



LETTER OF APPROVAL / RECOMMENDATION

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. PARIHAR DHARMENDRA SINGH
EC NO.	182872
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	RAEBARELI,LALGANJ_DB
BIRTHDATE	20-11-1974
PROPOSED DATE OF HEALTH CHECKUP	02-10-2021
BOOKING REFERENCE NO.	21D182872100004942E

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 **30-09-2021** 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 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))

1/3

Indra Diagnostic Centre
24/22 Karachi Khana
Road, Kanpur

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA





स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ALOPP4674L

नाम / Name
DHARMENDRA SINGH PARIHAR

पिता का नाम / Father's Name
VIJAY PAL SINGH PARIHAR

जन्म तिथि / Date of Birth
20/11/1974

हस्ताक्षर / Signature



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

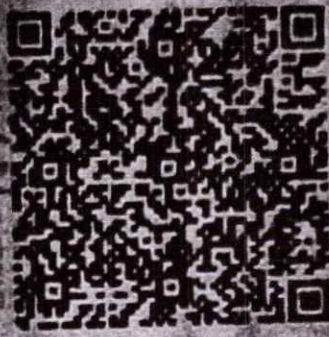
आयकर विभाग

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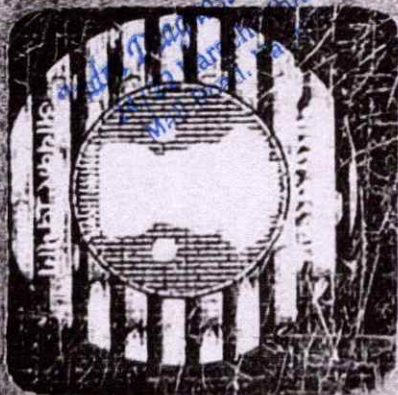
DHARMENDRA SINGH PARIHAR

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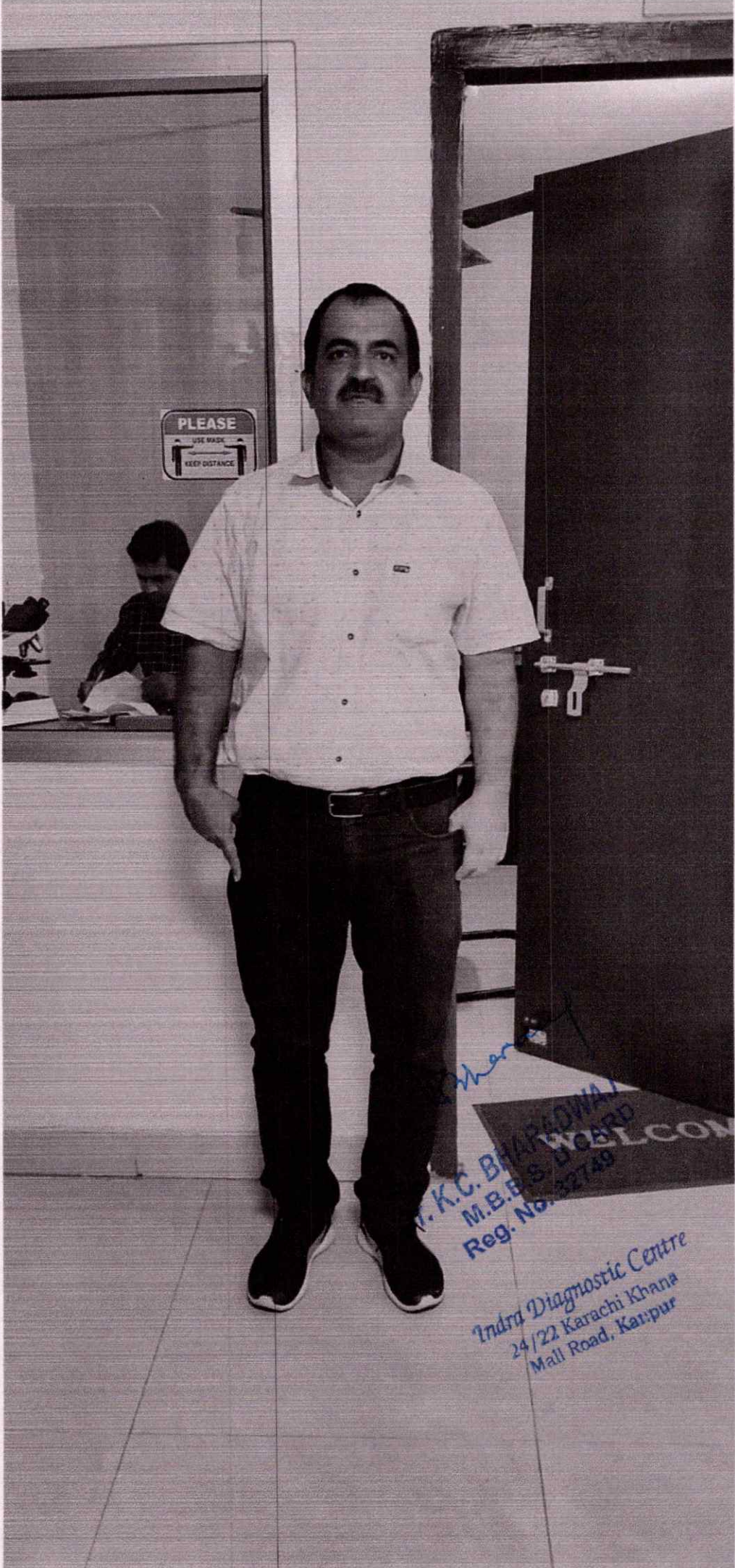
20/11/1974

