

Patient Name : Mr.KARTHICK KC	Collected : 22/Mar/2023 09:11AM
Age/Gender : 32 Y 6 M 0 D/M	Received : 22/Mar/2023 01:35PM
UHID/MR No : CBAS.0000086618	Reported : 22/Mar/2023 03:14PM
Visit ID : CBASOPV90576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	16.2	g/dL	13-17	Spectrophotometer
PCV	47.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.92	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97.1	fL	83-101	Calculated
MCH	32.9	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	62.2	%	40-80	Electrical Impedance
LYMPHOCYTES	27.3	%	20-40	Electrical Impedance
EOSINOPHILS	1.4	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3545.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1556.1	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	79.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	495.9	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	22.8	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	247000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westegren method

PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Visit ID : CBASOPV90576	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



SIN No:BED230072584

Patient Name : Mr.KARTHICK KC	Collected : 22/Mar/2023 09:11AM
Age/Gender : 32 Y 6 M 0 D/M	Received : 22/Mar/2023 01:38PM
UHID/MR No : CBAS.0000086618	Reported : 22/Mar/2023 03:29PM
Visit ID : CBASOPV90576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	121	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



Patient Name : Mr.KARTHICK KC	Collected : 22/Mar/2023 09:11AM
Age/Gender : 32 Y 6 M 0 D/M	Received : 22/Mar/2023 01:40PM
UHID/MR No : CBAS.0000086618	Reported : 22/Mar/2023 10:05PM
Visit ID : CBASOPV90576	Status : Final Report
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Emp/Auth/TPA ID : 125311	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	160	mg/dL	<200	CHO-POD
TRIGLYCERIDES	161	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	35	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	124	mg/dL	<130	Calculated
LDL CHOLESTEROL	92.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.56		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.66	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	42	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	65.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.62	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.71	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	16.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.32	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.00	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.78	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



SIN No:SE04327872

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Visit ID : CBASOPV90576	Status : Final Report
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Emp/Auth/TPA ID : 125311	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	<55	IFCC



Patient Name : Mr.KARTHICK KC	Collected : 22/Mar/2023 09:11AM
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Visit ID : CBASOPV90576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.06	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.71	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.737	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0



Patient Name : Mr.KARTHICK KC	Collected : 22/Mar/2023 09:10AM
Age/Gender : 32 Y 6 M 0 D/M	Received : 22/Mar/2023 04:57PM
UHID/MR No : CBAS.0000086618	Reported : 22/Mar/2023 05:25PM
Visit ID : CBASOPV90576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2082910

Patient Name : Mr.KARTHICK KC	Collected : 22/Mar/2023 09:10AM
Age/Gender : 32 Y 6 M 0 D/M	Received : 22/Mar/2023 04:57PM
UHID/MR No : CBAS.0000086618	Reported : 22/Mar/2023 05:25PM
Visit ID : CBASOPV90576	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 125311	


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

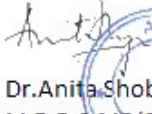
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Prasanna
M.B.B.S, M.D
Consultant Pathologist



Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist



Patient Name	: Mr. Karthick KC	Age/Gender	: 32 Y/M
UHID/MR No.	: CBAS.0000086618	OP Visit No	: CBASOPV90576
Sample Collected on	:	Reported on	: 25-03-2023 11:06
LRN#	: RAD1955795	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 125311		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size (14.5 cm) and appears normal in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 10.1x1.4 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.0x1.5 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size (volume 18.5 cc) and echo texture.

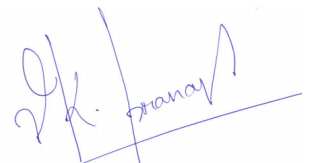
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

Grade I Fatty Liver.

