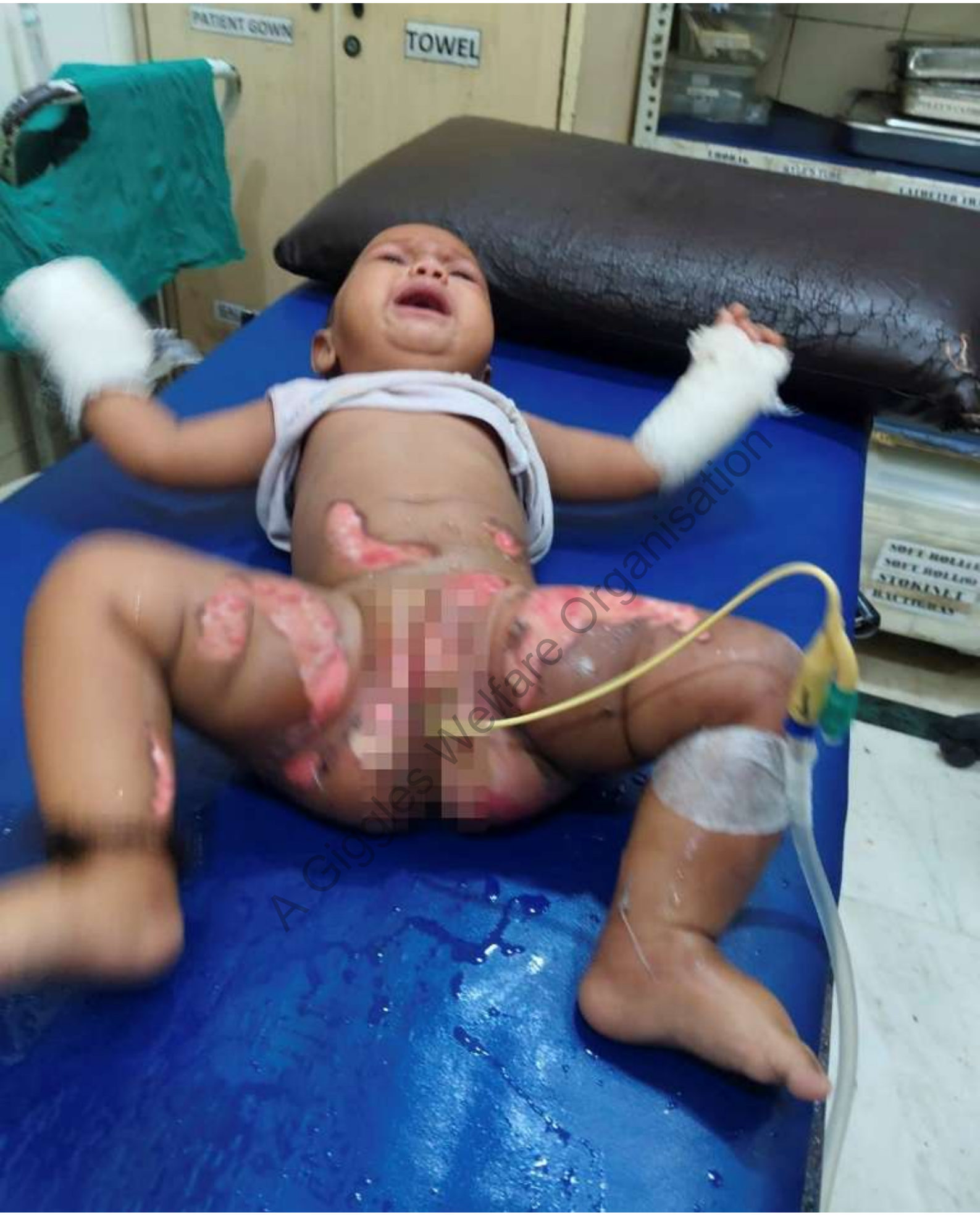
PATIENT GOWN
TOWEL
A Giggles Welfare Organisation


A Giggles Welfare Organisation

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 (Physiotheraphy)	**4,000.00**
Funds - Medicines + Consummables + Transfusions	**57,000.00**
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 Anshika.

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
द्वारा डिगल्स वेलफेयर असोसिएशन
सी-63 सेक्टर साउथ एक्स पार्ट-2
नई दिल्ली - 119

विषय :

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम राहुल कुमार है मेरा निवास सिंगाच्छा, बदायूँ उत्तर प्रदेश में स्थित है मेरी एक बेटी है उसका नाम अफ्रिका है उसकी आयु 6 महीना की है मेरी बेटी घर में खेल रही थी उसी समय उसके ऊपर गिर गया जिसके कारण मेरी बेटी जल गई जिसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख पंद्रह हजार रुपये का खर्चा बताया गया है कि यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें।

दिनांक = 28/7/2026

बेटी का नाम = अफ्रिका

उम्र = 6 महीना

पता = सिंगाच्छा बदायूँ
उत्तर प्रदेश

आपकी अति कृपा होगी

आपका प्रार्थी
राहुल कुमार

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2600634

Room No 235 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, BUDAUN, UP - 202525

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 3:20 pm.

Admitting Dr. Ashok Kumar VERMA Informed at 3:25 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

VINAYAK HOSPITAL

OPD INITIAL ASSESSMENT

41359

NAME BABY ANSHIKA . AGE / SEX 6Month/female DATE 28.07.2026 UHID V1126000624

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

Vaccination Status

Inital Assessment & Examination
Pulse Rate -
B P -
Resp Rate -
Temp -
Ht / Wt -
SpO2
Investigations

Chief Complaints

Pain Score

Baby Anshika, brought by her father, Incident happened at home, While taking hot tea by mother accidently Spilled over her daughter anshika at home. Patient brought to Casuality for further treatment. TBCA 30% TO 35%.

Treatment

℞
1. Inj. T.T.
2. Megahed dressing
3. Syrg. Ibugesic 5ml.
4. Sy Augmenty 5ml. 8hrly

Megahed dressing done and Patient admitted Under DR Ashtdc Verma.

Patient Shifted to 205 SE

VINAYAK HOSPITAL NOIDA

Dietary Advice & Preventive Care

Follow up


A Giggles Welfare Organisation