


ভারতের নির্বাচন কমিশন
পরিচয় পত্র
ELECTION COMMISSION OF INDIA
IDENTITY CARD

TQR2260826

নির্বাচকের নাম : রাহুল ঠাকুর
Elector's Name : Rahul Thakur

পিতার নাম : বদন ঠাকুর
Father's Name : Badan Thakur

লিঙ্গ/Sex : পুরু / M
জন্ম তারিখ
Date of Birth : 30/01/1992

RThakur

APOLLO CLINIC ON TOWER
36C, B.T ROAD OPP "RBU"
KOL 700002
Ph 033 25565555
033 25563333

TQR2260826

ঠিকানা:

১বি, পূর্বচাল ১নং লেন, ব্যারাকপুর, টিটাগড়,
উত্তর ২৪ পরগণা-700123

Address:

1B, PURBACHAL 1ST LANE, BARRACKPUF
TITAGARH, NORTH 24 PARGANAS-700123

Date: 09/01/2017

108 - ব্যারাকপুর নির্বাচন ক্ষেত্রে নির্বাচক নিবন্ধন
আধিকারিকের স্বাক্ষরের অনুকৃতি

Facsimile Signature of the Electoral
Registration Officer for

108 - Barrackpur Constituency

ঠিকানা পরিবর্তন হলে নতুন ঠিকানায় ভোটার নিম্নে নাম
ভেদে ও একই বছরের নতুন নতুন পরিচালকের পাওয়ার
জন্য নির্দিষ্ট ফর্মে এই পরিচালকের নকলটি উল্লেখ করুন।

In case of change in address mention this Card No.
in the relevant Form for including your name in the
roll at the changed address and to obtain the card
with same number

64 / 697

Rt. Hon.



नाम

Name : RAHUL THAKUR

कर्मचारी कुट. क्र.

E. C. No. 92137



जारीकर्ता प्राधिकारी
Issuing Authority: C.M. (Co-ord), KZ

धारक के हस्ताक्षर
Signature of Holder

APOLLO CLINIC OM TOWER
36C, B.T ROAD OPP "RBU"
KOL 700002
Ph 033 25565555
033 25563333

मिलने पर निम्नलिखित को सीधे

सहायक सहायक (सुरक्षा), बैंक ऑफ़ बरोडा, बंदोबस्त कॉम्प्लेक्स

सी - 26, ब्लॉक जी, बंदोबस्त कॉम्प्लेक्स, बंदोबस्त (पूर्व), मुंबई: 400 051, भारत

फोन: 91 22 6698 5196, फैक्स: 91 22 2652 5747

K.Z.

If Found, Please return to,

Asst. General Manager (Security), Bank of Baroda, Baroda Corporate Centre

C-26, G Block, Bandra-kurla Complex, Mumbai 400 051, India

Phone:-91 22 6698 5196 Fax : 91 22 2652 5747

अगर यह नाम वाले वस्तु किसी को मिले तो कृपया

Name & Ph./Person of emergency contact

NIBEDITA SARKAR

8334816868

रक्त समूह/Blood Group **O+**

एलर्जी/Allergy **NILL**

पहचान चिह्न /Identification mark

A MOLE ON NECK

जारीकर्ता कार्यालय /Issuing office

BOB, KOLKATA ZONE, Plot No 38/2,Block -GN, Sector-V,Salt Lake City, Kolkata - 700091

Ritaker



APOLLO CLINIC **realme**
36C, B.T ROAD OPP "ABU"
KOL 700002
Ph 033 25565555
033 25563333

Shot by PURBALI

2022/03/28 10:36



2022.03.28 10:40

APOLLO CLINIC OM TOWER
36C, B.T ROAD OPP "RBU"
KOL 700002
9888888888

Patient Name: MR. RAHUL THAKUR
UHID/MR No.: FSIN.0000014320
Visit Date: 28.03.2022
Sample collected on: 28.03.2022
Ref Doctor: SELF

Age/Gender: 30 Years / Male
OP Visit No.: FSINOPV17384
Reported on: 28.03.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u> <u>UNIT</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE</u>
BLOOD GROUP RH TYPE	"O" POSITIVE (+Ve)	

Results are to be correlate clinically.

