



भारत सरकार

जनसंख्या विभाग

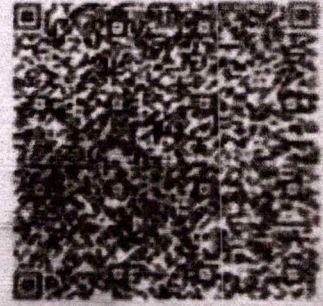


अमरदीप सिंह

Amardeep Singh

जन्म तिथि / DOB : 14/03/1982

पुरुष / MALE



4683 8997 8968

मेरा आधार,

मेरी पहचान

8960453500

Dr. K. C. BHARADWAJ
M.D.B.S., D. CARD
Reg. No. 32749



4683 8997 8968

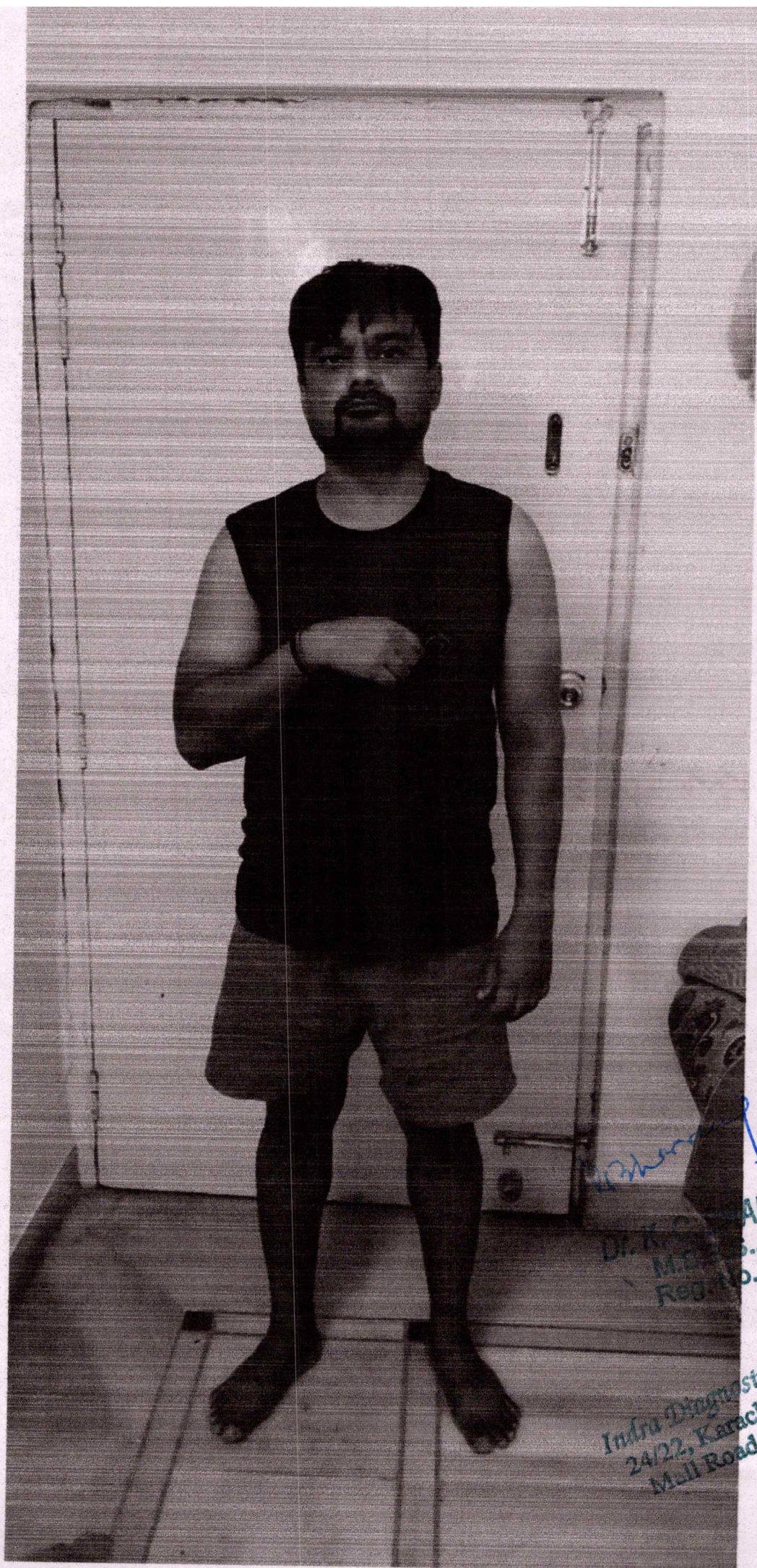
Address
S/O: Late. Ram Pratap Singh
Flat No-306 Chandra Tower
Jopling road near dainik Jagran
Chauraha Lucknow Lucknow
Lucknow G.p Uttar Pradesh -
226001

