

Patient Name: Ayansh Yadav

Age – 4 Years

Disease – 35% Thermal Burn

Ayansh Yadav, a 4-year-old boy, has suffered 35% thermal burns, leaving him in urgent need of extensive medical care. The burns have affected multiple areas of his body, requiring specialized treatment, including wound management, infection control, pain relief, and possible skin grafting. His estimated treatment cost is ₹60,000, a significant amount that his family struggles to afford. Ayansh's father, a humble vegetable seller, works tirelessly to provide for his family. However, with his limited income, arranging such a large sum for his son's treatment is an overwhelming challenge. The family is in desperate need of financial assistance to ensure Ayansh receives the necessary medical care for his recovery. Any support or contribution can make a huge difference in saving this young child's life and helping him heal.





MOHAK HOSPITAL

MULTI SPECIALITY HOSPITAL

223/1, New Muirabad, Stanley Road, (Near Bali Hospital), Prayagraj
Ph : 0532-2251000, 2251001 • E-mail : mohakhospitalallahabad@gmail.com • C.M.O. Reg. No. : 0917500058



Estimate Certificate of Treatment

This is to certify that Mr/Ms./Mrs. Master Anandh
Yadav S/
 D/W/O..... Mrs. Brizesh Yadav
 Aged 4 1/2 year. R/O Maheshwari Vidyutika Pathi
Pratapgarh
 is admitted in Mohak Hospital Prayagraj U.P.
 Diagnosis..... Thermal burn 35%
 Dated 14.03.25 This Patients Treatment Expense
 Including operation and Completed Treatment
 Expenses about Rs..... 50000 = 50 Fifty thousand only



14-03-25

Our small contribution towards treatment of Master Ayansh.

FUND TRANSFER ✕

SUMMARY ✓ YES BANK

Type of transaction **IMPS**

Amount **₹15,000**

Recipient name **Brijesh Kumar Yadav**

Recipient account number **00590100041104**

IFSC **BARBOUNCHAH**

Transaction date **18 MAR 2025 | 4:03 PM**

Remarks **Donation for burn patient Ayansh**

Transaction reference number **507716353618**

Transaction status **Successful**





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AUTHORISATION (अधिकृतिकरण)

अपने मरीज Ar. yansh Yadav उम्र/लिंग 46/M निवासी

में अद्योहस्ताक्षरी Pralokesh के सम्बन्ध में

निवासी

डॉ०

Dr. D. Singh

की देख-रेख में इस चिकित्सालय में अपनी मर्जी से भर्ती कर रहा हूँ।

मुझे अपने मरीज की हालत के बारे में स्पष्ट रूप से बता दिया गया है। मैं अपनी जिम्मेदारी पर अपने मरीज को भर्ती कराकर सभी आवश्यक जाँच तथा उपचार/शल्य चिकित्सा जिम्मेदारी पर अपने मरीज को भर्ती कराकर सभी आवश्यक जाँच तथा उपचार/शल्य चिकित्सा डॉ..... या उनके द्वारा अधिकृत (Authorised) किसी अन्य चिकित्सक द्वारा कराने को तैयार हूँ। मुझे उपचार/ऑपरेशन के परिणाम के बारे में कोई गारन्टी नहीं दी गयी है।

मुझे अपने मरीज की हालत के बारे में स्पष्ट रूप से बता दिया गया है।

मैं इस अस्पताल और अपने डॉक्टरों को यह अधिकार देता हूँ कि ऑपरेशन में निकाले गये अंग या शरीर के उतकों को यहाँ प्रचलित विधि द्वारा निस्तारित (Dispose) कर दिया जाय।

मैं यह प्रमाणित करता हूँ कि उपर लिखे, चिकित्सकीय उपचार या ऑपरेशन के लिए किए गये अधिकृतिकरण (Authorization) को मैंने अच्छी तरह से पढ़ और समझ लिया है। मुझे उन कारणों की जिनसे यह ऑपरेशन / प्रक्रिया आवश्यक है, और इस ऑपरेशन से होने वाले लाभ तथा संभावित उपद्रवों (Complications) तथा संभावित वैकल्पिक उपचारों के बारे में डॉ० ने अच्छी तरह से समझा दिया है।

मैं यह भी प्रमाणित करता हूँ कि मुझे ऑपरेशन / उपचार के परिणाम के विषय में कोई गारन्टी या आश्वासन नहीं दिया गया है।

मैं उपर्युक्त अधिकरण (Authorised) को अच्छी तरह से पढ़/समझ लिया है और मैं इसे स्वेच्छा से स्वीकार कर रहा हूँ/रही हूँ।