*** End of the report***

BK

Lab Technician/Technologist
Madhumita_Biswas

Dr. BIPARNAK HALDAR
MBBS, MD(PATHOLOGY)
CONSULTANT PATHOLOGIST



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DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HEMOGLOBIN	13.2	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	4.4	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electronic Impedance			
HEMATOCRIT (PCV)	42.0	Female 36-46 Male 42-52	%
MCV	95.4	83-101 fl	fl
Method: Calculated			
MCH	30.0	27-32 pg	pg
Method: Calculated			
MCHC	31.4	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	2.25	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT	8100	4000-11000	/cumm
Method: Electronic Impedance			
NEUTROPHIL	68	40-70	%
Method: Microscopy			
LYMPHOCYTE	27	20-45	%
Method: Microscopy			
MONOCYTE	02	2-8	%
Method: Microscopy			
EOSINOPHIL	03	1-4	%
Method: Microscopy			
BASOPHIL	00	<1-2	%
Method: Microscopy			
ESR	32	Male:12 Female:19	mm/hr mm/hr
Method: westergreen			

Note: RBC are normocytic with normochromic.

INSTRUMENT USED:

SYSTEMEX (XP 100)

*Please correlate with clinical conditions.

End of the report

BK

Lab Technician/Technologist
Ranit Bhattacharjee

Dr. BIPARNAK HALDAR
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CONSULTANT PATHOLOGIST

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) Method: (GOD-POD)	98.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	125.0	80.0- 140.0	mg/dl

End of the report

Results are to be correlate clinically

BL

Lab Technician / Technologist
Madhumita_Biswas

DR. BIPARNAK HALDAR
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DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	4.7	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
<i>Methodology: HPLC</i> <i>Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	114	mg/dL	Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211

Comment

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

Factors that interfere with HbA1c Measurement: Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Factors that affect interpretation of HbA1c Results: Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

***** End Of Report*****

BA

Lab Technician / Technologist

Susmita Saha

DR. BIPARNAK HALDAR

MBBS, MD (PATHOLOGY)

CONSULTANT PATHOLOGIST

APOLLO CLINIC @ OM TOWER
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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL Method: Daizo	0.77	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.18	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.59	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	6.7	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.1	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.6	1.8-3.0	gms/dl
A:G Ratio	1.5:1		
SGOT/AST Method: IFCC WITHOUT P5P	31.5	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	39.6	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	123.6	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	20	7-32	U/L

*Please correlate with clinical conditions.

End of the report

BL



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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE			
Triglyceride Method: GPO-POD	136	<200	mg/dl
Cholesterol Method: CHO - POD	207	Desirable blood cholesterol :< 220 Borderline High: 170.0-199.0 High: > 199.0 mg/dl	mg/dl mg/dl
HDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	48.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	132	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	27	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.3		
LDL: HDL RATIO	2.7		

End of the report

Results are to be correlate clinically

BL

Lab Technician / Technologist
Madhumita_Biswas

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



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Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method: Calculated	11.8	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	1.02	Male: 0.7-1.4 Female: 0.6-1.2 Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0	mg/dl
URIC ACID Method: Uricase	4.96	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report

Results are to be correlate clinically

BK

Lab Technician / Technologist
Susmita_Saha

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



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Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	0.87	0.35-5.50	μU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	0.98	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method : CLIA	8.76	8.09 – 14.03	μg/Dl

Comment: Note :>1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations
> 2. Values <0.03 μU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
Clinical Use:> Primary Hypothyroidism > Hyperthyroidism > Hypothalamic – Pituitary hypothyroidism
> Inappropriate TSH secretion > Nonthyroidal illness > Autoimmune thyroid disease
>Pregnancy associated thyroid disorders > Thyroid dysfunction in infancy and early childhood.

Results are to be correlate clinically .

