



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रम/ Enrolment No.: 0820/10041/23864

Download Date: 08/02/2019

To  
अर्चना  
Archana  
C/O Satendra Singh Chouhan  
40  
MOHINIDEEP RETREAT, SNEH NAGAR  
BHOPAL  
HOSHANGABAD ROAD  
Bhopal  
University  
Bhopal Madhya Pradesh - 462026  
9754025651

Generation Date: 20/02/2019

Signature valid



QR Code with Photo/Signature

आपका आधार क्रमांक / Your Aadhaar No. :

2441 2238 8133

VID : 9153 1312 6295 0378

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



अर्चना  
Archana  
जन्म तिथि/DOB: 11/09/1988  
लिंग/ GENDER: FEMALE

2441 2238 8133

VID : 9153 1312 6295 0378

मेरा आधार, मेरी पहचान



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### सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



आर्यभट्ट विज्ञान प्रौद्योगिकी संस्थान

Unique Identification Authority of India

पता:  
C/O सतेन्द्र सिंह चौहान, 40, मोहिनीदीप रिट्रीट, स्नेह  
नगर, होशंगबाद रोड, भोपाल, भोपाल, भोपाल,  
मध्य प्रदेश - 462026

**Address:**  
C/O Satendra Singh Chouhan, 40,  
MOHINIDEEP RETREAT, SNEH NAGAR,  
HOSHANGABAD ROAD, BHOPAL, Bhopal,  
Bhopal,  
Madhya Pradesh - 462026



2441 2238 8133

VID 9153 1312 6295 0378



# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755-4272669, 4250134



Patient Name : MRS ARCHANA



CMSH24/2094

Age/Gender : 34 Yrs/Female

Registration Date : 27/01/2024 12:05 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 27/01/2024 12:06 PM

Center : CMH OPD

Report Date : 27/01/2024 05:38 PM



## HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.5	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	111	mg/dL	
<b>Reference Range (Average Blood Sugar):</b>			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Dr. Subhash Parmar  
Consultant Pathologist



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## HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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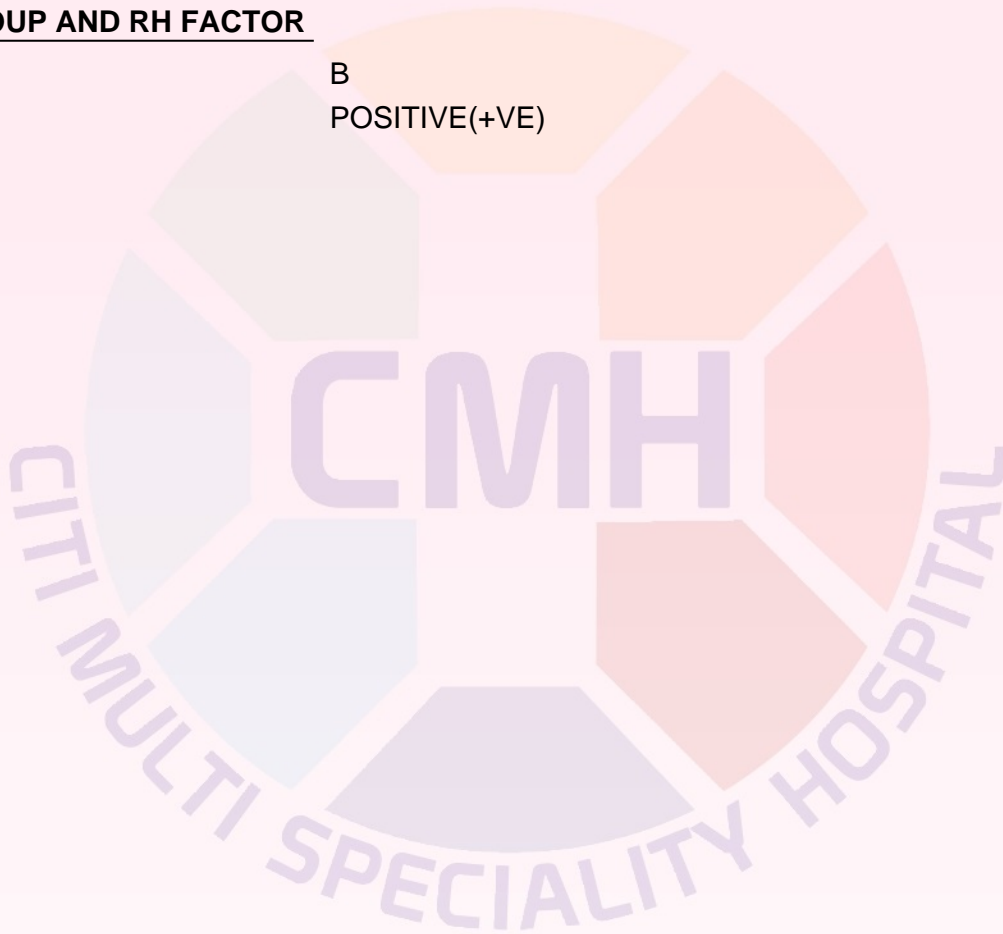
### BLOOD GROUP AND RH FACTOR

