





Ref. No.: FRR/Vinayak/10012/2026-27

Dated: 31.08.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Anushka.

Sex: Female **Age:** 6 Years .

Father Name: Pankaj Kumar.

Address: Budhvihar Vijay Nagar Ghaziabad (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 31/08/2026

Overall Analysis: The patient - Baby Anushka - was brought in to our hospital by her father - Mr.Pankaj Kumar - on 31 st Aug 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot milk while she was at home. Her mother was boiling milk for her family, suddenly Baby Anushka contact with hot milk 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. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 6 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	41,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	58,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	57,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	217,000.00
Total (in words):	Two Lakh Seventeen 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	217,000.00
Stage 2	3,000.00
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 Anushka.



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

AO/AD

श्री

श्री गणेशाय नमः

श्री गणेशाय नमः

श्री. 63 वेल्फेयर सार्वजनिक स्वस्थता - 2

नई दिल्ली - 49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र ।
महोदय महोदय निवेदन यह है कि मेरा नाम पंकज कुमार है
मेरा पिता का नाम विजय नगर गांधीबाद उत्तर प्रदेश
मेरा पिता का नाम है उसका नाम अनुष्का है उसकी
आयु 6 वर्ष की है मेरी बेटी घर में रहने के बाद गरीब
उसके उपर गिर गया जिसके कारण मेरी बेटी का नाम
उसने मेरी विवाह के लिए लेना चाहा था पर उसने
उसका नाम देना नहीं चाहा था पर उसने
गया कि यह स्वर्ग उठने में असमर्थ है अतः आपसे
निवेदन यह है कि मेरी बेटी को सहायता प्रदान करें।

दिनांक = 31/8/2026

बेटी का नाम = अनुष्का

उम्र = 6 वर्ष

पता = विजय नगर गांधीबाद
उत्तर प्रदेश

आपकी आज्ञा कृपा होगी

आपका प्राची

पंकज कुमार



VINAYAK HOSPITAL



41368

OPD INITIAL ASSESSMENT

NAME BABY ANUSHA AGE / SEX 6yrs / F DATE 31-08-2026 UHID

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 - 141

B P - 116/96

Resp Rate - 24

Temp - 98.2

Ht / Wt - 102

SpO₂ - 98

Investigations

ECG

LFT

KFT

AS

AS

AS

AS

AS

AS

AS

AS

AS

AS

AS

AS

AS

AS

AS

Chief Complaints

Baby Anusha Bright & Conscious

A/H/OI HOT MILK BURN

Done on 26/8/2026 at 8 AM

Initial treatment taken at Baby, then brought to

Vinayak Hospital for further management

Presenting TB SA - 25% TO 3%

Treatment

Rx Dry. P.T. - sub.

Sup. Inj. given 1ml of Humo X 8mg

By Agent 7.5 ml. 8 hours

By. Pdp 1ml 24hrs

By. Pdp 1ml 24hrs

By. Pdp 1ml 24hrs

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Dietary Advice &
Preventive Care

Follow up





**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2600825

Room No. 206 Category

Date of Admission 31-8-2026



Name BABY ANURKHA

S/o, D/o, W/o PANKAJ KUMAR

Occupation

Age 6Yr Sex F

Religion HINDU

Father's / Husband's Name PANKAJ KUMAR

Address BUDH VIHAR VIJAY NAGAR

GHAZIABAD UP

Phone : Office Res.

Advance Receipt No. Date 31-8-2026

For Rs.

Name & Address of accompanying relative

Phone : Office Res.

R.M.O. Dr. SK BEHKA Informed at 8:00

Admitting Dr. AHOK KUMAR Informed at 8:00

VERMA

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.

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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

