





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 (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	59,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	212,000.00
Total (in words):	Two Lakh Twelve 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.



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 उष्टयस

श गिगल्स वेलफेयर अठानप्रमैशन

सी-63 बेसमेंट लाउज्ज शक्स चर्ह-2

नई दिल्ली-49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र ।

महोदय सविनय निवेदन यह है कि मेरा नाम शिव प्रसाद है
मेरा निवास नौछड़ा सिविल-49 बरीला उत्तर प्रदेश में स्थित है
मेरी एक बेटी है उसका नाम दिव्याश्री है उसकी उपाय
॥ महीना की है मेरी बेटी घर में रहते हुए गर्भ-चाय
उसके उपर छिर गया जिसके कारण मेरी बेटी जल गई
उसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर उसे
इलाज के लिए दो लाख पंद्रह हजार रुपये का खर्चा बताया
गया जो कि यह खर्चा उठाने में असमर्थ हूँ अतः
आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान की।

दिनांक = 20/09/26

बेटी का नाम = दिव्याश्री

उम्र = ॥ महीना

पता = नौछड़ा सिविल-49

बरीला उत्तर प्रदेश

आपकी आति कृपा होगी

आपका जादवी

शिव प्रसाद



**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

VH2601004

Room No.

202

Category

Date of Admission

20/9/2026



Name

BABY DIVYANSHI

S/o, D/o, W/o

SHIV PRASAD

Occupation

Age

11 YRS

Sex Female

Religion

HINDU

Father's / Husband's Name

MR. SHIV PRASAD

Address

SECT-49, PRAHAR
COLONY, BARODA, N.D.A., U.P.

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accompanying 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 20/09/2024 UHID 2601004

Personal History

Alcohol / Smoking / Tobacco

Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

Baby divyanshi, 11 months old
female child brought to casualty
w/H/O of her build 1 year. Incident occurred at
home on date 19/9/2024. Herrip head and forehead
taken locally, then brought to this hospital on 20/09/2024
Dressy done and advised admission.

Pain Score



Initial Assessment &

Examination

Pulse Rate - 130/14

B P -

Resp Rate - 30

Temp - 98.6

Ht / Wt - 7 Kg

SpO2 98

Investigations 20297

Treatment

1. Inj. T.T. 0.5ml. IM
2. Inj. Monocel 100mg. IV. 12 Hrs.
3. Inj. Amikacin 50mg. IV. 12 Hrs.
4. Inj. Ratac. 5ml.
5. Inj. Pen 10ml. IV. SOS.
6. Sye. Ibuprofen 2ml.

Dressy done and shifted to Room.

Patient admitted under DR. Atul Kumar Vansh (Surgeon)

Dietary Advice &
Preventive Care

Follow up



[Signature]

