

CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232

CIN : U85110DL2003PLC308206

Patient Name	: Mr.KRISHNA KUMAR-PKG10000236	Registered On	: 09/Oct/2021 11:06:25
Age/Gender	: 58 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000022668	Received	: N/A
Visit ID	: CVAR0067842122	Reported	: 09/Oct/2021 12:00:34
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY

2D ECHO *

2D ECHO & COLOUR DOPPLER REPORT

AORTIC VALVES STUDY

Ao DIAMETER	2.7	Cms.
LA DIAMETER	3.1	Cms.
CUSP OPENING	1.5	Cms.

LEFT VENTRICLE

IVSd	1.0cms
LVIDd	4.2cms
LVPWd	1.0cms
IVSs	1.2cms
LVIDs	2.6cms
LVPWs	1.2cms
EDV	79 ml
ESV	26 ml

EJECTION FRACTION	:	66 %	(60 ± 7 %)
SHORTENING FRACTION	:	36 %	(30 ± 5%)

RIGHT VENTRICLE

RVIDd : 2.8 cm.

DIMENSIONAL IMAGING

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
PULMONARY VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
INTER VENTRICULAR SEPTUM:		NORMAL
INTERATRIAL SEPTUM	:	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA :		ABSENT
LEFT ATRIUM	:	NORMAL
LEFT VENTRICLE	:	NORMAL
RIGHT VENTRICLE	:	NORMAL

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RIGHT ATRIUM	:	NORMAL
PERICARDIUM	:	NORMAL
OTHER	:	NORMAL

COLOUR FLOW MAPPING

	VELOCITY m/s	PRESSURE GRADIENT mm/Hg	REGURGITATION
MITRAL FLOW	E: A:	NORMAL	TRACE
AORTIC FLOW		NORMAL	ABSENT
PULMONARY FLOW		NORMAL	ABSENT
TRICUSPID FLOW		NORMAL	TRACE

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THRUMBUS /CLOT/ EFFUSION

FINAL IMPRESSION

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 66%
- NO LVH WITH GRADE I DIASTOLIC DYSFUNCTION
- NO CHAMBER DILATATION WITH TRACE MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION



*** End Of Report ***

Dr. Ganesh Shankar (MBBS PGDCC)

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

389, I.A. PHASE:2

Mr. KRISHNA KUMAR

Age: 58/M

Ref. by:

Indication1:

Indication2:

Indication3:

COMMENTS: L:kely Right-Atrial-Enlargment,Left-Atrial-Enlargement, Sinus Rhythm.

ID: 67712122

HR/W/ /

Recorded: 9-10-2021 11:38

Medication1:

Medication2:

Medication3:

