





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 (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + 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

मैरा मे,

श्री मान अहधस

मदर कन्सर्न

सी-63 बैसमेन्ट साउथ एक्स पार्क-2

नई दिल्ली - 49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मैरा नाम प्रणव घोस है
मैरा निवास सेक्टर 73 नोएडा उत्तर प्रदेश में स्थित है
मैरी एक बेटी है उसका नाम प्रणीत घोस है उसकी आयु
1 साल 5 महीना की है मैरी बेटी घर में रहते इट गार्म पनी
उसके उपर फिर गया जिसके कारण मैरी बेटी जल गई
उसे मैं बिनायक हॉस्पिटल लेकर गया वहाँ पर उसके
इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्चा
कराया गया जो कि यह खर्चा उन्होंने मेरे सम्मुख है
अतः आपसे निवेदन यह है कि मैरी बेटी का
सहायता प्रदान करें।

दिनांक = 3/09/2026

बेटी का नाम = प्रणीत घोस

उम्र = 1 साल 5 महीना

पता = नोएडा सेक्टर 73
उत्तर प्रदेश

आपकी आति कृपा होगी

आपका प्राप्ती

प्रणव घोस



41371

OPD INITIAL ASSESSMENT

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

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Vital Assessment &

Examination

Pulse Rate - 141

Sp Rate -

mp - 98.21

Wt -

Investigations

cbc
'left
key
ydy

Primary Advice &

Preventive Care

Chief Complaints

Baby Praniti Ghosh - brought by her
Palan, A/H to Deepbhan with
hot water, at home on 1.9.2026.
Initial, treatment taken locally then brought
to Vinayak Hospital for further treatment.
TBSA - 25% to 30%.

Pain Score



Treatment

Drug - F.F. and
Sy. Inj. cefixime 10ml 6hr/8hr
Sy. Augmentin 5ml 8hrs
Sy. Polubon 10ml 24hrs
Diet: semi solid and advised for a
high Protein Diet

Praniti Ghosh





**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. **VH 2600869**

Room No. **203**

Catagory

Date of Admission **02/9/2026**



Name **BABY PRANITI GHOSH**
i/o, D/o, W/o **MRS. SUKLA GHOSH**

Occupation

Age **1.57**

Sex **Female**

Religion **HINDU**

Father's / Husband's Name

Address

Phone : Office

Re

Insurance Receipt No.

Date **02/9/2026**

Rs.

Name & Address of accompanying relative

Phone : Office

Res.

Physician Dr. **SATENDRA KUMAR**

Informed at **8h**

Physician Dr. **ARHIL KUMAR**

Informed at **8h**

VERMA

Receptionist

I 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 my death.

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

