
A Giggles Welfare Organisation


PILLOW COVER
PATIENT GOWN
A Giggles Welfare Organisation

Ref. No.: FRR/Vinayak/10019/2026-27

Dated: 01.11.2026

PROFORMA INVOICE / FUND REQUISITION REPORT:

(A Vinayak Burn Centre Noida Initiative)

Patient Name:Arpita.
Sex: Female **Age:** 11 Years
Father Name:Bharat Singh.
Address: House number 24 ,Kh No. 60/13 Jalvihar Phase -3 Bhopura West Delhi -110043.
Diagnosis: Approx 35% Thermal Burn.
Date of Admission: 31/10/2026

Overall Analysis: The patient - Arpita was brought in to our hospital by her father - Mr.Bharat Singh on 31st October 2026.The child has sustained thermal Burn Injury due to accidentally coming in contact with hot water while she was at home. Her mother was making food for her family, suddenly Arpita contacted with hot water 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 side abdomen and back area. The nature of injury is life threatening and requires considerable degree of specialist intervention and close monitoring. The patient is a child of 8 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	**41,000.00**
Funds - Rehabilitation (Physiotheraphy)	**4,000.00**
Funds - Medicines + Consummables + Transfusions	**49,000.00**
Funds - Pathology & Diagnostics	**10,000.00**
Total (in numbers)	**187,000.00**
Total (in words):	**One Lakh Eighty Seven Thousand Only**

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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	**187,000.00**
Stage 2	**3,000.00**
Total (in numbers)	**190,000.00**
Total (in words)	**One Lakh Ninety Thousand Only**

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

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

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सेवा मे,

श्री मान अध्यक्ष
ए गिगल्स वेलफेयर आर्गनाइजेशन
सी-67 बेसमेन्ट सागुप्य एक्स पार्ट-2
नई दिल्ली - 49

विषय :-

आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम भारत सिंह है मेरा निवास मकान न: 60/13 जय विहार बापरोला दिल्ली- 43 मे स्थित है मेरी एक बेटी है उसका नाम अर्पिता है उसकी आयु 8 वर्ष की है मेरी बेटी घर मे खेल रही थी मेरी बेटी जल गई उसके अन्दर गिर गई जिसके कारण मेरी बेटी जल गई उसे मै विनायक हॉस्पिटल लेकर गया वहाँ पर उसके इलाज के लिए 1 लाख नब्बे हजार रुपये का खर्चा बताया गया है कि यह खर्च उठाने मे असमर्थ हूँ अत: आपसे निवेदन यह है कि मेरी बेटी का सहायता प्रदान करे।

दिनांक = 31/10/26
बेटी का नाम = अर्पिता
उम्र = 8 वर्ष
पता = जय विहार दिल्ली - 43

आपकी अति कृपा होगी
आपका प्रार्थी
भारत सिंह

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VINAYAK HOSPITAL

NABH

OPD INITIAL ASSESSMENT

41374

NAME BABY ARPITA AGE / SEX 8Y/F DATE 31-10-2026 UHID

Chief Complaints

Pain Score

Personal History
Alcohol / Smoking / Tobacco
Chewing / other

Allergy

Past History

Diabetes / HT / IHD / TB

Other

Menstrual History

Current Medication

Vaccination Status

Baby arpita Brought to Emergency A/H/o. Hot Water Burn. at home on 25.10.2026, 7Am. Initial treatment taken locally, then brought to Vinayak Hospital for further treatment of Burn injuries.

T.B.A 30% to 35%.

Inital Assessment & Examination

Pulse Rate - 104/m
B P - NR
Resp Rate - 24/m
Temp - 98.4°F
Ht / Wt - 74cm / 18kg
SpO2 Sup 99%
Investigations Hb - 10.7

Treatment

Rx - 1. Inj. T.T. 0.5ml IV.
2. Inj. Monocef 450mg. IV. 12 Hrs
3. Inj. Amikacin 135mg IV. 12 Hrs
4. Inj Pantac 1/2 ml. IV 12 Hrs
5. Pcm 95mh. IV. SOS.
6. Syp. Lucofic P.F. 5ml 8 Hrs
7. Lny. oint. bd Tm.

Dressing done. Patient admitted and shifted to Room.

Dietary Advice & Preventive Care

Approach Counselling done

VINAYAK HOSPITAL NOIDA MH-1, Sec-12

Follow up

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VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

V.H. No. .....

Room No. 203 Catagory .....

Date of Admission 31-10-2026 11Am

Name ARPITA

S/o (D/o) W/o BHARAT SINGH

Occupation .....

Age 8 Sex Female

Religion HINDU

Father's / Husband's Name BHARAT SINGH

Address H.No.24, KH NO 60/13 JAVIHAR-PHASE-3, BAPROLA West Delhi - 110043

Phone : Office ..... Res. .....

Advance Receipt No. ..... Date .....

For Rs. .....

Name & Address of accopanying relative .....

.....

.....

Phone : Office ..... Res. .....

R.M.O. Dr. HARI ..... Informed at 11AM

Admitting Dr. Ashok Kumar ..... Informed at 11.05AM

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.

Bharat

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

A Giggles Welfare Organisation


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