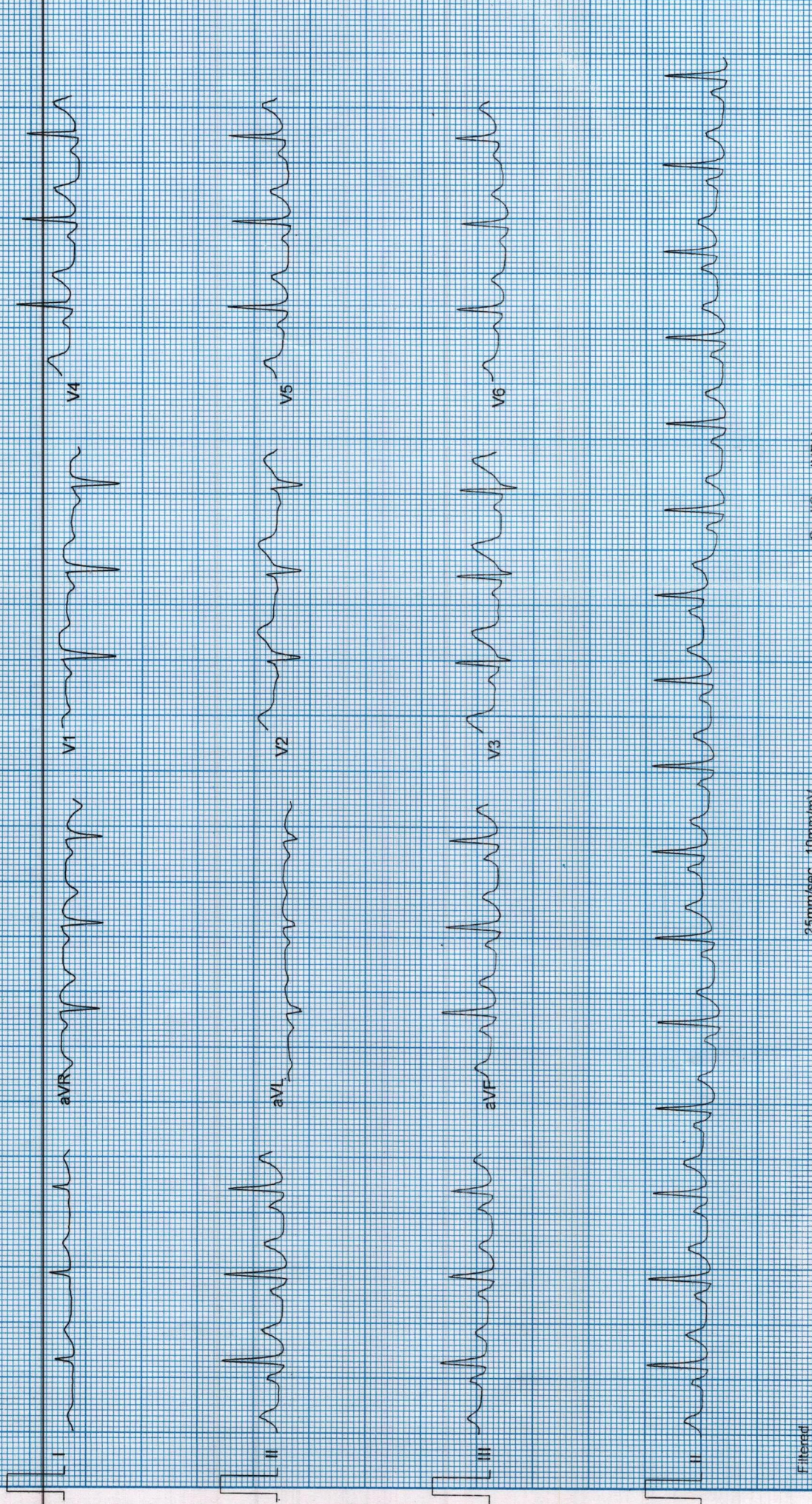
P duration : 96 msec
PR duration : 140 msec
QRS duration : 96 msec
QT interval : 303 msec
QTc interval : 367 msec

Raw E.C.G.

Handwritten signature

Unconfirmed Report! Reviewed By:

Cardiologist



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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , Blood				
Blood Group	O			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) * , Blood				
Haemoglobin	14.90	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	32.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	4.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	44.00	cc %	40-54	
Platelet count				
Platelet Count	1.35	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.60	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	NR	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.18	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.60	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.59	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE

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Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	91.10	fl	80-100	CALCULATED PARAMETER
MCH	32.40	pg	28-35	CALCULATED PARAMETER
MCHC	35.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.70	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,526.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	219.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting <i>Sample:Plasma</i>	96.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

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 diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP <i>Sample:Plasma After Meal</i>	106.40	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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 diabetics in future, which is why an Annual Health Check up is essential.
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Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.80	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	40.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	119	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

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. 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.

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Test Name	Result	Unit	Bio. Ref. Interval	Method
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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.

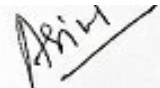
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency 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.




Dr. Anupam Singh
M.B.B.S,M.D.(Pathology)

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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	13.20	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	1.10	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	68.80	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	6.60	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	37.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	28.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.40	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.00	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	2.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.69		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	144.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.00	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	199.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	54.80	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	111	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	33.58	mg/dl	10-33	CALCULATED
Triglycerides	167.90	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP

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200-499 High
>500 Very High



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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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URINE EXAMINATION, ROUTINE * , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.005			
Reaction PH	Neutral (7.0)			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			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

STOOL, ROUTINE EXAMINATION * , Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.0)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT

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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
RBCs	ABSENT			
Ova	ABSENT			
Cysts	ABSENT			
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

SUGAR, PP STAGE * , Urine

Sugar, PP Stage	ABSENT
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Interpretation:

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



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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.610	ng/mL	< 3.0	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	132.52	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.54	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.

