

आधार
भारत सरकार
Government of India

पता:
आत्मज: राम नंदन पासवान, वॉर्ड-19,
बासटोल काबिया, कबिया, बेगुसराई,
कबिया, बिहार, 851133

Address:
S/O: Ram Nandan Paswan,
ward-19, basutol kabia, Kabia,
Begusarai, Kabia, Bihar, 851133

संतोष कुमार
Santosh Kumar
जन्म तिथि / DOB : 30/05/1994
पुरुष / Male

4883 2028 8140


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1947
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आधार - आम आदमी का अधिकार



9534565041

Santosh Kumar

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 जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUMAR SANTOSH
क.कू.संख्या	108850
पदनाम	DAFTARY
कार्य का स्थान	PIPRADEWAS
जन्म की तारीख	30-05-1994
स्वास्थ्य जांच की प्रस्तावित तारीख	22-07-2023
बुकिंग संदर्भ सं.	23S108850100063494E

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 06-07-2023 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 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।)

MEDICAL EXAMINATION REPORT

Name SANTOSH KUMAR Gender M / F Date of Birth 30/05/1994
 Position Selected For Identification marks A scar @ over face

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 checked="" type="checkbox"/> High Blood Pressure |
| <input 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 checked="" type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input type="checkbox"/> Epilepsy | <input checked="" 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 NO

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) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 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

Date : 22/07/2021

Signature of Medical Adviser


Eye Examination Report

Candidate Name: SANTOSH KUMAR

Age/ Gender: 29 / M

Date: 22/07/23

SANTOSH KUMAR

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

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

AMAR JYOTI HOSPITAL

Doctor Signature: Dr. Chandra Shekhar Kumar

Doctor Stamp

M.B.B.S. MD (OPHTHALMOLOGY)

REG. No.- 41209

24/7/23

Santosh kr

Male

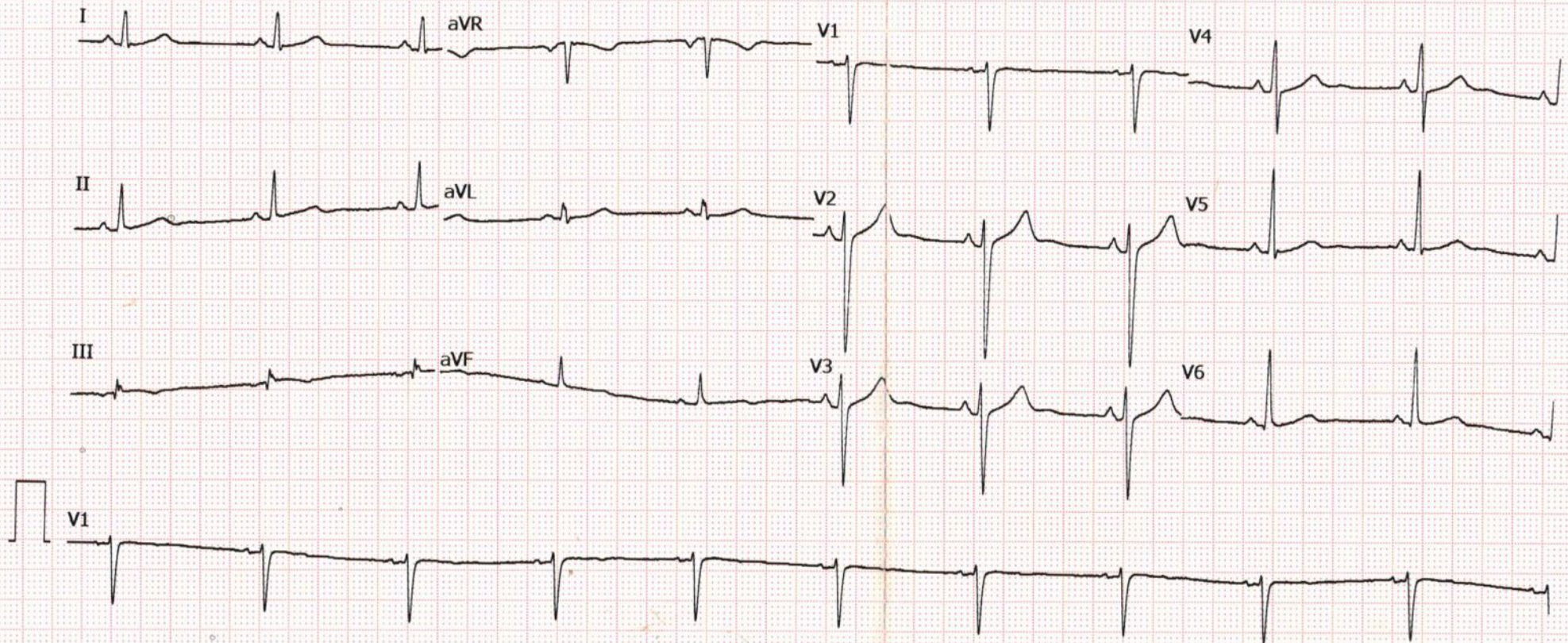
22.07.2023 10:28:25
Amar jyoti Hospital, Beusarai

