



www.motherconcern.org

Ref. No.: FRR/Vinayak/10011/2026-27

Dated: 05.08.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Jayash Kumar.

Sex: Male **Age:** 7 Years.

Father Name: Dharendra Kumar Jha.

Address: 575 Sharmik Kunj Sector 122 Noida (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 05/08/2026

Overall Analysis: The patient - Master Jayash was brought in to our hospital by his father - Mr. Dharendra Kumar on 5th Aug 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water at home. His mother was making food for her family suddenly Master Jayash contacted with hot water and burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 35% TBSA Thermal Burn Injury. The Burns is on thigh area genital and abdomen areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 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	51,000.00
Funds - Pathology & Diagnostics	10,000.00
Total (In numbers)	220,000.00
Total (In words):	Two Lakh Twenty 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	220,000.00
Stage 2	5,000.00
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 Mater Jayash.



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 सहायता

मंदार क-स्की

सी-63 बेसमेंट साउथ एक्स पट्टे-2

नई दिल्ली-119

विषय :-

आपकी सहायता हेतु प्रार्थना पत्र ।

महोदय हविनय निवेदन यह है कि मेरा नाम धीरेन्द्र कुमार झा है
मेरा निवास 575 वीं शारमिक कुंज विभाग 122 नौका उत्तर प्रदेश
में स्थित है मेरा एक बेटा है उसका नाम जयश कुमार झा है
उसका आयु 7 वर्ष का है मेरा बेटा घर में रखे हुए गर्म पानी
उसके उपाट छिट गया जिसके कारण मेरा बेटा जल गया उसे
मैं घनाघक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए
दो लाख पच्चीस हजार रुपये का खर्चा लगाया गया कि कि यह
खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरा
बेटा का सहायता प्रदान करें ।

दिनांक = 5/8/2026

बेटा का नाम = जयश कुमार झा

उम्र = 7 वर्ष

पता = 575 वीं शारमिक कुंज
उत्तर प्रदेश

आपकी आज्ञा कृपा होगी

आपका प्राबन्ध

धीरेन्द्र कुमार झा



**VINAYAK
HOSPITAL**



OPD INITIAL ASSESSMENT

41367

NAME MASTER JAYASH KUMAR AGE / SEX 74 Male DATE 05/08/2026 PHID 2600680

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Chief Complaints

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Initial Assessment &

Examination

Pulse Rate - 90ml

B P -

Resp Rate - 20

Temp - 98.5

Ht / Wt -

SpO₂ 88-92

Investigations

Ch, cck, ore
left e.A.

Treatment

Burn area - abdomen perineal
Bilateral thighs. TBSA - 30 to 35%
Severe pain & swelling at 15 burn
area

1. Dig. T.F

2. Dig. Integruin oint 12 Hourly

3. Sup. Acetate > 5ml / daily

4. Polidocan 10ml. 2x / day / 1 week

Active Dressing done

Dietary Advice &

Preventive Care

No oral Diet.

Patient admission signed
Admitted under Dr. Arthok
Velas



Follow up



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2602680

Room No. 204/1 Category

Date of Admission 5/08/2026



Name MASTER JAYASH KUMAR JHA

S/o, D/o, W/o DHIRENDRA

Occupation KUMAR JHA

Age 74 years Sex Male

Religion HINDU

Father's / Husband's Name MR. DHIRENDRA

Address KUMAR JHA

575 B, SHARMIK KUNJ, SECTOR -
NOIDA 122

Phone : Office Res

Advance Receipt No. Date

For Rs.

Name & Address of accompanying relative

Phone : Office Res

R.M.O. Dr. SK. BEHRA Informed at 12.00

Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 12.05 hr

Receptionist

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 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

Patient shifted from Room No. to

On

Shifted from Room No. to

On

Shifted from Room No. to

On

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

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

Authorised Signatory

