

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	SONAL KUMARI
DATE OF BIRTH	13-01-2001
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-09-2023
BOOKING REFERENCE NO.	23S120122100068948S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. GAUTAM KUNAL
EMPLOYEE EC NO.	120122
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	BARAUNI,ZERO MILE
EMPLOYEE BIRTHDATE	01-03-1995

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 **08-09-2023** till **31-03-2024**. 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))

सोनाल कुमारी  
Sonal Kumari  
जन्म तिथि/DOB: 13/01/2001  
महिला/ FEMALE

6362 7555 1110  
VID : 9122 5388 5228 0744  
मेरा आधार, मेरी पहचान

Issue Date: 05/01/2017

पता:  
आसपास: दिलीप कुमार ठाकुर, जी-4 बाइट हाउस, जवाहर  
नगर, खन्वारी, आगरा, आगरा,  
उत्तर प्रदेश - 282002

Address:  
D/O: Dilip Kumar Thakur, g-4 white house,  
Jawahar nagar, khandari, Agra, Agra,  
Uttar Pradesh - 282002

6362 7555 1110  
VID : 9122 5388 5228 0744

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

Sonal Kumari

6207 221881

# MEDICAL EXAMINATION REPORT

Name SONALJ KUNADJ Gender M / F ✓ Date of Birth 13 / 01 / 2001  
 Position Selected For SINGLE WINDOW OPERATOR Identification marks A mark of au D for

**A. HISTORY:**

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Cancer  | <input type="checkbox"/> High Blood Pressure                                   |
| <input checked="" type="checkbox"/> Arthritis           | <input checked="" type="checkbox"/> Depression/ bipolar disorder                                 | <input type="checkbox"/> High Cholesterol                                      |
| <input type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Migraine Headaches                                    |
| <input type="checkbox"/> Back or spinal problems        | <input type="checkbox"/> Heart Disease   | <input checked="" type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention |  |

2. List the medications taken Regularly. NO

3. List allergies to any known medications or chemicals NOT KNOWN

4. Alcohol : Yes  No  Occasional

5. Smoking : Yes  No  Quit(more than 3 years)

**6. Respiratory Function :**

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes  No
- b. Do you usually cough a lot first thing in morning? Yes  No
- c. Have you vomited or coughed out blood? Yes  No

**7. Cardiovascular Function & Physical Activity :**

- a. Exercise Type: (Select 1)
- No Activity
  - Very Light Activity (Seated At Desk, Standing)
  - Light Activity (Walking on level surface, house cleaning)
  - Moderate Activity (Brisk walking, dancing, weeding)
  - Vigorous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes  No

**8. Hearing :**

- a. Do you have history of hearing troubles? Yes  No
- b. Do you experiences ringing in your ears? Yes  No
- c. Do you experience discharge from your ears? Yes  No
- d. Have you ever been diagnosed with industrial deafness? Yes  No

**9. Musculo - Skeletal History**

- |                                   |  |                              |  |
|-----------------------------------|--|------------------------------|--|
| a. Neck :                         | Have you ever injured or experienced pain? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Back :                         | If Yes ; approximate date (MM/YYYY)        |                              |  |
| c. Shoulder, Elbow, Wrists, Hands | Consulted a medical professional ?         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Hips, Knees, Ankles, Legs      | Resulted in time of work?                  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                                   | Surgery Required ?                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|                                   | Ongoing Problems ?                         | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes  No
- b. Do you have knee pain when squatting or kneeling? Yes  No
- c. Do you have back pain when forwarding or twisting? Yes  No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes  No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- Walking : Yes  No  •Kneeling : Yes  No  •Squatting : Yes  No
- Climbing : Yes  No  •Sitting : Yes  No
- Standing : Yes  No  •Bending : Yes  No
- f. Do you have pain when working with hand tools? Yes  No
- g. Do you experience any difficulty operating machinery? Yes  No
- h. Do you have difficulty operating computer instrument? Yes  No