हूँ।

मैंने इलाज में होने वाले अनुमानित खर्च के सम्बन्ध में डॉक्टर ने विस्तारपूर्वक समझा दिया है।

गवाह..... सुनील 21/2/24

हस्ताक्षर..... सुनील 21/2/24

नाम..... (सुनील-कुमार)
(मरीज या निकटतम संबंधी)

दिनांक/समय



हस्ताक्षर..... सुनील 21/2/24

(यदि रोगी के रिश्तेदार हो तो रोगी से सम्बन्ध)
गवाह



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FACE SHEET

I.P. No. ~~P623447~~ A 29200 Ward G/O O.P.D. No. ~~A 29200~~ P623447

Name in Full Aaryamsh yadav Age 4.6 Sex M

Son / Daughter / Wife of Brijesh yadav

Permanent Address Mahakshani addindresh pathi p.h.

Tel. No. 9.67.00.85685

Local (Address of Nearest Relative)

Tel. No.

Date of Admission 13/03/2015 / 4.40 D.O.B & Time

Previous Admission YES / NO I.P. No. of Previous Record

Speciality Consultant K. Singh Assoc. Consultant

Admission Routine / Emergency / MLC / Accident /

Final Diagnosis (Write Principal Diagnosis First) Code No.

Secondary Diagnosis Complications

Operative Procedure

Anaesthesia Date Time

RESULT: RECOVERED / IMPROVED / UNCHANGED / L.A.M.A. / Absconded Worse / EXPIRED /

Cause of Death Autopsy YES / NO

Signature of Consultant



FOR USE OF MEDICAL RECORD DEPARTMENT ONLY

No. of Sheets in Record	Lab Reports	X-Ray Reports	ECG/EEG Reports
Biopsy Reports	Admission Order	Discharge Note	Checked By

13/2/25

SPK-6



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Patient - master Aryangh Yadav

- Tm Tazatum 1.125mg (2)
- Tm Amikacin 250mg (1)
- Tm PCM 100ml (1)
- Tm Actlac 1mp (2)
- Tm Emetet 1mp (2)
- NS 100ml (2)
- Isolyde P (1)
- Venflam (22) (1)
- Fixer (1)
- microdip 8/1 (1)
- needle (3)
- stec (4)

IPD

P623447

Dr. K. Singh

MRP	Dis.%	Amount
111.61	0.00	223.22
56.00	0.00	56.00
448.80	0.00	448.80
6.60	0.00	13.20
13.35	0.00	26.70
47.15	0.00	94.30
234.48	0.00	234.48
283.50	0.00	283.50
75.00	0.00	75.00
171.00	0.00	171.00
258.00	0.00	258.00
4.40	0.00	13.20
16.72	0.00	66.88
27.50	0.00	82.50
14.00	0.00	42.00
9.35	0.00	18.70
		2107.48
		2107.00

Grateful Child Welfare Foundation

3 5G



SALE / CASH INVOICE

K MEDICAL STORE

Stanley Road, Allahabad, Uttar Pradesh, India
 0532-2251000, 2251001
 2092, 9/21/2092



24-25C54008

Dept.; OPD
 P.ID. P623443
 Prescribed Dr. Kamal Singh

Qty.	MRP	Dis.%	Amount
1 Piece	359.37	0.00	359.37
1 Piece	103.95	0.00	103.95
1 PCS	81.00	0.00	81.00

544.32

544.00

Invoice total (round off)

Rs. Five Hundred And Forty-four

CGST 6% = 29.16
 SGST 6% = 29.16

Received Rs. 544.00 in cash at 2025-03-13 04:23 PM

Note:

- * All disputes subject to ALLAHABAD Jurisdiction only.
- * Medicines without Batch No. and Exp will not take back.
- * Please consult doctor before using the medicines.
- * No need of Signature, This is a Computer generated Invoice.