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

Room:

62 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:
QRS : 86 ms
QT / QTcBaz : 404 / 410 ms
PR : 118 ms
P : 86 ms
RR / PP : 972 / 967 ms
P / QRS / T : 20 / 44 / 17 degrees
Normal sinus rhythm
Normal ECG



DR. SASHIBHUSHAN
M.D. Pathologist (BHU)
Reg. No. : 52264

MD. SHAHNAWAZ KHAN
B.M.L.T.
Reg. No. : BR1822

**JAMAR
JYOTI**
PATHOLAB



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

Call : 887770366, 8873831650

Patient Name:- SANTOSH KUMAR

Date:22/07/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:29Y

Haematological Test Report

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin :	13.7	gm %	12.5-16.4
WBC Count			
Total WBC Count :	9800	/cumm	4000-11000
Differential Count			
Neutrophil :	70	%	40-70
Lymphocyte :	27	%	20-40
Eosinophil :	02	%	01-09
Monocyte :	01	%	02-10
Basophil :	00	%	00-05
RBC Indices			
R.B.C.Count :	4.98	mil./cumm	3.9-5.6
Haematocrit (PCV) :	41.1	%	36-47
MCV :	82.6	fL	75-96
MCH :	27.5	pg	27-32
MCHC :	33.3	gm/dl	30-36
Platelet Indices			
Platelet Count :	1,58,000	/cumm	150000-400000
ESR :	14	mm/1 st hr.	00-15

*** End of report***



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.

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Patient Name:- SANTOSH KUMAR

Date:22/07/2023

Ref by Dr : AMAR JYOTI HOSPITAL

Sex M Age:29Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
B.Urea	28.0	mg/dl	17-45
S.Creatinine	1.3	mg/dl	0.6-1.4
S.Uric Acid	5.8	mg/dl	2.5-7.0
S.Sodium	142	m ml/L	135-155
S.Potassium	3.9	m ml/L	3.5-5.5
S.Chloride	98.0	meq/L	97-109
S.Calcium	8.2	mg%	8.5-10.5
Blood group Rh	'A' Positive		

End of report



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Date:22/07/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:29Y

LIVER FUNCTION TEST

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S.Bilirubin Total	1.3	mg/dl	up to 1.2
Conjugate	0.4	mg/dl	up to 0.4
Unconjugate	0.9	mg/dl	up to 0.8
SGPT	75.0	U/L	up to 40
SGOT	55.0	U/L	up to 38
Alkaline Phosphatase	141	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>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S.Triglyceride	110	mg%dL	10-170
Total Cholesterol	170	mg%dL	130-200
H.D.L.Cholesterol	42	mg%dL	40-75
L.D.H.Cholesterol	128	mg%dL	80-120
TC/HDL Cholesterol	4.04	Ratio	3.0-5.0
LDL/HDL	3.04	Ratio	1.5-3.5
V.L.D.L Cholesterol	22	mg%dL	07-30

*** End of report***



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Sex M Age:29Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
HbA1c(HPLC)	5.8	%	5.7-6.4
Average Blood Glucose(ABG):	107.6	mg/dL	90-120

End of report



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Sex M Age:29Y

BLOOD GLUCOSE EXAMINATION

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Fasting Blood Sugar	95.0	mg/dl	70-110
2Hrs After Lunch (PP)	109	mg/dl	80-140

End of report



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Date:22/07/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:29Y

Report on Blood Examination

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
T3, Total	1.81	ng/mL	0.80-2.00
T4, Total	8.29	ng/mL	4.87-13.72
TSH	2.39	μU/mL	0.35-4.94

End of report



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Patient Name:- SANTOSH KUMAR

Date:22/07/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:29Y

URINE REPORT

PHYSICAL EXAMINATION:

QUANTITY : 05ml

COLOUR : Straw

APPEARANCE: Hazy

PH : 6.0

DEPOSITS : Present

REACTION : Acidic

SP.Gravity :1.015

CHEMICAL EXAMINATION:

PROTEIN : Nil

BILE PIGMENT: Absent

UROBILINOGEN: Absent

NITRITE : Neagtive

SUGAR : Nil

BILI SALT : Absent

KETONE BODIES: Absent

MICROSCOPIC EXAMINATION:

EPTHELIAL CELL: 0-1/hpf

PUS CELL : 2-3/hpf

CASTS : Absent

BACTERIA : Absent

RBC : Absent

Crystals : Absent

YEAST: Absent

TRICHOMONAS: Absent

*** End of report***





AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

E-mail : amarjyotihospitalbgs@gmail.com

Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

PATIENT NAME:-SANTOSH KUMAR
AGE:-29./M

ADDRESS:BEGUSARAI
DATE:-22/07/2023

**USG-ABDOMEN REPORT **

LIVER:- liver is normal in size (.cranio cadually- 120mm)no focal or diffuse fatty changes.I.H.D are not dilated P.V is **normal**

GB: - G.B. is normal in size and volume.no calculus or mass seen in the g.b lumen

C.B.D: C.B.D appear normal .no calculus seen

PANCREAS: pancreas appear normal .

