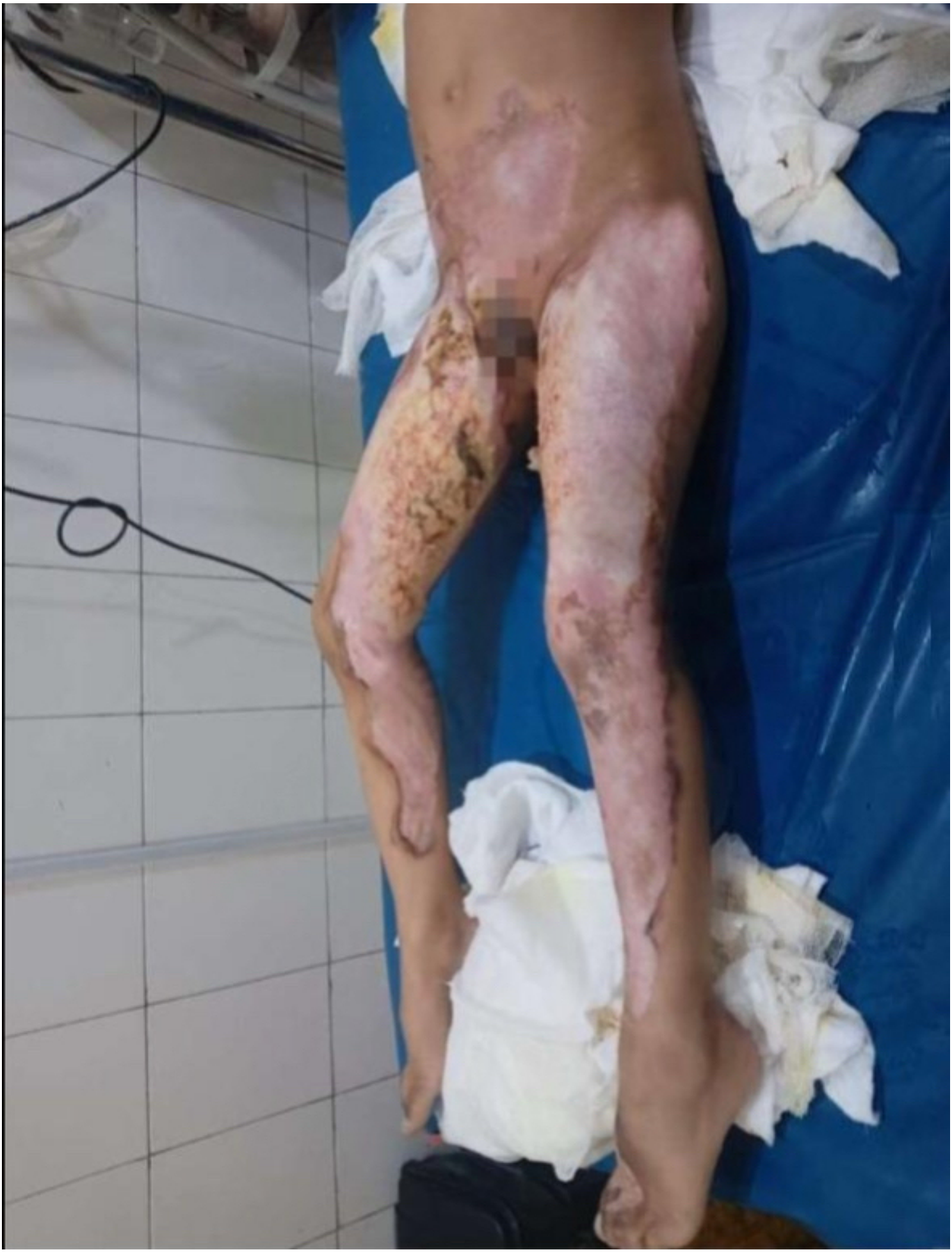

सेवा में
श्रीमान जिलाधिकारी
सिविल लाइन
सी- 65 सेक्टर साउथ एक्स पार्ट - 2
नई दिल्ली -49

विषय :- आर्थिक सहायता हेतु प्रार्थना पत्र।

महोदय सविनय निवेदन यह है कि मेरा नाम सतेंदर है। मेरा निवास H.No- 74 कृशान विहार, सुलतानपुरी, C ब्लॉक, पोस्ट सुलतानपुरी C ब्लॉक, जिला :- उत्तर पश्चिमी दिल्ली में स्थित है। मेरा एक बेटा है। जिसका नाम जय सिंह है। उसकी आयु 5 वर्ष है। मेरा बेटा घर में खेल रहा था, तभी अचानक गर्म दूध के पतीले के संपर्क में आने के कारण जल गया। जिसके कारण मैं उसे नोएडा के विनायक हॉस्पिटल लेकर गया और वहाँ पर उसके ईलाज के लिए एक लाख बत्तीस हजार रुपये का खर्चा बताया गया है। जो कि मैं यह खर्चा उठाने में असमर्थ हूं। अतः मेरा आपसे निवेदन यह है कि मेरे बेटे को सहायता प्रदान करें।

आपकी अतिकृपा होगी।
आपका प्रार्थी
सतेंदर।

Date :- 27/May/2025
बेटे का नाम :- जय सिंह
उम्र :- 5 वर्ष
पता :- H.No -74 कृशान
विहार, सुलतानपुरी
C ब्लॉक

सतेंदर।

VINAYAK HOSPITAL

A Unit of Chaudhary Nursing Home Pvt. Ltd.

VH No. UHrd. P250287

Room No 203 Category

Date of Admission 27.05.2025

Name MASTER JAISINH

S/o, D/o, W/o SATIENDER

Occupation

Age 5Yrs Sex HINDU

Religion

Father's / Husband's Name

Address H.No 74 KISHANVIHAR SULTANPURI C-Block P.O. North West Delhi

Phone : Office Res.

Advance Receipt No. Date

For Rs.

Name & Address of accopanying relative

Phone : Office

R.M.O. DR ASIF Informed at

Admitting Dr. ASHOK 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

MLC – 15629

OPD INITIAL ASSESSMENT

35655

NAME MASTER JAISINGH AGE / SEX 5Y/M DATE 22/05/2025 UHID ....

Personal History Alcohol / Smoking / Tobacco Chewing / other

Allergy

Past History Diabetes / HT / IHD / TB Other

Menstrual History

Current Medication

Vaccination Status

Chief Complaints

MASTER JAISingh 5y/male brought by his Parents c/o: HOT MILK BURN

Pain Score

Child accidently fell into hot milk Pot while Playing at Home on 23/05/2025 at 1 day

Initial treatment taken, nearby clinic then

Treatment

bought to Vinayak Hospital for further management

Deep scalds burn 30 to 35%.

Inj. Pan 22.5mg IV/SOS

Inj. Monocef 750mg IV/12Hrs

Syp. Ibuprofen 5ml/12hrs

NS/Pan 50mg /hrs IV.

Admit under Dr. Ashok

Inital Assessment & Examination

Pulse Rate - 120/m

B P - Not taken

Resp Rate On Oxygen

Temp - 3 days

Ht / Wt - 99.9 F

SpO2 - 99 ... 15 kg

Investigations

RBS - 124

OE

Bruise

H/o B...

Dietary Advice & Preventive Care

Follow up

VINAYAK HOSPITAL NOIDA NH-1, SEC-27

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	**10,000.00**
Total (in numbers)	**10,000.00**
Total (in words):	**Ten Thousand Only**
Fund Requirement - TOTAL	
Stage 1	**180,000.00**
Stage 2	**10,000.00**
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 Master Jai .

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