



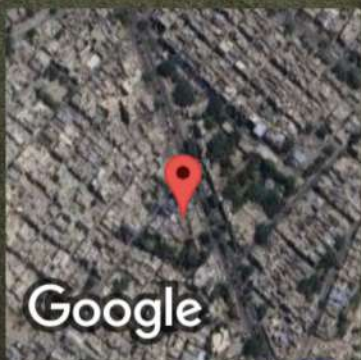
 **GPS Map Camera**

## Gurugram, Haryana, India

220/11, Old Railway Rd, Shivpuri, Sector 7, Gurugram,  
Haryana 122001, India

Lat 28.4698° Long 77.019434°

09/03/2025 09:14 AM GMT +05:30





भारत सरकार  
Government of India



Issue Date: 15/12/2013



सुशील कुमार  
Susheel Kumar  
जन्म तिथि/DOB: 10/02/1989  
पुरुष/ MALE

3630 4340 0444

VID : 9173 2455 7080 3870

मेरा आधार, मेरी पहचान

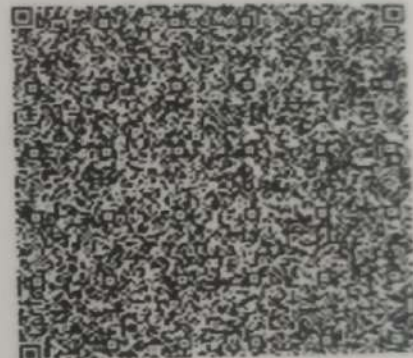


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O: बुध लाल, 693, पानी टैंक के पास, गोंदर 35,  
कर्नाल,  
हरियाणा - 132024

Address:  
S/O: Budh Lal, 693, near water tank, Gondar  
(35), Karnal,  
Haryana - 132024



3630 4340 0444

VID : 9173 2455 7080 3870



1947



help@uidai.gov.in



www.uidai.gov.in



Orbit  
Healthtech

Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

भारत सरकार  
Government of India

सुशील कुमार  
Susheel Kumar  
जन्म तिथि/DOB: 10/02/1989  
पुरुष/ MALE

Issue Date: 15/12/2013

0444  
VID : 9173 2455 7080 3870

मेरा आधार, मेरी पहचान

*Susheel Kumar*



Dr. HIMANSHU PUNIA  
MBBS  
Regn. No. HN-015235

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O: बुध लाल, 693, पानी टैंक के पास, गोंडर 35,  
कर्मल,  
हरियाणा - 132024

Address:  
S/O: Budh Lal, 693, near water tank, Gondar  
(35), Karnal,  
Haryana - 132024

0444  
VID : 9173 2455 7080 3870

1947 | help@uidai.gov.in | www.uidai.gov.in



+91 - 9891 75 7515  
+91 - 9911 84 6182  
+91 - 9910 49 2712  
0124 - 4 2 1 9 1 7 5



orbitcorporate1482@gmail.com



Regional Office & Diagnostic Center :  
325/11, Old Railway Road, Opposite Gupta Medicos, Near  
Aryan Hospital, Rattan Garden, Gurugram - 122001 (Hr.)  
Reports are Not Valid for Medico Legal Cases



Orbit Healthtech

Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

*Susheel Kumar*



GPS Map Camera

### Gurugram, Haryana, India

220/11, Old Railway Rd, Shivpuri, Sector 7, Gurugram, Haryana 122001, India

Lat 28.4698° Long 77.019434°

09/03/2025 09:14 AM GMT +05:30



Google

Dr. HIMANSHU PUNIA  
MBBS  
Regn. No. HN-015235

Regional Office & Diagnostic Center :  
325/11, Old Railway Road, Opposite Gupta Medicos, Near  
Aryan Hospital, Rattan Garden, Gurugram - 122001 (Hr.)  
Reports are Not Valid for Medico Legal Cases



+91 - 9891 75 7515  
+91 - 9911 84 6182  
+91 - 9910 49 2712  
0124 - 4 2 1 9 1 7 5



orbitcorporate1482@gmail.com



To,  
LIC of India,  
Branch Office,  
Branch No. 12 M

Date: 09/03/25

Proposal No. or Policy No. 900820

The Life to be assured was identified on the basis of ADDMAR CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Name of the Pathologist / Doctor: \_\_\_\_\_

Signature of the Pathologist / Doctor

(Stamp of the DC)

Dr. HIMANSHU PUNIA  
MBBS  
Regn. No. HN-015235

I have observed the fasting of 12 hours & the examination / tests were done with my consent.

