

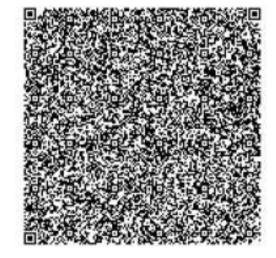


ભારત સરકાર Government of India

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ Unique Identification Authority of India

ਗਮਾਂਤਰ ਤਮ સંખ્યા/ Enrolment No.: 0840/25004/03783

To સંદીપ વિનેદકુમાર પટેલ Sandip Vinodkumar Patel S/O Patel Vinodkumar 4-16-39 Bhatthi No Madh Salvi Vado Patan (Town) Patan Gujarat - 384265 9727192009



તમારો <mark>આધાર</mark> નંબર / Your Aadhaar No. :

9510 3287 5787 VID: 9112 5790 2026 9611

મારો આધાર, મારી ઓળખ



ssue Date: 15/12/2013

Government of India





સંદીપ વિનોદકુમાર પટેલ Sandip Vinodkumar Patel ਪਾਰਸ ਗ਼ਣੀਯ/DOB: 20/04/1986 you/ MALE

9510 3287 5787 VID: 9112 5790 2026 9611

મારો આધાર, મારી ઓળખ







निर्देश

- આધાર ઓળખાણનું પ્રમાણ છે. નાગરીકતાનું નિહેં
- ઓળખ યકાસવા માટે સુરક્ષિત QR કોડ/ઑફલાઈન XML/ ઓનલાઇન પ્રમાણીકરણનો ઉપયોગ કરવો.
- આ ઈલેક્ટ્રોનિક પ્રક્રિયા દ્વારા બનાવેલા દસ્તાવેજ છે.

INFORMATION

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- This is electronically generated letter.
 - આધાર સમગ્ર દેશમાં માન્ય છે.
 - આધાર તમને વિવિધ સરકારી અને બિન-સરકારી સેવાઓને સરળતાથી મેળવવામાં મદદ કરે છે.
 - તમારા મોબાઈલ નંબર અને ઈમેઇલ આઈડીને આધારમાં અપડેટ કરો.
 - તમારા સ્માર્ટ ફોનમાં આધાર રાખો એમઆધાર એપ્લિકેશનનો ઉપયોગ કરો.
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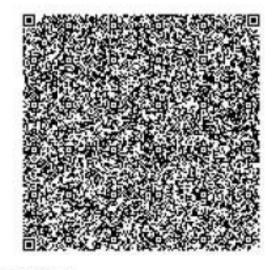
ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ Unique Identification Authority of India



S/O પટેલ વિનોદકુમાર, 4-16-39, ભઠીનો માઢ, સાલવી વાડો, પાટણ, પાટણ, ગુજરાત - 384265

Address:

S/O Patel Vinodkumar, 4-16-39, Bhatthi No Madh, Salvi Vado, Patan (Town), Patan, Gujarat - 384265



