



रातीय विशिष्ट परिचय प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

डालिकाडूकुर आइ डि / Enrollment No 1490/50221/00013

To,  
मिनाशी बरुया  
MINAKSHI BARUA  
W/O: Sanjib Kumar Barua  
40A. BL-P/20  
GOPAL CHANDRA CHATTERJEE ROAD  
Cossipore  
Cossipore Kolkata Kolkata  
West Bengal 700002  
9748139796

Ref: 1163 / 08V / 347519 / 347721 / P



SA439678142FT



आपनार आधार संख्या / Your Aadhaar No. :

**9220 4183 9269**

आमार आधार, आमार परिचय



भारत सरकार  
Government of India



मिनाशी बरुया  
MINAKSHI BARUA  
पिता : गोपाल राय  
Father : GOPAL ROY  
जन्मतामिथ / DOB : 16/06/1987  
महिला / Female



**9220 4183 9269**

आमार आधार, आमार परिचय

Minakshi Barua



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	MINAKSHI BARUA
DATE OF BIRTH	16-06-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-09-2021
BOOKING REFERENCE NO.	21S100440100003680S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BARUA SANJIB KUMAR
EMPLOYEE EC NO.	100440
EMPLOYEE DESIGNATION	SWACHHTA SAHAYAK EVAM SAHAYAK
EMPLOYEE PLACE OF WORK	KOLKATA,PAIKPARA
EMPLOYEE BIRTHDATE	09-04-1981

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 **08-09-2021** till **31-03-2022**. 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.

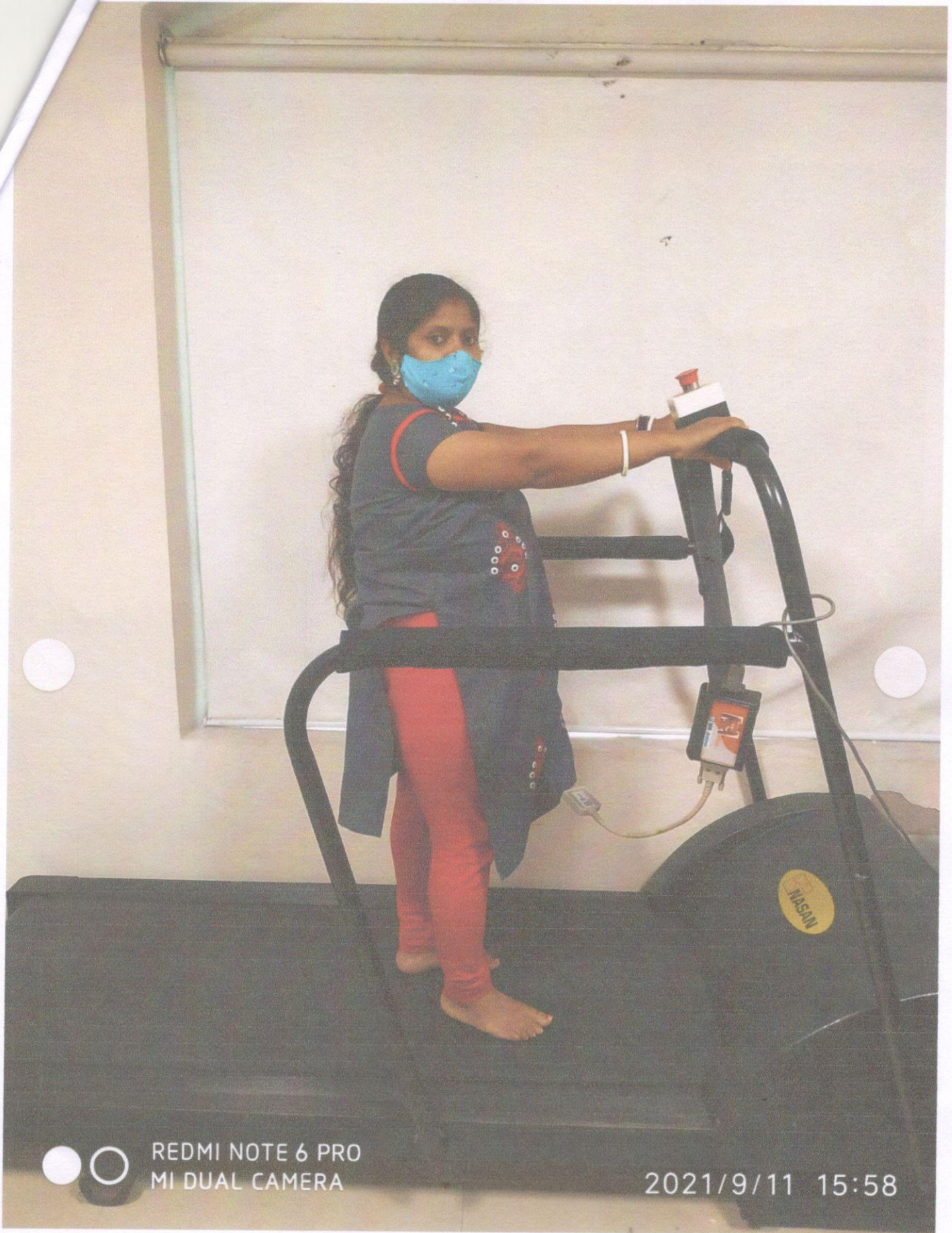
We solicit your co-operation in this regard.

