



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261

CIN: U85110DL2003PLC308206



Patient Name : Mr.ROHIT KUMAR SINGH - 106891 Registered On : 18/Feb/2024 10:56:32 Age/Gender Collected : 18/Feb/2024 11:10:40 : 30 Y 3 M 19 D /M UHID/MR NO : ALDP.0000096946 Received : 18/Feb/2024 11:46:59 Visit ID : ALDP0366432324 Reported : 18/Feb/2024 13:00:39

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

#### DEPARTMENT OF HAEMATOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blo	ood			
Blood Group	АВ			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whole	e Blood			
Haemoglobin	14.90	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>	6,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	63.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	27.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	8.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	4.00	Mm for 1st hr.		
Corrected	, st <del></del>	Mm for 1st hr.	<9	
PCV (HCT) Platelet count	45.00	%	40-54	
Platelet Count	1.68	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE







# CHANDAN DIAGNOSTIC CENTRE



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#### DEPARTMENT OF HAEMATOLOGY

#### M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	5.35	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	85.10	fΙ	80-100	CALCULATED PARAMETER
MCH	27.80	pg	28-35	CALCULATED PARAMETER
MCHC	32.70	%	30-38	CALCULATED PARAMETER
RDW-CV	13.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,347.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	138.00	/cu mm	40-440	

Dr. Akanksha Singh (MD Pathology)









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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Ur	nit Bio. Ref. Inter	val Method	
GLUCOSE FASTING * , Plasma					
Glucose Fasting	110.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD	

#### **Interpretation:**

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.40	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	mg/dl	

#### **Interpretation:**

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level









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#### DEPARTMENT OF BIOCHEMISTRY

#### M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **Clinical Implications:**

- \*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- \*With optimal control, the HbA 1c moves toward normal levels.
- \*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- c. Alcohol toxicity d. Lead toxicity
- \*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- \*Pregnancy d. chronic renal failure. Interfering Factors:
- \*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) * Sample:Serum	10.98	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.10	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.99	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	25.20	U/L	<35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	31.00	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	29.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.10	gm/dl	6.2-8.0	BIURET
Albumin	4.60	gm/dl	3.4-5.4	B.C.G.
Globulin	2.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.84		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	94.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.70	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF







<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





Age/Gender

UHID/MR NO

Ref Doctor

Visit ID

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: 30 Y 3 M 19 D /M : ALDP.0000096946

: ALDP0366432324

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

CARE LTD -

Registered On

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Received Reported

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Status : Final Report

#### DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Int	erval Method
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	211.00	mg/dl	<200 Desirable 200-239 Borderline I > 240 High	CHOD-PAP High
HDL Cholesterol (Good Cholesterol)	62.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	128	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Opt	imal
			130-159 Borderline I	High
			160-189 High > 190 Very High	
VLDL	20.72	mg/dl	10-33	CALCULATED
Triglycerides	103.60	mg/dl	< 150 Normal 150-199 Borderline I 200-499 High >500 Very High	GPO-PAP High

Dr. Akanksha Singh (MD Pathology)







Regult



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Method

Patient Name : Mr.ROHIT KUMAR SINGH - 106891

Registered On

: 18/Feb/2024 10:56:33

Age/Gender UHID/MR NO : 30 Y 3 M 19 D /M

Collected Received : 18/Feb/2024 11:17:52 : 18/Feb/2024 11:46:59

Visit ID

: ALDP.0000096946 : ALDP0366432324

Reported

: 18/Feb/2024 13:20:02

Ref Doctor

Test Name

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

Rio Ref Interval

#### DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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Result	Unit	Dio. i Ci. iiitCi vai	Method
Urine			
LIGHT YELLOW			
1.000			
Acidic ( 6.5 )			DIPSTICK
CLEAR			
ABSENT	mg %	< 10 Absent	DIPSTICK
		· ·	
ABSENT	gms%		DIPSTICK
ARSENT	ma/dl		BIOCHEMISTRY
	mg/ui	0.1 3.0	DIOCHEMISTICI
			DIPSTICK
ABSENT			DIPSTICK
2-3/h.p.f			MICROSCOPIC
0.04			EXAMINATION
•			
1-2/h.p.f			MICROSCOPIC
			EXAMINATION
ABSENT			MICROSCOPIC
ADCENIT			EXAMINATION
ABSENT			
l urine sediment.			
	Urine LIGHT YELLOW 1.000 Acidic ( 6.5 ) CLEAR	LIGHT YELLOW 1.000 Acidic (6.5) CLEAR ABSENT Mg %  ABSENT	Urine  LIGHT YELLOW  1.000  Acidic ( 6.5 )  CLEAR  ABSENT  Mg % < 10 Absent  10-40 (+)  40-200 (++)  200-500 (+++)  > 500 (++++)  > 500 (++++)  1-2 (+++)  > 2 (++++)  ABSENT  ABSENT