Handwritten signature

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



Handwritten signature and number 8819558048



PLEASE
USE MASK
KEEP DISTANCE

W. K. C. BHARADWAJ
M.B.B.S. D.C.B.D
Reg. No. 32749

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

INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Since 1991



Patient Name	: Mr.DHARMENDRA SINGH PARIHAR - BOBE3	Registered On	: 02/Oct/2021 09:32:24
Age/Gender	: 46 Y 10 M 12 D /M	Collected	: 02/Oct/2021 12:33:30
UHID/MR NO	: IKNP.0000014757	Received	: 03/Oct/2021 10:37:26
Visit ID	: IKNP0049352122	Reported	: 03/Oct/2021 13:26:30
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
Blood Group (ABO & Rh typing) ** , Blood				
Blood Group	A			
Rh (Anti-D)	POSITIVE			
COMPLETE BLOOD COUNT (CBC) ** , Blood				
Haemoglobin	14.40	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	61.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	5.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
ESR				
Observed	8.00	Mm for 1st hr.		
Corrected	2.00	Mm for 1st hr.	< 9	
PCV (HCT)	45.00	cc %	40-54	
Platelet count				
Platelet Count	2.1	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.00	fl	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	71.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.32	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	17.10	fl	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.66	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE



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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	98.60	fl	80-100	CALCULATED PARAMETER
MCH	31.00	pg	28-35	CALCULATED PARAMETER
MCHC	31.40	%	30-38	CALCULATED PARAMETER
RDW-CV	18.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	63.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,331.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	355.00	/cu mm	40-440	



Anupam

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



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Age/Gender	: 46 Y 10 M 12 D /M	Collected	: 02/Oct/2021 16:24:00
UHID/MR NO	: IKNP.0000014757	Received	: 02/Oct/2021 16:28:00
Visit ID	: IKNP0049352122	Reported	: 02/Oct/2021 16:57:35
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
Glucose Fasting Sample:Plasma	93.90	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 Sample:Plasma After Meal	101.70	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.
- I.G.T = Impaired Glucose Tolerance.



Dr. Seema Nagar(MD Path)



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UHID/MR NO	: IKNP.0000014757	Received	: 03/Oct/2021 13:27:05
Visit ID	: IKNP0049352122	Reported	: 03/Oct/2021 16:13:39
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
GLYCOSYLATED HAEMOGLOBIN (HbA1c) **, EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	6.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	46.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	137	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 mngement.

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 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.



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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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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.

