
A Giggles Welfare Organisation


A Giggles Welfare Organisation

Ref. No.: FRR/Vinayak/10020/2026-27

Dated: 11.11.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name: Baby Aisha.
Sex: Female **Age:** 1 Year.
Father Name: Saurav Kumar.
Address: Village Chukam Post Office Mohan Nainital Uttarakhand 244715.
Diagnosis: Approx 30% Thermal Burn.
Date of Admission: 10/11/2026

Overall Analysis: The patient - Baby Aisha was brought in to our hospital by her father - Mr.Saurav Kumar on 10th November 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot dal while she was at home. Her mother was cooking food for her family, suddenly Baby Aisha contact with hot dal 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 abdomen area, thigh and 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 1 year , 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 - Rehabillitation (Physiotheraphy)	**4,000.00**
Funds - Medicines + Consummables + Transfusions	**49,000.00**
Funds - Pathology & Diagnostics	**8,000.00**
Total (in numbers)	**202,000.00**
Total (in words):	**Two Lakh Two Thousand Only**

A Giggles Welfare Organisation

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	**8,000.00**
Total (in numbers)	**8,000.00**
Total (in words):	**Eight Thousand Only**

Fund Requirement - TOTAL	
Stage 1	**202,000.00**
Stage 2	**8,000.00**
Total (in numbers)	**210,000.00**
Total (in words)	**Two Lakh Ten Thousand Only**

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

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,

श्री मान अध्यक्ष
ट्रू गिगल्स वेलफेयर आर्गनाइजेशन
डी-63 बेसमेन्ट साउथ एक्सटेंशन-2
नई दिल्ली - 49

विषय :

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम सौरव कुमार है मेरा निवास ग्राम पुकम सोरट मोहान उत्तराखंड में स्थित है मेरी एक बेटी है उसका नाम आयशा है उसकी आयु 1 वर्ष की है मेरी बेटी घर में रखे हुए गर्म दाल के अन्दर गिर गई जिसके कारण मेरी बेटी जल गई उसे मैं विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए दो लाख दस हजार रुपये का खर्चा बताया गया जो कि यह खर्च उठाने में असमर्थ हूँ अतः आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करें।

आपकी अति कृपा होगी

आपका आज्ञाकारी

सौरव कुमार

दिनांक = 10/11/26

बेटी का नाम = आयशा

उम्र = 1 वर्ष

पता = ग्राम पुकम, सोरट मोहान
उत्तराखंड

A Giggles Welfare Organisation

T Rajan (GLOBAL VARTUAL) MLC:- 3998 UHID:- P2604610

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. VH2601305

Room No. 201 Catagory

Date of Admission 10/11/26

Name BABY AISHA

S/o, D/o, W/o MR. SAURAV KUMAR

Occupation

Age 1 4 Sex F

Religion HINDU

Father's / Husband's Name MR. SAURAV KUMAR

Address VILLAGE CHUKAM POST OFFICE MOHAN NAINITAL UTIARKHAND, 244715

Phone : Office Res.

Advance Receipt No. Date 10/11/26

For Rs.

Name & Address of accopanying relative

Phone : Office Res. 7668906938

R.M.O. Dr. UTKARSH SINGHAL Informed at 12:28PM

Admitting Dr. ASHOK KUMAR VERMA Informed at 12:28PM

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.

सौरभ

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

A Gigsies Welfare Organisation

VINAYAK HOSPITAL

31498

EMERGENCY ASSESSMENT

NAME Baby Aisha AGE / SEX 1Y 10M/F DATE 10/11/26 UHID P2604610

@ 12:28 PM

Personal History
Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History

Diabetes / HT / TB / Other

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

A Patient was brought into Casualty with A/H/O Deep Scald Burn c TBSA ≈ 25 - 30%

Pain Score

5/6 CWS - Constrictors
CVS - Stable
RS - B/L AE ⊕
PA → soft

H/O - Burn by Falling of Hot Dal on 07/11/26 at time Approx at Home Barola. ≡ 7 PM.

L/E - Burn Area over B/L legs & Abdomen Left Arm. (L) whole leg & (R) leg till knee.

Inital Assessment & Examination
Pulse Rate - 130/min.
B P - —
Resp Rate - 32/min.
Temp - 98.2°F
Ht / Wt - 11 kg
SpO2 - 99% on R.A.

Investigations
RBS - 110 mg/dl

Treatment

Advise → Admission (I) Dr. A.K. Verma.

R/X
- ~~Inj. T.T. 0.5 ml I.M stat~~ (Already Taken)
- Inj. MONOCEF 275 mg I.V 12 hrly (A.S.T)
- Inj. AMIKACIN 80 mg I.V 12 hrly (A.S.T)
- Inj. PCM 110 mg (11 ml) I.V SOS
- Syp. RANTAC 0.25 ml P/o 12 hrly
- Syp. IBUGESIC 1.5 ml P/o 8 hrly
- Syp. LCZ 2.5 ml P/o Bed time
- Inf RL @ 400 ml over 8 hr then 400 ml over 16 hr then @ 20 ml/hr.

TRIAGE CODE
P1 ☐ RED
P2 ☐ YELLOW
P3 ☐ GREEN
P4 ☐ BLACK

Dietary Advise & Preventive Care
Age Appropriate Diet

Follow up

Name & Sign Of Doctor
Dr. UTKARSH SINGHAL
MBBS
Registration No. : 122233
VINAYAK HOSPITAL NOIDA

A Giggles Welfare Organisation


A Giggles Welfare Organisation