



भारत सरकार

Government of India



Issue Date: 28/04/2015



आशीष कुमार

Ashish Kumar

जन्म तिथि / DOB : 04/08/1996

पुरुष / Male




आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

9451 7515 7258



मेरा आधार, मेरी पहचान



 **GPS Map Camera**

Varanasi, Uttar Pradesh, India

D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi,
Uttar Pradesh 221010, India

Lat 25.305373°

Long 82.979019°

02/09/23 10:23 AM GMT +05:30

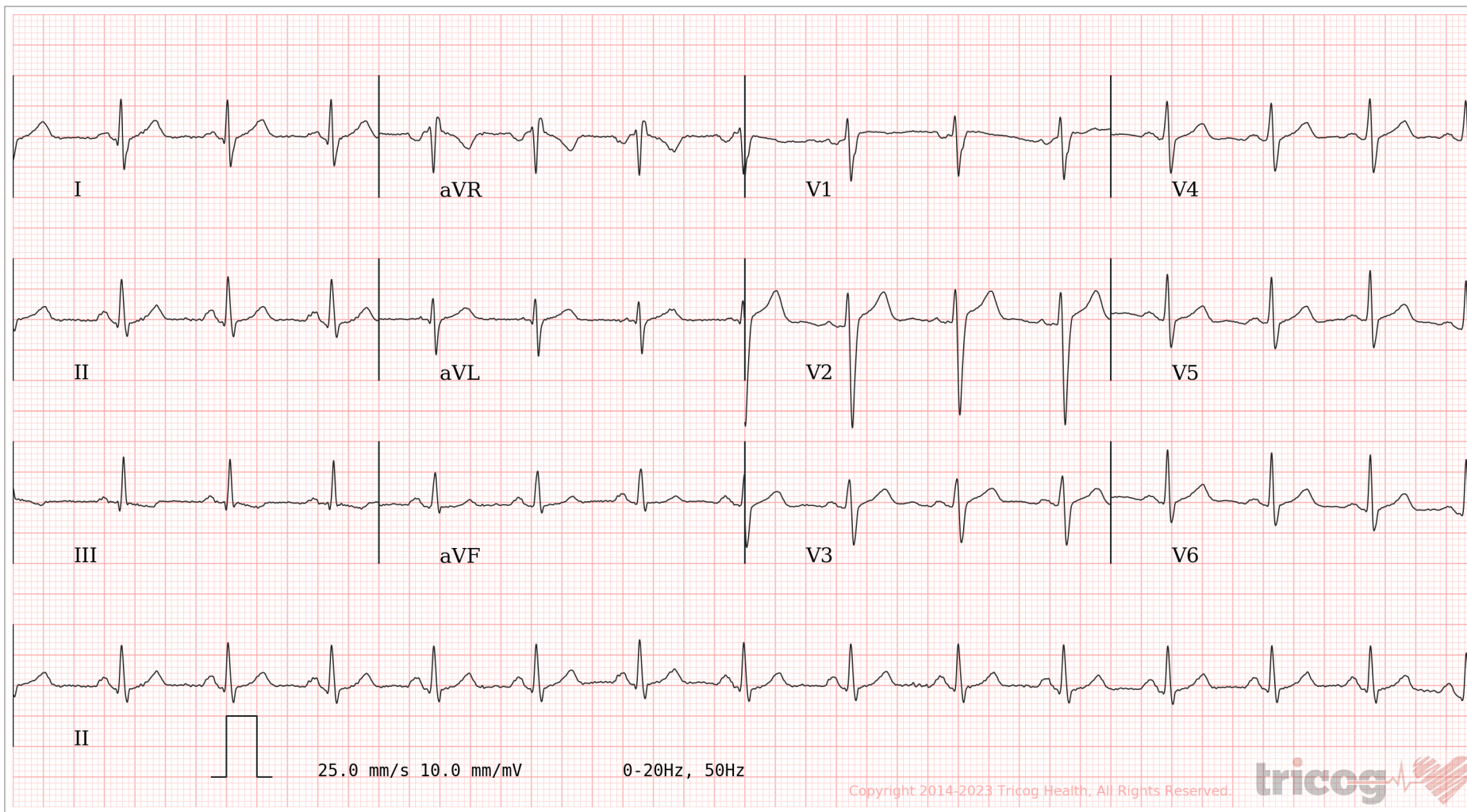
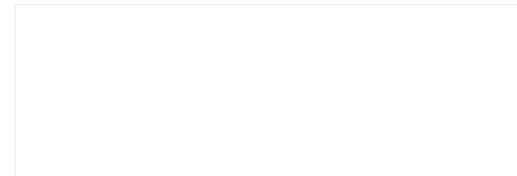


Chandan Diagnostic



Age / Gender: 27/Male
Patient ID: CVAR0043802324
Patient Name: Mr.ASHISH KUMAR - 398605

Date and Time: 2nd Sep 23 10:53 AM



AR: 88bpm VR: 88bpm QRSD: 96ms QT: 350ms QTcB: 423ms PRI: 138ms P-R-T: 53° 83° 19°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Velmurugan. J

122015

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.