ABO Type

B

Rh Factor

POSITIVE(+VE)



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**Ref. Dr.** : Dr. APOLLO CLINIC  
**Center** : CMH OPD



**CMSH24/2094**

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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>RENAL FUNCTION TEST (RFT)</b>			
Blood Urea	23.0	mg/dl	15 - 50
Serum Creatinine	0.67	mg/dl	0.6 - 1.5
eGFR	115	ml/min	
Blood Urea Nitrogen-BUN	10.75	mg/dl	7 - 20
Serum Sodium	142.5	mmol/L	135 - 150
Serum Potassium	4.17	mmol/L	3.5 - 5.0
Chloride	99.1	mmol/L	94.0 - 110.0
Ionic Calcium	1.16	mmol/L	1.10 - 1.35
Uric Acid	3.4	mg/dl	2.6 - 6.0

**NOTE** : Please correlate with clinical conditions.

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Consultant Pathologist



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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIVER FUNCTION TEST (LFT)</b>			
TOTAL BILIRUBIN	0.74	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.12	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.62	mg/dl	0.1 - 0.8
SGOT (AST)	27.7	U/L	0 - 35
SGPT (ALT)	23.5	U/L	0 - 45
ALKALINE PHOSPHATASE	81.0	U/L	64 - 147
GAMMA GLUTAMYL TRANSFERASE	27.0	IU/L	12 - 43
TOTAL PROTEIN	6.91	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.27	g/dl	3.2 - 5.2
SERUM GLOBULIN	2.64	g/dl	1.8 - 3.6
A/G RATIO	1.62		1.2 - 2.2

**NOTE** : Please correlate with clinical conditions.

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CMSH24/2094



## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIPID PROFILE</b>			
Cholesterol-Total	184.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	86.0	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	54.1	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	<b>112.70</b>	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	17.20	mg/dL	6 - 38
CHOL/HDL RATIO	<b>3.40</b>		3.5 - 5.0
LDL/HDL RATIO	<b>2.08</b>		2.5 - 3.5

### NOTE

8-10 hours fasting sample is required

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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>Fasting Blood Sugar</b>	87.0	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125 Diabetes mellitus: >= 126

Method : Hexokinase

**Note:-** An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

**Post-Prandial Blood Sugar**

105.0

mg/dl

70 - 140

Method : Hexokinase

**Interpretation:-**

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus: >= 200

(on more than one occassion)

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## IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	1.52	ng/mL	0.69 - 2.15
THYROXIN, (T4)	112.3	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	1.46	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)  First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

Method : CLIA

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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## URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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### URINE ROUTINE

#### General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030

#### Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

#### Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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Test Description	Result	Unit	Biological Reference Ranges
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## COMPLETE BLOOD COUNT

Haemoglobin	12.7	gm/dL	11.0 - 15.0
RBC Count	4.59	mil/cu.mm	3.50 - 5.50
Hematocrit HCT	<b>36.1</b>	%	37.0 - 47.0
Mean Corp Volume MCV	<b>78.6</b>	fL	80.0 - 100.0
Mean Corp Hb MCH	27.7	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	35.2	gm/dL	32.0 - 36.0
Platelet Count	2.31	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.68	10 <sup>3</sup> /cu.mm	4.0 - 11.0

## DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	67	%	40 - 70
Lymphocytes	28	%	20 - 40
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

## Absolute Differential Count

Absolute Neutrophils Count	3.8	thou/mm <sup>3</sup>	2.00 - 7.00
Absolute Lymphocyte Count	1.6	thou/mm <sup>3</sup>	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm <sup>3</sup>	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm <sup>3</sup>	0.02 - 0.50

**EDTA Whole Blood** - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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Consultant Pathologist



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Test Description	Result	Unit	Biological Reference Ranges
<b>ESR - ERYTHROCYTE SEDIMENTATION RATE</b>	14	mm/hr	0 - 20

Method: Wintrobess

### INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report\*\*\*\*

*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*



**Dr. Subhash Parmar**  
Consultant Pathologist

MER- MEDICAL EXAMINATION REPORT

Date of Examination	21-01-2024		
NAME	ARCHANA		
AGE	34	Gender	FEMALE
HEIGHT(cm)	164	WEIGHT (kg)	69kg
B.P.	100/60mmHg		
ECG	WNL		
X Ray	Normal		
Vision Checkup	Color Vision :	NO	
	Far Vision Ratio :	NO	
	Near Vision Ratio :	NO	
Present Ailments	No Any Present Ailment's		
Details of Past ailments (If Any)	No Any Past Ailment's		
Comments / Advice : She /He is Physically Fit	She is Physically fit		

