

Treatment

A/H/O minimal injury (burn scald) happened as told by his parent that his elder sister was carrying him when he accidentally slipped and the child fell into hot cooking oil in kitchen. On 27/7/25 at 6:15 PM at home village Kundhal Banawas, Dist. Bulandshahar.

O/E - 22-25% TBSA including - posterior scalp, right+left forearm & back

Admit to Dr. A.K. Verma (Informed)

By

ON. T.T. 1/2 ampule IM STAT
O/V RL 30ml in first 6hrs, 30ml in next 16hrs.
ON. MONOCEF 200 IV 12mlly (LAST)
ON. AMIKACIN 60 IV 12mlly (LAST)
ON. PAINYLAC 8mg IV 3x47/2mlly
ON. PCM 100mg IV every 6hrs
Rt in p adm

Name & Sign Of Doctor

Dr. KALPANA JAIN
MEDO, RMO
Reg. No. UPMO-100700