Susheel Kumar


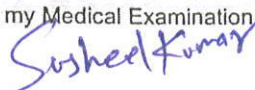
(Signature of the Life to be assured)

Name of the Life assured : MR. SUSHEEL KUMAR

Reports enclosed:

- Hemogram, HbA1c, RUD, UCT,
- SAT-13, HIV TEST, ECG,
- PMEK

Time of Blood Collection: 9:15 AM

 <p>भारतीय आरुविमा महामंडळ भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA मुंबई विभाग- I/मुंबई विभाग- IV/MUMBAI DIVISION-IV</p>	<b>MEDICAL EXAMINER'S REPORT</b>		Branch Code: <u>12 M</u>
	Form No LIC03-001(Revised 2020)		Proposal/ Policy No: <u>900820</u>
			MSP name/code :
			Date & Time of Examination: <u>09/03/25, 9:15 AM</u>
			Medical Diary No & Page No: <u>                    </u>
Mobile No of the Proposer/Life to be assured: <u>9654730600</u>			
Identity Proof verified: <u>AADHAAR CARD</u> ID Proof No. <u>0444</u>			
(In Case of Aadhaar Card, please mention only last four digits)			
[Note: Mobile number and identity proof details to be filled in above. For Physical MER, Identity Proof is to be verified and stamped.]			
For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.			
"I would like to inform that this call with/ visit to Dr. <u>Susheel Kumar</u> (Name of the Medical Examiner) is for conducting my Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".			
 Signature/ Thumb impression of Life to be assured (In case of Physical Examination)			
1	Full name of the life to be assured: <u>MR. SUSHEEL KUMAR</u>		
2	Date of Birth: <u>10-02-1989</u>	Age: <u>36</u>	Gender: <u>male</u>
3	Height (In cms): <u>178</u>	Weight ( in kgs ): <u>91 kg</u>	
4	Required only in case of Physical MER		
	Pulse : <u>68/min</u>	Blood Pressure (2 readings):	
		1. Systolic <u>124</u>	Diastolic <u>82</u>
		2. Systolic <u>124</u>	Diastolic <u>82</u>
ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED			
If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation			
5	a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) is yes - i. Date of surgery / accident / injury / hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration		NO
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/ Throat swab test or any other investigatory or <b>diagnostic tests</b> ? Please specify date, reason, advised by whom & findings.		NO
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu- like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports		NO
8	a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?		NO

9	a. Any history of chest pain, <i>heartattack</i> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <i>high cholesterol</i> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	NO
10	Suffering or ever suffered from any disease related to <i>kidney</i> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <i>Liver disorders</i> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <i>lung related</i> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <i>Blood disorder</i> like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of <i>cancer</i> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <i>physical impairment/</i> disability /amputation or any congenital disease/ abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	NO
16	Suffering or ever suffered from Hernia or <i>disorder of the Stomach /</i> intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <i>psychiatric disorder</i> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	NO
18	Is there any <i>abnormality</i> of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	NO
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <i>HIV/AIDS/Sexually transmitted diseases</i> (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <i>smoking/ tobacco chewing/ consumption of alcohol/drug</i> etc) which is relevant in assessment of medical risk of examinee.	NO

<b>For Female Proponents only</b>		
i.	Whether pregnant? If so duration.	
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaecological ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	N/A

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Healthy
---	---------

Declaration

I Mr/Ms SUSHEEL KUMAR declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

*Susheel Kumar*

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 03 day of 07 2025 via Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

**Dr. HIMANSHU PUNIA**

Signature of Medical Examiner  
Name & Code No: **MBBS**  
**Reg. No. 15235**

Place: Gurgaon  
Date: 09/03/25  
Stamp:

**LIFE INSURANCE CORPORATION OF INDIA**

Form No. LIC03 - 002

**ELECTROCARDIOGRAM**Zone north zone Division DECM III Branch 12 WProposal No. 900820

Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name &amp; signature)

Full Name of Life to be assured: MR. SUSHEEL KUMARAge/Sex : 36 / male

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

**DECLARATION**

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

*Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N.
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N.
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N.

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at 03 on the day of 03 2025

Signature of L.A.

Susheel Kumar

Signature of the Cardiologist

Name &amp; Address

Qualification Code No.

Dr. AJAY DUA  
DNB (Medicine) DNB (Cardiology)  
Reg. No. 014041  
Intervention Cardiologist



## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
178 cm	91 kg	124/82	68/min.

