Ref. No.: FRR/Vinayak/1023/2025-26

Dated:11.12.2025

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Shiv Kumar.
Sex: Male **Age:**2 Years .
Father Name:Prem Kumar Mahto.
Address: Sector 73 Sarafabad Noida (U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 11/12/2025

Overall Analysis: The patient - Master Shiv Kumar was brought in to our hospital by his father - Mr.Prem Kumar Mahto on 11th December 2025.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot rice water while he was playing at home,his mother making food for her family suddenly Master Shiv Kumar contacted with hot rice water due to this he 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 left hand, back 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 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 2 Weeks of treatment.

Funds - Hospital Stay	52,000.00
Funds - RMO, Nursing, Consultants & Specialists	58,000.00
Funds - Dressing & Procedures	45,000.00
Funds - Rehabilitation (Physiotheraphy)	5,000.00
Funds - Medicines + Consummables + Transfusions	45,000.00
Funds - Pathology & Diagnostics	5,000.00
Total (in numbers)	210,000.00
Total (in words):	Two Lakh Ten 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	**210,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**215,000.00**
Total (in words)	**Two Lakh Fifteen Thousand Only**

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Mater Shiv Kumar.

VINAYAK HOSPITAL

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 अध्यक्ष
रिलीफ इंडिया ट्रस्ट
सी-63 वेसबोर्ड साउथ एक्स पार्ट-2
नई दिल्ली-49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम प्रेम कुमार महतो है। मेरा निवास सेक्टर-43 सरफाबाज, नोएडा उत्तर प्रदेश में स्थित है। मेरा एक बेटा है। जिसका नाम शिव कुमार है। उसकी आयु 2 साल है। मेरा बेटा घर में खेल रहा था तभी अचानक गर्म उबले चावल के पानी के संपर्क में आने के कारण जल गया है। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहा पर उसके ईलाज के लिए दो लाख पंद्रह हजार रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

आपकी अति कृपा होगी।

आपका प्रार्थी
प्रेम कुमार महतो।

Date :- 11/12/2025
बेटे का नाम :- शिव कुमार
उम्र :- 2 साल
पता :- सेक्टर-43 सरफाबाज,
नोएडा, उत्तर प्रदेश

प्रेम

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. 2501325

Room No. 203 Category .....

Date of Admission 11/12/2025

Name MASTER SHIV KUMAR

S/o, D/o, W/o PREM KUMAR MAHTO

Occupation .....

Age 2YRS. Sex M.

Religion HINDU

Father's / Husband's Name .....

Address SECTOR-73, SAFRABAD NOIDA, UP.

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date 11/12/2025

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. S.K. BEHRA Informed at 12.17A

Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 12.17A

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 .....

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

MLC - 3898
done in vinayak hospital

28309

EMERGENCY ASSESSMENT

NAME: MASTER SHIV KUMAR AGE / SEX: 24 months DATE: 13 Dec 25 UHID: P2505493

Personal History
Alcohol / Smoking / Tobacco Chewing / other
Allergy
Past History ← All none →
Diabetes / HT / IHD / TB
Other
Menstrual History
Current Medication NA.

Vaccination Status

Inital Assessment & Examination
Pulse Rate - 142/m,
BP - NA on lt,
Resp Rate - 28/m,
Temp - 98F OP
Ht / Wt - 10kg.

Investigations
SPO2 - 97%.
RBS 117 mg

Chief Complaints 12:13 pm

Above child came to casualty with scald burn over back, both buttocks, left thigh, left elbow joint.

Pain Score

Treatment

A/H/O - scald burn injury happened at home on 8-Dec-2025, 9:30PM by accidental spillage of hot rice water over child while mother was preparing food.

O/E - Baby is stable, conscious, crying, in pain, dehydrated, TBSA ≈ 26-27%

S/E - S1S2 ⊕
B/L A/E ⊕ clear
P/A - soft
CNS - NAD

Admit ↓ Dr. A.K. Verma (Informed)

Rx
INJ. T.T. 0.25ml IM STAT
INJ. MONOCEF 250mg IV 12hrly (AST)
INJ. AMIKACIN 75mg IV 12hrly
IVF RL 320mL in the 8hrs then Rest in 16hrs
SYP. FOURTS B 3mL P/O 24hrly
INJ. PCM 75mg IV every 6 hours
REST AS PER ADVICE

Dietary Advice &
Preventive Care

Follow up

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

Name & Sign Of Doctor
Reyan


www.reliefindiatrust.org