





Ref. No.: FRR/Vinayak/10010/2026-27

Dated: 28.07.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Anshika.

Sex: Female **Age:** 6 Months .

Father Name: Rahul Kumar.

Address: Singthara Budaun Uttar Pradesh.

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 28/07/2026

Overall Analysis: The patient - Baby Anshika - was brought in to our hospital by her father - Mr. Rahul Kumar - on 28th July 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 Anshika contact 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 legs area, genital area, abdomen, hand 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 6 months, 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	53,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	212,000.00
Total (in words):	Two Lakh Twelve 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	212,000.00
Stage 2	3,000.00
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 Baby Anshika.



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 आहवाल

शिल्पिक इंडिया ट्रस्ट

सी-63 लेसमिन्ट साउथ एक्स पार्क-2

नई दिल्ली - 110019

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय सचिनच निवेदन यह है कि मेरा नाम राहुल कुमार है मेरा निवास सिंगापूर वहाँ पर उत्तर प्रदेश में स्थित है मेरी एक बेटी है उसका नाम अंशिका है उसकी आयु 6 महीना की है मेरी बेटी घर में रखे हुए गर्म पाय उसके ऊपर गिर गया जिसके कारण मेरी बेटी जल गई उसे मैं बिनाचक हॉस्पिटल लेकर गया वहाँ पर उसके शल्य के लिए दो लाख पंद्रह हजार रुपये का खर्च आया गया जो कि यह खर्च इन्होंने मैं असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें ।

दिनांक = 28/7/2026

बेटी का नाम = अंशिका

उम्र = 6 महीना

आपकी आति कृपा होगी

आपका प्रावी

राहुल कुमार



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. V42600634

Room No. 205 Catagory

Date of Admission 28-07-2026



Name BABY ANSHIKA

S/o, D/o, W/o RAHUL KUMAR

Occupation

Age 6 MONTH Sex FEMALE

Religion HINDU

Father's / Husband's Name RAHUL KUMAR

Address SINGTHARA, BUDAVAL,
UP - 202525

Phone : Office Res. i

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. SK Behra Informed at 3:20 PM

Admitting Dr. Asit Kumar VERMA Informed at 3:20 PM

Receptionist

Unit / Consultant Dr. Asit 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

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

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

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

Authorised Signatory



OPD INITIAL ASSESSMENT

41359

NAME BABY ANSHIKA AGE / SEX 6 months / female DATE 28.07.2024 UHID V11260624

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 -

B P -

Resp Rate -

Temp -

Ht / Wt

SpO₂

Investigations

Dietary Advice &

Preventive Care

Follow up

Chief Complaints

Baby Anshika, brought by her father. Incident happened at home, while taking hot tea, by mother accidentally spilled over her daughter anshika at home. Patient brought to Casualty for further treatment. TBCA 30% TO

Treatment

35%

Pain Score



1. 9ml. 1. 1. 1.

2. Mega head dressing

3. Syng. 1 bugebe sat.

4. Syng. 1 bugebe sat. 8h

Mega head dressing done and patient admitted

Under DR Ashok Verma.

Patrat Sufarto 205