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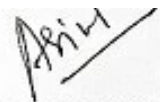
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- 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. Anupam Singh
M.B.B.S, M.D. (Pathology)

CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232

CIN : U85110DL2003PLC308206

Patient Name	: Mr.KRISHNA KUMAR-PKG10000236	Registered On	: 09/Oct/2021 08:54:57
Age/Gender	: 58 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000022668	Received	: N/A
Visit ID	: CVAR0067712122	Reported	: 09/Oct/2021 15:31:18
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

IMPRESSION : N O R M A L S K I A G R A M



A handwritten signature in black ink, appearing to read 'Raveesh'.

Dr Raveesh Chandra Roy (MD-Radio)

CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-2223232

CIN : U85110DL2003PLC308206

Patient Name	: Mr.KRISHNA KUMAR-PKG10000236	Registered On	: 09/Oct/2021 08:54:57
Age/Gender	: 58 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000022668	Received	: N/A
Visit ID	: CVAR0067712122	Reported	: 09/Oct/2021 09:46:20
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver measures 11.8 cm in mid clavicular line. It is normal in shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein measures 9.8 mm in caliber. CBD measures 3.2 mm in caliber.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size (8.0 cm in its long axis), shape and echogenicity.
- Right kidney measures : 8.7 x 4.2 cm. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Left kidney measures : 8.9 x 5.0 cm. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Urinary bladder is partially filled. Prevoid urine volume 33 cc.
- The prostate is normal in size (35 x 37 x 26 mm /18gms), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, TREAD MILL TEST



Dr Raveesh Chandra Roy (MD-Radio)

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



Since 1991



CHANDAN DIAGNOSTIC CENTRE

Name of Company: *mediawheel*

Name of Executive: *Krishnakumar*

Date of Birth: *05-05-1963*

Sex: *Male*

Height: *163cm*

Weight: *70kg.*

BMI (Body Mass Index): *26.3*

Chest (Expiration / Inspiration) *05/09 cm*

Abdomen: *01 cm*

Blood Pressure: *126/82*

Pulse: *84 BPM*

RR: *19 resp/min*

Ident Mark: *Scar of Appendix operated.*

Any Allergies: *NO*

Vertigo: *Normal*

Any Medications: *- No*

Any Surgical History: *(1) Appendix post operated - 1987 - Hosp. D.S. Gupta clinic, VMS*

Habits of alcoholism/smoking/tobacco:

Chief Complaints if any:

Lab Investigation Reports: *Yes ATT*

Eye Check up vision & Color vision: *Normal c Power glass since 10 yrs. power - Not up.*

Left eye: *Normal*

Right eye: *Normal*

Near vision: *Normal*





भारत सरकार

Government of India

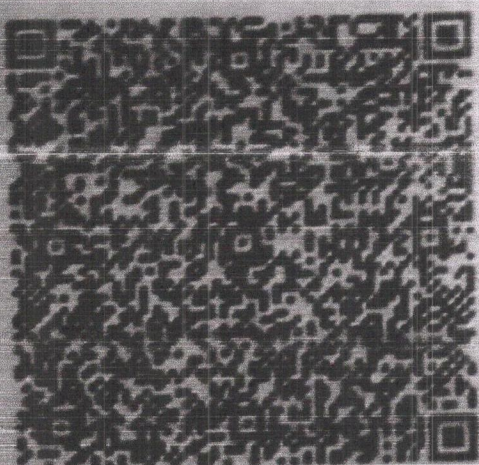
कृष्ण कुमार

Krishna Kumar

जन्म तिथि / DOB : 05/05/1963

पुरुष / Male

Chandan Diagnostic Center
39, Shivaji Nagar, Mahmorganj
Varanasi-221010 (U.P.)
Phone No.:0542-223232



4705 3929 4869

आधार - आगत आदमी का अधिकार

CHANDAN DIAGNOSTIC CENTRE

Far vision : *normal*
ENT consultation : *normal*
Dental Checkup : *normal*
Eye Checkup : *normal*

Final impression-

Certified that I examined *Krishna Kumar* S/o or D/o
is presently in good health and free from any cardio-respiratory/communicable
ailment, he/she is **Fit / Unfit** to join any organization.

Client Signature

.....
Signature of Medical Examiner

Name & Qualification *Dr. R.C. Roy, MBBS MD*

Date *09/10/21* **Place**... VARANASI



P- 93, Shivaji Nagar Colony, Mahmoorganj,
Varanasi, Uttar Pradesh 221010, India

Latitude

Longitude

25.305411°

82.979136°

LOCAL 10:48:20

SATURDAY 10.09.2021

GMT 05:18:20

ALTITUDE 19 METER