End of the report

BX

Lab Technician / Technologist
Ranit Bhattacharjee

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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Age/Gender: 30 Years / Male
OP Visit No.: FSINOPV17384
Reported on: 28.03.2022
Specimen: URINE

URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<u>PHYSICAL EXAMINATION</u>			
QUANTITY	30	ml	Container Measurement
COLOUR	Straw		Naked Eye Observation
APPEARANCE	Slightly hazy		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1.015		Multiple Reagent Strip
<u>CHEMICAL EXAMINATION</u>			
BLOOD	Nil		Multiple Reagent Strip
ALBUMIN	Nil		Multiple Reagent Strip / Heat & Acetic Acid
BILE PIGMENT	Nil		Fuchet's Test
BILE SALT	Nil		Hey's Sulphur Test
KETONE BODIES	Nil		Multiple Reagent Strip / Rothera Test
SUGAR	Nil		Multiple Reagent Strip / Benedict
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELL	3-4	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	1-2	/HPF	Light Microscopy
MICRO ORGANISM	Present(+)		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method
*** End of Report***

BK

Lab Technician / Technologist
Madhumita_Biswas

Dr. BIPARNAK HALDER
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



Patient Name: Mr. RAHUL THAKUR 30/M

Resting ECG Report

March 28, 2022
Time: 11:35:01

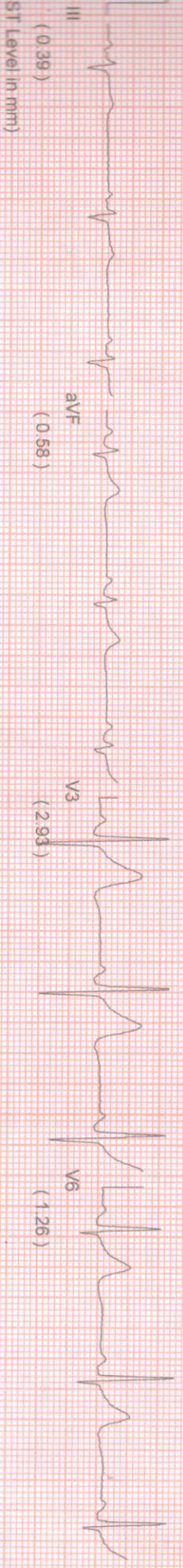
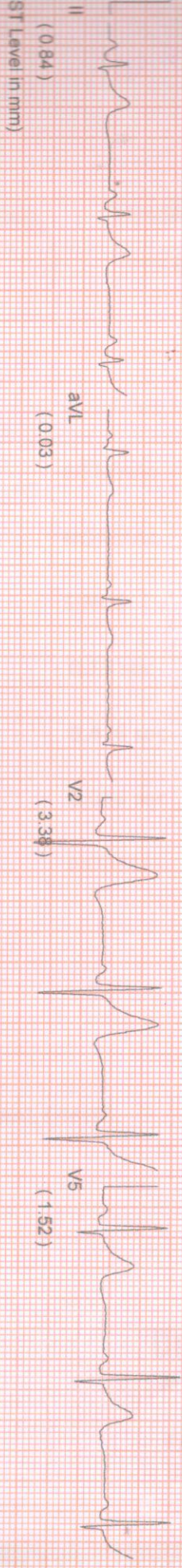
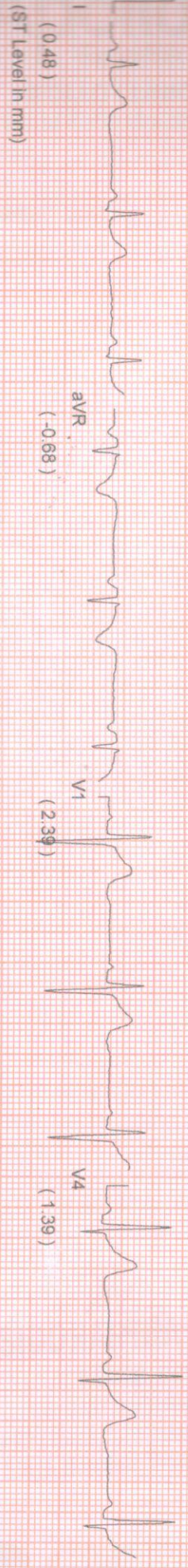
QT/QTc: 0.416 / 0.431 Sec
P-QRS-T Axis (44;-38;-39) deg

