





Ref. No.: FRR/Vinayak/10002/2026-27

Dated: 28.04.2026

**PROFORMA INVOICE / FUND REQUISITION REPORT:**

(A Vinayak Burn Centre Noida Initiative)

**Patient Name:** Baby Shanvi.

**Sex:** Female **Age:** 1 Year .

**Father Name:** Naveen Kumar.

**Address:** Semri Khartari Gonda Uttar Pradesh.

**Diagnosis:** Approx 25% Thermal Burn.

**Date of Admission:** 28/04/2026

**Overall Analysis:** The patient - Baby Shanvi was brought in to our hospital by her father - Mr.Naveen Kumar on 28th April 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for her family, suddenly Baby Shanvi contact with hot tea 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 chest area and abdomen area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 1 year, 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                   | 53,000.00         |
| Funds - Rehabilitation (Physiotherapy)          | 4,000.00          |
| Funds - Medicines + Consumables + Transfusions  | 57,000.00         |
| Funds - Pathology & Diagnostics                 | 15,000.00         |
| <b>Total (in numbers)</b>                       | <b>212,000.00</b> |

**Total (in words):**

**Two Lakh Twelve 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            |
| <b>Fund Requirement - TOTAL</b>      |                                |
| Stage 1                              | 212,000.00                     |
| Stage 2                              | 3,000.00                       |
| 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 Baby Shanvi .



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

AO/AD

श्रीमती

श्रीमती अनामिका

महेश कॉम्प्लेक्स

सी-63 लेसमैन्ट साउथ एक्स लाई-२

आई दिल्ली - 110

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय शिविनथ निवेदन यह है कि मेरा नाम नवीन कुमार है मेरा निवास सेमरी शरद्वारी गौडा उत्तर प्रदेश में स्थित है मेरी एक बेटी है उसका नाम शान्ती पांडे है उसकी आयु 1 वर्ष है की है मेरी बेटी घर में रहते हुए गर्भ जाय उसके उपर गिर गया जिसके कारण मेरी बेटी जन आई उसे मैं विनायक डॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख पंद्रह हजार रुपये का खर्चा लगाया गया है जो कि पर खर्चा उसके मैं अधभर्य है अतः आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें ।

दिनांक = 28/4/26

बेटी का नाम = शान्ती पांडे

उम्र = 1 वर्ष

पता = सेमरी शरद्वारी गौडा  
उत्तर प्रदेश

आपकी आति कृपा होगी

आपका प्रार्थी

नवीन कुमार



# VINAYAK HOSPITAL

Chaudhary Vinayak Hospital



29337

## EMERGENCY ASSESSMENT

MLC - 3935

NAME GATBY SWANVI PANDAY AGE/SEX 1Y/F DATE 28/4/26 UHID P2600403  
16:48 PM

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

### Chief Complaints

Abuse pt. came to casualty with c/o -  
mild burn over whole  
abdomen and back.  
on 21-4-26



Menstrual History  
Current Medication

A/H/O accidental spilling of boiling tea  
over child happened on 21-4-26,  
10AM, Kheda Colony sec 62 Noida

O/E - child is conscious,  
GASA ≈ 25%

Vaccination Status

### Treatment

S/E - S<sub>1</sub>, S<sub>2</sub> ⊕  
R/L A/E ⊕ clear  
PIA - left  
C/S - ~~not~~ active

Initial Assessment & Examination  
Pulse Rate - 126/min  
BP - NA  
Resp Rate - 28/min  
Temp - 38.6 F  
Ht/Wt - 10kg  
SpO<sub>2</sub> - 96% RA  
Investigations  
HbS - 80 mg/dL

Admit ↓ Surgery Dr. A.K. Verma (Informed)  
Rx  
• Symp. T.T. Temp already given  
• Symp. AUGMENTIN 3ml every 12 hours  
• Symp. IANUGESIC 2ml every 6 hours  
• Symp. POLYBION 5ml once a day / every  
• Symp. RL 500ml first 2 hours followed  
by 40ml/hr later.  
Rel a pr adv.  
• Symp. PAIN 15ml every 6 hours.  
PEDIATRICIAN OPINION

Dietary Advise & Preventive Care

Breast feeding continues

Dr. REENA JAIN  
MBBS, DNB  
Name & Sign of Doctor  
Reg. No. 1.P.100.106103  
VINAYAK HOSPITAL, NOIDA



Follow up

MLC. 3935



A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH260012  
 Room No. 206 Category .....  
 Date of Admission 28/4/26



Name BABY SHANVI PANDEY  
 S/o, D/o, W/o MR. NAVEEN KUMAR  
 Occupation .....  
 Age 17 Sex F  
 Religion HINDU  
 Father's / Husband's Name MR. NAVEEN KUMAR  
 Address SEMARI KHATHARI  
GANDA, UJ  
 Phone : Office ..... Res. ....  
 Advance Receipt No. .... Date 28/4/26  
 For Rs. ....  
 Name & Address of accompanying relative .....  
 Phone : Office ..... Res. ....  
 R.M.O. Dr. Reena Informed at 4.45h  
 Admitting Dr. DR. VERMA Informed at 4.45h  
 Receptionist [Signature]

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 .....

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]  
 Signature of Patient / Relative

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

Authorised Signatory