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRANAV VENKATESH
MBBS, MD
Radiology

Patient Name : Mr. Karthick KC

Age/Gender : 32 Y/M

UHID/MR No. : CBAS.0000086618

OP Visit No : CBASOPV90576

Sample Collected on :

Reported on : 23-03-2023 10:23

LRN# : RAD1955795

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 125311

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Personal Details
 UHID: 01P3FGAT6JMOSPB
 PatientID: 86618
 Name: Karthik K C
 Age: 32
 Gender: Male
 Mobile: 84545454458656

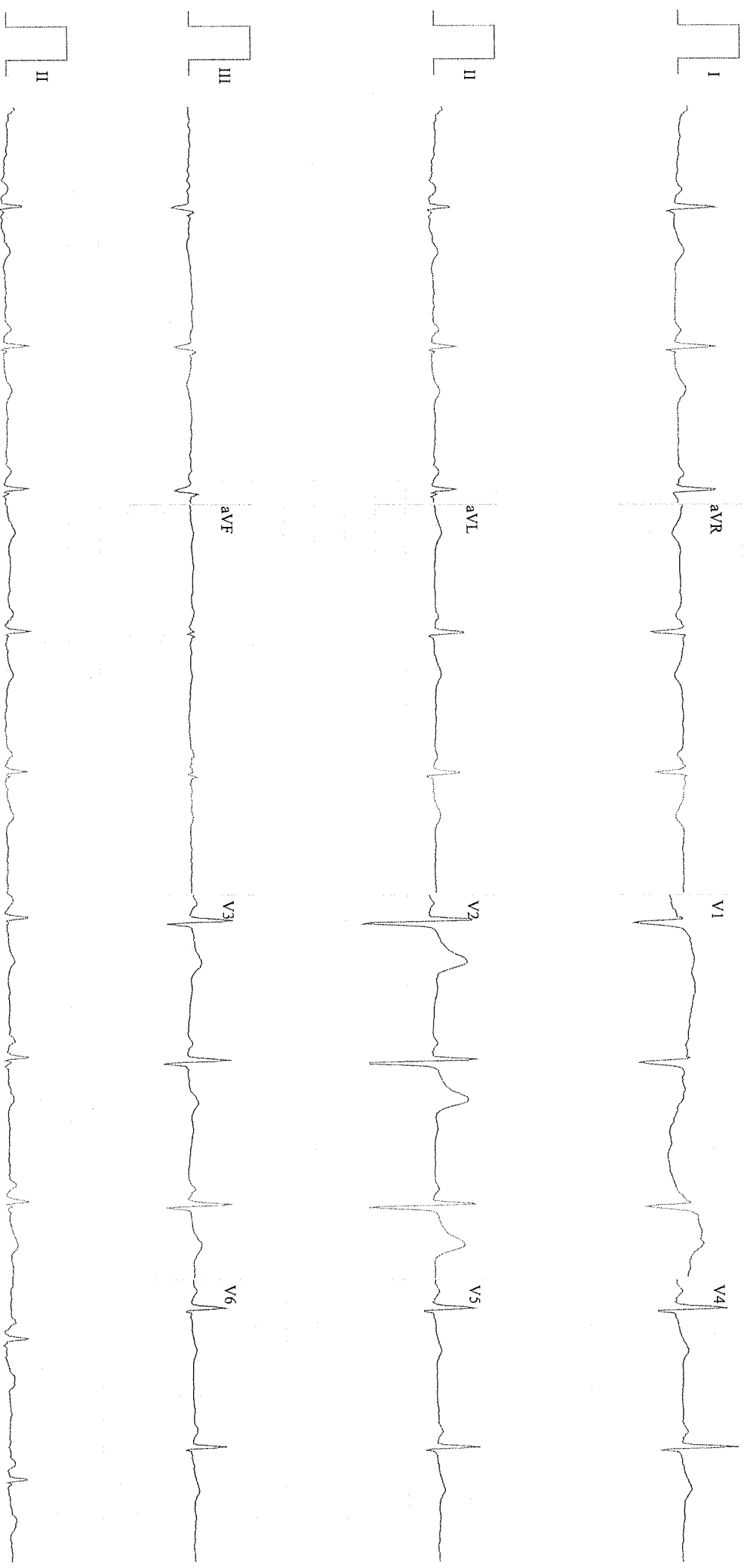
Pre-Existing Medical- Symptoms
 Conditions