  
**Dr. Sabyasachi Gupta**  
 MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)  
 Reg. No. 11671

Signature with Stamp of Medical Examiner





# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755 - 4250134  
Mobile No. : 7771008660, 8319214664, 9303135719



NAME - MRS. ARCHNA

AGE - 34Y/M

REF: BY- MEDI WHEEL

DATE- 27/1/24

## 2D- ECHO COLOUR DOPPLER EVALUATION:-

-- Normal great vessel relationship

❖ ALL cardiac valve are normal

❖ Normal Four chambered heart

❖ Normal LV Size with Normal LV function LVEF- 60%

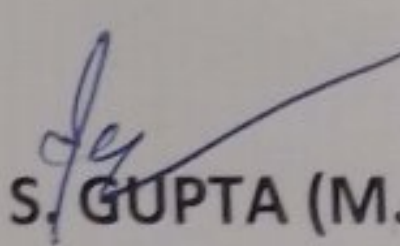
❖ No intracardiac shunt

❖ No LV thrombus or clot seen

❖ No Pericardium effusion

### ❖ FINAL IMPRESSION

- Normal LV SIZE with Normal LV function LVEF- 60%

  
DR. S. S. GUPTA (M.D.)

CONSULTANT ECHOCARDIOLOGIST

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank  
Food Corporation of India, Ayushman Bharat

**CITI MULTI SPECIALITY HOSPITAL**  
**MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL**  
**MOB-7987913713**

Name: MRS ARCHANA  
Birthdate: 01/01/1981  
Perf.Physician:

Patient Id: 300815-185648  
Sex: Female  
Ref.Physician:

