



Ref. No.: FRR/Vinayak/1024/2025-26

Dated:19.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Shanvi.

Sex: Female **Age:** 5 Years .

Father Name: Pramod Dass.

Address:Sector 115 Shurkha Noida (U.P.).

Diagnosis: Approx 50% Thermal Burn.

Date of Admission: 19/12/2025

Overall Analysis: The patient- Baby Shanvi was brought in to our hospital by her father - Mr.Pramod Dass on 19th December 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 50% TBSA Thermal Burn Injury. The Burns is on hand area, chest, back, hip area and leg areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 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	53,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	49,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	51,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	218,000.00
Total (in words):	Two Lakh Eighteen 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	2,000.00
Total (in numbers)	2,000.00
Total (in words):	Two Thousand Only
Fund Requirement - TOTAL	
Stage 1	218,000.00
Stage 2	2,000.00
Total (in numbers)	220,000.00
Total (in words)	Two Lakh Twenty 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

सेवा में

श्रीमान आदरणीय

रिलीफ इंडिया ट्रस्ट

सी - 63 वेसमोन्ट साउथ एक्स पार्क - 2

नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र /
महोदय साविनय निवेदन यह है कि मेरा नाम प्रमोद
दास है । मेरा निवास सेक्टर - 115 सुरखा नोएडा,
उत्तर प्रदेश में स्थित है । मेरी एक बेटी है ।
जिसका नाम आन्वी है । उसकी आयु 5 साल है ।
मेरी बेटी घर में खेल रही थी तभी अचानक
ठर्म पानी के पतिले के संपर्क से आने के कारण
जल ठंडा है । जिसके कारण मैं उसे नोएडा के
विनायक हॉस्पिटल लेकर गया और वहाँ पर
उसके इलाज के लिए दो लाख बीस हजार
रुपये का खर्चा बताया गया है । जो कि मैं
यह खर्चा उठाने में असमर्थ हूँ । अतः मेरा
आपसे निवेदन यह है कि मेरी बेटी को
सहायता प्रदान करें ।

Date :- 19/12/2025

बेटी का नाम :- आन्वी

उम्र :- 5 साल

पता :- सेक्टर - 115

सुरखा, नोएडा, उत्तर प्रदेश

आपकी आभारपूर्वक धन्यवाद

आपका प्रार्थी

प्रमोद दास ।

प्रमोद



**VINAYAK
HOSPITAL**



MLE 2975

28481

EMERGENCY ASSESSMENT

at Gout Hosp Noida

NAME SANVI KUMARI AGE / SEX F / 5 DATE 19 Dec UHID

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 140 /ol,

B P -

Resp Rate 26 /min

Temp 98.6 F

Ht / Wt -

Investigations

SPO2 95%

RBS 177 mg/dl

Chief Complaints

9:45 AM
J-10 Pkicking at
home. Sec 115 No
child was playing
and fell into the hot water one
Acetaminophen burns at 7 AM -
taken to Gout Hosp where
first aid was given and
Dref her

Treatment

On exam - 2x lank of burn.

- (a) RT thigh upper medial
- (b) RT thigh lower medial - buttocks 7-10
- (c) RT Breast area - axilla - 5
- (d) LT upper medial LT arm axilla - 5
- Back - Buttocks both - 7
- Anterior Area - 10

MHC - Initial
at Gout Hosp Noida

Admit in Burn
ward

Name & Sign of Doctor
CCMO MBBS
DMC Reg. No. 48048
MMC 24779
VINAYAK HOSPITAL NOIDA

Dietary Advise &
Preventive Care

Follow up

CASH

MLC - 2975 / 25
(OUTSIDE)

UHID - P 2505649

VINAYAK
HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH 2501379

Room No. 206/2 Category

Date of Admission 19/12/25



Name BABY SHANVI

S/o, D/o, W/o MR. PRAMOD DASS

Occupation

Age 5 y Sex F

Religion HINDU

Father's / Husband's Name MR. PRAMOD DASS

Address SEC-115 SHUKHA
NOIDA UP

Phone : Office Res.

Advance Receipt No. Date 19/12/25

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. S.K. BEHERA Informed at 10:09 am

Admitting Dr. A.K. VERMA Informed at 10:09 am

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. A.K. 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