Chandan



Anupam

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



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Visit ID	: IKNP0049352122	Reported	: 02/Oct/2021 13:27:06
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	9.60	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.95	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	5.45	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	41.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	60.90	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	59.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	8.62	gm/dl	6.2-8.0	BIRUET
Albumin	4.40	gm/dl	3.8-5.4	B.C.G.
Globulin	4.22	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.04		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	119.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.49	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.16	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.33	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	213.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	136	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	29.72	mg/dl	10-33	CALCULATED
Triglycerides	148.60	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP



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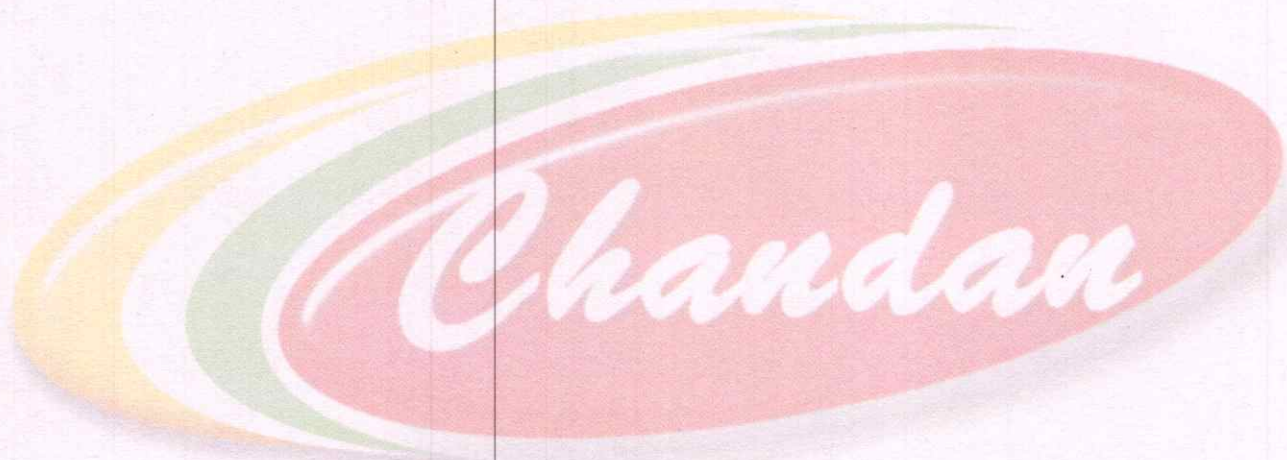
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High
>500 Very High



Dr. Seema Nagar(MD Path)



INDRA DIAGNOSTIC CENTRE

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Since 1991



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Age/Gender	: 46 Y 10 M 12 D /M	Collected	: 02/Oct/2021 12:33:30
UHID/MR NO	: IKNP.0000014757	Received	: 03/Oct/2021 10:53:57
Visit ID	: IKNP0049352122	Reported	: 03/Oct/2021 13:19:36
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

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	PALE YELLOW			
Specific Gravity	1.020			
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			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	OCCASIONAL			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



Anupam

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



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Age/Gender	: 46 Y 10 M 12 D /M	Collected	: 03/Oct/2021 13:46:30
UHID/MR NO	: IKNP.0000014757	Received	: 04/Oct/2021 09:34:45
Visit ID	: IKNP0049352122	Reported	: 04/Oct/2021 12:58:05
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

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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STOOL, ROUTINE EXAMINATION **, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic (6.5)
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



Anupam Singh

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Visit ID	: IKNP0049352122	Reported	: 02/Oct/2021 16:10:38
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)	130.60	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.56	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	5.91	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.



Dr. Seema Nagar(MD Path)



INDRA DIAGNOSTIC CENTRE

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Age/Gender	: 46 Y 10 M 12 D /M	Collected	: N/A
UHID/MR NO	: IKNP.0000014757	Received	: N/A
Visit ID	: IKNP0049352122	Reported	: 02/Oct/2021 12:27:55
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 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 : NORMAL SKIAGRAM

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

SUGAR, FASTING STAGE, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Roy

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 Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

