





Ref. No.: FRR/Vinayak/10008/2026-27

Dated: 26.06.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Suresh.

Sex: Male **Age:** 8 Years.

Father Name: Paras Paswan.

Address: Ward Number 1 Belauncha, Madhubani, Bihar.

Diagnosis: Approx 45% Thermal Burn.

Date of Admission: 26/06/2026

Overall Analysis: The patient - Master Suresh was brought in to our hospital by his father - Mr. Paras Paswan on 26th June 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while he was playing at home. His mother was making food for her family suddenly Master Suresh contacted with hot oil and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 45% TBSA Thermal Burn Injury. The Burns is on back area, face area, hands 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 8 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	42,000.00
Funds - RMO, Nursing, Consultants & Specialists	52,000.00
Funds - Dressing & Procedures	57,000.00
Funds - Rehabilitation (Physiotherapy)	8,000.00
Funds - Medicines + Consumables + Transfusions	61,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	235,000.00
Total (in words):	Two Lakh Thirty Five 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	235,000.00
	Stage 2	5,000.00
	Total (in numbers)	240,000.00
	Total (in words)	Two Lakh Forty Thousand Only

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Master Suresh .



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 मदन अध्यापक
रिलिफ इंडिया ट्रस्ट
सी-63 बेलमिन्ट साउथ एक्सप्रेस पथ-2
नई दिल्ली - 44

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।
महोदय स्वयंसेवा निवेदन यह है कि मेरा नाम पारस पालवान है
मेरा निवास बैलांचा महकुली बिहार में स्थित है मेरा एक बेटा है
उसका नाम सुरेश कुमार है उसका आयु 8 वर्ष का है मेरा बेटा
घर में खड़े हुए गर्म तेल उसके ऊपर गिर गया जिसके
कारण मेरा बेटा जल गया उसे मैं विनायक हॉस्पिटल लेकर गया
वहाँ पर उसके इलाज के लिए दो लाख चालीस हजार रुपये
का खर्चा बताया गया जो कि यह खर्च उठाने में असमर्थ
अतः आपसे निवेदन यह है कि मेरा बेटा का सहायता
प्रदान करें।

दिनांक = 26/6/26

बेटे का नाम = सुरेश कुमार

उम्र = 8 वर्ष

पता = बैलांचा बिहार महकुली

आपकी आर्ति कृपा हेतु

आपका प्रार्थी

पारस पालवान

41355

OPD INITIAL ASSESSMENT

NAME MASTER SURESH KUMAR AGE / SEX 8Y / Male DATE 26/06/2026 UHID VH2600418

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 96

B.P. -

Resp Rate -

Temp - 98.1

Ht / Wt -

SpO₂ -

Investigations

ECG

Left Rx

Left Rx

Mixed

Diary

Pen. B. L.

1. Durgereb 1st 10 8/12

2. Ly - 5ml. 2/4y.

3. P. - - - -

4. Durgereb - 1/1v.

Admitted as Dr. Shobh Vena

Follow up

Chief Complaints

above Patient Brought to Casualty
W/H / Deep Scald burn.

Pain Score



Incident occurred while the child playing
in home, accidentally slipped into the hot
boiling oil at home on 25/06/2026 8y and
initial treatment taken locally then brought to

Treatment

Vinayak Hospital for further Management.

Tobsa 40% to 45% Admitted Regms -

Adv

Vy. Momen 50mg IV / 12H / Prndy
dy. Quiclin. 15mg IV 12/4h
dy. Parac 1/2 IV - 2
dy. Pen. B. L.
1. Durgereb 1st 10 8/12
2. Ly - 5ml. 2/4y.
3. P. - - - -
4. Durgereb - 1/1v.





VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VNA 600418
 Room No. 201 Category
 Date of Admission 26/8/26 10 AM



Name MASTER SURESH KUMAR
 ✓ S/o, D/o, W/o PARAS PASWAN
 Occupation
 Age 87 Sex M
 Religion HINDU
 Father's / Husband's Name PARAS PASWAN
 Address WARD-01 BELAUNCHA
MADHUBANI, BIHAR
 Phone : Office Res.
 Advance Receipt No. Date
 For Rs.
 Name & Address of accompanying relative
 Phone : Office
 R.M.O. Dr. SK. BEHRA Informed at 10 AM
 Admitting Dr. AK VERMA Informed at 10 AM
Mishra
 Receptionist

Unit / Consultant DR ASHOK VERMA
M/S
 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.

22221
 Signature of Patient / Relative

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

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

Authorised Signatory

