



Ref. No.: FRR/Vinayak/10015/2026-27

Dated: 30.09.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Deepanshi Kumari.

Sex: Female **Age:** 2 Years .

Father Name: Rahul Nagar.

Address: Salarpur Khadar Sector 107 Noida G.B. Nagar (U.P.).

Diagnosis: Approx 35% Thermal Burn.

Date of Admission: 30/09/2026

Overall Analysis: The patient - Baby Deepanshi - was brought in to our hospital by her father - Mr. Rahul - on 30th Sept. 2026. The child has sustained thermal Burn Injury due to accidentally coming in contact with hot oil while she was at home. Her mother was making food for her family, suddenly baby Deepanshi came in contact with hot oil 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 chest area and hand areas. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 2 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	51,000.00
Funds - RMO, Nursing, Consultants & Specialists	42,000.00
Funds - Dressing & Procedures	51,000.00
Funds - Rehabilitation (Physiotherapy)	4,000.00
Funds - Medicines + Consumables + Transfusions	62,000.00
Funds - Pathology & Diagnostics	15,000.00
Total (in numbers)	225,000.00
Total (in words):	Two Lakh Twenty Five 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	5,000.00
Total (in numbers)	5,000.00
Total (in words):	Five Thousand Only
Fund Requirement - TOTAL	
Stage 1	225,000.00
Stage 2	5,000.00
Total (in numbers)	230,000.00
Total (in words)	Two Lakh Thirty Thousand Only

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



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,

श्रीमान आदरणीय
2 गिगलस वेलफेयर आनन्द वैज्ञान
सी. 63 लेसमिन्ट हाउस एक्स पार्स - 2
नई दिल्ली - 49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय खनिज निवेदन यह है कि मेरा नाम राहुल नागर है
मेरा पिताजी नौछा सेक्टर - 107 स्नारपुर खादर उत्तर प्रदेश
मेरे पिताजी मेरी एक बेटी है उसका नाम दीपांगी कुमारी है
उसकी आयु 2 साल की है मेरी बेटी घर में रखे हुए
गर्म तेल उसके उपर गिर गया जिसके कारण
मेरी बेटी जल गई उसे मेरे विनायक हॉस्पिटल लेकर गया
वहाँ पर उसके इलाज के लिए दो लाख तीस हजार
रुपये का खर्चा लगाया गया जो कि यह खर्च उठाने
में असमर्थ हूँ अतः आपसे निवेदन यह है की
मेरी बेटी की सहायता प्रदान करें।

दिनांक = 30/09/26

प्रेमिका नाम = दीपांगी कुमारी

उम्र = 2 साल

पता = नौछा सेक्टर - 107
स्नारपुर खादर

आपकी आज्ञा कृपा होगी
आपका प्रार्थक
राहुल नागर



VINAYAK HOSPITAL



41372

OPD INITIAL ASSESSMENT

NAME BABY DEEPANSHI KUMARI / F AGE / SEX 2 / F DATE 30.9.2026 UHID 2601071

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 138

B P -

Resp Rate 32

Temp - 98.6

Ht / Wt - 98.6

SpO₂ 98

Investigations

Su 97

LB 175

Chief Complaints

Above patient brought by her

Parent A/H/O oil burn,

accidentally baby fell down into the boiler hot oil on 28.9.2026 at 8 PM at home. Treatment taken locally then brought to Casualty today

Treatment

Adv - Admiss. Dress. done and Analgesic Under DR Ashok Kumar Vetrar.

In. monent 475ml IV. 12 hr

In. ampicillin. 800mg. IV. 12 hr

In. Pen. 12ml IV 8hr

In. Ibuprofen 3ml. 8hr

In. Len 2.5ml bid

Patia Sufferatology

Pain Score



Dietary Advice & Preventive Care

Follow up





**VINAYAK
HOSPITAL**

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No.

VH 2601071

Room No.

22/ICU Category

Date of Admission

30-9-2026 11:30 AM



Name BABY DEEPANSHI KUMARI

S/o RAHUL NAGAR

Occupation

Age

21

Sex

Female

Religion

HINDU

Father's / Husband's Name

Address

SALAR PUR KHADAR
SECTOR - 107, NOIDA UP

Phone : Office

Res.

Advance Receipt No.

Date

For Rs.

Name & Address of accompanying relative

Phone : Office

Res.

R.M.O. Dr.

DR. HARI

Informed at

11:30 AM

Admitting Dr.

ASHOK VERMA

Informed at

11:40 AM

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

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