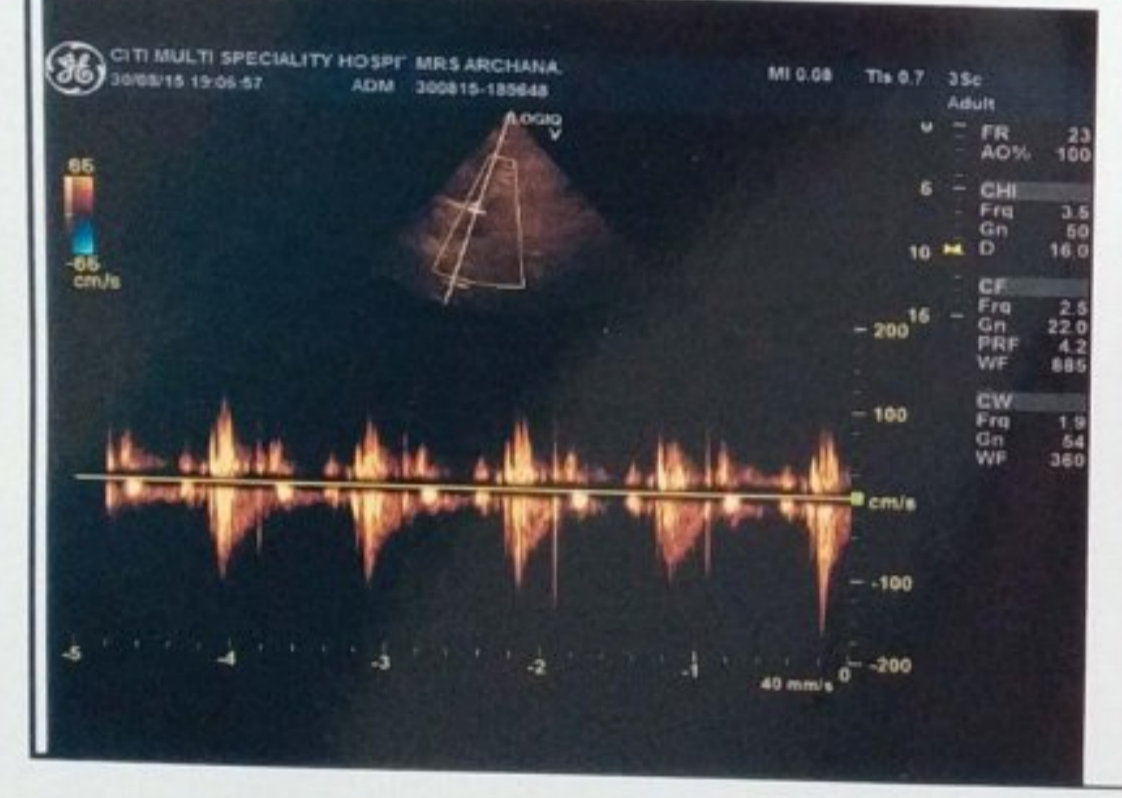
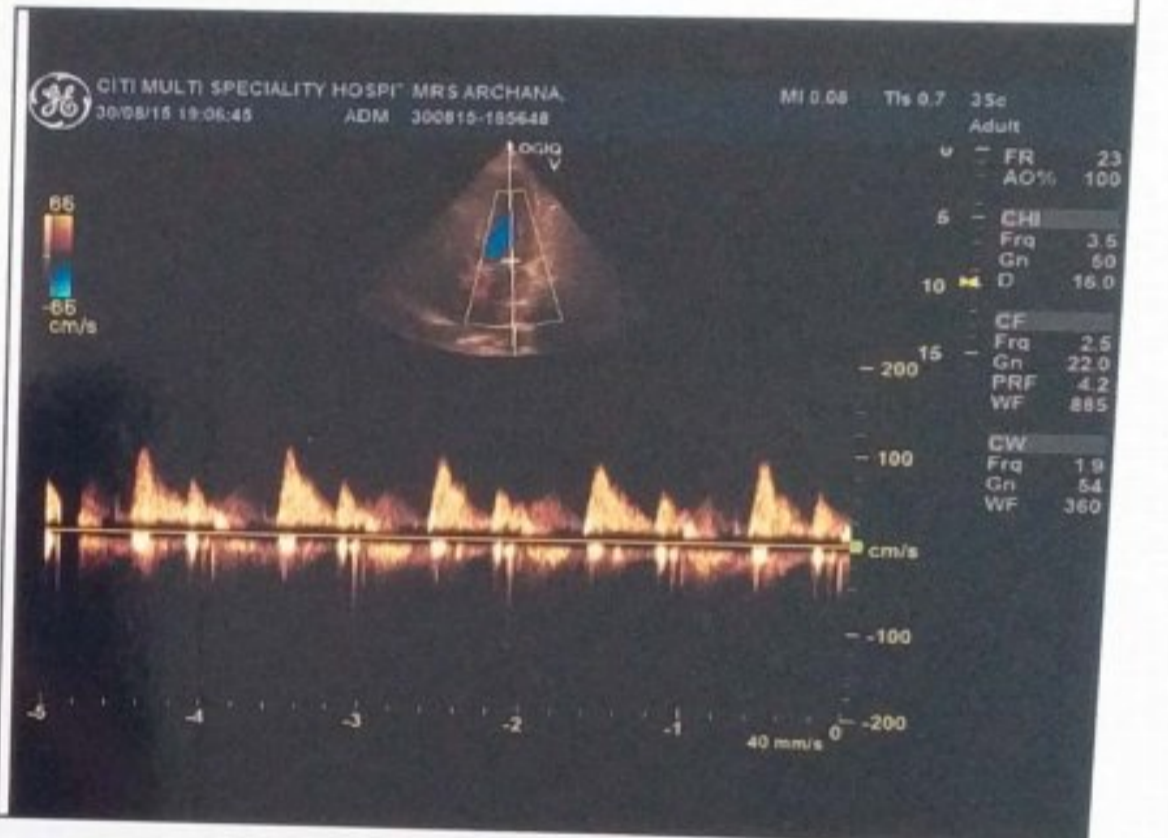
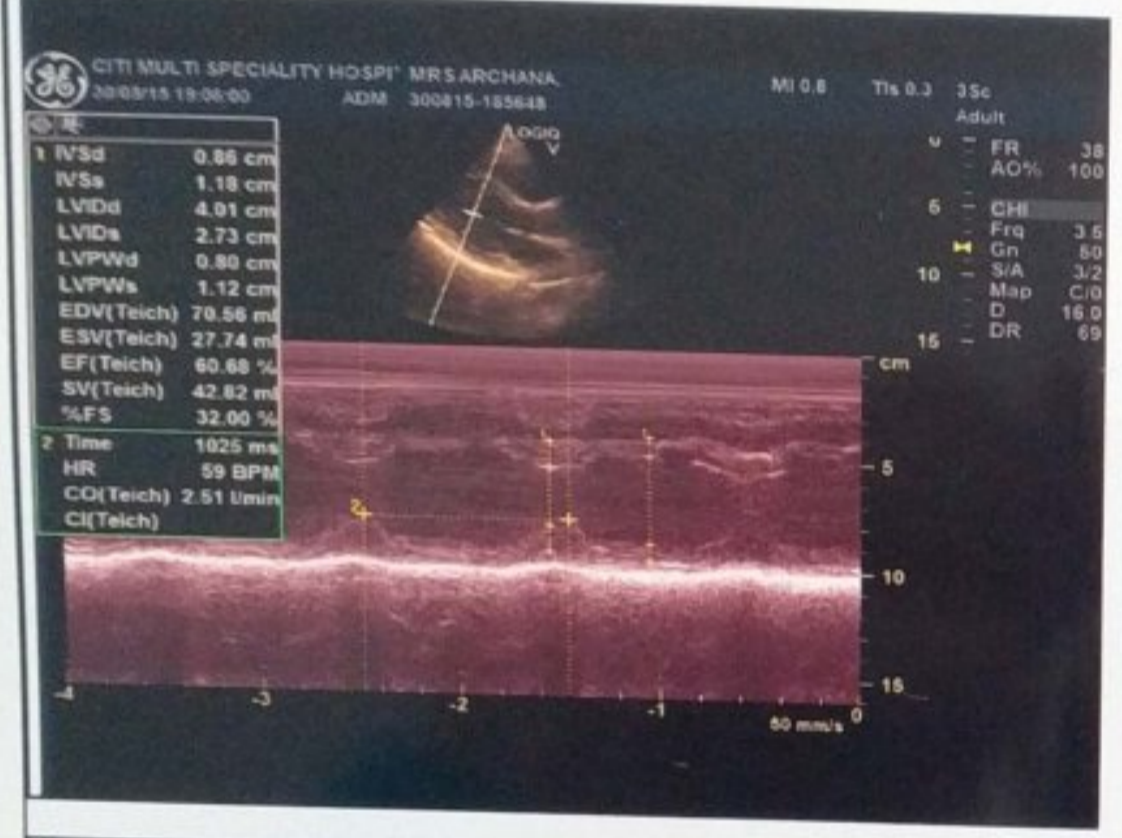
