
A Giggles Welfare Organisation

Ref. No.: FRR/Vinayak/1024/2025-26

Dated:19.12.2025

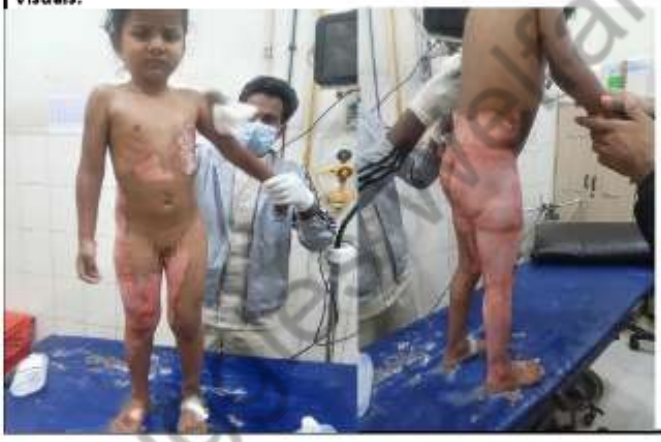
PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Shanvi.
Sex: Female **Age:** 5 Years .
Father Name: Pramod Dass.
Address: Sector 115 Shurkha Noida (U.P.).
Diagnosis: Approx 50% Thermal Burn.
Date of Admission: 19/12/2025

Overall Analysis: The patient- Baby Shanvi was brought in to our hospital by her father - Mr.Pramod Dass on 19th December 2025.The child has sustained thermal Burn injury due to accidentally coming in contact with hot water while she was at home and got burnt. As a result of the incident, the child has sustained mostly 2nd & 3rd Degree Deep 50% TBSA Thermal Burn Injury. The Burns is on hand area, chest, back, hip 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 5 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	**53,000.00**
Funds - RMO, Nursing, Consultants & Specialists	**42,000.00**
Funds - Dressing & Procedures	**49,000.00**
Funds - Rehabilitation (Physiotheraphy)	**8,000.00**
Funds - Medicines + Consummables + Transfusions	**51,000.00**
Funds - Pathology & Diagnostics	**15,000.00**
Total (in numbers)	**218,000.00**
Total (in words):	**Two Lakh Eighteen Thousand Only**

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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	**2,000.00**
Total (in numbers)	**2,000.00**
Total (in words):	**Two Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**218,000.00**
Stage 2	**2,000.00**
Total (in numbers)	**220,000.00**
Total (in words)	**Two Lakh Twenty Thousand Only**

Kindly release the funds at the earliest for us to go ahead and execute the treatment for Baby Shanvi.

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

A Giggles Welfare Organisation

सेवा में

श्रीमान अधिकारी

ए. डिजिटल वेलफेयर ऑर्गनाइजेशन

सी-6 डब्लू वेस्टमेन्ट साउथ एक्स पार्ट-2

नई दिल्ली-49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम प्रमोद दास है। मेरा निवास सेक्टर-115 सुरखा नोएडा, उत्तर प्रदेश में स्थित है। मेरी एक बेटी है। जिसका नाम ज्ञानवी है। उसकी आयु 5 साल है। मेरी बेटी घर में खेल रही थी तभी अचानक गर्म पानी के पतीले के संपर्क में आने के कारण जल गई है। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके ईलाज के लिए दो लाख बीस हजार रूपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूँ। अतः मेरा आपसे निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

आपकी अतिकृपा होगी।

आपका आधीन

प्रमोद दास।

Date: 19/12/2025

बेटी का नाम :- ज्ञानवी

उम्र :- 5 साल

पता :- सेक्टर-115

सुरखा, नोएडा, उत्तर प्रदेश

प्रमोद

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VINAYAK HOSPITAL

MLC 2975

28481

EMERGENCY ASSESSMENT

at Govt Hosp NOIDA

NAME: SANVI KUMARI AGE / SEX: F / 5 DATE: 19 Dec 22 UHID:

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB
Other

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

9.45 AM.

H/o playing at home. See H/S Notes

Pain Score

Child was playing and fell into the hot water and sustained burns at 7AM. Taken to Govt Hosp where first aid was given and referred further

Inital Assessment & Examination
Pulse Rate - 140 /mt
B P -
Resp Rate - 26 /mt
Temp - 98F
Ht / Wt -

Treatment

On exam - Extent of burn:

(a) Rt thigh upper medial
(b) ... both thighs ... buttock 7%
(c) Rt breast area axilla 7%
(d) Lt upper medial Lt arm axilla 5%
Back - Buttocks both 7%
Lumbar area 10%

50 % 2°

Investigations
SPO2 95%
RBS 177 mg/dl

MLC - Initiated at Govt Hosp NOIDA

Admit in Burn ward

Dietary Advise & Preventive Care

Follow up

Name & Sign Of Doctor

Dr. S.K. BEHERA
CCMO MBBS
DMC Reg. No. 48048
MMC 24779
VINAYAK HOSPITAL NOIDA

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CASH

MLC - 2975/25 (OUTSIDE)

UHID - PR505649

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2501379

Room No. 206/2 Catagory .....

Date of Admission 19/12/25

Name BABY SHANVI

S/o, D/o, W/o MR. PRAMOD DASS

Occupation .....

Age 5 Y Sex F

Religion HINDU

Father's / Husband's Name MR. PRAMOD DASS

Address SEC-115 SHURKHA NOIDA UP

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date 19/12/25

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. S.K. BEHERA Informed at 10:09 am

Admitting Dr. A.K. VERMA Informed at 10:09 am

Nidhi

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.

Deepika

Signature of Patient / Relative

Unit / Consultant DR. A.K. 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

Angels Welfare Organisation

A Giggles Welfare Organisation