

LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. RANA ARVIND
EC NO.	91041
DESIGNATION	SECURITY
PLACE OF WORK	KARNAL,RO KARNAL
BIRTHDATE	11-02-1978
PROPOSED DATE OF HEALTH CHECKUP	25-02-2023
BOOKING REFERENCE NO.	22M91041100044342E

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 **23-02-2023** till **31-03-2023** 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 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))



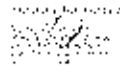
भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

संकेत क्रमांक/ Enrollment No.: XXXX/XXXX/XXXXX

नाम
आर्य समाज
S/O A/S Sagar Hans
VILLAGE: PAI AID PO BIH BAGERA TALUK: SUJANPUR
Dist: 603030
Haryana Pradesh: 176110

संकेत क्रमांक/ Enrollment No.: XXXX/XXXX/XXXXX



आपका आधार क्रमांक / Your Aadhaar No. :

6995 1127 4112

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



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मेरा आधार, मेरी पहचान



भारत सरकार



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रमाण प्राप्त करना हुआ पर है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में प्रचल्य है।
- आधार अधिष्ण्य मे सरकारी और नैर-सरकारी सेवाओं के साथ उन्नयन से उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address: S/O A/S Sagar Hans, VILLAGE: PAI AID PO BIH BAGERA TALUK: SUJANPUR, Dist: 603030, Haryana Pradesh: 176110.

6995 1127 4112








भारत सरकार



Health Check up Booking Request(bobE30712), Beneficiary Code-13843

ⓘ Some content in this message has been blocked because the sender isn't in your Safe senders list.
Trust content from wellness@mediwheel.in. | Show blocked content

Mediwheel <wellness@mediwheel.in>     
To: Arvind Rana Thu 23-02-2023 13:51
Cc: mediwheewellness@gmail.com

****सूचना: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में कहीं भी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.**
****CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.**

011-41195959
Email:wellness@mediwheel.in

Dear **MR. RANA ARVIND,**

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up à€ Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate Permission Letter

Booking Date : 23-02-2023
Health Check up Name : Medi-Wheel Full Body Health Checkup Male Above 40
Name of Diagnostic/Hospital : Park Hospital-Karnal
Address of Diagnostic/Hospital : À CHD City, NH-1, Sector 45, Karnal, Haryana 132116À
Appointment Date : 25-02-2023
Preferred Time : 8:00am-8:30am



GST IN : 06A4DCD7944G1ZL

PAN No : AADCD7944G

OPD Credit Bill

Name : Mr.ARVIND RANA
 Age/Sex : 45 YRS / Male
 MR No. : MR/23/001422
 Address : #1801 ue enclave sector-13 -KARNAL, INDIA

Contact No. : 9816905307
 Date : 25-Feb-2023 09:24 AM
 Credit Bill : OBL/22-23/00021235

Doctor : DR. SOMPAL

Particulars	Units	Amount
MEDIWHEEL FULL BODY MALE ABOVE 40 ()		2200.00
ADMISSION CHARGES		
DR. SOMPAL ()	1.00	
DR. DEPAK SHARMA ()	1.00	
DR. RCHIT SADANA ()	1.00	
CARDIOLOGY		
EKG CARDIO ()	1.00	
ECHO SCREENING ()	1.00	
PATHOLOGY		
BLOOD GLUCOSE FASTING ()	1.00	
BLOOD GLUCOSE PP ()	1.00	
CREATININE SERUM ()	1.00	
LFT(LIVER FUNCTION TEST) ()	1.00	
LIPID PROFILE ()	1.00	
UREA ()	1.00	
URIC ACID, SERUM ()	1.00	
STOOL ROUTINE EXAMINATION ()	1.00	
URINE ROUTINE EXAMINATION ()	1.00	
BLOOD GROUP AND RH TYPE ()	1.00	
CBC(COMPLETE BLOOD COUNT) ()	1.00	
ESR ()	1.00	
HBA1C ()	1.00	
TSH TOTAL ()	1.00	
PSA (PROSTATE SPECIFIC ANTIGEN TOTAL) ()	1.00	
RADIOLOGY		
USG ABDOMEN ()	1.00	
X RAY CHEST PA ()	1.00	