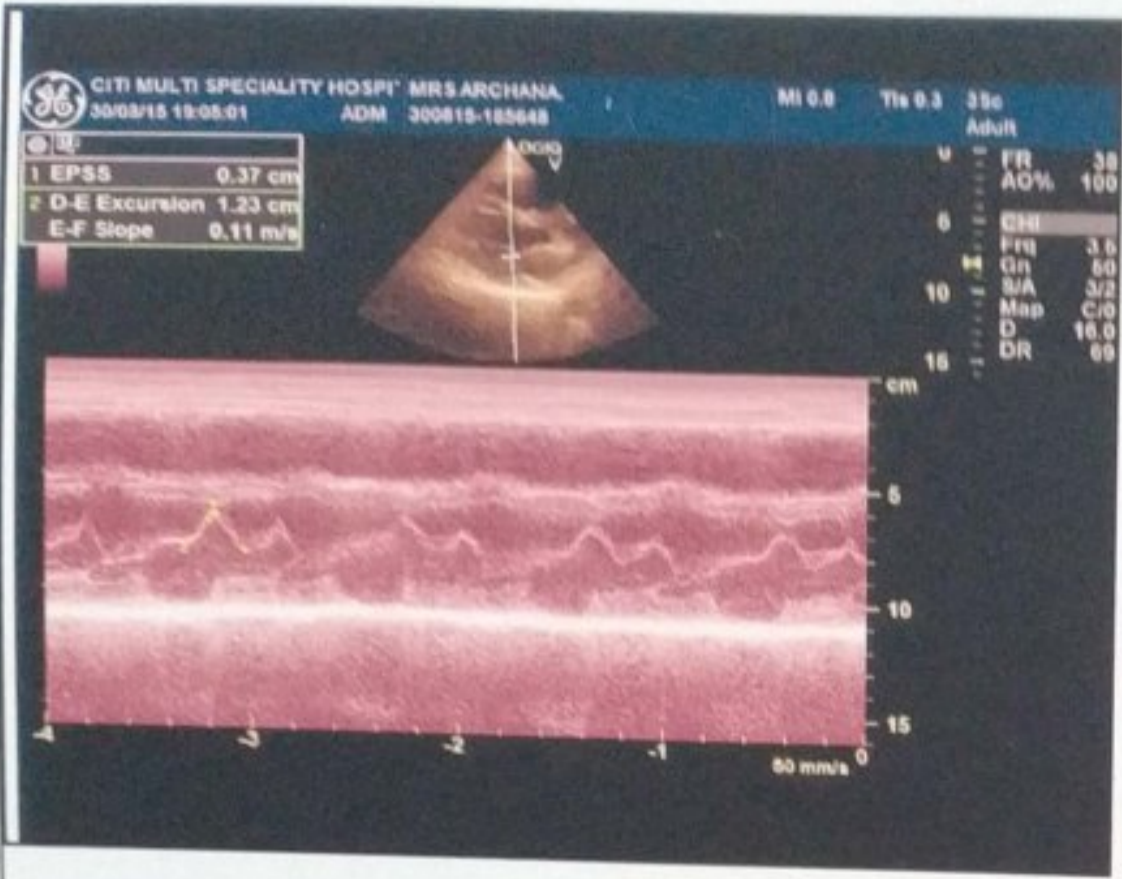
Date: 30/08/2015  
Accession #:  
Operator: ADM