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))



REDMI NOTE 6 PRO  
MI DUAL CAMERA

2021/9/11 15:58

(1) WhatsApp



11 Sep 2021 11:26:01 am  
Satchasi Para

**DEPARTMENT OF RADIOLOGY X-RAY OF CHEST (PA) VIEW**

MR. NO- FSIN.0000000

SEX- FEMALE

NAME: -MRS. MINAKSHI BARUA

EXAMINATION DATE- 11/09/2021

AGE- 34 YRS

REPORT DATE- 13/09/2021

REF DR.: -SELF

**FINDINGS:**

- Bilateral lung fields are clear.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear
- Both hila appear normal .
- CTR appears normal .
- No definite bone fracture is noted.

  
**DR. ARNAB MANDAL**

MD, Physician, PGDUS (Delhi) CEPT-USG (WBUHS KOLKATA)  
Fellow of Jefferson Ultrasound Radiology and Education Institute  
Philadelphia Ex-Radiology Resident (S.E. Railway)  
Regd.No:72022(WBMC)

**APOLLO CLINIC @ OM TOWER**  
Opp. of Rabindra Bharati University  
**Licensee : Satyam Credit Pvt. Ltd.**  
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<b>NAME: MRS. MINAKSHI BARUA</b>	<b>AGE: 34YRS</b>	<b>SEX:FEMALE</b>
<b>REF BY: CORPORATE</b>	<b>MR NO:FSIN-0000</b>	<b>DATE:11/09/2021</b>

**ULTRASOUND OF WHOLE ABDOMEN**

**LIVER:** Liver is normal in size (**13.84cm**) in shape outline and echotexture. The intrahepatic tubular structures are normal. No focal area of alterea echogenicity is noted. The porta hepatis is normal. The common bile duct measures (**4mm**) in diameter. The portal vein measures (**9mm**) at porta.

**GALL BLADDER:** Gall bladder is normal .Wall is normal limits. No calculus or mass is seen within the gall bladder.

**SPLEEN:** It is normal in size (**8.07cm**), Shape, Outline and echotexture. No parenchymal lesion is noted.

**PANCREAS:** It is normal in size, Shape, Outline and echotexture. Pancreatic duct is not dilated.

**RIGHT KIDNEY:** kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

**RIGHT KIDNEY:** measures – (**9.49cm**).

**LEFT KIDNEY:** kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

**LEFT KIDNEY:** measures –(**11.43cm**).

**URINARY BLADDER:** It is with normal wall thickness. No calculus or mass is seen within the urinary bladder.

**UTERUS:** It is normal in size, shape and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Endometrial thickness is normal. Uterus measures- (**6.63cmX2.45cmX3.64cm**). Endometrial thickness is normal measures- **0.48cm**

**RIGHT OVARY-** They are normal in size, shape ,outline and echotexture. measures-(**2.19cmX1.61cm**).

**LEFT OVARY-** They are normal in size, shape ,outline and echotexture. measures-(**1.77cmX2.02cm**).

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITIES ARE DETECTED IN USG EXAMINATION OF LIVER, GALL BLADDER, PANCREAS SPLEEN, BOTH KIDNEYS.**