PR Interval: 0.15 sec
QRS Duration: 0.056 Sec

RR Interval: 0.93 sec

HR: 64 bpm

BP: 130/65 mmHg



aVR

(-0.68)

V1

(2.39)

V4

(1.39)

aVL

(0.03)

V2

(3.39)

V5

(1.52)

aVF

(0.68)

V3

(2.93)

V6

(1.26)

Comments :-

R. Thakur

NAME: MR.RAHUL THAKUR	MR NO: FSIN-0000	DATE : 28.03.2022
AGE: 30YRS.	SEX:MALE	REF BY:SELF

ECG REPORT

HR : **64 b/min**

AXIS : **NORMAL**

RHYTHM : **SINUS**

PR INTERVAL : **0.15 sec**


QT INTERVAL : **0.416 sec**

QRS DURATION : **0.056 sec**

T-WAVE : **NORMAL.**

IMPRESSION:

- **RESTING ECG IS WITHIN NORMAL LIMITS.**


Dr. SIDDHARTHA KUNDU
MBBS (Cal), PGDCC, CCEBDM
Clinical Cardiologist
Ex Sr Resident, Cardiology Dept
B.R Singh Hospital, Eastern Railway



NAME:MR.RAHUL THAKUR	MR. NO: FSIN-0000	DATE: 28/03/2022
AGE :30YRS	SEX:MALE	REF. BY: SELF

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **marginally enlarged** in size(**15.43cm**),shape,outline and echotexture. The intrahepatic tubular structures are normal. The porta hepatis is normal . The common bile duct measures **5mm** in diameater. The portal vein measures **9mm** at porta .

GALLBLADDER: Gall bladder is normal. Wall is normal. No calculus or mass is seen within the gall bladder.

PANCREAS: It is normal in size, Shape, Outline and echotexture. Pancreatic duct is not dilated.

SPLEEN: It is normal in size **9.76cm**, Shape, Outline and echotexture. No parenchymal lesion is noted.

RIGHT KIDNEYS: It is normal in position, size, shape, outline and echotexture. No calculus or hydronephrosis is seen.

RIGHT KIDNEY measures **8.50cm**.

●Cortical cyst seen.

LEFT KIDNEYS: It is normal in position, size, shape, outline and echotexture. No calculus or hydronephrosis is seen.

LEFT KIDNEY measures **10.46cm**.

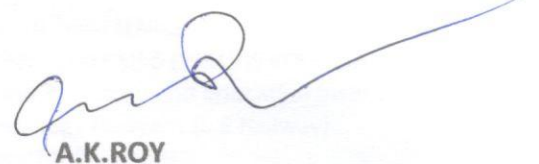
URINARY BLADDER: It is well distended with normal wall thickness. No calculus or mass is seen within the urinary bladder. The post void residual volume of urine is insignificant.

PROSTATE: It is normal in size, shape& has a homogenous echotexture. The prostatic outline is smooth. The periprostatic plane is normal. It is normal in size measures

2.79cmX2.87cmX2.61cm **VOL-10.95gms**

IMPRESSION:

- MARGINAL HEPATOMEGALLY.
- CORTICAL CYST SEEN IN RIGHT KIDNEY.



A.K.ROY

M.B.B.S, Dip BMSc, DTM&H (Cal)

Certificate on CEBT Abdomino Pelvic, USG(WBHSU)



DEPARTMENT OF RADIOLOGY X-RAY OF CHEST (PA)

MR. NO- FSINO000002189

SEX-MALE

NAME:-RAHUL THAKUR

EXAMINATION DATE-28/03/2022

AGE- 30YEARS

REPORT DATE-28/03/2022

REF DR.-SELF

FINDINGS:

- Bilateral lung fields are clear.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear
- Both hilum appear unremarkable.
- CTR within normal limit.
- No definite bone fracture is noted.


DR.ARNAB MANDAL

MD, Physician, PGDUS (Delhi) CEPT-USG (WBUHS KOLKATA)
Fellow of Jefferson Ultrasound Radiology and Education Institute
Philadelphia Ex-Radiology Resident (S.E.Railway)
Regd.No:72022(WBMC)

