
VINAYAK HOSPITAL
www.reliefindiatrust.org

Ref. No.: FRR/Vinayak/10014/2026-27

Dated: 21.09.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Divyanshi.
Sex: Female **Age:** 11 Months .
Father Name: Shiv Prasad.
Address: Prahlad Colony Barola,Sector 49 Noida G.B. Nagar (U.P.).
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 20/09/2026

Overall Analysis: The patient - Baby Divyanshi was brought in to our hospital by her father - Mr.Shiv Prasad on 20th Sept. 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 Divyanshi came in contact with hot tea and 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 chest area, back area, underarm and hand area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 11 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	51,000.00
Funds - Rehabilitation (Physiotheraphy)	4,000.00
Funds - Medicines + Consummables + Transfusions	59,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	212,000.00
Total (in words):	Two Lakh Tweleve 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 Divyanshi .

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 शिव प्रसाद है मेरा निवास बीघड़ा सेक्टर 49 बरेला उत्तर प्रदेश में स्थित है मेरी एक बेटी है उसका नाम दिव्यांशी है उसकी आयु 11 महीना की है मेरी बेटी घर में रखे हुए गर्म चाय उसके ऊपर गिर गया जिसके कारण मेरी बेटी जल गई उसे मैं विनायक हॉस्पिटल लेकर गया वहां पर उसके इलाज के लिए दो लाख पंद्रह हजार रुपये का खर्चा बताया गया जो कि यह खर्ची उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें।

दिनांक = 20/8/26
बेटी का नाम = दिव्यांशी
उम्र = 11 महीना
पता = बीघड़ा सेक्टर 49
बरेला उत्तर प्रदेश

आपकी अति कृपा होगी
आपका प्रार्थी
शिव प्रसाद

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2601004

Room No. 202 Catagory

Date of Admission 26/9/2026 3hrs

Name BABY DIVYANSHI

S/o, D/o, W/o SHIV PRASAD

Occupation

Age 11YRS Sex Female

Religion HINDU

Father's / Husband's Name MR. SHIV PRASAD

Address SECT-49, PRAHLAD COLONY, BAROLA, NOIDA, UP.

Phone : Office Res

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office Res.

R.M.O. Dr. HARI. Informed at

Admitting Dr. ASHOK KUMAR VERMA Informed at

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

41358

OPD INITIAL ASSESSMENT

NAME BABY DIVYANSHI AGE / SEX 11 Months/F DATE UHID 2601504

Personal History
Alcohol / Smoking / Tobacco Chewing / other
Allergy
Past History
Diabetes / HT / IHD / TB
Other
Menstrual History
Current Medication
Vaccination Status

Chief Complaints

Pain Score

Baby divyanshi, 11 months old female child brought to Casualty W/H/O Hot boild [illegible]. Incident occured at home on date 19/9/2026 morning hours and treatment taken locally, then brought to this hospital on 20/09/2026. Dressing done and advised admission.

Inital Assessment & Examination
Pulse Rate - 138/m.
B P -
Resp Rate - Sup
Temp - 98.6°F
Ht / Wt - 7 Kg.
SpO2 - 97
Investigation RA air

Treatment

Rx 1. Inj. T.T. 0.5ml. IM
2. Inj. Monocef 125mg. IV. 12 Hrs.
3. Inj. Amikacin 50mg. IV. 12 Hrs
4. Inj. Rantac 0.5ml.
5. Inj. Pcm 10ml. IV. SOS.
6. Syp. Ibugesic 2ml.

Dressing done and shifted to Room.
Patient admitted under DR. Akhilesh Kumar Verma (Surgeon)

VINAYAK HOSPITAL NOIDA NH-1, Sec-27

Dietary Advice & Preventive Care

Follow up