Vitals

Measurements
 HR: 63 BPM
 PR: 135 ms
 PD: 112 ms
 QRS: 91 ms
 QRS Axis: -1 deg
 QT/QTc: 405/415 ms

Interpretation
 Sinus Rhythm Regular
 Normal Axis
 No Significant ST-T changes
 V1 unstable for analysis


This trace is generated by IntelliScreen™ (Intel's omniscient, portable, digital 6-12 lead Scalable ECG platform from IMEDTRON)



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
 Normal ECG: Does not rule out heart disease. Abnormal ECG: does not always mean severe heart disease. Commonly, a report is based on available data. Clinical correlation is important.

Apollis
 Author:
 Dr. Yogesh
 M.D., D.N.B., J
 Reg. No. - IK

Name : Mr. Karthick KC	Age : 32 Y	UHID :CBAS.0000086618
Address : BLORE	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CBASOPV90576
		Bill No :CBAS-OCR-55044
		Date : 22.03.2023 08:53

Sno	Serive Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
11	DIET CONSULTATION	
12	COMPLETE URINE EXAMINATION	
13	URINE GLUCOSE(POST PRANDIAL)	
14	PERIPHERAL SMEAR	
15	ECG	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION	
24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	

HT - 167cm	}	HT - 147cm
wt - 76.6kg		wt - 53.3/48
BP - 127/80mmHg		BP -
PR - 62b/m		PR -
H - 96cm		H -
WE - 94cm		WE -

Mr. Gaethick K C 32/m 2/3/23 86618

EYE CHECK UP REPORT

Vision Acuity { 6/6
 unaided
 6/6

Digital IOP { (22)
 (22)

Near Vision { N25
 unaided
 N25

Colour Vision { Normal
 Normal

• Fundus: Normal @ study

• Ant. Segment :- Normal

• Media: Normal

• Pupil: Normal

CHS



இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

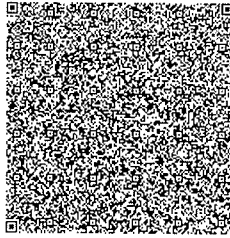
பதிவேட்டு எண்/ Enrolment No.: 2193/12526/01362

Download Date: 09/05/2020

To
கார்த்திக் கி.சி
Karthick K.C
S/O K. C Samy
389
KURUVIKULAM ROAD EAST PART
THIRUVENGADAM
Thiruvengadam
Tirunelveli Tamil Nadu - 627719
9500933474

Issue Date: 05/09/2017

Signature Not Verified
Digitally signed by S
UNIQUE IDENTIFICATION
AUTHORITY of INDIA 04
Date: 2020.05.09 11:30:04
IST



உங்கள் ஆதார் எண் / Your Aadhaar No. :

4343 1478 0630
VID : 9125 9615 6474 5558

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



Download Date: 09/05/2020



கார்த்திக் கி.சி
Karthick K.C
பிறந்த நாள்/DOB: 16/08/1990
ஆண்/ MALE

Issue Date: 05/09/2017

4343 1478 0630
VID : 9125 9615 6474 5558

எனது ஆதார், எனது அடையாளம்



Government of India



தகவல்

- ஆதார் அடையாளத்திற்கான சான்று. குடியரிமைக்கு அல்ல.
- பாதுகாப்பான QR குறியீடு ஆப்லைன் XML / ஆன்லைன் அங்கீகாரத்தைப் பயன்படுத்தி அடையாளத்தை சரிபார்க்கவும்
- இது எலக்ட்ரானிக் செயல்முறை மூலம் தயாரிக்கப்பட்ட கடிதமாகும்.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா சேவைகளை எளிதில் பெற ஆதார் உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்
- mAadhaar செயலியைப் பயன்படுத்தி உங்கள் ஸ்மார்ட் போனில் ஆதாரை எடுத்துச் செல்லுங்கள்