(B) Cardiovascular System

.....  
 .....  
 .....

## Rest ECG Report:

Position	Supine	P Wave	102 ms
Standardisation Imv	Done	PR Interval	155 ms
Mechanism	Normal	QRS Complexes	87 ms
Voltage	Normal	Q-T Duration	375 ms
Electrical Axis	Normal	S-T Segment	397 ms
Auricular Rate	68/min	T-wave	Normal
Ventricular Rate	68/min	Q-Wave	Normal
Rhythm	Regular		
Additional findings, if any.	no		

Conclusion:

.....

Dated at 07 on the day of 03 2005

Dr. AJAY DUA  
 DNB (Medicine) DNB (Cardiology)  
 Regn. No. 014041  
 Intervention Cardiologist

Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.

**MR. SISHELL KUMAR**

ID. : 845  
 AGE/SEX : 36 Yr / M

HT/WT : /  
 DATE : 09-03-2025  
 REF. BY : Dr.

**UNCONFIRMED REPORT :**

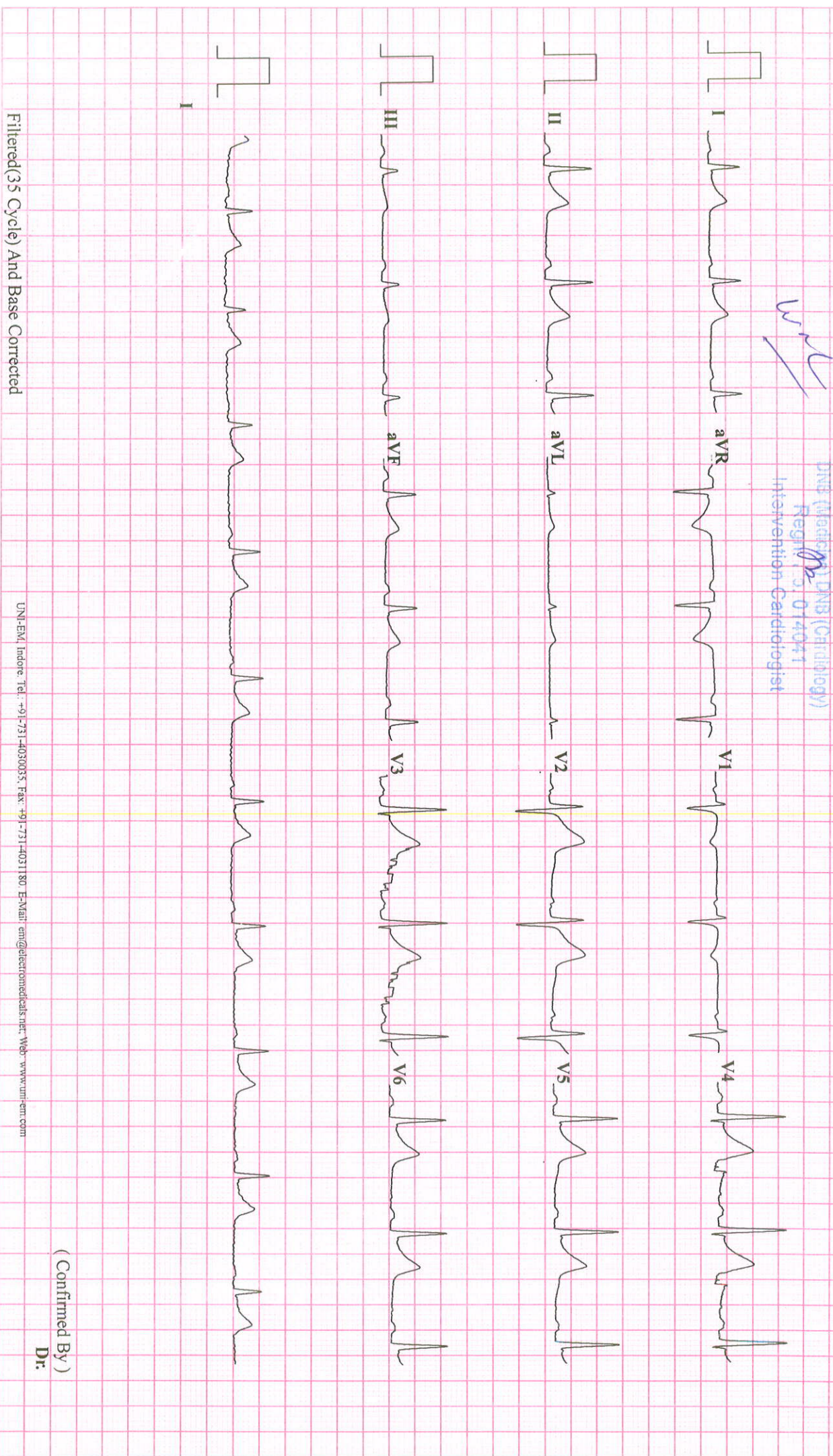
*Rate - 68/mn*

RATE : 68 bpm  
 BP : N/A  
 P Axis : 69 deg.  
 QRS Axis : 52 deg.  
 T Axis : 46 deg.

P Duration : 102 ms  
 PR Duration : 155 ms  
 QRS Duration : 89 ms  
 QT Interval : 379 ms  
 QTc Interval : 397 ms

Speed : 25 msec  
 Sensitivity : 10 mm/mV

*WNL*  
 DR. AJAY DUA  
 DNB (Medical) DNB (Cardiology)  
 Regn. No. 014041  
 Intervention Cardiologist



Filtered(35 Cycle) And Base Corrected

UNI-EMV Indore Tel: +91-731-4030035 Fax: +91-731-4031180 E-Mail: emv@electronmedicals.net Web: www.uni-em.com

(Confirmed By)

Dr:



**Orbit  
Healthtech**

# Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

Regd. on 09/03/2025  
Name MR. SUSHEEL KUMAR  
Refd.By. LIC

Srl.No. 3  
Age/Sex 36 Yrs.

Ref. No. MEDSAVE  
Male Reported on 09/03/2025  
Printed on 09/03/2025

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
<b>HAEMATOLOGY</b>			
<b>COMPLETE HAEMOGRAM</b>			
HAEMOGLOBIN	14.2	gm/dl	12.8 - 18.8
TOTAL LEUCOCYTIC COUNT (TLC)	6400	/cumm	4000 - 11000
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	56	%	45 - 70
LYMPHOCYTE	35	%	20 - 45
EOSINOPHIL	3	%	2 - 6
MONOCYTE	6	%	2 - 10
ERYTHROCYTE SED. RATE(WES)	10	mm/1st hr.	0 - 13
P.C.V / HAEMATOCRIT	42.1	%	38 - 54