**M-MODE & PW**

D-E Excursion	1.23 cm
E-F Slope	0.11 m/s
EPSS	0.37 cm
Ao Diam	3.05 cm
LA Diam	2.35 cm
AV Cusp	1.82 cm
LA/Ao	0.77
Ao/LA	1.30
RVIDd	2.78 cm
IVSd	0.86 cm
LVIDd	4.01 cm
LVPWd	0.80 cm
IVSs	1.18 cm
LVIDs	2.73 cm
LVPWs	1.12 cm
EDV(Teich)	70.56 ml
ESV(Teich)	27.74 ml
EF(Teich)	60.68 %
%FS	32.00 %
SV(Teich)	42.82 ml
Time	1025 ms
HR	59 BPM
CO(Teich)	0.00 l/min

Print Date: 8/30/2015







# CITI MULTI SPECIALITY HOSPITAL

MIG-215,216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)

Phone No. : 0755-4272669, 4250134

Mobile No.: 7222909795, 7222909796, 7222909800, 9303135719

Dr. Sabyasachi Gupta  
M.B.B.S., M.D.  
Reg. No. 11671

Dr. Oujwal Gupta  
M.B.B.S.  
Reg. No. MP-23369

Patient's Name : Mrs. ARCHANA  
Age/Sex : 34 years/F  
Date : 27/01/2024

## USG ABDOMEN

**Liver** : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is homogenous in echotexture. Intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

**Gall Bladder** : Gall bladder is normal in size and shape but with single large echogenic focus ( calculus ) with posterior shadowing seen in GB cavity. CBD is normal in calibre.

**Spleen** : Normal in size, shape and echotexture.

**Pancreas** : Normal in size, shape and echotexture.

**Kidneys** : Both the kidney are normal in size, shape, axe and position. Cortico medullary differentiation are normal .No caliceal dilatation seen on either side.

**Urinary bladder** : Urinary bladder is normal and contents are echofree.

**Uterus** : is normal in size, shape and echotexture. No free fluid seen in P.O.D.

**Retroperitoneum**: No lymphadenopathy seen. No free fluid or ascites seen.

**IVC & ABDOMINAL AORTA**:-IVC and abdominal aorta are normal.

**IMPRESSION** : Single large echogenic focus ( calculus ) with posterior shadowing seen in GB cavity. CHOLILITHIASIS .

NOTE :- All measurement of organs are documented in film; provided

Sister Concern: Citi Hospital, 115, Zone-II, M.P. Nagar, Bhopal-462011, Ph.: 0755-4287772-73





# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755 - 4250134  
Mobile No. : 7771008660, 8319214664, 9303135719



Patient- Name:	<b>MRS. ARCHANA</b>	Age/Sex:	<b>34Y/F</b>
Referred. By:	<b>INS</b>	Date:	<b>27.01.2024</b>

## X-RAY CHEST PA VIEW

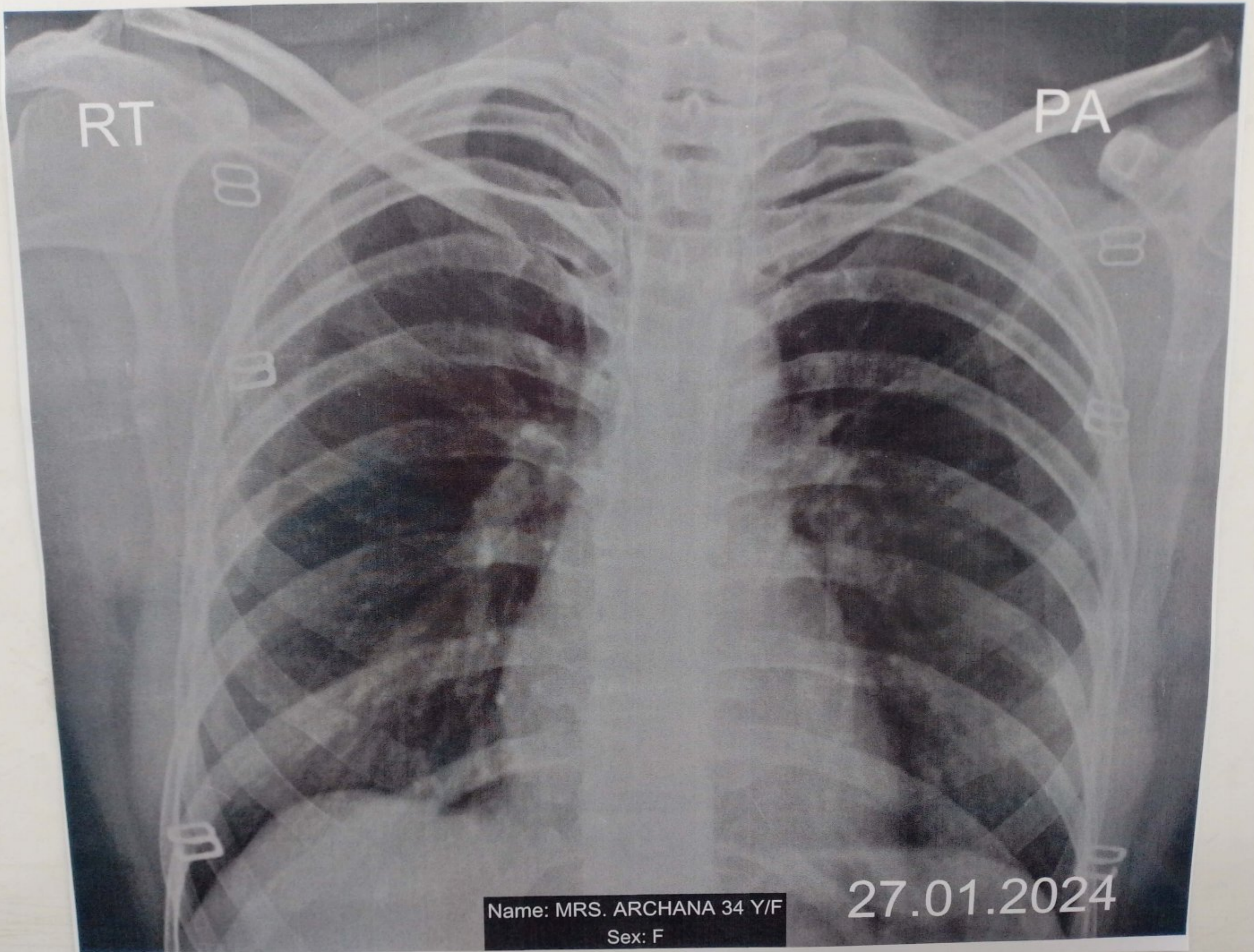
- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angels Appear Clear.
- Both The Domes Of Diaphragm Appear normal in shape and position.
- Visualized bony cage and soft tissue appear normal.

