





Ref. No.: FRR/Vinayak/10016/2026-27

Dated:02.10.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Master Rudransh Sharma.

Sex: Male **Age:**4 Years.

Father Name:Deepak Sharma.

Address:Nithari Sector 31 Noida G.B. Nagar (U.P.).

Diagnosis: Approx 30% Thermal Burn.

Date of Admission: 02/10/2026

Overall Analysis: The patient - Master Rudransh Sharma was brought in to our hospital by his father - Mr. Deepak Sharma on 2nd Oct 26. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while he was playing at home. His mother was boiling milk for her family suddenly Master Rudransh contacted with hot milk and 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 hand area, abdomen area, and leg areas. The nature of Injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 4 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	32,000.00
Funds - RMO, Nursing, Consultants & Specialists	38,000.00
Funds - Dressing & Procedures	47,000.00
Funds - Rehabilitation (Physiotherapy)	2,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	8,000.00
Total (in numbers)	184,000.00
Total (in words):	One Lakh Eighty Four Four 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	6,000.00
Total (in numbers)	6,000.00
Total (in words):	Six Thousand Only
Fund Requirement - TOTAL	
Stage 1	184,000.00
Stage 2	6,000.00
Total (in numbers)	190,000.00
Total (in words)	One Lakh Ninety Thousand Only

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



For Vinayak Hospital
(A Division of Vinayak Hospital)
5th Floor, Vinayak Hospital, Sector 27, Atta Market,
NH - 1, Noida - 201301 (UP)

AO/AD

स्वामी,

श्री मान अहमद
रिलिक इरिया ट्रस्ट
ए-63 बेसमेंट एगुल्य स्टोर पाई-2
नई दिल्ली-49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय स्वामिन् निवेदन यह है कि मेरा नाम दीपक शर्मा है
मेरा निवास निठारी सेक्टर-31 नोएडा उत्तर प्रदेश में स्थित है
मेरा एक बेटा है उसका नाम रुद्रांशु शर्मा है उसकी आयु
4 साल का है मेरा बेटा घर में रहने हुए गर्म दुध के अन्दर
गिर गया जिसके कारण मेरा बेटा जल गया उसे मैं
विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के
लिए एक लाख रुपये खर्च हुए हैं। शक्ती बताया गया
कि यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन
यह है कि मेरा बेटा का सहायता प्रदान करें ।

दिनांक = 21/10/26

बेटा का नाम = रुद्रांशु शर्मा

उम्र = 4 साल

पता = निठारी सेक्टर-31
उत्तर प्रदेश

आपकी आर्ति कृपा होगी

आपका प्रार्थी

दीपक शर्मा



41373

OPD INITIAL ASSESSMENT

NAME MASTER Rudransh SHARMA AGE / SEX 4/7 DATE 8.10.26 UHID P2 603916

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 - 96b

Temp -

Ht / Wt - 9 a

SpO₂ 106

Investigations

Dietary Advice &

Preventive Care

Follow up

Chief Complaints

Patient brought to Casualty

A/H/O of Deep burn, occurred at home, patient accidentally fell into hot boiled milk pot at 11 PM at home.
TBSA 25% to 30%

Pain Score



Treatment

Wound washed and dressing done
Admission advised.

Adm. r.

Inj. Homoeif 42ml IV 12 hrs

In. amoxic 800. IV. 12 hrs

In. Pen. 10ml. IV 800

By. Ibuprofen 3ml. bid tne

By. Lev. 2.5ml. bid tne

Pregnant Patient shift to

Room.



T. RAJAN (GLOBAL VARTHA)

MLC No - 3988

UHID - P2603916



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. UH2601101/26-27

Room No. 201 Category

Date of Admission 02/10/26



Name MASTER RUDRANSH SHARMA

S/o, D/o, W/o MR. DEEPAK SHARMA

Occupation

Age 44

Sex M

Religion HINDU

Father's / Husband's Name MR. DEEPAK SHARMA

Address NITHARI, SEC-31, GAUTAM

BUDDHA NAGAR, U.P - 201301

Phone : Office Res.

Advance Receipt No. Date 02/10/26

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SAURABH PANDEY Informed at 1:28 PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 1:28 PM

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 DR. ASHOK 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

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

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

Authorised Signatory