*** THANK YOU AND WISH YOU GOOD HEALTH ***

Zeloret Roll (1)
 Neosporin Powder
 (1) Surgical gloves
 7 (1)

Grateful Child Welfare Foundation

Galaxy M13 5G



SALE / CASH INVOICE
MOHAK MEDICAL STORE

223/1, Muirabad, Stanley Road, Allahabad, Uttar Pradesh, India
 0532-2251000, 2251001

GSTIN:09ABIFM4424D1ZE D.L. No.:9/20/2092, 9/21/2092



24-25C54008

Invoice No. 24-25C54008
 Date 13-Mar-2025 04:23:PM
 Buyer AYANSH

Dept; OPD
 P.ID. P623443
 Prescribed Dr. Kamal Singh

#	Item	Qty.	MRP	Dis.%	Amount
01	JELLONET ROLL <small>Batch: GS0463, Exp:Feb 27, HSN: 2106 CGST 6% SGST 6%</small>	1 Piece	359.37	0.00	359.37
02	NEOSPORIN POWDER <small>Batch: R432, Exp:May 26, HSN: 3004 CGST 6% SGST 6%</small>	1 Piece	103.95	0.00	103.95
03	GLOVES 7 NO <small>Batch: 124073, Exp:Mar 29, HSN: 3004 CGST 6% SGST 6%</small>	1 PCS	81.00	0.00	81.00

Sub total **544.32**

Invoice total (round off) **544.00**

Rs. Five Hundred And Fourty-four

CGST 6% = 29.16
 SGST 6% = 29.16

Received Rs. 544.00 in cash at 2025-03-13 04:23 PM

Note:

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 - Please consult doctor before using the medicines.
- Signature of Signature, This is a Computer generated Invoice.



MOHAK HOSPITAL
 NEAR BELI HOSPITALMUIRA
 PRAYAGRAJ UP

MOHAK HOSPITAL
 (C.M.O. Reg. No. : 0917500058)
 BILL



24-25114513

Diagnosis Invoice Id: 24-25114513

Ref By:- DR. K. SINGH

DATE: 13/03/2025 TIME: 19:06:19
 TID: 66014477
 TxnId: 66014477051319055135
 TxnId: 22970721741872953034
 TxnId: 1270012413742025031307061

SuerRefNo/UTR: 688272863960
 Type: BharatQR-UPI

Age 4 years 6 months PRATAPGARH CITY

Txn Status: Success
 Txn AMOUNT
 INR 1130.00

Mode: BharatQR

300.00
 40.00
 40.00
 50.00
 100.00
 100.00
 500.00

MERCHANT COPY
 POWERED BY
bonushub
 App Version: 3.0.0.0

Total Amount **Rs 1130.00**

223/1, MUIRABAD, STANLEYROAD
 (0532) 2251000,2251001

- Please provide this receipt for your report.
- Please check your name, age and provide necessary corrections, if Any

Advance Receipt

Patient Id : P623447
 Patient Name : Master Ayansh Yadav
 Primary Consultant : Dr. K. Singh
 Date : 13-Mar-2025 04:44:26 PM
 Admission ID : A29200
 Receipt No. : 24R5660
 Sex & Age : Male/4 years 6 months
 Bed No. : F05
 Semi Private Ward [Bed No. : F05]

Advance Deposit

Rs 15000

RS. FIFTEEN THOUSAND ONLY. (Bank)

Cashier : satyam yadav

Galaxy M13 5G

SALES RETURN SLIP
 MOHAK MEDICAL STORE
 223/1, MUIRABAD, STANLEY ROAD
 GSTIN:09ABJFM4424D1ZE
 D.L. No.:9/20/2092, 9/21/2092

SALES RETURN ID : 24-25S5103
 NAME : Master AYANSH YADAV[P623447]
 SALES RETURN DATE : 2025-03-13 18:41:32
 DOCTOR : Dr. K. Singh

#	PRODUCT	BATCH	QTY.	EXP.	MRP.	Sale Price	Sub Total
1	MICRO DRIPSET.	G24H020733	1 PCS	Jul-2029	171.00	171.00	171.00
TOTAL							Rs 152.68
TAX							Rs 18.32
NET TOTAL (after round off)							Rs 171.00
TOTAL REFUND							Rs 171.00

RS. YOUR TOTAL REFUND IS RS. ONE HUNDRED AND SEVENTY-ONE ONLY

9/20/2092, 9/21/2092

* All disputes subject to ALLAHABAD Jurisdiction only.