### IMPRESSION

No Significant Abnormality.

Dr. SANJAY..  
CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank  
Food Corporation of India, Ayushman Bharat



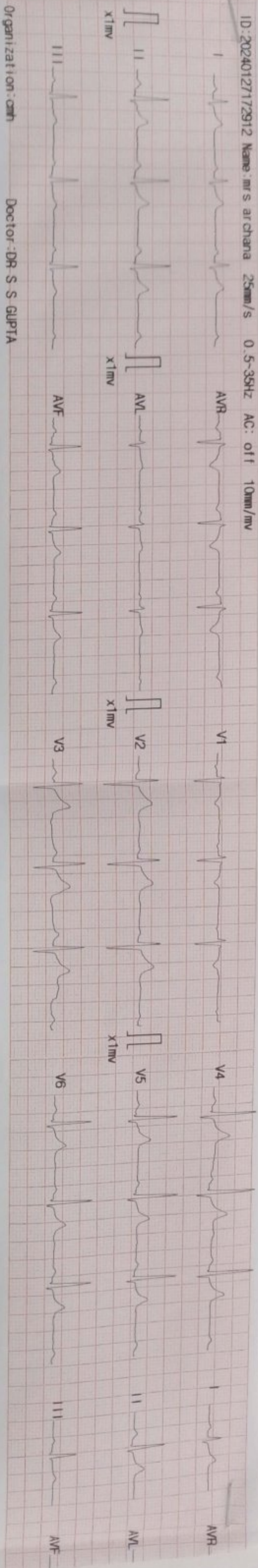
RT

PA

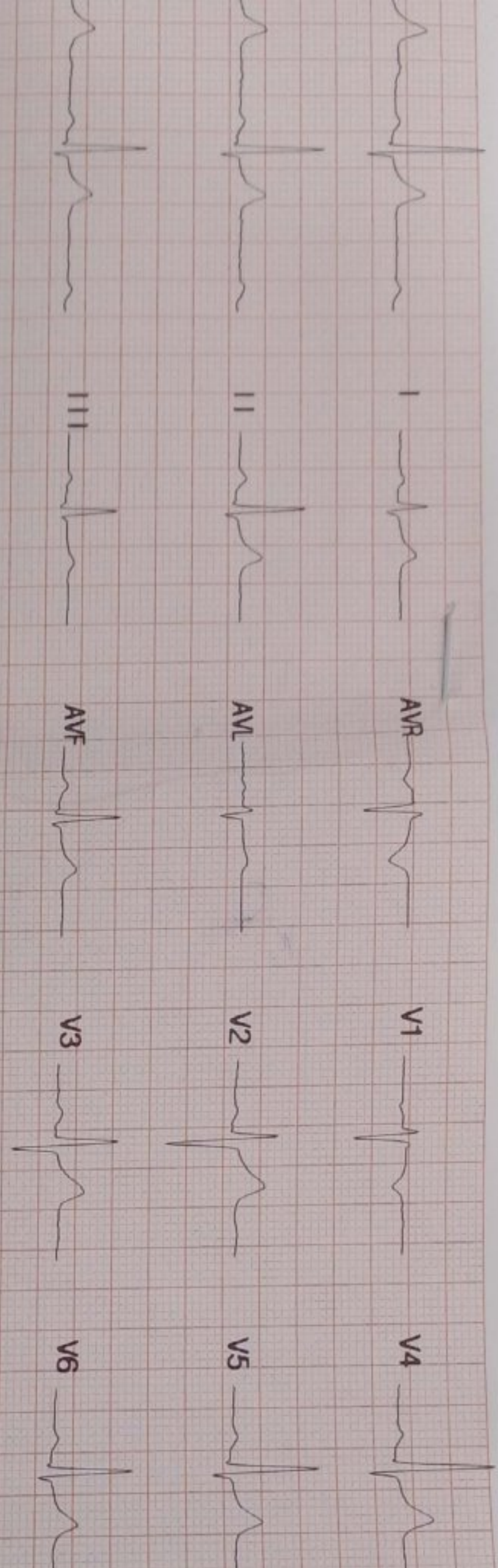
Name: MRS. ARCHANA 34 Y/F  
Sex: F

27.01.2024

ID: 20240127172912 Name: mr s archana 25mm/s 0.5-35Hz AC: off 10mm/mv



Organization: cmh Doctor: DR S S GUPTA



ID : 20240127172912  
 Name : Mrs archana  
 Sex : Female  
 Age : 34  
 HR : 66  
 R-R : 933  
 P-R : 170  
 QRS : 92  
 QT/QTc : 363/383  
 P/QRS/T : 44/ 72/ 48  
 RV5/SV1 : 1.092/-0.608 mV  
 RV5+SV1 : 0.484 mV  
 QTcf : 0.389

001: Sinus Rhythm  
 171: Normal ECG

**Dr. Sabyasachi Gupta**  
 MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)  
 Reg. No. 11671

Reference Report Confirmed by

01-27-2024 17:29:31

*[Signature]*  
 27/10/2024


CITI MULTISPECIALTY HOSPITAL  
 MIG-216, Gairam Nagar,  
 Govindpura, Bhopal (M.P.)  
 Ph: 0755-4250134, 4272669

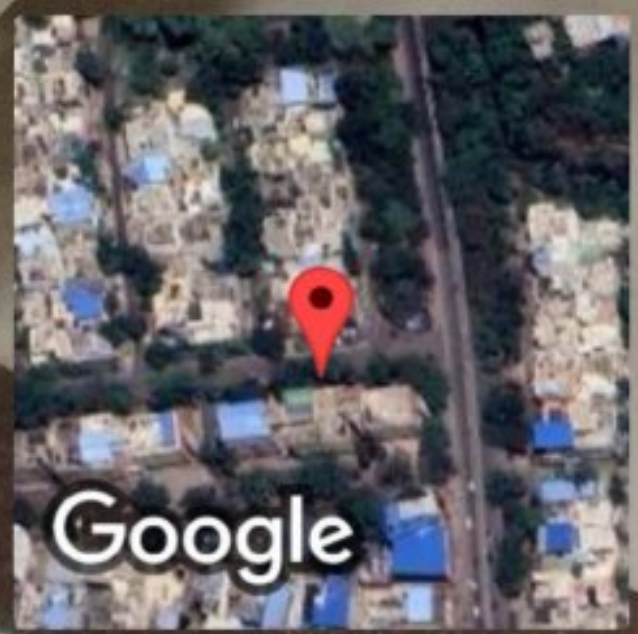