Total 2200.00

Discount

Amount Paid 0

Previous Bal. 0.00

To Receive 2200.00

0.00

Jivesh

PARK HOSPITAL
 Signature

Sponsored By : MEDIWHEEL

25-Feb-2023 09:24 AM

Prepared By : JIVESH SHARMA

Printed By : Mr. JIVESH SHARMA

Thank You For Your Business.

CHD City, Sector-45, G.T. Road, Karnal, Haryana- 132116 Ph.: 0184-7110000, 9643000000, 8222008811, 22

PARK GROUP OF HOSPITALS : West Delhi • South Delhi • Gurugram • Karnal • Panipat • Hodal • Ambala • Behror

the health care providers

the health care providers

PANEL HOSPITAL : DELHI GOVT, CGHS, ECHS, MTNL, DJB, DTC NDPL MCD, NAFED, HUDCO, TRADE FAIR AUTHORITY OF INDIA, DDA, NDMC, PAWAN HANS HELICOPTER, IFFCO, METRO BHEL, MOTHER DAIRY, GAIL, VSNL, TCIL, IGL, TISCO, NPCC, NBCC, NTC, PEC, IREDA, IRCON, SCI, DU, SPG, MES, ESI, CERC, CCRT, UGC, DERC, IGNOU, JNU, DTL, CPCB, FCI, NPC, ICAR, IARI, BSNL, BSES, DELHI POLICE, ALL MAJOR TPA'S (MEDICLAIM CASHLESS HOSPITALISATION) ETC.

Diagnosics S. No.	: LSHHI300502	MR No.	: MR/23/001423
Patient Name	: Mrs. KIRNA RANA	Doctor	: Dr. HIMANSHU SINGLA
Age/Sex	: 39 YRS Sex : Female	Reporting Date/Time	: 25-Feb-2023 04:26 PM
Visit Date & Time	: 25-Feb-2023 09:29 AM	IPD No	:
OPD/IPD	: OPD		

ULTRASOUND

Liver is normal in size & echo pattern. There is no focal hepatic lesion present. CBD is normal in course & calibre & measures 3 mm at porta hepatis. There is no calculus defined in the CBD. Intra hepatic biliary radicals are normal. Gallbladder is normal in distension & contains no calculi.

Pancreas is normal in size, contour & echo pattern The pancreatic duct is not dilated. Pancreatic contour is regular & peri pancreatic planes are maintained.

Spleen is normal in size & echo pattern.

Both kidneys are normal in shape size contour & echo pattern. There is no hydronephrosis defined on either side. Both ureters are obscured by bowel gas.

Bladder is normal in distension & contains no calculi. There is no mass defined in the bladder.

Uterus & adnexa are normal.

There is no free fluid present in the abdomen.

Aorta & IVC are normal in course & calibre.

There is no mass defined in relation to Aorta or IVC.

There is no collection in right Iliac fossa. Local tenderness is not elicited in right iliac fossa.

There is no pleural effusion present on either side.

Dr DS Josan
Reg No HN 2496
Park Hospital PNDT FW-PNDT-22/196



(This is only professional opinion and not the diagnosis. Please correlate clinically.)

