
GAUGE THAN
SOFT ROLL(I)
SOFT ROLL(0)
STOKINET
BACTIGRAS

Ref. No.: FRR/Vinayak/10013/2026-27
Dated: 03.09.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Praniti.
Sex: Female **Age:** 1.5 Years .
Father Name: Pranab Ghosh.
Address: Sector 73 Noida G.B. Nagar (U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 02/09/2026

Overall Analysis: The patient - Baby Praniti was brought in to our hospital by her father - Mr.Pranab Ghosh on 2nd Sept 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was cooking food for her family, suddenly Baby Praniti contacted with hot water and got burnt . As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 30% TBSA Thermal Burn Injury. The Burns is on chest area,back area, abdomen, hand 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 1.5 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 2 Weeks of treatment.

Funds - Hospital Stay	**41,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**42,000.00**
Funds - Dressing & Procedures	**61,000.00**
Funds - Rehabilitation (Physiotheraphy)	**4,000.00**
Funds - Medicines + Consummables + Transfusions	**59,000.00**
Funds - Pathology & Diagnostics	**15,000.00**
Total (in numbers)	**222,000.00**
Total (in words):	**Two Lakh Twenty Two 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	**222,000.00**
Stage 2	**3,000.00**
Total (in numbers)	**225,000.00**
Total (in words)	**Two Lakh Twenty Five Thousand Only**

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Praniti .

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

AO/AD

सेवा मे,

श्री मान अध्यक्ष
मिशन हील
सी-63 बेसमेन्ट साउथ एक्स पार्ट-2
नई दिल्ली - 49

विषय : आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम प्रणब घोस है मेरा निवास सेक्टर 73 नोएडा उत्तर प्रदेश मे स्थित है मेरी एक बेटी है उसका नाम प्रणति घोस है उसकी आयु 1 साल 5 महीना की है। मेरी बेटी घर मे रखे हुए गर्म पानी उसके ऊपर गिर गया जिसके कारण मेरी बेटी जल गई उसे मै विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्चा बताया गया जो कि यह खर्चा उठाने मै असमर्थ हूँ अत: आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करे।

दिनांक = 3/09/2026
बेटी का नाम = प्रणति घोस
उम्र = 1 साल 5 महीना
पता = नोएडा सेक्टर 73
उत्तर प्रदेश

आपकी अति कृपा होगी
आपका प्रार्थी
प्रणब घोस

VINAYAK
HOSPITAL

41371

OPD INITIAL ASSESSMENT

NAME Baby PRANITI GHOSH **AGE / SEX** 1.5Y / Female **DATE** 02/9/2026 **UHID** VH2600

Personal History
Alcohol / Smoking / Tobacco
Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
Other
Menstrual History
urrent Medication

accination Status

Chief Complaints

Baby Pranith Ghosh, brought by her Palwal, A/H/o Deepburn with hotwater, at home on 1.9.2026. Initial treatment taken locally then brought to Vinayak Hospital for further treatment.
TBSA - 25% to 30%.

Pain Score

ital Assessment &
amination
lse Rate - 141
· -
sp Rate -
mp - 98.2F.
/ Wt -
₂
estigations

cbc
lft
kft
[illegible]

Treatment

Inj. T.T. [illegible]
Syp. Ibugesic 10ml 6hr/8hrs
Syp. Augm 7.5ml. 8hrs
Syp. Dolubaw 10ml. 24hrs
Dressing done and advised for d
regular [illegible]

ry Advice &
entive Care

VINAYAK HOSPITAL
NOIDA

up

VINAYAK
HOSPITAL
A Unit of Chaudhary Nursing Home Pvt. Ltd.

NABH

V.H. No. VH26cn0869
Room No. 263 Catagory
Date of Admission 02/9/2026

Name BABY PRANITI GHOSH
S/o, D/o, W/o MRS. SUKLA GHOSH
ccupation
ge 1.5Y Sex Female
eligion HINDU
ther's / Husband's Name
dress

ne : Office Re
ance Receipt No. Date 02/9/2026
Rs.
e & Address of accopanying relative

: Office Res.
. Dr. SATENDER KUMAR Informed at 8h
ing Dr. ASHOK KUMAR VERMA Informed at 8:10h

Receptionist

y declare that I am getting admitted in this Hospital own will. The expenses have been explained to me ree to make all payments before discharge.

gree that I am keeping no valuable with me in the and no one will be responsible in the events of ny.

Sukla Ghosh
Signature of Patient / Relative

Unit / Consultant
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

Date Time Bill No. / R.No. Dated
Received / Refundable after adjustment of advance Rs.

Authorised Signatory