CODE RED	FIRE	MS/ OPERATION MANAGER ADMINISTRATOR/ GUARD/ FLOOR INCHARGE/ MAINTENANCE	CODE RED - FIRE DETECTED AT "LOCATION" PLEASE ACTIVATE EMERGENCY RESPONSE TEAM IMMEDIATELY
CODE YELLOW	DISASTER	MS/ ADMINISTRATOR/ NURSE/ OPERATION MANAGER/ GUARD/ MAINTENANCE	CODE YELLOW ACTIVATE CENTRAL COMMAND CENTRE
CODE PURPLE	GRIEVANCE/ DISCIPLINARY ACTION	MS/ ADMINISTRATOR/ HR MANAGER/DNS	CODE PURPLE - ACTIVATE IMMEDIATE
CODE PINK	CHILD ABDUCTION	ADMINISTRATOR/ NURSE/ OPERATION MANAGER/ GUARD/ MAINTENANCE	CODE PINK - ACTIVATE IMMEDIATE
CODE BLACK	BOMB THREAT	MS/ ADMINISTRATOR/ NURSE/ OPERATION MANAGER/ GUARD/ MAINTENANCE	CODE BLACK - ACTIVATE CENTRAL COMMAND CENTRE

3. Call for help

- Complete annual blood borne pathogen training.
- Get your hepatitis B vaccines.
- Report all sharp related injuries to your supervisor to insure appropriate follow-up.
- For BBPE Program information, contact the office of occupational health and



 **GPS Map Camera**



**Bhopal, Madhya Pradesh, India**  
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Long 77.441063°  
27/01/24 04:43 PM GMT +05:30

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