9510 3287 5787

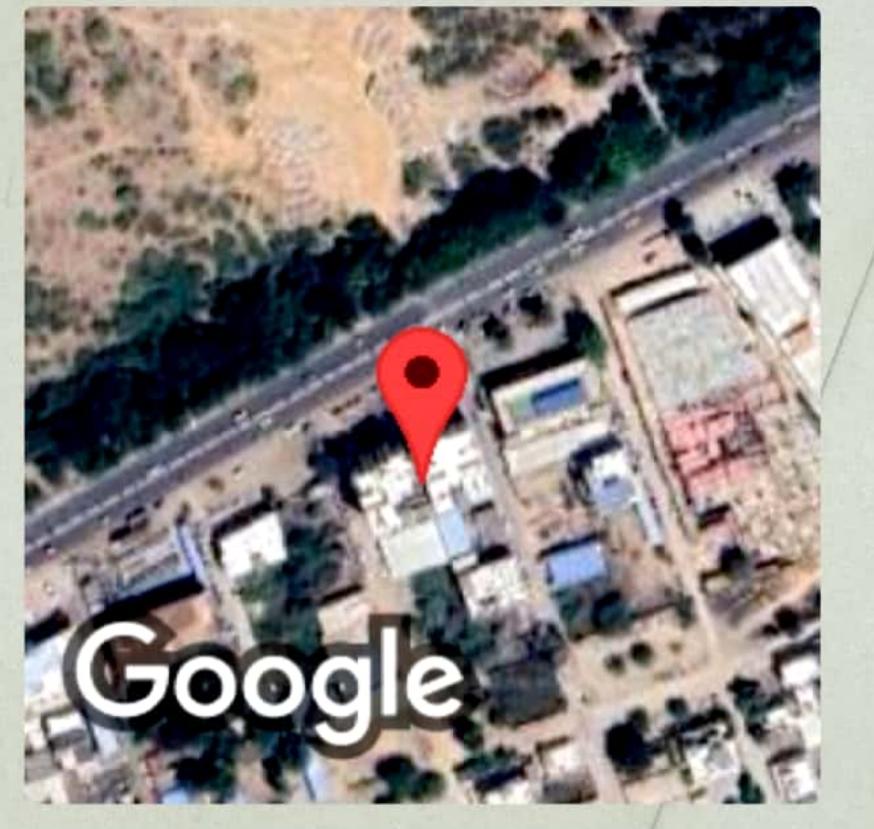
VID: 9112 5790 2026 9611





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Bhuj, Gujarat, India 1041A, Jadavji Nagar, Bhuj, Gujarat 370020, India Lat 23.23511°

Long 69.650452°

29/04/24 09:42 AM GMT +05:30





LAB DIVISION

| Patient ID | 1224161 | Collected On | 29/04/2024 09:39:00 |
|--------------|-------------------------------|--------------|---------------------|
| Patient Name | Mr. SANDIP VINODKUMAR PATEL | Received On | 29/04/2024 09:39:01 |
| Gender / Age | Male / 38 Yrs 10 Days | Released On | 29/04/2024 12:58:36 |
| Refd. By | | Printed On | 29/04/2024 14:11:46 |
| Client | Apollo Health & Lifestyle Ltd | | |

Investigation Value Unit Biological Ref. Range

HAEMATOLOGY

Blood group Gel Technique

"B" Positive

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.



Dr. Arun Kumar MBBS, MD (Pathology) Consultant Pathologist

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LAB DIVISION

| I | | | |
|--------------|-------------------------------|--------------|---------------------|
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| Refd. By | | Printed On | 29/04/2024 14:11:52 |
| Client | Apollo Health & Lifestyle Ltd | | |

Investigation Value Unit Biological Ref. Range

BIOCHEMISTRY

Glucose (Fasting) 102.00 mg/dL 70.00 - 115.00

| Fasting Plasma Glucose (mg/dl) | 2 hr plasma Glucose (mg/dl) Post Glucose load | Diagnosis |
|--------------------------------|--|--------------------|
| 99 or below | 139 or below | Normal |
| 100 to 125 | 140 to 199 | Pre-Diabetes (IGT) |
| 126 or above | 200 or above | Diabetes |



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LAB DIVISION

| 1 | | | |
|--------------|-------------------------------|--------------|---------------------|
| Patient ID | 1224161 | Collected On | 29/04/2024 09:39:00 |
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| Gender / Age | Male / 38 Yrs 10 Days | Released On | 29/04/2024 12:58:36 |
| Refd. By | | Printed On | 29/04/2024 14:11:57 |
| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | V alue | Unit | Biological Ref. Range |
|-------------------------|---------------|-------|---|
| T. Cholesterol CHOD-PAP | 192.00 | mg/dL | Desirable < 200 Borderline 200 - 239 High Risk >= 240 |

Cholesterol level is determined by lipid metabolism, which is in turn influenced by heredity, diet, and liver, kidney, thyroid, and other endocrine organ functions.

Increased in - : Primary disorders: polygenic hypercholesterolemia, familial hypercholesterolemia (deficiency of LDL receptors), familia combined hyperlipidemia, familial dysbetalipoproteinemia.

: Secondary disorders: hypothyroidism, uncontrolled diabetes mellitus, nephrotic syndrome, biliary

obstruction,

anorexia nervosa, hepatocellular carcinoma, Cushing syndrome, acute intermittent porphyria.

: Drugs: corticosteroids.

