







Ref. No.: FRR/Vinayak/10017/2026-27

Dated:05.10.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shivansh.

Sex: Male **Age:**1.5 Years.

Father Name:Sachin .

Address:Salarpur Khadar Noida G.B. Nagar (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 05/10/2026

Overall Analysis: The patient - Master Shivansh was brought in to our hospital by his father - Mr.Sachin on 5th Oct 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home.His mother was boiling milk for her family suddenly master Shivansh contacted with hot milk and 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 back area and hips 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 3 Weeks of treatment.

Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	55,000.00
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)	221,000.00
Total (in words):	Two Lakh Twenty One 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	221,000.00
Stage 2	4,000.00
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 Master Shivansh :



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 अहयस
मदर कन्वर्न

सी-63 लेसमेन्ट लाउण्ड एवस पार्क-2
नई दिल्ली - 44

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय सविनय निवेदन यह है कि मेरा नाम सचिन
वशिष्ठ है मेरा निवास सलारपुर खादर नौखडा
उत्तर प्रदेश में स्थित है मेरा एक बेटा है उसका
नाम शिवांश है उसकी आयु 1 साल 6 महीना का है
मेरा बेटा घर में रखे हुए गर्म दुध उसके ऊपर
पिठ गया जिसके कारण मेरा बेटा जल गया उसे मे
बिनायक डॉ. हिमालय लेकर गया वहाँ पर उसके
इलाज के लिए दो लाख पच्चीस हजार रुपये का
खर्च लगाया गया है कि यह खर्च उठाने
में असमर्थ हूँ अतः आपसे निवेदन यह है कि
मेरा बेटा का सहायता प्रदान करें ।

दिनांक = 5/10/26

बेटा का नाम = शिवांश

उम्र = 1 साल 6 महीना

पता = सलारपुर खादर नौखडा
उत्तर प्रदेश

आपकी आज्ञा कृपा होगी

आपका प्राचीन

सचिन वशिष्ठ

T. Rajan

MCC - 3990

UHID - P2603995


**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2601119Room No. 203 CatagoryDate of Admission 05/10/2026Name MASTER SHIVANSHS/o, ~~Die~~ MR. SACHIN BASIST

Occupation

Age 014.06M Sex MALEReligion HINDUFather's / Husband's Name MR. SACHIN BASISTAddress DADRI ROAD, GALARPURKHADAR, NOIDA, U.P.

Phone : Office Res.

Advance Receipt No. Date 05/10/26

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. HARI Informed at 3:00 PMAdmitting Dr. ASHOK KUMAR VERMA Informed at 3:00 PM

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 DR. ASHOK KUMAR VERMA

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

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

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

Authorised Signatory



**VINAYAK
HOSPITAL**

GENERAL LAP SURGERY
Master SHIVANSH

Pvt. Ltd.)



MLC No - 6990

32142

EMERGENCY ASSESSMENT

NAME Mrs. Shivansh AGE / SEX 1.64 / m DATE 05/10/26 UHID P2603995

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 - 120/min

B P - -

Resp Rate - 32/min

Temp - 98.2°K

Ht / Wt - 94kg

92-97%

Investigations

RBS - 113 g/dl

Chief Complaints

1.64yr
8E A man
CU - H₂O with
CH - BU - BE
PIA - salt
CH - comm - H₂O - burn by hot milk
on 04/10/26 - 0:30 PM
at Home - Balarpur sector
- village Khampur south Delhi - 62
burn area over back
8 BU - Buttocks
Admission to Dr. Ash Verma

Pain Score



burn 1-3
= 25-30V.

Treatment

BP - Int - MONITOR 225 mg IV 12 H
Int - AMIKACIN 65 mg IV 12 H
Int - PCM 10 ml IV 801
Int - PANDOL 2.5 ml 12 L
Int - TUBIGEST 2.5 ml 8 L
Int - LCT - 2.5 ml 8 L
Int - 450 ml over 8 H
Int - 450 ml over 16 H
Int - 20ml / hr

Name & Sign Of Doctor

TRIAGE CODE
P1 ☐ RED
P2 ☒ YELLOW
P3 ☐ GREEN
P4 ☐ BLACK

Dietary Advise & Preventive Care

Soft diet

Follow up

Website : www.vinayakhospitalnoida.com

**CASUALTY MEDICAL OFFICER
VINAYAK HOSPITAL, NOIDA**