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR - 398605	Registered On	: 02/Sep/2023 09:10:17
Age/Gender	: 27 Y 0 M 0 D /M	Collected	: 02/Sep/2023 11:53:59
UHID/MR NO	: CVAR.0000040780	Received	: 02/Sep/2023 12:02:09
Visit ID	: CVAR0043802324	Reported	: 02/Sep/2023 14:13:00
Ref Doctor	: Dr. QUANTUM CORP HEALTH VNS -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

QUANTUM PACKAGE - 13

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) * , Whole Blood

Haemoglobin	15.60	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC) DLC	9,600.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
ESR				
Observed	10.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	<9	
PCV (HCT)	44.90	%	40-54	
Platelet count				
Platelet Count	2.28	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE





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DEPARTMENT OF HAEMATOLOGY

QUANTUM PACKAGE - 13

Test Name	Result	Unit	Bio. Ref. Interval	Method
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.64	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	96.80	fL	80-100	CALCULATED PARAMETER
MCH	33.70	pg	28-35	CALCULATED PARAMETER
MCHC	34.90	%	30-38	CALCULATED PARAMETER
RDW-CV	14.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	54.10	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	10,140.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	302.00	/cu mm	40-440	

S.N. Sinha

Dr.S.N. Sinha (MD Path)





CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR - 398605	Registered On	: 02/Sep/2023 09:10:19
Age/Gender	: 27 Y 0 M 0 D /M	Collected	: 02/Sep/2023 11:53:58
UHID/MR NO	: CVAR.0000040780	Received	: 02/Sep/2023 12:02:09
Visit ID	: CVAR0043802324	Reported	: 02/Sep/2023 13:53:48
Ref Doctor	: Dr. QUANTUM CORP HEALTH VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

QUANTUM PACKAGE - 13

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	100.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 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.

Glucose PP Sample:Plasma After Meal	134.00	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.

BUN (Blood Urea Nitrogen) Sample:Serum	9.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	0.90	mg/dl	Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Bilirubin (Total) Sample:Serum	1.20	mg/dl	0.3-1.2	JENDRASSIK & GROF
SGOT / Aspartate Aminotransferase (AST) Sample:Serum	30.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT) Sample:Serum	44.60	U/L	< 40	IFCC WITHOUT P5P





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DEPARTMENT OF BIOCHEMISTRY

QUANTUM PACKAGE - 13

Test Name	Result	Unit	Bio. Ref. Interval	Method
Cholesterol (Total) Sample:Serum	175.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol) Sample:Serum	50.70	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol) Sample:Serum	93	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
Triglycerides Sample:Serum	157.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP
Uric Acid Sample:Serum	8.90	mg/dl	3.4-7.0	URICASE

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Visit ID	: CVAR0043802324	Reported	: 02/Sep/2023 14:41:15
Ref Doctor	: Dr. QUANTUM CORP HEALTH VNS -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

QUANTUM PACKAGE - 13

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.5)			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	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

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Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-3500227
CIN : U85110DL2003PLC308206



Patient Name	: Mr.ASHISH KUMAR - 398605	Registered On	: 02/Sep/2023 09:10:17
Age/Gender	: 27 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000040780	Received	: N/A
Visit ID	: CVAR0043802324	Reported	: 02/Sep/2023 11:00:25
Ref Doctor	: Dr. QUANTUM CORP HEALTH VNS -	Status	: Final Report

DEPARTMENT OF X-RAY
QUANTUM PACKAGE - 13

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.


IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

*** End Of Report ***

Result/s to Follow:
STOOL R/M, GENERAL PHYSICAL EXAM, ECG / EKG




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 *
365 Days Open *Facilities Available at Select Location

Page 6 of 6



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018

Declaration Form

Name		Ashish Kumar	
Date of Birth	04-08-1996	Gender	Male
Marital status	<input checked="" type="checkbox"/> Single / <input type="checkbox"/> Married	Contact No	8005458175
1. Are you suffering from any active disease or any abnormal health condition, infectious/communicable disease, Heart disease, Diabetes, High blood pressure, Cancer, any other chronic disease/disorder, genetic disease or disorder ?			
NO			
2. In past did you had any major illness /disease, abnormal health condition,surgery/accident,fracture ,long term treatment/medication/hospitalization for any illness, Tuberculosis, Cancer, Cerebral vascular disease/disorder?			
NO			
3. Do you have any known allergic condition like-Drug allergy, Chronic skin allergy, respiratory allergy (e.g.-Asthma etc), Allergy with any chemicals, Dust, pollens etc.			
NO			
4. Do you have any physical disability/deficiency/deformity in body? (by birth or due to any disease/accidental injury)			
NO			
5. Do you have any mental health issues at present- like Anxiety, Depression, Psychosis, Sezophrenia etc.? Have you been ever treated for any mental illness/disorder, nervous disorder and other conditions as mentioned above in past.			
NO			
6. Do you have any family history of (Parents, Siblings/grandparents) -Heart disease, Brain stroke, Diabetes ,High Blood pressure ,Cancer, any genetic disease or disorder?			
NO			
7. Do you have any famaly history of any mental illness/disorders as mentioned in S.N.-5.			
NO			

had in past or present which is not mentioned in above questions.

9. Have you ever had any Surgery /operation or been advised for surgery?	NO
10. Have you ever been hospitalized?	NO
11. Do you have to get up more than once a night to pass urine?	NO
12. Have you been treated for kidney disease or kidney stone in the past?	NO
13. Are you currently taking any medication for any health issues or has been advised for taking any long term medication in past.	NO
14. Have you ever coughed up blood?	NO
15. Any history of epileptic seizure/ Vertigo /fear of height. If yes then the date of last seizure/episode	NO
16. FOR MEN ONLY - Have you ever been treated for prostate gland trouble?	NO
17. FOR WOMEN ONLY - Have you noticed any bleeding between menstrual periods?	NO
18. Are/were your periods irregular?	NO
19. Are you pregnant now?	NO
20. Have you had your change of life (menopause)? if so have you had any discharge or bleeding since your periods stopped?	NO
21. Are you taking birth control pills?	NO
22. Do you have a lump in your breast?	NO

If Answer to any of the above is "Yes", please furnish the details

None

- Declaration : 1. I the undersigned accept that all the information provided by me is true and the medical center or the company is not liable medicolegally for the same.
2. I agree to get my blood test done for HIV/ HBsAg antibodies.
3. I understand that my results/reports will be shared with the concerned HR. I the undersigned give my consent for the same.

Signature of Candidate

ASHISH

1. Height Cms	2. Weight Kg	3. Build		4. Pulse	5. Blood Pressure
		Normal	✓		
168	85	Under weight		97/106	118/80
		Over weight			

6. Visual Acuity Whether he/she falls in the category of visually impaired

Eye	Near Vision	Far Vision	Color Vision
Right	Normal	Normal	Normal
Left	Normal	Normal	Normal
7. General examination findings Including Skin:			
Normal			
8. Complete Blood Picture:			
Report Attached			
9. Urine Examination:			
Normal			
10. Diabetes Profile (if in Package):			
Normal			
11. Lipid / Kidney / Liver Profile (if in Package):			
Normal			

13. Cardiac Risk Profile(ECG/TMT/2D ECHO):

Report Attach

11

14. Incase of Females :

Last menstrual cycle date

Any evidence of pregnancy

Yes (If yes then duration)

11/11/11

No

FITNESS

Fit

Fit (✓)

Recommendations (If Any)

Test

When to DO

Reason

Advice / Medicine

no

Unfit with recommendation

Test

When to DO

Reasons

Advice / Medicine

no

Place

Varanasi

Date

2/9/23

Physician's Name, Qualification & Signature (With Stamp)

Changan Diagnostic Center
99, Shivaji Nagar, Mahnoorganj
Varanasi-221010 (U.P.)
Bhans No. 0542-2223232

Signature

Dr. R.C. ROY
MBBS, MD. (Radio Diagnosis)
Reg. No.-26918

I was not able to give the stool test. As
it was not possible for me.

Ashish
Ashish Kumar.
+91-8005458175

Chandan

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MBBS.,MD. (Radio Diagnosis)
Reg. No.-26918

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Phone No.:0542-2223232