M C V	81.0	fl.	75 - 95
M C H	29.0	pg	27 - 31
M C H C	32.1	gm/dl	31 - 35
PLATELET COUNT	1.64	lacs/cmm	1.50 - 4.00
R B C COUNTS	5.16	million/cmm	4.5 - 6.5

**DR MANISH KUMAR**  
MBBS MD ( PATHOLOGIST )  
REG . NO. W-8271





**Orbit  
Healthtech**

# Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

Regd. on 09/03/2025  
Name MR. SUSHEEL KUMAR  
Refd.By. LIC

Srl.No. 3  
Age/Sex 36 Yrs.

Ref. No. MEDSAVE  
Reported on 09/03/2025  
Printed on 09/03/2025

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
<b><u>URINE EXAMINATION REPORT</u></b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLO
TRANSPENCY	CLEAR		CLEAR
SPECIFIC GRAVITY	1.015		1.010
PH	6.0		5.0
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	NIL		NIL
REDUCING SUGAR	NIL		NIL
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	0-1		1
EPITHELIAL CELLS	0-2		1
RBC`S	NIL		NIL
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
YEAST CELLS	NIL		NIL
HBA1C			

## HbA1C (GLYCOSYLATED HAEMOGLOBIN)





**Orbit  
Healthtech**

**Orbit Healthtech & Diagnostic Centre Pvt. Ltd.**

Regd. on	09/03/2025	Srl.No.	3	Ref. No.	MEDSAVE
Name	MR. SUSHEEL KUMAR	Age/Sex	36 Yrs. Male	Reported on	09/03/2025
Refd.By.	LIC			Printed on	09/03/2025

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
<b>PATIENT'S VALUE</b>	<b>% HbA1C =</b>	<b>5.2%</b>	

**EXPECTED VALUES :-**

Metabolically healthy patients =	4.8 - 6.4 % HbA1C
Good Control =	6.0 - 7.0 % HbA1C
Fair Control =	7.0-8.2 % HbA1C
Poor Control =	>8.2 % HbA1C

**REMARKS:-**

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia .The **HbA1C** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 weeks during diabetes mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

**DR MANISH KUMAR**  
MBBS MD ( PATHOLOGIST )  
REG . NO. W-8271





Orbit  
Healthtech

Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

Regd. on 09/03/2025

Name MR. SUSHEEL KUMAR

Refd.By. LIC

Srl.No. 3

Age/Sex 36 Yrs.

