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Ref. No.: FRR/Vinayak/10011/2026-27

Dated: 05.08.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Jayash Kumar.
Sex: Male **Age:** 7 Years.
Father Name: Dhirendra Kumar Jha.
Address: 575 Sharmik Kunj Sector 122 Noida (U.P.).
Diagnosis: Approx 35% Thermal Burn.
Date of Admission: 05/08/2026

Overall Analysis: The patient - Master Jayash was brought in to our hospital by his father - Mr. Dhirendra Kumar on 5th Aug 26. The child has sustained thermal Burn injury due to accidentally coming in contact with hot water at home.His mother was making food for her family suddenly Master Jayash contacted with hot water and 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 thigh area genital and abdomen areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 7 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 (Physiotheraphy)	**8,000.00**
Funds - Medicines + Consummables + Transfusions	**51,000.00**
Funds - Pathology & Diagnostics	**10,000.00**
Total (in numbers)	**220,000.00**
Total (in words):	**Two Lakh Twenty 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	**220,000.00**
Stage 2	**5,000.00**
Total (in numbers)	**225,000.00**
Total (in words)	**Two Lakh Twenty Five Thousand Only**

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

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,

श्री मान अध्यक्ष
रिलिफ इंडिया ट्रस्ट
सी-63 बेसमेन्ट साउथ एक्स पार्ट-2
नई दिल्ली - 49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम धीरेन्द्र कुमार पुत्र है मेरा निवास 575 बी ग्रामीण कुंज विभाग 12 मेरठ उत्तर प्रदेश मेरिक्वन है मेरा एक बेटा है उसका नाम लक्ष्य कुमार पुत्र है उसका आयु 7 वर्ष का है मेरा बेटा घर में खेल रहा था गर्म पानी उसके ऊपर गिर गया जिसके कारण मेरे बेटा जल गया उसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख पच्चीस हजार रुपये का खर्चा बताया गया जो कि यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरा बेटा का सहायता प्रदान करें।

दिनांक = 5/8/2026

बेटा का नाम = लक्ष्य कुमार पुत्र

उम्र = 7 वर्ष

पता = 575 बी ग्रामीण कुंज
उत्तर प्रदेश

आपकी अति कृपा होगी

आपका प्रार्थी

धीरेन्द्र कुमार पुत्र

VINAYAK HOSPITAL

NABH

OPD INITIAL ASSESSMENT

41367

NAME MASTER JAYASH KUMAR JHA AGE / SEX 7 yrs Male DATE 05/8/2026 UHID 2600680

Chief Complaints

Personal History

Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

The above patient brought to Casuality, Burn injuries, Hot Water Burn during taking bath at home, 9AM today 05/8/2026.

Pain Score

Inital Assessment & Examination

Pulse Rate - 90/m

B P -

Resp Rate - 20/m

Temp - 98.F

Ht / Wt -

SpO2 88/2 98

Investigations

CBC, CRP, DSR

LFT, KFT.

Treatment

Burn area - abdomen perineum Bilateral thighs. TBSA - 30 to 35%.

Severe pain & swelling at the burn area.

1. Inj. T.T

2. Inj. Intragesic 5ml 12 Hourly

3. Syp. Acefurt D 5ml / daily

4. Polyfrain 10ml. 8 hours / 1 week

Achieve Dressing done.

Dietary Advice & Preventive Care

Normal Diet.

Patient admission required

Admitted under DR. Ashok Velas

Follow up

VINAYAK HOSPITAL NOIDA Sec-27

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. V1126002680

Room No. 204/1 Catagory

Date of Admission 5/08/2026

Name MASTER JAYASH KUMAR

S/o, D/o, W/o DHIRENDRA JHA

Occupation KUMAR JHA

Age 7 Years Sex Male

Religion HINDU

Father's / Husband's Name MR. DHIRENDRA

Address KUMAR JHA
575 B, SHARMIK KUNJ, SECTOR-
NOIDA 122

Phone : Office Res

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. SK. BEHRA Informed at 12.00

Admitting Dr. DR. ASHOK KUMAR VERMA Informed at 12.05

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

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


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