



Billing Instructions 1 (Actual) 2 Package: Rs. (Excluding-Medicine, Bed, Blood, ICU, investigation) For Provinces al Diagnosis Investigations Advised: R.C 250 1.V C.0

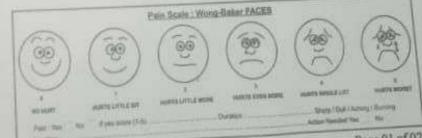
Advent 300 1.V

militaly 75 f. Careffine PL CHILD CARE IS ON ACC O'STY " Safe Parenting: monitor vis/90 Rehabilitation Advice: MIDW 511 > orth DNS+ KUL @ 20 m/h # Biglai sue B. RMO Name: Doctor Name: Date & Time: Date & Time: >8 7 Signature: DOC NO: JSSHJCNC/IT/001 Signature:



Jindal Super Specialty Hospital (A Unit of Raj Jiodal Hospital and Research Centre Pvi. Ltd.) SPM Nagar, Bharatpur-321001 (Rajauthan)

INDOORTICKET	MLCNO.1
Res No 3.04507 IPD No. 23-32462 Ward/Bed: (- 1/2) 1/2/1/ Co	miles 02 12 7
Address Steramond Ruder out Bhuaul Pur (Duf)	/
201,212	tion & Time:
D.O. Discharge & Time: D.O. Deliver	ry & Time :
Chief complaints with Duration:	BP: HR: 110114
do Bum Emot milic	RR. MO
1 your outtus	SP Temps 984. L
1 , 1 , 1	Examination Ci 9-4 C
ypnod wesery CARE INDI	CVS 5-162 0
C.R.	
Past History:	Respt. (3)
Asthma: NEW Asthma:	Abd: CAFJ-3-5 D
ny other (Medical/Surgical) :	Local: CheCt B'C
Alergies:	mr 2



Page 01 of 02

DC NO: JSSH/CNC/IT/001

Iedication History:



Medical Laboratory, Raj Jindal Hospital and Research Centre Pvt. Ltd.

Bady KAVYA STATE olust : KAPIL JINDAL

meted: 28-03-2025 10:03 AM

Reg No : 204507 Accession No.: 0250328038 Bill / IPD No. : OB23317261

IPD/OPD: OPD Category : GENERAL

Accession No

nge

HAEMATOLOGY*

Report Gen At : 28-03-2025 10:33A34

Sample Types EDTA BLOOM				
Sample 437	Status	Results	Unit	Biological Reference Rar
Test Name	H	14.70	gm/dl	11-14
MENOGLOBIN	H	17.30	10/3/4	
HEC	H	73.70	%	5.0-15.0
WEUTROPHILS.		20.30	%	45-70 20-40
MEHOCYTES		5.30	%	2-10
AUDCYTES	L	0.30	* %	1-5
EDENOPHIL		0.40	% ć	0-2%
MASOPHIL HARMATOCRIT(HCT)		44.40	% 1/2	36-46
Red Cell Sourt (TRBC)	H	5.42	million/curio	4.0-5.2
		82.00	17	75.67
MCH		27.20	-18	24-30
NOC.		33.10	g/dl	31-37
PLATELET COUNT	Н	499.00	10/3/01	200-490
Demode -			4.	

BIOCHEMISTRY

Sample Collected: 28-63-2025 10:03 AM

Sample Type: SERUM / PLASMA

Test Name

gnarks:

Status Res

Unit mg/L

Biological Reference Range

Report Gen At: 28-03-2025 10:33AM

Report Gen At: 28-03-2025 10:33AM

0.8-5.0

BIOCHEMISTRY**

** ple Collected: 28-03-2025 10:03 AM

Sample Type: BLOOD

Test Name Hamarka:

Status Results 133,17 4.73 104.54

Unit mmol/E mmol/L mmol/L Biological Reference Range

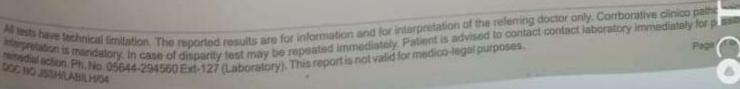
136-150 3.50-5.0

98-106

DR. Preeti Tyagi

HOUSICIAN

MID PATHOLOGY, MCI/09-35445



Proforma Invoice / Fund Requisition Report

Patient Details

Patient Name: Baby Kavya Father's Name: Pradeep Contact Number: 9971132733 Admission Date: 28-03-2025

Hospital Name: Jindal Super Specialty Hospital

Baby Kavya has suffered severe burns below her waist in a tragic accident. She requires **Overall Analysis** immediate medical intervention, including surgeries, burn dressings, medications, and specialized care for a successful recovery. Her condition is critical, and timely treatment is essential to prevent complications. Her family is unable to bear the cost, and we are seeking generous contributions to support her treatment.

Fund Requirement - During Hospital Stay

Fund Description	Amount (INR)
Hospital Stay & Bed Charges	30,000
Surgery & Burn Dressing Procedures	25,000
Medications & Pain Management	15,000
Wound Care & Daily Dressing	12,000
IV Fluids & Nutrition Support	8,000
Skin Grafts & Specialized Treatment	18,000
Doctor Consultation & Follow-ups	7,000
Miscellaneous & Emergency Expenses	5,000
Total	1,20,000

Total (in words): One Lakh Twenty Thousand Only

We urge kind-hearted individuals to contribute towards Baby Kavya's treatment and support her journey to recovery. Every contribution will directly cover medical expenses. Thank you for your generosity.

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Request for Financial Support for Kavya

To. The Chairperson, Child Care India Trust

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Respected Sir/Madam,

I, Pradeep, Father of Kavya, currently admitted to Jindal Super Speciality Hospital, am writing to seek your kind support for the medical treatment of my child. Kavya was admitted on 28-Mar-2025 due to severe burn injuries and is undergoing critical care, including skin grafting surgeries.

The total estimated cost of the treatment amounts to INR 1,20,000. Due to my financial constraints, I am unable to bear the entire expense on my own. I humbly request your esteemed organization to provide financial assistance to support my child's recovery. Your generous contribution will make a significant difference in ensuring the timely and adequate treatment my child urgently needs.

Please find attached the proforma invoice and necessary documents for your kind perusal. I CHILD CARE INDIA TRUS am hopeful for your positive consideration of my request. Kindly let me know if further details are required to process this request.

Thank you for your support and understanding.

Yours sincerely,

Pradeep

Contact Number: 9971132733

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