Male

Ref. No. MEDSAVE

Reported on 09/03/2025

Printed on 09/03/2025

URINE EXAMINATION TEST

**URINE COTININE**

URINE COTININE - NEGATIVE

NEGATIVE TEST INDICATES COTININE CONCENTRATION IS BELOW 200 ng/ml

POSITIVE TEST INDICATES COTININE CONCENTRATION IS ABOVE 200 ng/ml

METHOD - IMMUNOCHROMATOGRAPHY

DR MANISH KUMAR  
MBBS MD ( PATHOLOGIST )  
REG . NO. W-8271





**Orbit  
Healthtech**

# Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

Regd. on 09/03/2025  
Name MR. SUSHEEL KUMAR  
Refd.By. LIC

Srl.No. 3  
Age/Sex 36 Yrs.

Ref. No. MEDSAVE  
Reported on 09/03/2025  
Printed on 09/03/2025

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
<b><u>URINE EXAMINATION REPORT</u></b>			
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	10		
COLOUR	PALE YELLOW		PALE YELLO
TRANSPENCY	CLEAR		CLEAR
SPECIFIC GRAVITY	1.015		1.010
PH	6.0		5.0
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	NIL		NIL
REDUCING SUGAR	NIL		NIL
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	0-1		1
EPITHELIAL CELLS	0-2		1
RBC'S	NIL		NIL
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
YEAST CELLS	NIL		NIL
OTHERS	NIL		NIL

**DR MANISH KUMAR**  
MBBS MD ( PATHOLOGIST )  
REG . NO. W-8271





**Orbit  
Healthtech**

# Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

Regd. on 09/03/2025  
Name MR. SUSHEEL KUMAR  
Refd.By. LIC

Srl.No. 3  
Age/Sex 36 Yrs.

Ref. No. MEDSAVE  
Reported on 09/03/2025  
Printed on 09/03/2025

## LIC

SBT 13

BLOOD SUGAR FASTING	89	mg %	60 - 110
SERUM CHOLESTEROL	176	mg %	100 - 200
SERUM TRIGLYCERIDES	123	mg %	25 - 150
H D L CHOLESTEROL	48	mg %	35 - 60
L D L CHOLESTEROL	128	mg %	0 - 130
V L D L CHOLESTEROL	25	mg %	5 - 40
SERUM CREATININE	0.9	mg %	0.4 - 1.4
BLOOD UREA NITROGEN (BUN)	13	mg %	6.0 - 20.0
SERUM PROTEINS	7.4	gm %	6.6 - 8.3
SERUM ALBUMIN	4.2	gm %	3.5 - 5.0
SERUM GLOBULIN	3.2	gm %	1.8 - 3.4
<b>A/G RATIO</b>	<b>1.3</b>		

TOTAL BILIRUBIN	0.6	mg %	0.1 - 1.2
CONJUGATED (DIRECT) BILIRUBIN	0.2	mg %	0.0 - 0.3
UNCONJUGATED (INDIR) BILIRUBIN	0.4	mg %	0.1 - 1.0
S.G.O.T. (AST)	27	IU/L	5 - 37
S.G.P.T. (ALT)	31	IU/L	5 - 40
GAMMA GLUTAMYL TRANSPEPTIDASE	24	U/L	0 - 60
ALKALINE PHOSPHATASE	87	U/L	40 - 140
HEPATITIS B SURFACE ANTIGEN	NEGATIVE		
HIV I & II ANTIBODIES - (ELISA)	NEGATIVE		

**DR MANISH KUMAR**  
MBBS MD ( PATHOLOGIST )  
REG . NO. W-8271

2 of 2



+91 - 9891 75 7515  
+91 - 9911 84 6182  
+91 - 9910 49 2712  
0124 - 4 2 1 9 1 7 5



orbitcorporate1482@gmail.com



Regional Office & Diagnostic Center :  
325/11, Old Railway Road, Opposite Gupta Medicos, Near  
Aryan Hospital, Rattan Garden, Gurugram - 122001 (Hr.)  
Reports are Not Valid for Medico Legal Cases