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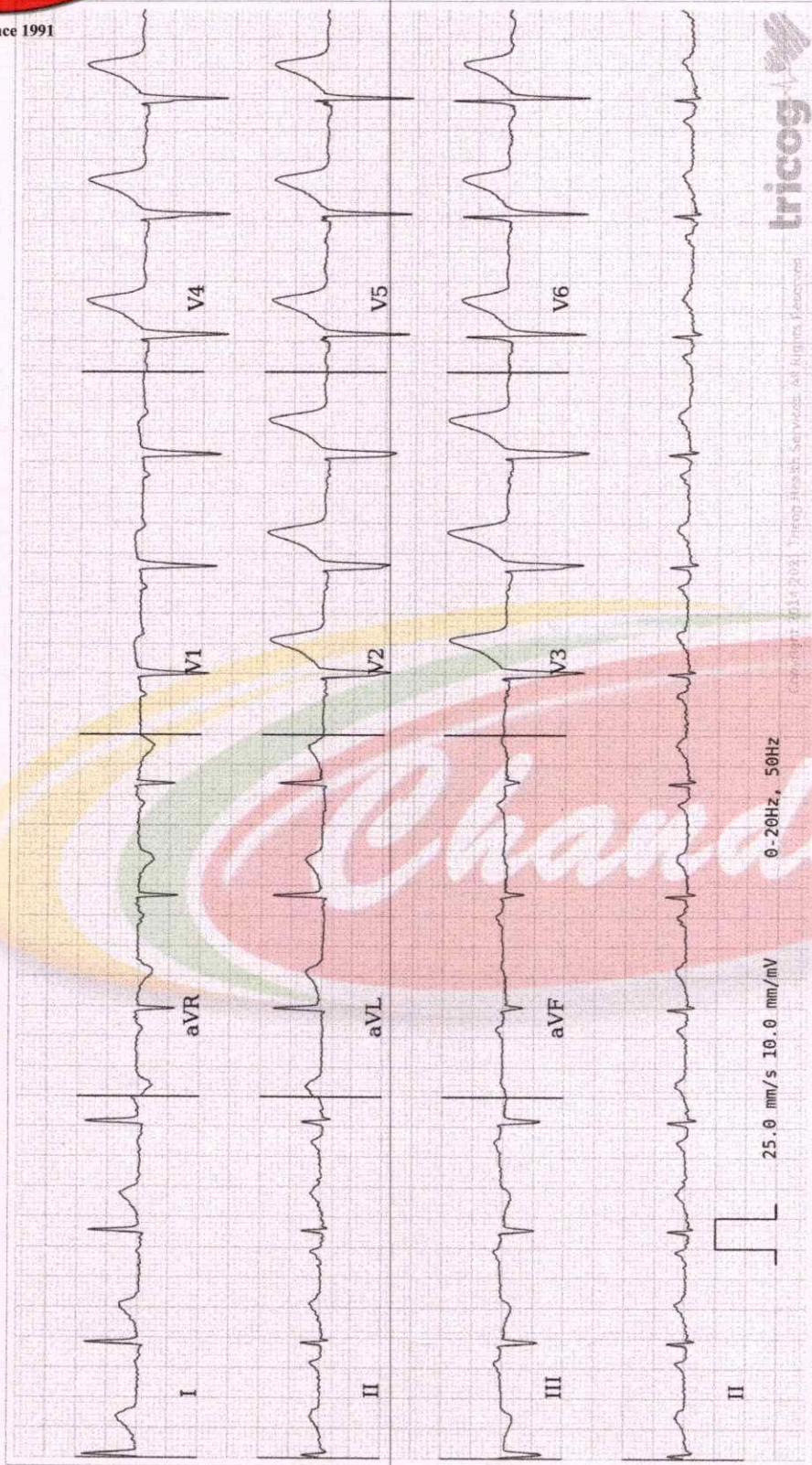


Age / Gender: 46/Male
Patient ID: IKNP0049352122
Patient Name: DHARMENDRA SINGH PARIHAR - BOBE3835

Date and Time: 2nd Oct 21 10:02 AM



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Sinus Rhythm, Normal Axis. Poor "R" wave progression in anterior leads. Please correlate clinically.

AUTHORIZED BY

Dr. Charit MD, DM: Cardiology 63382

REPORTED BY

Dr. Prashant Valecha 12-45260

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



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