Decreased in - Severe liver disease (acute hepatitis, cirrhosis, malignancy), hyperthyroidism, severe acute or chronic illness, malnutrition, malabsorption (eg, HIV), extensive burns, familial (Gaucher disease, Tangier disease), abetalipoproteinemia,

intestinallymphangiectasia.



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| Gender / Age | Male / 38 Yrs 10 Days | Released On | 29/04/2024 12:58:36 |
| Refd. By | | Printed On | 29/04/2024 14:12:01 |
| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | V alue | Unit | Biological Ref. Range |
|--|---------------|------|-----------------------|
| Gultamic Pyruvic Transaminase (SGPT, ALT) | 11.00 | U/L | 0.00 - 41.00 |

* Present in large concentrations in liver, kidney; in smaller amounts, in skeletal muscle and heart.

* Released with tissue damage, particularly liver injury. ALT is the preferred enzyme for evaluation of liver injury.

Increased in: Acute viral hepatitis (ALT > AST)

: Biliary tract obstruction (cholangitis, choledocholithiasis)

: Alcoholic hepatitis and cirrhosis (AST > ALT)

: Other conditions - liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart

failure,

ischemia or hypoxia, injury to liver ("shock liver"), extensive trauma. Drugs that cause cholestasis or

hepatotoxicity.

Decreased in: Pyridoxine (vitamin B₆) deficiency.



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| Gender / Age | Male / 38 Yrs 10 Days | Released On | 29/04/2024 12:58:36 |
| Refd. By | | Printed On | 29/04/2024 14:12:05 |
| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | V alue | Unit | Biological Ref. Range |
|-----------------------------|---------------|-------|-----------------------|
| Creatinine Modified jaffe's | 0.98 | mg/dL | 0.70 - 1.30 |

Endogenous creatinine is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR) For each 50% reduction in GFR, serum creatinine approximately

doubles.

Increased in: Acute or chronic renal failure, urinary tract obstruction, nephrotoxic drugs, hypothyroidism.

Decreased in: Reduced muscle mass.

Note

- * Serum creatinine levels frequently do not reflect decreased renal function because creatinine production rate is decreased with reduced lean body mass.
- * Increased intravascular volume and increased volume of distribution associated with anasarca may also mask decreased renal

function by reducing serum creatinine levels.

- * Patients with diabetic ketoacidosis may have spuriously elevated creatinine.
- * Cephalosporins may spuriously increase or decrease creatinine levels.
- * Increased bilirubin may spuriously decrease creatinine.



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| Gender / Age | Male / 38 Yrs 10 Days | Released On | 29/04/2024 12:58:36 |
| Refd. By | | Printed On | 29/04/2024 14:12:08 |
| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | V alue | Unit | Biological Ref. Range |
|----------------------------|---------------|-------|-----------------------|
| Urea, Serum Urease | 20.00 | mg/dL | 13.00 - 43.00 |
| Blood Urea Nitrogen Urease | 9.35 | mg/dL | 7.00 - 21.00 |



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LAB DIVISION

29/04/2024 09:39:00 Patient ID 1224161 Collected On Received On 29/04/2024 09:39:01 Patient Name Mr. SANDIP VINODKUMAR PATEL 29/04/2024 12:58:36 Released On Gender / Age Male / 38 Yrs 10 Days 29/04/2024 14:12:11 Refd. By Printed On

Value Biological Ref. Range Investigation Unit

Urine Examination (Routine)

Physical Examination

Client

Volume 30 mL

Colour PALE YELLOW

Apollo Health & Lifestyle Ltd

Appearance Clear Clear pH Acidic 5.0 Specific Gravity 1.010 1.001-1.035

Chemical Examination

Urine Protein Nil Nil Urine Glucose Nil Nil

Ketone Negative Negative Nitrite Negative Negative Blood

Nil Nil Urobilinogen Not Increased Not Increased

Bilirubin Nil Nil Leukocyte esterase NIL NIL

Microscopic Examination.

