



Ref. No.: FRR/Vinayak/10001/2026-27

Dated: 06.04.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Khushiyaali.

Sex: Female **Age:** 2 Years .

Father Name: Abhishek Paswan.

Address: Uttam Nagar West Delhi.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 04/04/2026

Overall Analysis: The patient - Baby Khushiyaali - was brought in to our hospital by her father - Mr. Abhishek Kumar - on 4th April 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot tea while she was at home. Her mother was making tea for her family, suddenly baby Khushiyaali contacted with hot tea and got 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 face, back area, genital parts, legs area and hands 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	41,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	43,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	47,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	192,000.00
Total (in words):	One Lakh Ninety 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	192,000.00
Stage 2	3,000.00
Total (in numbers)	195,000.00
Total (in words)	One Lakh Ninety Five Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Khushiyaali .



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 अध्यापक

रिबिफ रजिस्ट्रार ट्रस्ट

सी-63 बैलमेन्ट साउथ स्कस पार्क-2

नई दिल्ली-49

विषय - आर्थिक सहायता हेतु प्रार्थना-पत्र
महोदय

सविनय निवेदन यह है मेरा नाम आभिषेक पासवान है, मेरा निवास स्थान उत्तम नगर दिल्ली में स्थित है, मेरी एक बेटी है जिसका नाम खुशीयाली है जिसकी आयु 2 वर्ष की है। मेरा बेटा घर में खेल रहा था, अचानक खेलते खेलते वह बतन में रखे गए चाय के ऊपर गिर पड़ा जिससे वह जल गया, उसके इलाज के लिए मैं उसे नोखा के विनाथक हॉस्पिटल लेकर गया और दिनांक 04-04-2026 को वहाँ पर भर्ती कराया, वहाँ पर उसके इलाज के लिए एक लाख पचास हजार रुपये का खर्च बताया गया जो कि मैं यह खर्च उठाने में असमर्थ हूँ, अतः आपसे निवेदन है, मेरी बेटी के इलाज के लिए सहायता प्रदान करें।

आपकी अति शुभा होगी।

दिनांक
04-04-2026

बेटी का नाम - खुशीयाली

उम्र - 2 वर्ष

पता - उत्तम नगर

दिल्ली

आपका प्रार्थी
आभिषेक पासवान



VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH260007
 Room No. ICU/ICMP Category
 Date of Admission 04/4/2020



Name BABY KHUSHIYANI
 S/o, D/o, W/o ABHISHEK PASHAN
 Occupation
 Age 27 Sex F
 Religion
 Father's / Husband's Name ABHISHEK PASHAN
 Address G. 9, NAND RAM PARK, UTTAM NAGAR WEST, DELHI
 Phone : Office Res.
 Advance Receipt No. Date
 For Rs.
 Name & Address of accompanying relative
 Phone : Office Res.
 R.M.O. Dr. REENA Informed at
 Admitting Dr. ASHOK KUMAR Informed at
 Receptionist [Signature]

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

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]
 Signature of Patient / Relative

Discharge Date Time Bill No. / R.No. Dated.....
 For Rs. Received / Refundable after adjustment of advance Rs.

Authorised Signatory



VINAYAK HOSPITAL



MU - 3926 done in Vinayak Hospital.

29214

EMERGENCY ASSESSMENT

NAME BABY KHUSHIYALI AGE / SEX 2 y / f DATE 4/4/26 UHID 50026

Chief Complaints Time: 3:51 AM

- Personal History
- Alcohol / Smoking / Tobacco
- Chewing / other
- Allergy
- Past History
- Diabetes / HT / IND / TB
- Other
- Menstrual History
- Current Medication

Aboue child brought in casualty with c/o - mild burn over both lower limb, right upper limb, face, blank



Vaccination Status

Initial Assessment & Examination

Pulse Rate - 150/min
 BP - 76/46 mmHg
 Resp Rate - 38/min
 Temp - 97.6°F
 Ht / Wt - 9.5 kg
 ROS - 262 mg/dL

Treatment

A/H/O - spillage of hot boiling tea at home over around 6 AM, 2/4/26, Jaspura Road, Gurukul in kitchen

O/E - Baby looks ethanagic, dehydrated, looks pale, 35% TBSA burn
 S/E - S1, S2 ⊕
 S/L A/E ⊕
 P/A - left
 C/W - drainy

Admit ↓ ICU ↓ Dr. A.K. Verma (Informed)

Rx - 9VF RL 200ml (BOLUS) followed by 900ml in next 6hrs.

- 9VF 700ml in next 16hrs.
- 9N. PAIN 150mg every 6 hours
- 9N. MONOLEF 250mg IV 12hrly (AST)
- 9N. AMIKACIN 140mg IV daily
- 9N. RANTAC 200mg 10hrly

but as per adv. Name & Sign Of Doctor

Dietary Advise & Oral Preventive Care fluid. Check urine output. Follow up

DR. REENA JAIN
 555, RM
 Regd No. UP/1992763
 VINAYAK HOSPITAL NOIDA

Handwritten signature and date 05/04/26

