



Ref. No.: FRR/Vinayak/10018/2026-27

Dated:09.10.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Divyansh.

Sex: Male **Age:**11 Months.

Father Name:Pushpendar .

Address:House Number 112 Village Garhi Chokhandi Sector 68 Noida G.B. Nagar (U.P.).

Diagnosis: Approx 25% Thermal Burn.

Date of Admission: 08/10/2026

Overall Analysis: The patient - Master Divyansh was brought in to our hospital by his father - Mr.Pushpendar on 8th Oct 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home. His mother was boiling rice for her family suddenly Master Divyansh contacted with hot rice water and 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 hand, abdomen area,leg and genital areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 11 months 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	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	45,000.00
Funds - Dressing & Procedures	47,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	211,000.00
Total (in words):	Two Lakh Eleven 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	4,000.00
Total (in numbers)	4,000.00
Total (in words):	Four Thousand Only
Fund Requirement - TOTAL	
Stage 1	211,000.00
Stage 2	4,000.00
Total (in numbers)	215,000.00
Total (in words)	Two Lakh Fifteen Thousand Only

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



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 मान उग्रयज्ञ

मिश्रान हिल

सी-63 लेसमेन्ट साठुवा खबस पार्क-2

नई दिल्ली-44

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र

महोदय सविनय निवेदन यह है कि मेरा नाम पुष्पेन्द्र यादव है
मेरा निवास गाँव गढ़ी चौरवाँ सिल्लर-68 नोएडा उत्तर प्रदेश
में स्थित है मेरा एक बेटा है उसका नाम दिवंश है
उसकी आयु 11 महीना का है मेरा बेटा धीरे धीरे 22वें
हफ्ते गर्भ पत्नी उसके उपर गिर गया जिसके कारण
मेरा बेटा जन्म गया उसे मैं विनायक हॉस्पिटल लेकर
गया वहाँ पर उसके इलाज के लिए दो लाख पंद्रह
हजार रुपये का खर्चा बताया गया जो कि यह खर्चा
उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है
कि मेरा बेटा का सहायता प्रदान करें।

दिनांक = 8/10/26

बेटा का नाम = दिवंश

उम्र = 11 महीना

पता = नोएडा सिल्लर-68

आपकी आज्ञा सुपा होगी

आपका प्राप्ति

पुष्पेन्द्र यादव



VINAYAK
HOSPITAL



32988

EMERGENCY ASSESSMENT

NAME Master Divyansh AGE / SEX 11 M / M DATE 08/10/26 UHID P2604085

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 - 118/min

B P -

Resp Rate - 32/min

Temp - 98.6°F

Ht / Wt -

8 kg

spO₂ - 98%

Investigations

As -

Chief Complaints

@ 12:39 PM

A 11 month old Master was brought to
Casualty with ATH/o - Accidental

Pain Score



Burn from Hot Boiling

Rice water Deep scald Burn
ETBSA $\approx$ 20-25%

on 07/10/26 $\approx$ 7:00 PM at Home
Gadh Chokhandi, Abida sec - 68

LE - Burn Area over Left Arm, Lower
Abdomen, B/L Lower Limb &
Cervical Area

Adm. - Admission Dr. A.K. Verma

→ Urinary Catheterization (Foley's)

- Ins T.T 0.5ml I.M. stat
- Ins - Ins. Monocet 200mg I.V 12hrly
- Ins. AMIKACIN 600mg I.V 12hrly
- Ins RAN TAZ 1/2ml I.V 12hrly
- Ins. IBUCESIC 2.5ml I.V 8hrly
- Ins. PCM 8ml I.V sos

Name & Sign Of Doctor



Dietary Advise &
Preventive Care

As appropriate

Follow up

T RASAN (GLOBAL)

MCC-3991

UH70-P2604085


VINAYAK
HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2601149

Room No. 205 Category

Date of Admission 8/10/26



Name MASTER. DIVYANSH	Unit / Consultant DR. ASHOK KUMAR VERMA
S/o, D/o, W/o MR. PUSHPENDAR YADAV	Date of Discharge
Occupation	Provisional Diagnosis
Age 11 MONTH Sex M	Final Diagnosis
Religion HINDU	Infectious nature of disease Yes/No
Father's / Husband's Name MR. PUSHPENDAR YADAV	Outcome : LAMA / Stable / Improved / Cured / Died
Address H.NO-112 VILLAGE-GARHE CHAUKHANDI,	Death Record filled by Dr.
NEAR SHRI KRISHNA SEC-68 NOIDA G.B.N/U.P	FOR DELIVERY CASE ONLY
Phone : Office Res.	Date and Time of Delivery
Advance Receipt No. Date 8/10/26	New Born : Male / Female
For Rs.	Birth record filled by Dr.
Name & Address of accompanying relative	Patient shifted from Room No. to
Phone : Office Res.	On
R.M.O. Dr. HARI Informed at 12:39 pm	Shifted from Room No. to
Admitting Dr. ASHOK KUMAR VERMA Informed at 12:39 pm	On
VERMA Receptionist	Shifted from Room No. to
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.	On
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.	Shifted from Room No. to
Shital Yadav Signature of Patient / Relative	On

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

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

Authorised Signatory