**DR. A. K. ROY**  
M.B.B.S., Dip. BMSc., DTM&H (Cal)  
Certificate on CEBT Abdomino Pelvic, USG(WBHSU)

Patient Name: Mrs. MINAKSHI BARUA 34/F

Resting ECG Report

September 11, 2021  
Time: 11:35:40

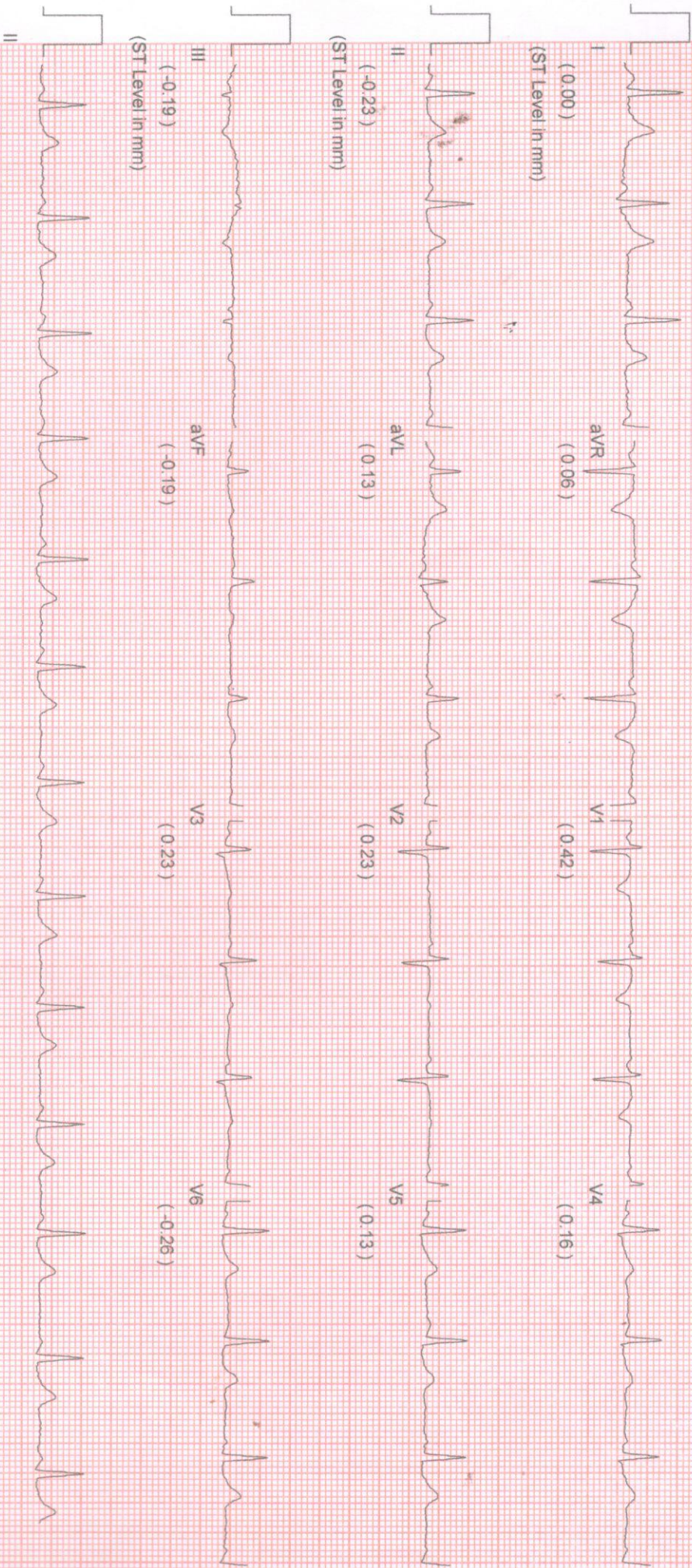
QT / QTc : 0.356 / 0.403 Sec  
P-QRS-T Axis (14)-(21)-(10) deg

