





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
<b>Total (in numbers)</b>	<b>182,000.00</b>

**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.

<b>Funds - Follow Up Visits &amp; Dressings</b>		<b>8,000.00</b>
	<b>Total (in numbers)</b>	<b>8,000.00</b>
	<b>Total (in words):</b>	<b>Eight Thousand Only</b>
<b>Fund Requirement - TOTAL</b>		
	<b>Stage 1</b>	<b>182,000.00</b>
	<b>Stage 2</b>	<b>8,000.00</b>
	<b>Total (in numbers)</b>	<b>190,000.00</b>
	<b>Total (in words)</b>	<b>One Lakh Ninety Thousand Only</b>

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

श्रीमान,

श्रीमान अहमद

मदर कंसर्न

सी. 63 बैसमेंट साउथ एक्स पार्स-2

नई दिल्ली - 110014

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय साहब निवेदन यह है कि मेरा नाम सचिन कुमार है  
मेरा निवास तैयपुर, पता सिकन्दरपुर अलीगढ़ उत्तर प्रदेश में  
स्थित है मेरा एक बेटा है उसका नाम अनिरुद्र है उसका आयु  
2 वर्ष का है मेरा बेटा घर में रहने शुरू गर्मियों के अन्दर गिर  
गया जिसके कारण मेरा बेटा चल गया उसे मैं बिनापक डॉ. हिस्तल  
लेकर गया वहाँ पर उसके इलाज के लिए एक लाख नब्बे हजार रुपये  
का खर्च बताया गया है कि यह खर्च उठाने में असमर्थ हूँ  
अतः आपसे निवेदन यह है कि मेरा बेटा का सहायता प्रदान की।

दिनांक = 11/06/20

बेटा का नाम = अनिरुद्र

उम्र = 2 वर्ष

पता = तैयपुर, पता सिकन्दरपुर  
उत्तर प्रदेश

आपकी आशीर्षक है।

आपका प्रार्थी

सचिन कुमार

T RAJAN (GLOBAL VARTUA)

FILE - 3756

UHID - F2601351



V.H. No. V.H. 3756



Room No. 201 Category

A Unit of Chaudhary Nursing Home Pvt. Ltd.

Date of Admission: 01/06/26

Name MASTED JIVYANSI

Unit / Consultant DR. ASHOK KUMAR VERMA

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

Occupation

Date of Discharge

Age 24 Sex M

Provisional Diagnosis

Religion HINDU

Final Diagnosis

Father's / Husband's Name

Address GADON TEJAPUR JAWAN  
SIKONPUR JAWAN ALICHAH U.P.

Infectious nature of disease: Yes/No

Phone: Office Res.

Outcome: LAMA / Stable / Improved / Cured / Died

Advance Receipt No. Date 10/06/26

Death Record filled by Dr.

For Rs.

FOR DELIVERY CASE ONLY

Name & Address of accompanying relative

Date and Time of Delivery

Phone: Office Res.

New Born: Male / Female

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

Birth record filled by Dr.

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

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.

MENAKUM LATA  
Signature of Patient / Relative

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

AGE / SEX 24/M DATE 10/6/26 UHID P262175/

### Chief Complaints

07:35

### Allergy

### Past History

Diabetes / HT / IHD / TB

Menstrual History

Current Medication

Vaccination Status

### Initial Assessment & Examination

Pulse Rate - 134/M

B P -

Resp Rate - 20/M

Temp - 98.6°R

Ht / Wt - 11 kg

### Investigations

BBT - 346mg/dl

A maid (boy) brought to casualty with cl MB, mother & uncle

ATHLO - Deep scald burn Pain Score = 15-20/7

Hlo - burn by hot vegetable today (10/6/26) at = 6PM at home (oil barala)

LE - burn area back (left side) and left thigh

clo - Pain at burn area

Adv: - Admitted Dr. A.K. Verma

- Im - Inj - 0.5 ml 1.0 - 8h
- Im - MONOCEF 250mg IV - 12 hr
- Im - AMIKACIN 75mg IV - 12 hr
- Im - RANTAC 0.5 ml 1.0 - 24 hr
- Im - PCM 15 ml 1.0 - 8h
- Im - IBULGHE - 5ml - 8 hr
- Syp - CCZ - 2.5 ml 12 hr
- Syp - PL @ 350ml over - 8 hr
- 1.0.8 - Then 350 over - 16 hr

**TRIAGE CODE**  
 P1  RED  
 P2  YELLOW  
 P3  GREEN  
 P4  BLACK

Dietary Advise & Preventive Care  
as appropriate diet

Follow up

Name & Sign Of Doctor