पता:
आलय: स्व. राम प्रताप सिंह, फ्लैट
न-306 चंद्रा टावर, जॉपलिंग रोड,
दैनिक जागरण चौराहा के पास,
लखनऊ, लखनऊ,
उत्तर प्रदेश - 226001

भारतीय जनसंख्या विभाग

भारतीय जनसंख्या विभाग

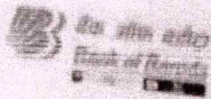
Indra Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur



M. D. S.

DR. K. S. PARADWAJ
M.D.S., D. CARD
Reg. No. 32749

Indra Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur



To,

The Coordinator,
Mediwheel (Arcofem 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	AMARDEEP SINGH
DATE OF BIRTH	14-03-1982
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-04-2022
BOOKING REFERENCE NO.	22J165428100018184S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. SINGH MONIKA
EMPLOYEE EC NO.	165428
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	SHIVRAJPUR
EMPLOYEE BIRTHDATE	25-07-1987

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 **22-04-2022** 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 (Arcofem Healthcare Limited))

K. C. Bharadwaj
Dr. K. C. BHARADWAJ
M.B.B.S., D. CARD
Reg. No. 32749

Infra Diagnostic Centre
24/22, Karachi Khana
Mall Road, Kanpur



INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur
Ph: 9235432757,
CIN : U85110DL2003LC308206



Patient Name	: Mr.AMARDEEP SINGH	Registered On	: 23/Apr/2022 14:20:46
Age/Gender	: 40 Y 1 M 10 D /M	Collected	: 23/Apr/2022 14:40:31
UHID/MR NO	: IKNP.0000018070	Received	: 23/Apr/2022 14:41:22
Visit ID	: IKNP0004482223	Reported	: 23/Apr/2022 18:09:28
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
Rh (Anti-D)	POSITIVE

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	13.40	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)	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	18.00	Mm for 1st hr.		
Corrected	10.00	Mm for 1st hr.	< 9	
PCV (HCT)	41.00	cc %	40-54	
Platelet count				
Platelet Count	1.00	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	17.20	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	52.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.13	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	13.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.66	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE



SIN No:52292813





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	88.60	fl	80-100	CALCULATED PARAMETER
MCH	28.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.40	%	30-38	CALCULATED PARAMETER
RDW-CV	13.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,968.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	128.00	/cu mm	40-440	



Dr. Seema Nagar(MD Path)



SIN No:52292813





INDRA DIAGNOSTIC CENTRE

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Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	83.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	32.00	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 management.

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)	Degree of Glucose Control Unit
> 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

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
 **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH 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	18.60	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.97	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) Sample:Serum	85.40	ml/min/1.73m ²	- 90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid Sample:Serum	3.21	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) *, Serum



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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	24.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	26.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	34.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.13	gm/dl	6.2-8.0	BIRUET
Albumin	4.15	gm/dl	3.8-5.4	B.C.G.
Globulin	1.98	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.10		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	107.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.53	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.25	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.28	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) , Serum				
Cholesterol (Total)	254.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	52.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	147	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL Triglycerides	54.28 271.40	mg/dl mg/dl	10-33 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High	CALCULATED GPO-PAP



Dr. Seema Nagar (MD Path)



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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
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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2



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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
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Dr. Seema Nagar(MD Path)



SIN No:52292813



INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000018070	Received	: 23/Apr/2022 14:41:22
Visit ID	: IKNP0004482223	Reported	: 23/Apr/2022 15:56:09
Ref Doctor	: Dr. MediWheel Knp	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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THYROID PROFILE - TOTAL * , Serum

T3, Total (tri-iodothyronine)	102.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.01	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.45	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 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.

*** End Of Report ***

(*) Test not done under NABL accredited Scope



How:

NE EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, X-RAY DIGITAL CHEST PA, ULTRASOUND (UPPER & LOWER)

Dr. Seema Nagar(MD Path)

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 Conduction 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

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SIN No:52292813



Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Home Sample Collection
1800-419-0002

PPP: March 2022