B. CLINICAL EXAMINATION :

a. Height  b. Weight  Blood Pressure

Chest measurements:  a. Normal  b. Expanded

Waist Circumference

Ear, Nose & Throat

Skin  Respiratory System

Vision  Nervous System

Circulatory System  Genito-urinary System

Gastro-intestinal System  Colour Vision

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray  ECG

Complete Blood Count  Urine routine

Serum cholesterol  Blood sugar

Blood Group  S.Creatinine

D. CONCLUSION :

Any further investigations required

Any precautions suggested



E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except \_\_\_\_\_

\_\_\_\_\_ I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

**AMAR JYOTI HOSPITAL**  
**Dr. Ravi Raj**  
**M.B.B.S**  
**Reg. No:- 55108**

Date : 09/09/2025

Signature of Medical Adviser

Eye Examination Report

Candidate Name: SONALI KUMAR F

Age/ Gender: 22 | F

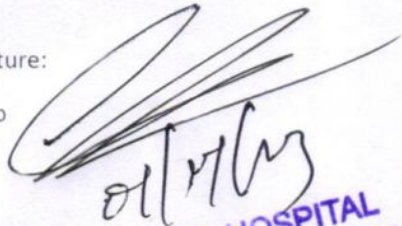
Date: 09/09/2023

This is to certify that I have examined Mr./Ms. SONALI KUMAR F hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	6/6	L	6/6	NORMAL

Doctor Signature:

Doctor Stamp

  
**AMAR JYOTI HOSPITAL**  
Dr. Chandra Shekhar Kumar  
M.B.B.S. MD (OPHTHALMOOGY)  
REG. No.- 41209

**DR. SASHIBHUSHAN**

M.D. Pathologist (BHU)

Reg. No. : 52264

**MD. SHAHNAWAZKHAN**

B.M.L.T.

Reg. No. : BR1822

**JAMAR  
JYOTI  
PATHOLAB**



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar-851134

Call : 8877770366, 8873831650

Patient Name:- SONAL KUMARI

Date: 09/09/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex F Age:22Y

**Haematological Test Report**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	10.9	gm %	12.5-16.4
<u>WBC Count</u>			
Total WBC Count	7500	/cumm	4000-11000
<u>Differential Count</u>			
Neutrophil	66	%	40-70
Lymphocyte	30	%	20-40
Eosinophil	03	%	01-09
Monocyte	01	%	02-10
Basophil	00	%	00-05
<u>RBC Indices</u>			
R.B.C.Count	3.89	mil./cumm	3.9-5.6
Haematocrit (PCV)	32.2	%	36-47
MCV	85.3	fL	75-96
MCH	27.1	pg	27-32
MCHC	35.2	gm/dl	30-36
<u>Platelet Indices</u>			
Platelet Count	2,25,000	/cumm	150000-400000
ESR	15	mm/1 <sup>st</sup> hr.	00-15

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



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Sex F Age:22Y

**Report on Blood Examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
B Urea	24.0	mg/dl	17-45
S.Creatinine	0.93	mg/dl	0.6-1.4
S.Uric Acid	4.2	mg/dl	2.5-7.0
S Sodium	142	m mpl/L	135-155
S Potassium	4.1	m mpl/L	3.5-5.5
S Cholride	98.0	meq/L	97-109
S Calcium	8.5	mg%	8.5-10.5
Blood group Rh	<b>'O' Positive</b>		

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



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Sex F Age:22Y

**LIVER FUNCTION TEST**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S.Bilirubin			
Total	1.0	mg/dl	up to 1.2
Conjugate	0.3	mg/dl	up to 0.4
Unconjuate	0.7	mg/dl	up to 0.8
SGPT	24.0	U/L	up to 40
SGOT	28.0	U/L	up to 38
Alkaline Phosphatase	111	U/L	37-167
S.Protein			
Total	6.2	gm%	6.0-8.0
Albumin	3.9	gm%	3.7-5.3
Globulin	2.3	gm%	1.5-3.5
A/G Ratio	1.69		1.0-2.0

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





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**LIPID PROFILE**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
S. Triglyceride	110	mg%DI	10-170
Total Cholesterol	165	mg%dL	130-200
H.D.L. Cholesterol	42	mg%dL	40-75
L.D.H. Cholesterol	127	mg%dL	80-120
TC/HDL Cholesterol	3.92	Ratio	3.0-5.0
LDL/HDL	2.92	Ratio	1.5-3.5
V.L.D.L Cholesterol	22	mg%dL	07-30

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



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**Report on Blood Examination**

<u>TES</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
HbA1c(HPLC)	5.1	%	5.7-6.4
Average Blood Glucose(ABG)	105.11	mg/Dl	90-120

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



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Sex F Age:22Y

**BLOOD GLUCOSE EXAMINATION**

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANG</u>
Fasting Blood Sugar	70.0	mg/dl	70-110
2Hrs After Lunch (PP)	95.0	mg/dl	80-140