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

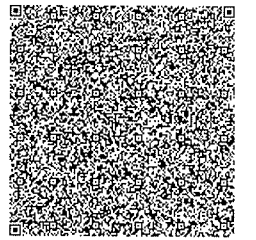


இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India



முகவரி:
S/O கி. சி சாமி, 389, குருவிசுளம் ரோடு
கிழக்கு பகுதி, திருவேங்கடம்,
திருநெல்வேலி,
தமிழ் நாடு - 627719

Address:
S/O K. C Samy, 389, KURUVIKULAM ROAD
EAST PART, THIRUVENGADAM,
Tirunelveli,
Tamil Nadu - 627719



4343 1478 0630
VID : 9125 9615 6474 5558

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

RE: Booking Appointment no. of 53

Corporate Apollo Clinic <corporate@apolloclinic.com>

Thu 3/16/2023 4:49 PM

To: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Cc: deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>; Rahul Rai <rahul.rai@apolloclinic.com>; Indrapuram Apolloclinic <indrapuram@apolloclinic.com>; Cc Tardeo <cc.tardeo@apollospectra.com>; Apollo Clinic Uppal <uppal@apolloclinic.com>; 'coimbatore@theapolloclinic.com' <coimbatore@theapolloclinic.com>; JP Nagar Apollo Clinic <jpnagar@apolloclinic.com>; theapolloclinicandherieast@gmail.com <theapolloclinicandherieast@gmail.com>; Chandigarh@theapolloclinic.com <chandigarh@theapolloclinic.com>; Cc Kbh <cc.kbh@apollospectra.com>; Fo Karol Bagh <fo.kbh@apollospectra.com>; adajan@theapolloclinic.com <adajan@theapolloclinic.com>; barrackpore@theapolloclinic.com <barrackpore@theapolloclinic.com>; 'coimbatore@theapolloclinic.com' <coimbatore@theapolloclinic.com>; Manikonda Clinic <manikonda@apolloclinic.com>; vashi@apolloclinic.com <vashi@apolloclinic.com>; cmvashiapollo <cmvashiapollo@gmail.com>; guntur@apolloclinic.com <guntur@apolloclinic.com>; Basavanagudi Apolloclinic <basavanagudi@apolloclinic.com>

1 attachments (24 KB)

Copy of 15032623 Booking.xlsx;

Namaste Team,

Greetings from Apollo clinics,

Please find the attached appointment status,

Thanks & Regards,

Shalini.M | Apollo Clinics | Pan India Toll No: 1860 500 7788 | Contact E-Mail: corporate@apolloclinic.com | www.apolloclinic.com |

From: Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Sent: Thursday, March 16, 2023 12:57 PM

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

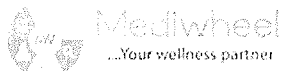
Subject: Re: Booking Appointment no. of 53

Dear Team

Please note the following booking and confirm the same.

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in

From: Wellness : Mediwheel : New Delhi

Sent: Thursday, March 16, 2023 11:40 AM

To: Corporate Apollo Clinic <corporate@apolloclinic.com>

Cc: deepak <deepak.c@apolloclinic.com>; Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>

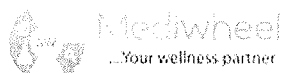
Subject: Booking Appointment no. of 53

Dear Team

Please note the following booking and confirm the same.

Thanks & Regards

Lav Gupta



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030
M. 8800465156 Email : wellness@mediwheel.in; | Web: www.mediwheel.in



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	KARTHICK K C
DATE OF BIRTH	16-08-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-03-2023
BOOKING REFERENCE NO.	22M125311100048508S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. V VEERALAKSHMI
EMPLOYEE EC NO.	125311
EMPLOYEE DESIGNATION	PLANNING
EMPLOYEE PLACE OF WORK	BENGALURU,ZO BENGALURU
EMPLOYEE BIRTHDATE	03-12-1993

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 **13-03-2023** till **31-03-2023**. 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's spouse 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
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))