PR Interval: 0.12 sec  
QRS Duration : 0.072 Sec

RR Interval: 0.78 sec

HR : 76 bpm

BP : 120 / 80 mmHg



Comments :-

*Minakshi Barua*

<b>NAME: MRS. MINAKSHI BARUA</b>	<b>MR NO: FSIN-0000</b>	<b>DATE : 11.09.2021</b>
<b>AGE: 34YRS.</b>	<b>SEX:FEMALE</b>	<b>REF BY: SELF(CORPORATE)</b>

**ECG REPORT**

HR : 76 b/min  
AXIS : NORMAL  
RHYTHM : SINUS  
PR INTERVAL : 0.12 sec  
QT INTERVAL : 0.403 sec  
QRS DURATION : 0.072 sec  
T-WAVE : NORMAL.

**IMPRESSION:**

- RESTING ECG IS WITHIN NORMAL LIMITS.



**Dr. SIDDHARTHA KUNDU**

MBBS (Cal), PGDCC, CCEBDM

Clinical Cardiologist

Ex Sr Resident, Cardiology Dept

B.R. Singh Hospital, Eastern Railway,

**APOLLO CLINIC @ OM TOWER**  
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<b>Report Number</b> : IR/286364	<b>Web Slip No</b> : SAS/INV/99/188788-09/2021
<b>Lab Slip No.</b> : SASGO/INV/189372-09/2021	<b>Report Date</b> : 11/09/2021 8:55:00PM
<b>Patient Name</b> : MINAKSHI BARUA	<b>Collection Date</b> : 11/09/2021 4:05:00PM
<b>Age / Sex</b> : 34 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLGY**  
**DEPARTMENT OF BIOCHMEMISTRY**

Test Name	Value	Unit	Normal Range
GLUCOSE FASTING <i>Methodology: GOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	80	mg/dl	70 - 110


\*Please Correlate with Clinical Conditons.

**NOTE:** Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

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

Report Prepared By:

**APOLLO CLINIC @ OM TOWER**  
**Opp. of Rabindra Bharati University**  
**Licensee : Satyam Credit Pvt. Ltd.**  
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[satyamcreditpvtltd@gmail.com](mailto:satyamcreditpvtltd@gmail.com)

  
DR. GOUTAM SAHA  
MD (Path)  
Consultant Pathologist

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<b>Report Number</b> : IR/286392	<b>Web Slip No</b> : SAS/INV/99/188788-09/2021
<b>Lab Slip No.</b> : SASGO/INV/189372-09/2021	<b>Report Date</b> : 11/09/2021 9:13:00PM
<b>Patient Name</b> : MINAKSHI BARUA	<b>Collection Date</b> : 11/09/2021 4:05:00PM
<b>Age / Sex</b> : 34 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF SEROLOGY**

Test Name	Value	Unit	Normal Range
BLOOD GROUPING	"O"		
Rh Factor	Positive		

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

<b>Report Number</b> : IR/286241	<b>Web Slip No</b> : SAS/INV/99/188788-09/2021
<b>Lab Slip No.</b> : SASGO/INV/189372-09/2021	<b>Report Date</b> : 11/09/2021 6:55:00PM
<b>Patient Name</b> : MINAKSHI BARUA	<b>Collection Date</b> : 11/09/2021 4:05:00PM
<b>Age / Sex</b> : 34 Year /Female	<b>Phlebotomist</b> :
<b>Referred By</b> : SELF	<b>Collected From</b> : SINTHI-APOLLO