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



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Date: 09/09/2023

Ref. by Dr : AMAR JYOTI HOSPITAL

Sex F Age:22Y

**Report on Blood Examination**

TEST	RESULT	UNIT	REFERENCE RANG
T3, Total	1.35	ng/mL	0.80-2.00
T4, Total	7.79	ng/mL	4.87-13.72
TSH	2.12	μIU/mL	0.35-4.94

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



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Date: 09/09/2023

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Sex F Age:22Y

### URINE REPORT

#### PHYSICAL EXAMINATION:

QUANTITY : 05ml

DEPOSITS : Present

COLOUR : Straw

REACTION : Acidic

APPEARANCE: Hazy

SP .Gravity :1.015

PH :6.0

#### CHEMICAL EXAMINATION:

PROTEIN : Nil

SUGAR : Nil

BILE PIGMENT: Absent

BILI SAL : Absent

UROBILINOGEN: Absent

KETONE BODIES: Absent

NITRITE : Neagative

#### MICROSCOPIC EXAMINATION:

EPITHELIAL CELL: 0-2/hpf

RBC : Absent

PUS CELL : 2-3/hpf

Crystals : Absent

CASTS : Absent

YEAST: Absent

BACTERIA : Absent

TRICHOMONAS: Absent

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



Female

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

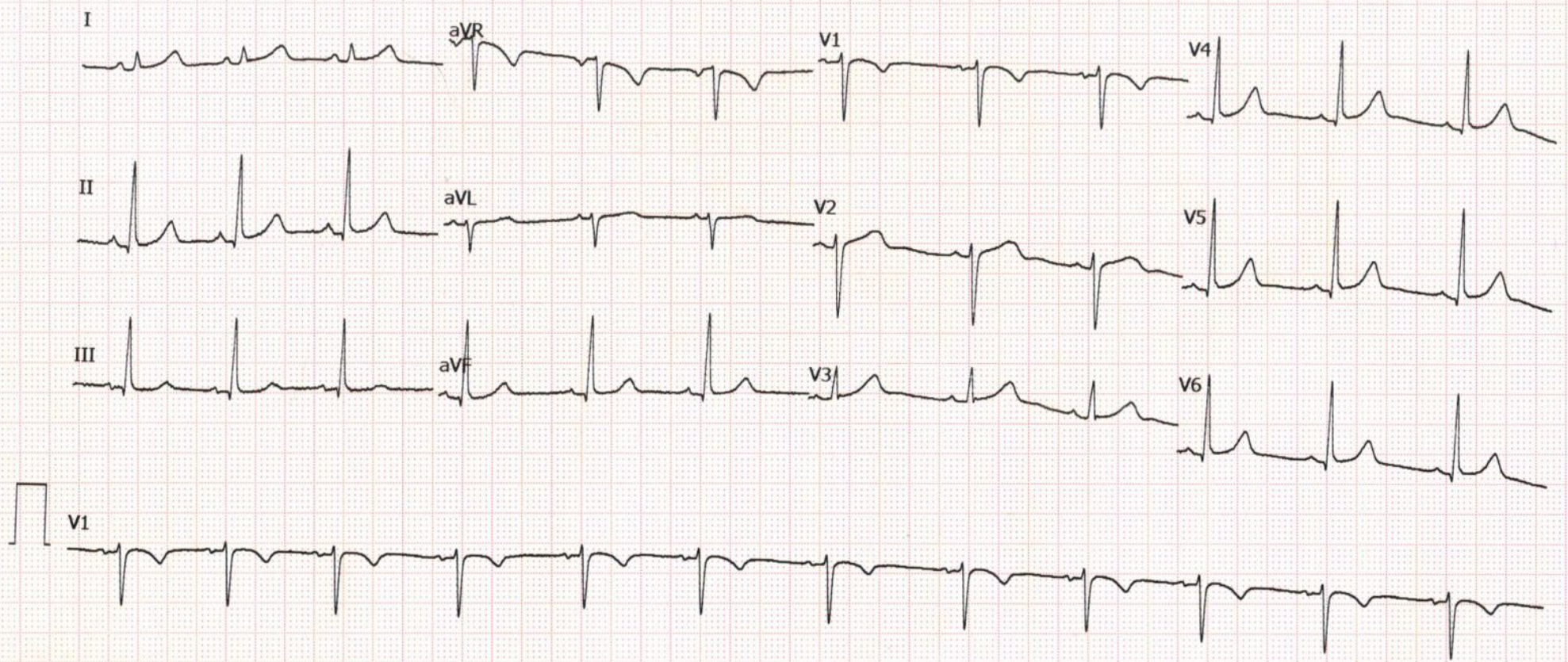
Room:

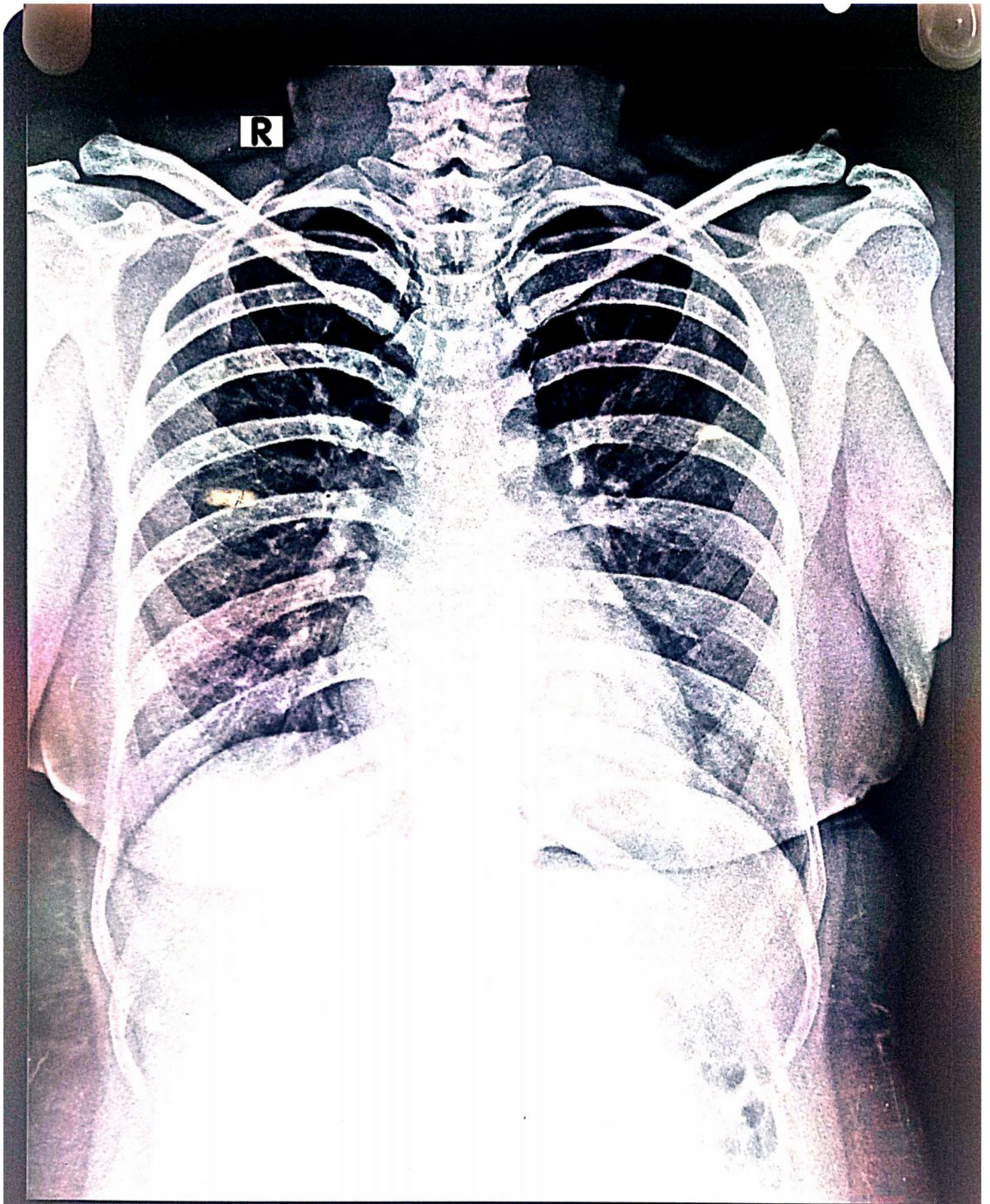
73 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 382 / 420 ms  
PR : 128 ms  
P : 86 ms  
RR / PP : 818 / 821 ms  
P / QRS / T : 36 / 79 / 50 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG





**SONAM KRI 22Y DR AMAR JYOTI HOSPITAL 09.09.2023.A.01  
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.**

