

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	SOMYA GAUR
जन्म की तारीख	04-08-1990
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	28-10-2023
बुकिंग संदर्भ सं.	23D200184100072224S ✓
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. KARNATAK AKSHAY
कर्मचारी की क.कू.संख्या	200184
कर्मचारी का पद	CREDIT
कर्मचारी के कार्य का स्थान	SME BRANCH NEW DELHI
कर्मचारी के जन्म की तारीख	07-06-1991

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 13-10-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

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	SOMYA GAUR
DATE OF BIRTH	04-08-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-10-2023
BOOKING REFERENCE NO.	23D200184100072224S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KARNATAK AKSHAY
EMPLOYEE EC NO.	200184
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	SME BRANCH NEW DELHI
EMPLOYEE BIRTHDATE	07-06-1991

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 **13-10-2023** 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))

**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

आयकर विभाग

INCOME TAX DEPARTMENT

SOMYA GAUR

RAJ VARDHAN GAUR

04/08/1990

PERSONAL ACCOUNT

BSLP64583G

Signature

*Somya Gaur*



भारत सरकार

GOVT. OF INDIA



*Somya Gaur*







**LABORATORY REPORT**

Name : MRS SOMYA GAUR Age : 33 Yr(s) Sex :Female  
 Registration No : MH011443334 Lab No : 202310005668  
 Patient Episode : H18000001384 Collection Date : 28 Oct 2023 12:11  
 Referred By : HEALTH CHECK MGD Reporting Date : 28 Oct 2023 16:00  
 Receiving Date : 28 Oct 2023 12:11

**HAEMATOTOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDENCE)	3.52 #	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.9 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	36.5	%	[36.0-46.0]
MCV (DERIVED)	103.7 #	fL	[83.0-101.0]
MCH (CALCULATED)	33.8 #	pg	[25.0-32.0]
MCHC (CALCULATED)	32.6	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.3	%	[11.6-14.0]
Platelet count	170	x 10 <sup>3</sup> cells/cumm	[150-410]
Method: Electrical Impedance			
MPV (DERIVED)	11.7		
WBC COUNT(TC) (IMPEDENCE)	9.11	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	78.0	%	[40.0-80.0]
<b>Lymphocytes</b>	<b>16.0 #</b>	%	<b>[20.0-40.0]</b>
Monocytes	6.0	%	[2.0-10.0]
<b>Eosinophils</b>	<b>0.0 #</b>	%	<b>[1.0-6.0]</b>
Basophils	0.0	%	[0.0-2.0]
ESR	22.0 #	mm/1sthour	[0.0-



**LABORATORY REPORT**

**Name** : MRS SOMYA GAUR **Age** : 33 Yr(s) Sex :Female  
**Registration No** : MH011443334 **Lab No** : 202310005668  
**Patient Episode** : H18000001384 **Collection Date** : 28 Oct 2023 12:11  
**Referred By** : HEALTH CHECK MGD **Reporting Date** : 28 Oct 2023 16:30  
**Receiving Date** : 28 Oct 2023 12:11

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>Glycosylated Hemoglobin</b> Specimen: EDTA HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.4	%	[0.0-5.6]
As per American Diabetes Association (ADA) HbA1c in % Non diabetic adults >= 18years <5.7 Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	108	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

**ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine**

**MACROSCOPIC DESCRIPTION**

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

**CHEMICAL EXAMINATION**

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)



**LABORATORY REPORT**

Name : MRS SOMYA GAUR  
Registration No : MH011443334  
Patient Episode : H18000001384  
Referred By : HEALTH CHECK MGD  
Receiving Date : 28 Oct 2023 12:14

Age : 33 Yr(s) Sex :Female  
Lab No : 202310005668  
Collection Date : 28 Oct 2023 12:14  
Reporting Date : 28 Oct 2023 17:30

**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION (Automated/Manual)**

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	0-1/hpf	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

**KIDNEY PROFILE**

Specimen: Serum			
<b>UREA</b>	13.0 #	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
<b>BUN, BLOOD UREA NITROGEN</b>	6.1 #	mg/dl	[8.0-20.0]
Method: Calculated			
<b>CREATININE, SERUM</b>	0.48 #	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
<b>URIC ACID</b>	2.9 #	mg/dl	[4.0-8.5]
Method:uricase PAP			

<b>SODIUM, SERUM</b>	135.80 #	mmol/L	[136.00-144.00]
<b>POTASSIUM, SERUM</b>	3.78	mmol/L	[3.60-5.10]
<b>SERUM CHLORIDE</b>	106.3	mmol/L	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	129.3	ml/min/1.73sq.m	[>60.0]
Technical Note			

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.



**LABORATORY REPORT**

Name : MRS SOMYA GAUR Age : 33 Yr(s) Sex :Female  
 Registration No : MH011443334 Lab No : 202310005668  
 Patient Episode : H18000001384 Collection Date : 28 Oct 2023 12:14  
 Referred By : HEALTH CHECK MGD Reporting Date : 28 Oct 2023 15:11  
 Receiving Date : 28 Oct 2023 12:14

**BIOCHEMISTRY**

**TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL**  
 eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

**LIVER FUNCTION TEST**

<b>BILIRUBIN - TOTAL</b> Method: D P D	0.26 #	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.03	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.23	mg/dl	[0.10-0.90]
<b>TOTAL PROTEINS (SERUM)</b> Method: BIURET	5.80 #	gm/dl	[6.60-8.70]
<b>ALBUMIN (SERUM)</b> Method: BCG	3.30 #	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.50	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.32		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	18.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	16.60	U/L	[14.00-54.00]
<b>Serum Alkaline Phosphatase</b> Method: AMP BUFFER IFCC)	99.0 #	IU/L	[32.0-91.0]





**LABORATORY REPORT**

Name : MRS SOMYA GAUR Age : 33 Yr(s) Sex :Female  
Registration No : MH011443334 Lab No : 202310005668  
Patient Episode : H18000001384 Collection Date : 28 Oct 2023 12:14  
Referred By : HEALTH CHECK MGD Reporting Date : 28 Oct 2023 15:11  
Receiving Date : 28 Oct 2023 12:14

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	8.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

**Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood**

**Blood Group & Rh typing B Rh(D) Positive**

**Technical note:**

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 5 of 6

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist



**LABORATORY REPORT**

Name : MRS SOMYA GAUR  
Registration No : MH011443334  
Patient Episode : H18000001384  
Referred By : HEALTH CHECK MGD  
Receiving Date : 28 Oct 2023 12:10

Age : 33 Yr(s) Sex :Female  
Lab No : 202310005670  
Collection Date : 28 Oct 2023 12:10  
Reporting Date : 28 Oct 2023 15:11

**BIOCHEMISTRY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b> Specimen:Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	102.0	mg/dl	[80.0-140.0]

Note:  
Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

**NOTE:**

# - Abnormal Values

-----END OF REPORT-----

**Dr. Alka Dixit Vats**  
Consultant Pathologist