**REPORT PREPARED ON PATHOLOGY**  
**DEPARTMENT OF HAEMATOLOGY**

Test Name	Value	Unit	Normal Range
Haemoglobin	12.6	gm%	Child : 11.0 - 15.5gm% (M) : 13.0-17.0gm% (F) : 11.0-15.0gm% Up to 15 days : 16 -24gm%
<i>Instrument Used :</i>			
Haematocrit (PCV)	32.5	%	33 - 47
Mean Corpuscular Volume (MCV)	85.6	fL	76 - 101
Mean Corpuscular Hemoglobin (MCH)	33.3	pg	27.0 - 32.0
Mean Corpuscular Hemoglobin Concentration (MCHC)	38.9	%	31.5 - 34.5
Platelet Count	3.47	lacs/cmm	1.5 - 4.5
<b>Total Count (TC)</b>			
Total Leucocytes	7100	/cmm	4000 - 11000
Total Erythrocytes	3.80	mill/cmm	3.7 - 5
<b>Differential Count (DC)</b>			
Neutrophil	60	%	40 - 75
Lymphocyte	32	%	20 - 45
Monocyte	02	%	02-10
Eosinophil	06	%	01 - 06
Basophil	00	%	00 - 01
ESR (Erythrocyte Sedimentation Rate)	27	mm	0 - 20
<i>Methodology: Westergren method</i>			
RBC Morphology	NORMOCHROMIC.NORMOCYTIC		

**INSTRUMENT USED:**  
HORIBA (YUMIZEN H500)  
\*Please Correlate with Clinical Conditions.

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

Patient Name: Ms. MINAKSHI BARUA  
UHID/MR No.: FSIN.0000013294  
Visit Date: 11.09.2021  
Sample collected on: 11.09.2021  
Ref Doctor: SELF

Age/Gender: 34 Years / Female  
OP Visit No.: FSINOPV16314  
Reported on: 13.09.2021  
Specimen: BLOOD

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method: Calculated	09.8	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.7	Male: 0.7-1.4 Female: 0.6-1.2 Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0	mg/dl
URIC ACID URIC ACID Method: Uricase	4.3	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report

Results are to be correlated clinically

*BK*

Lab Technician / Technologist  
Susmita\_Saha

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



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Name: Ms. MINAKSHI BARUA  
 UHID/MR No.: FSIN.0000013294  
 Visit Date: 11.09.2021  
 Sample collected on: 11.09.2021  
 Ref Doctor: SELF

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**DEPARTMENT OF SPECIAL BIOCHEMISTRY**  
**REPORT PREPARED ON PATHOLOGY**

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	4.0	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
<i>Methodology: HPLC</i> <i>Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	98	mg/dL	Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211

**Comment**

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HbA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

**Factors that interfere with HbA1c Measurement:** Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

**Factors that affect interpretation of HbA1c Results:** Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

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

Lab Technician / Technologist  
 Susmita\_Saha

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	2.87	0.35-5.50	uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	0.98	0.87 – 1.78	ug/dl
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	09.07	8.09 – 14.03	ug/dl

End of the report

Results are to be correlated clinically

*BK*

Lab Technician / Technologist  
Susmita\_Saha

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNITS
GLUCOSE- (POST PRANDIAL) GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	98.0	70.0- 140.0	mg/dL

End of the report

*Results are to be correlated clinically*

*BK*

Lab Technician / Technologist  
Madhumita\_Biswas

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Ref Doctor: SELF

Age/Gender: 34 Years / Female

OP Visit No.: FSINOPV16314

Reported on: 13.09.2021

Specimen: BLOOD

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIVER FUNCTION TEST (PACKAGE) BILIRUBIN-TOTAL Method: Daizo	0.5	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.2	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.3	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	6.9	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.0	3.5-5.2	gms/dl
SGOT/AST Method: IFCC WITHOUT P5P	21	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	26	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	76	Child: 104-380 Adult: 20-116	U/L
GLOBULIN Method: Calculated	2.9	1.8 - 3	gms/dl
A:G Ratio	1:3:7		
GGT [Gamma Glutamyl Transferase]	20	7-32	U/L

End of the report

Lab Technician / Technologist  
Susmita\_Saha

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Triglyceride Method: GPO-POD	118	<200	mg/dl
Cholesterol Method: CHOD - PAP	<b>224</b>	Desirable blood cholesterol :< 220 Borderline High: 170.0-199.0 High: > 199.0 mg/dl	mg/dl
HDL Method: PVS and PEGME coupled	72	50 - 80 mg/dl	mg/dl
LDL Method: Selective Detergent	120	<130.0 mg/dl	mg/dl
VLDL	32	20-35 mg/dl	mg/dl
CHOL : HDL RATIO	3.11	3.0 - 5.0	
LDL : HDL RATIO	1.66	2.6 - 3.6	

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
Madhumita\_Biswas

DR. BIPARNAK HALDAR  
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