Red Blood Cells Nil /hpf Nil Pus Cells (WBC) 1-2 /hpf NIL Epithelial Cells 0-1 /hpf Nil Casts Nil /hpf Nil Crystals Nil Nil Bacteria Nil Nil Yeast Cell Nil Nil Mucous Nil Nil Trichomonas Nil Nil Amorphous Material Nil Nil



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LAB DIVISION

29/04/2024 09:39:00 Patient ID Collected On 1224161 29/04/2024 09:39:01 Received On Patient Name Mr. SANDIP VINODKUMAR PATEL 29/04/2024 12:58:36 Released On Gender / Age Male / 38 Yrs 10 Days 29/04/2024 14:12:19 Refd. By Printed On

Biological Ref. Range Value Investigation Unit

STOOL Routine Examination

Physical Examination.

Client

Colour **BROWN** Form & Consistency SOLID Mucus **NOT DETECTED**

Apollo Health & Lifestyle Ltd

NOT DETECTED Blood ABSENT ABSENT Reducing Sugar **NEGATIVE NEGATIVE**

Chemical Examination.

Reaction **ALKALINE** ALKALINE Occult Blood **NOT DETECTED NOT DETECTED**

Microscopic Examination.

Red Blood Cells /hpf NIL NOT DETECTED /hpf Pus Cells NIL FEW **NOT DETECTED** Cysts NOT DETECTED Entamoeba Histolitica NIL NIL Entamoeba Coli ABSENT ABSENT Tricomonas Hominis NIL NIL Ova NOT DETECTED NOT DETECTED Yeast NIL NILParasite ABSENT ABSENT ABSENT ABSENT Larvae



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| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | V alue | Unit | Biological Ref. Range |
|---|---------------|----------------|-----------------------|
| Complete Blood Count+ESR | | | |
| Complete Blood Count | | | |
| Hemoglobin (Hb) Cynmeth Photometric Measurement | 13.3 | gm/dL | 13.0 - 17.0 |
| Erythrocyte RBC Count Electrical Impedance | 4.58 | millions/cu.mm | 4.50 - 5.50 |
| PCV/HCT Electrical Impedance | 40.7 | % | 40.0 - 50.0 |
| Mean Cell Volume (MCV) Electrical Impedance | 88.7 | fL | 80.0 - 100.0 |
| Mean Cell Haemoglobin (MCH) Electrical Impedance | 28.9 | pg | 27.0 - 32.0 |
| Mean Corpuscular Hb Concn. (MCHC) Electrical Impedance | 32.6 | gm/dL | 32.0 - 35.0 |
| Red Cell Distribution Width (RDW-CV) Electrical Impedance | 12.9 | % | 11.5 - 15.0 |
| Total Leukocyte Count (TLC) Electrical Impedance | 4.5 | X10^3/uL | 4.0 - 11.0 |
| Differential Leukocyte Count (DLC) | | | |
| Neutrophils Microscopy | 55 | % | 40 - 80 |
| Lymphocytes | 38 | % | 20 - 40 |
| Eosinophils Microscopy | 02 | % | 01 - 06 |
| Monocytes Microscopy | 05 | % | 02 - 08 |
| Basophils Microscopy | 00 | % | 00 - 02 |
| Platelet Count Electrical Impedance, Calculated | 236 | x10^3/uL | 150 - 450 |



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| Client | Apollo Health & Lifestyle Ltd | | |

| Investigation | V alue | Unit | Biological Ref. Range |
|---|---------------|-----------|-----------------------|
| Erythrocyte Sedimentation Rate (ESR) Westergren's | 10 | mm in 1hr | 00 - 15 |

*** End of Report ***



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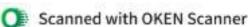
MER- MEDICAL EXAMINATION REPORT

| Date of Examination | 29 | 04 2024 | |
|--|-------------------------|---|---------------|
| NAME | Sandip Vinodkuman Patel | | |
| AGE | 36 7 | Gender | Hule |
| HEIGHT(cm) | 181 cm | WEIGHT (kg) | |
| B.P. | | ; Pulse: | |
| ECG | _ | - | |
| X Ray | Non | nal | |
| Vision Checkup | Far Vision R | : No Colown V atio : 6/6 Ratio : 10/6 | isión defecte |
| Present Ailments | | | |
| Details of Past ailments (If Any) | - | | |
| Comments / Advice : She /He is Physically Fit | F17 | | |

Dr. Nausheenbanu Khatri M.B.B.S.