*** PLEASE COLLECT RS. 171.00 ***

SALE / CASH INVOICE
MOHAK MEDICAL STORE

223/1, Muirabad, Stanley Road, Allahabad, Uttar Pradesh, India
 0532-2251000, 2251001

09ABIFM4424D1ZE D.L. No.:9/20/2092, 9/21/2092



Invoice No. 24-25C54020
 Date 13-Mar-2025 06:09:PM
 Buyer Master AYANSH YADAV

Dept: IPD
 P.ID: P623447
 Prescribed Dr. K. Singh

#	Item	Qty.	MRP	Dis.%	Amount
01	TAZOTUM 1.125 ML INJ <small>Batch: ZLB6AN4006, Exp:May 26, HSN: 3004 CGST 6% SGST 6%</small>	2 VAIL	111.61	0.00	223.22
02	MIKACIN 250 MG INJ <small>Batch: BLH230346, Exp:Jul 26, HSN: 3004 CGST 2.5% SGST 2.5%</small>	1 VAIL	56.00	0.00	56.00
03	PARAPRIM INFUSION 100 ML <small>Batch: 24C06150T, Exp:Mar 26, HSN: 3004 CGST 6% SGST 6%</small>	1 INH	448.80	0.00	448.80
04	ACILOC INJECTION <small>Batch: AB23047, Exp:Apr 26, HSN: 3004 CGST 6% SGST 6%</small>	2 AMP	6.60	0.00	13.20
05	EMESET INJ <small>Batch: S630065, Exp:May 26, HSN: 3004 CGST 6% SGST 6%</small>	2 AMP	13.35	0.00	26.70
06	NS 100 ML <small>Batch: TC304F006, Exp:Feb 27, HSN: 3004 CGST 6% SGST 6%</small>	2 bottle	47.15	0.00	94.30
07	ISO-P <small>Batch: 1L34809, Exp:Aug 26, HSN: 3004 CGST 6% SGST 6%</small>	1 bottle	234.48	0.00	234.48
08	VEINFLON 22NO <small>Batch: 4101885, Exp:Mar 29, HSN: 9018 CGST 6% SGST 6%</small>	1 Piece	283.50	0.00	283.50
09	FIXER <small>Batch: 005AD24, Exp:May 28, HSN: 9018 CGST 6% SGST 6%</small>	1 PCS	75.00	0.00	75.00
10	MICRO DRIPSET <small>Batch: G24H020733, Exp:Jul 29, HSN: 9018 CGST 6% SGST 6%</small>	1 PCS	171.00	0.00	171.00
11	DRIP SET <small>Batch: G23022053 STERI FLD, Exp:Apr 28, HSN: 3004 CGST 6% SGST 6%</small>	1 PCS	258.00	0.00	258.00
12	NEEDLE 16 NO <small>Batch: 26354D, Exp:May 28, HSN: 9018 CGST 6% SGST 6%</small>	3 PCS	4.40	0.00	13.20
13	PROTECTO GLOVES-PACK-50 <small>Batch: G24H110536, Exp:Jul 29, HSN: 3004 CGST 6% SGST 6%</small>	4 PCS	16.72	0.00	66.88
14	SYRING 10 ML <small>Batch: 24G01K07, Exp:Jun 29, HSN: 9018 CGST 6% SGST 6%</small>	3 Piece	27.50	0.00	82.50
15	SYRING 3 ML <small>Batch: 23K02K71, Exp:Oct 28, HSN: 9018 CGST 6% SGST 6%</small>	3 Piece	14.00	0.00	42.00
16	SYRING 1 ML <small>Batch: G24102074, Exp:Aug 29, HSN: 9018 CGST 6% SGST 6%</small>	2 Piece	9.35	0.00	18.70
Sub total					2107.48
Invoice total (round off)					2107.00

Rs. Two Thousand One Hundred And Seven

CGST 6% = 109.9
 SGST 6% = 109.9
 CGST 2.5% = 1.33
 SGST 2.5% = 1.33

Received Rs. 2107.00 in cash at 2025-03-13 06:09 PM

Note:

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 - * Please consult doctor before using the medicines.
 - * No need of Signature, This is a Computer generated Invoice.
- *** THANK YOU AND WISH YOU GOOD HEALTH ***

axy M13 5G



भारत सरकार

Government of India



बृजेश कुमार यादव

Brijesh Kumar Yadav

जन्म तिथि / DOB : 16/02/1987

पुरुष / Male



6657 8451 6030

आधार - आम आदमी का अधिकार



आरतीय पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: राम विश्वनाथ यादव, महाखरी,
प्रतापगढ़, औरैया, उत्तर प्रदेश,
230134

Address:

S/O: Ram Kishan Yadav,
Mahokhari, Pratapgarh,
Oraiyaadeeh, Uttar Pradesh,
230134



6657 8451 6030



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

Grateful Child Welfare Foundation

+91 99581 14443



9958114443@okbizaxis



BHIM UPI

Beneficiary Name: Grateful Child Welfare Foundation

A/C Number: 023788700000384

Bank Name: YES Bank

Branch: Naraina, New Delhi

IFSC Code: YESB0000237

