





Ref. No.: FRR/Vinayak/10006/2026-27

Dated: 10.06.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Jivyansh.

Sex: Male **Age:** 2 Years.

Father Name: Sachin Kumar.

Address: Gaon Tejpur Jawan Sikandarpur, Allgarh, Uttar Pradesh.

Diagnosis: Approx. 20% Thermal Burn.

Date of Admission: 10/06/2026

Overall Analysis: The patient - Master Jivyansh was brought in to our hospital by his father - Mr. Sachin Kumar on 10th June 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot curry while he was playing at home. His mother was making food for her family suddenly Master Jivyansh contacted with hot curry and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 20% TBSA Thermal Burn Injury. The Burns is on back area and hip area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 years, 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	41,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	41,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (In numbers)	182,000.00
Total (In words):	One Lakh Eighty Two Thousand 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		8,000.00
	Total (in numbers)	8,000.00
	Total (in words):	Eight Thousand Only
Fund Requirement - TOTAL		
	Stage 1	182,000.00
	Stage 2	8,000.00
	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 Jivyansh.



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,

श्री मदन अध्यापक

मिश्रान हील

सी-63 बेसमेंट साउथ एबस पार्क-2

नई दिल्ली - 110049

विषय :-

आपकी सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम सन्धि कुमार है।
मेरा निवास तैमपुर, जवां सिकन्दर पुर अलीगढ़ उत्तर प्रदेश
में स्थित है। मेरा एक बेटा है जिसका नाम लीपांग है। उसका
आयु 2 वर्ष का है। मेरा बेटा घर में रखे हुए गर्म खबूनी के
अन्दर गिर गया जिसके कारण मेरा बेटा धब गया उसे
में विनायक टॉरिफ़र निकर गया वहाँ पर उसके इलाज के
लिए एक लाख महँगे खर्च का शर्पा लगाया गया
है। कि यह खर्च उठाने में असमर्थ हूँ अतः आपसे
निवेदन यह है कि मेरा बेटा का सहायता प्रदान करें।

दिनांक = 11/06/26

बेटा का नाम = लीपांग

उम्र = 2 वर्ष

पता = तैमपुर जवां सिकन्दर पुर
उत्तर प्रदेश

आपकी आर्ति कृपा हेतु

आपका प्रबन्धी

सन्धि कुमार

T RAJAN (GLOBAL VARTUA)

File - 3756

UHID - P2601351



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. V.H. 3756

Room No. 201 Category

Date of Admission: 01/06/26



Name MASTED JIVYANSI

S/o, D/o, W/o MR. SACHIN KUMAR

Occupation

Age 24 Sex M

Religion HINDU

Father's / Husband's Name

Address GADON TEJAPUR JAWAN
SIKONPUR JAWAN ALICHAH U.P.

Phone : Office Res.

Advance Receipt No. Date 10/06/26

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. HARI Informed at 7:55 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 7:55 PM

Receipt

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.

MENAKUM LATA
Signature of Patient / Relative

Unit / Consultant DR. ASHOK 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.

Authorized Signatory



VINAYAK HOSPITAL



29851

EMERGENCY ASSESSMENT

NAME Mrs. Jivansh

MLC-NO - 3956

Personal History

Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate - 134/min

B P -

Resp Rate - 20/min

Temp - 98.6°R

Ht / Wt - 11 kg

SpO2 - 92%

Investigations

Hb - 34 g/dl

AGE / SEX 24/M

DATE 10/6/26

UHID P262135

Chief Complaints

07:35

A maid (boy) brought to casualty with deep scald burn on back & thigh at home (oil barala) at 6 PM today (10/6/26).

Pain Score



U/H/O - Deep scald burn on back & thigh at home (oil barala) at 6 PM today (10/6/26).

H/o - burn by hot vegetable at home (oil barala) at 6 PM today (10/6/26).

U/E - burn area back (left side) and thigh.

C/o - Pain at burn area.

Adv: - Admitted Dr. A.K. Verma

TRIAGE CODE
 P1 RED
 P2 YELLOW
 P3 GREEN
 P4 BLACK

Dietary Advise & Preventive Care

as appropriate diet

Follow up

- Im - MONOCEF 250mg IV - 12 hr
- It - AMKACIN 75mg IV - 12 hr
- Ij - RANTAC 0.5ml IV - 24 hr
- Iy - PCM 15ml IV - 8 hr
- Iz - IBUGLON 5ml - 8 hr
- sup - CCZ - 2.5ml - 12 hr
- sup - PL @ 350ml over - 8 hr
- 1-V-8 - then 350 over - 16 hr

Name & Sign Of Doctor