Reg. No.: G-68808

Signature with Stamp of Medical Examiner





CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

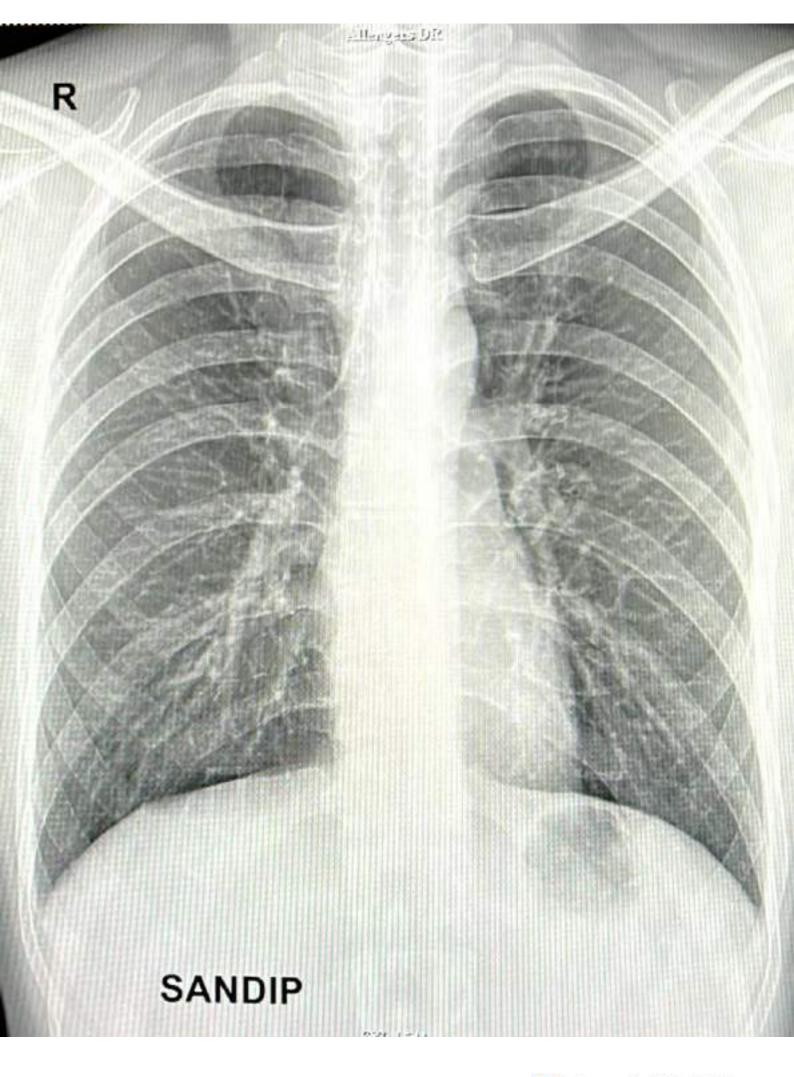
| of Sundip | Vinadkyman | Patel | on 29 | 04/2024 |
|-----------|------------|--|-------|---------|
| | | The State of the S | | - |

After reviewing the medical history and on clinical examination it has been found that he/she is

| Medically Fit | | ţ |
|--|---|---|
| Fit with restrictions/recomm | nendations | + |
| Though following restriction not impediments to the job. | ns have been revealed, in my opinion, these are | |
| 1 | | |
| 2 | | |
| | *************************************** | |
| However, the employee sho been communicated to him/ | uld follow the advice/medication that has her. | |
| Review after | | |
| Currently Unfit. | | + |
| Review after | recommended | |
| | | |

Dr. Medical Office heenbanu Khatri
The Apollo Clinic (Bhui)
Reg. No.: G-68808

This certificate is not meant for medico-legal purposes







LAB DIVISION

Patient ID 1224161 Collected On Received On Patient Name Mr. SANDIP VINODKUMAR PATEL Gender / Age Male / 38 Yrs 10 Days Released On

Refd. By

Client Apollo Health & Lifestyle Ltd 29/04/2024 14:11:41

Printed On

29/04/2024 14:12:26

X-RAY CHEST PA VIEW

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragmappear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.



Dr. Dheeraj Bhagat MBBS, MD Consultant Radiologist.

These report are more deliberary and are belief to viery I Change or different premiums in different sebandames.
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