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Sugar, Fasting stage



**ABSENT** 

gms%





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CARE LTD -

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#### DEPARTMENT OF CLINICAL PATHOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

#### **Interpretation:**

(+) < 0.5

(++)0.5 - 1.0

(+++) 1-2

(++++) > 2



Dr. Akanksha Singh (MD Pathology)

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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

#### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	154.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	10.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	0.900	μIU/mL	0.27 - 5.5	CLIA
Interpretation:		,		
		0.3-4.5 μIU/r	nL First Trimes	ter
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trime	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r	nL Child(21 wk	z - 20 Yrs.)
		1-39 μIU	/mL Child	0-4 Days
		1.7-9.1 μIU/r		2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- **4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- **5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6)** In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8)** Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Akanksha Singh (MD Pathology)

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## CHANDAN DIAGNOSTIC CENTRE



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: 18/Feb/2024 10:56:35

Age/Gender UHID/MR NO : 30 Y 3 M 19 D /M : ALDP.0000096946 : ALDP0366432324

Received Reported

Registered On

: N/A : 18/Feb/2024 14:26:38

Visit ID Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

: N/A

#### DEPARTMENT OF X-RAY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA \*

## X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) **CHEST P-A VIEW**

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

DR K N SINGH (MBBS, DMRE)









#### CHANDAN DIAGNOSTIC CENTRE

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: ALDP.0000096946 : ALDP0366432324

Reported

: 18/Feb/2024 12:48:24

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

CARE LTD -

Status

: Final Report

: N/A

#### DEPARTMENT OF ULTRASOUND

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) \*

LIVER: - Normal in size (12.5 cm), shape and shows diffuse increase in the liver parenchymal echogenicity suggestive of grade I fatty changes. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: - Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

**CBD**:- Normal in calibre at porta.

**PORTAL VEIN:** - Normal in calibre and colour uptake at porta.

**PANCREAS:** - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size (9.9 cm), shape and echogenicity.

**RIGHT KIDNEY**: - Normal in size (9.2 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**LEFT KIDNEY**: - Normal in size (9.3 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER:** Normal in shape, outline and distension. No e/o wall thickening / calculus.

**PROSTATE:** Normal in size (3.4 x 3.3 x 2.7 cm vol - 16.5 cc), shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

**IMPRESSION**: Grade I fatty liver.

Please correlate clinically

\*\*\* End Of Report \*\*\*

EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG

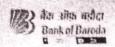
This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing 365 Days Open \*Facilities Available at Select Location









प्रति.

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited) हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
	MR. SINGH ROHIT KUMAR
नाम	106891
क.कूसंख्या	JOINT MANAGER
पदनाम	BINDA
कार्य का स्थान	15-02-1992
जन्म की तारीख	09-09-2023
स्वास्थ्य जांच की प्रस्तावित तारीख	23S106891100068476E
बुकिंग संदर्भ सं.	2351000911000004732

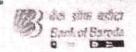
यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रित के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 04-09-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 04-09-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि आप हमारे कर्मचारी के जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पन्न हैं। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Modiwheel (Arcolomi Healthcare Limited) से संपर्क करें।)



# LETTER OF APPROVAL / RECOMMENDATION

To.

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

	EMPLOYEE DETAILS
PARTICULARS	MR. SINGH ROHIT KUMAR
NAME	106891
EC NO.	JOINT MANAGER
DESIGNATION	BINDA
PLACE OF WORK	15-02-1992
PIRTURATE	09-09-2023
PROPOSED DATE OF HEALTH	201765
CHECKUP BOOKING REFERENCE NO.	23S106891100068476E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 04-09-2023 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully.

Sd/-

Chief General Manager **HRM** Department

Piece This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Historical Lambed); Bank of Baroda



# भारत संस्कार



रोहित कुमार सिंह Rohit Kumar Singh जन्म तिथि। DOB: 15/02/1992 पुरुष / MALE

7435 1837 3539

मेरा आधार, मेरी पहचान



# भारतीय विशिष्ट परुचान प्राधिकरण

# पनाः

आत्मजः मदन सिंह, सी/ओ गोपाल सिंह -सुगंध्र विल्ला नवा महल पानी टंकी मार्ग, मुगलसराय, मुगलसराय, वंदीली,

### Address:

S/O; Madan Singh, c/o gopal singh sugandh bilia new mahal pani tanki road, mugalsarai. Mugalsarai, Chandauli. Uttar Pradesh - 232101

उत्तर प्रदेश - 232101

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