





Ref. No.: FRR/Vinayak/10008/2026-27

Dated: 26.06.2026

### PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Master Suresh.

**Sex:** Male **Age:** 8 Years.

**Father Name:** Paras Paswan.

**Address:** Ward Number 1 Belauncha, Madhubani, Bihar.

**Diagnosis:** Approx 45% Thermal Burn.

**Date of Admission:** 26/06/2026

**Overall Analysis:** The patient - Master Suresh was brought in to our hospital by his father - Mr. Paras Paswan on 26th June 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home. His mother was making food for her family suddenly Master Suresh contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns is on back area, face area, hands and legs areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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	52,000.00
Funds - Dressing & Procedures	57,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	61,000.00
Funds - Pathology & Diagnostics	15,000.00
<b>Total (in numbers)</b>	<b>235,000.00</b>
<b>Total (in words):</b>	<b>Two Lakh Thirty Five Thousand Only</b>

**Fund Requirement - Follow Up**

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

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>5,000.00</b>
	<b>Total (in words):</b>	<b>Five Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>235,000.00</b>
	<b>Stage 2</b>	<b>5,000.00</b>
	<b>Total (in numbers)</b>	<b>240,000.00</b>
	<b>Total (in words)</b>	<b>Two Lakh Forty Thousand Only</b>

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Suresh .



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

AO/AD

श्रीमान्,

श्री मजन अहय्य  
मिशन टिन

सी-63 लेसमिन्ट साउथ एक्स पार्स-2  
नई दिल्ली - 49

विषय :-

आपकी सहायता हेतु प्रार्थना पत्र।  
महोदय श्रीमन्तु निवेदन यह है कि मेरा नाम पारस पासवान है।  
मेरा निवास बैलांचा मधुवनी बिहार में स्थित है। मेरा एक बेटा है।  
उसका नाम सुरेश कुमार है। उसका आयु 8 वर्ष का है। मेरा  
बेटा घर में रहते हुए गर्म तेल उसके ऊपर गिर गया।  
जिसके कारण मेरा बेटा जल गया। उसे मैं किनापक हॉस्पिटल  
लेकर गया। वहाँ पर उसके इलाज के लिए दो लाख भारतीय  
रुपये का खर्च लगाया गया। जो कि यह खर्च  
उठाने में असमर्थ हूँ। अतः आपसे निवेदन यह है कि मेरा  
बेटा का सहायता प्रदान करें।

दिनांक = 26/6/26

बेटे का नाम = सुरेश कुमार

उम्र = 8 वर्ष

पता = बैलांचा बिहार मधुवनी

आपकी अति कृपा होगी

आपका प्रार्थी

पारस पासवान



41355

OPD INITIAL ASSESSMENT

NAME MASTER SURESH KUMAR AGE / SEX 8Y / Male DATE 26/06/2026 UHID V/12600418

Personal History

Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment & Examination

Pulse Rate 26

B.P. -

Resp Rate -

Temp - 98.1

Ht / Wt - 90.1

SpO2 97%

Investigations

cbc

Left Rft

Left

Mixed

Red

White

Platelet

Urea

Creatinine

Glucose

HbA1c

LFT

RFT

ESR

Follow up

Chief Complaints

above Patient Brought to Casualty W/H / Deep Scald burn.

Pain Score



Incident occurred while the child playing in home, accidentally slipped into the hot boiler oil at home on 25/06/2026 8y and initial treatment taken locally then brought to

Treatment

Vinayak Hospital for further management.

Tobsa 40% to 45% Admitted Regms -

Adv

Handwritten medical advice including: Vy. Momen 50mg IV / 12H / Prn, q. 15mg IV q. 4h, Pant. 1/2 IV - 2, Pen. 3. l., 1. Dugereb 1000 8/12, Ly - 5ml. 2y, 11. - 100, Diapyl - 1/2 IV.



Admitted as a 2nd Shock Vene





# VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VNA 600418  
 Room No. 201 Category  
 Date of Admission 26/8/26 10 AM



Name MASTER SURESH KUMAR  
 ✓ S/o, D/o, W/o PARAS PASWAN  
 Occupation  
 Age 87 Sex M  
 Religion HINDU  
 Father's / Husband's Name PARAS PASWAN  
 Address WARD-01 BELAUNCHA  
MADHUBANI, BIHAR  
 Phone : Office Res.  
 Advance Receipt No. Date  
 For Rs.  
 Name & Address of accompanying relative  
 Phone : Office  
 R.M.O. Dr. SK. BEHRA Informed at 10 AM  
 Admitting Dr. AK VERMA Informed at 10 AM  
Mishra  
 Receptionist

Unit / Consultant DR ASHOK VERMA  
M/S  
 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

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.

22221  
 Signature of Patient / Relative

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

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

Authorised Signatory