SPLEEN: spleen is normal in size and echotexture normal

KIDNEY: both kidney are normal in size , no calculus is seen in both kidneys.

U.BLADDER: it is of normal capacity . no calculus or mass seen

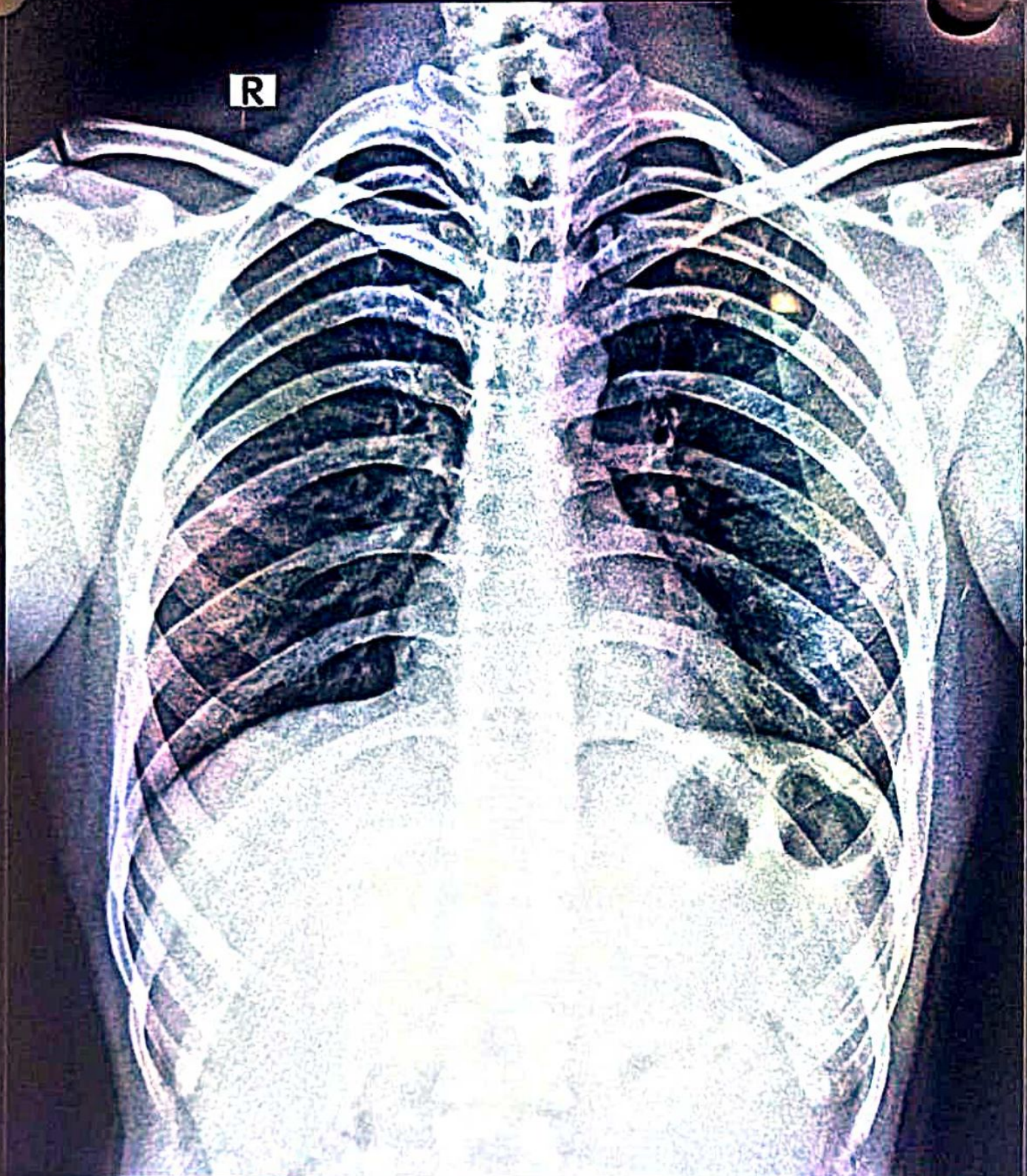
PROSTATE:- normal in size

OTHER:- Excessive bowel gases are present

IMPRESSION :- normal study



R



SANTOSH KUMAR 29Y DR AMAR JYOTI HOSPITAL 22.07.2023.A.03
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.