Sector 45, Bhaini Khurd, G.T. Karnal Road, Karnal, Haryana-132116 Ph.: 082220 08811, 22, 
Park Group of Hospitals : West Delhi • South Delhi • Gurgaon • Faridabad • Hodal • Panipat



Diagnosis S. No.	: LSHHI300502	MR No.	: MR/23/001423
Patient Name	: Mrs. KIRNA RANA	Doctor	: Dr. HIMANSHU SINGLA
Age/Sex	: 39 YRS Sex : Female	Date & Time	: 25-Feb-2023 09:29 AM
OPD/IPD	: OPD	Sample Collection	: 25-Feb-2023 09:41 AM
IPD No	:	Reporting Date/Time	: 25-Feb-2023 01:45 PM
		Refer Doctor	:

BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>BLOOD GLUCOSE FASTING</u>				
BLOOD SUGAR FASTING		87	70-110	mg/dl
<u>BLOOD GLUCOSE PP</u>				
BLOOD SUGAR PP		105	80-140	mg/dl

HAEMATOLOGY

BLOOD GROUP And RH TYPE

BLOOD GROUP ABO & Rh "O" POSITIVE -

CBC (COMPLETE BLOOD COUNT)

HAEMOGLOBIN		12.7	11.0-15.0	gm/dl
TLC (Total Leucocyte Count)		8000	4000-11000	/cumm
NEUTROPHILS		65	45-75	%
LYMPHOCYTES		32	20-45	%
EOSINOPHILS		01	0-6	%
MONOCYTES		02	02-10	%
BASOPHILS		00	0-2	%
RBC		4.35	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT		39.2	35-45	%
MCV		90.1	76-96	fl
MCH		29.2	27-31	Picogram
MCHC		32.4	30-35	gm/dl
RDW		13.1	11.5-14.5	%
PLATELETS		3.30	1.5-4.5	

BIO-CHEMISTRY



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PARK GROUP OF HOSPITALS : West Delhi • South Delhi • Gurgaon • Karnal • Panipat • Hodal • Ambala • Behror



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CREATININE SERUM

CREATININE 1.0 0.6-1.4 mg/dl

HAEMATOLOGY

ESR

ESR 18 0-20 mm/1sthr

BIO-CHEMISTRY

LFT(LIVER FUNCTION TEST)

BILIRUBIN (TOTAL)	0.46	0.1-1.2	mg/dl
BILIRUBIN DIRECT	0.23	0.0-0.3	mg/dl
BILIRUBIN INDIRECT	0.23	0.1-0.9	mg/dl
SGOT (AST)	20	0-40.0	IU/L
SGPT (ALT)	10	0-40	IU/L
ALK.PHOSPHATASE	88	48.0-119	IU/L
TOTAL PROTEIN	6.9	6.0-8.0	gm/dl
ALBUMIN	4.6	3.20-5.0	gm/dl
GLOBULIN	2.3	2.30-3.80	gm/dl
A/G Ratio	H 1.8	1.0-1.60	

LIPID PROFILE

TOTAL CHOLESTEROL	223	0-250	mg/dL
TRIGLYCERIDE	H 198	0-161	mg/dL
HDL-CHOLESTEROL	53	20.0-60.0	mg/dL
LDL CHOLESTEROL	H 130.4	0-130	mg/dL
VLDL	39.6	0-30	mg/dL
LDL / HDL RATIO	2.46	0.0-35.0	

IMMUNOLOGY

TSH TOTAL

TSH 2.83 0.30-4.5 uIU/mL



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BIO-CHEMISTRY

UREA

BLOOD UREA 16 10.0-45.0 mg/dl

URIC ACID, SERUM

URIC ACID 3.6 2.5-6.2 mg/dl

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

VOLUME	20	-	ml
COLOUR	P. YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.5	5.5-8.5	
SPECIFIC GRAVITY	1.010	-	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	1-2	1-2	/HPF
RBC CELLS	0-1	-	
EPITHELIAL CELLS	0-1	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	



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OPD/IPD	: OPD	Sample Collection	: 25-Feb-2023 09:41 AM
IPD No	:	Reporting Date/Time	: 26-Feb-2023 09:44 AM
		Refer Doctor :	

IMMUNOLOGY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>TSH TOTAL</u>				
TSH		2.83	0.30-4.5	uIU/mL

LAB
TECHNICIAN



Dr. VISHAL SALHOTRA
MD (PATHOLOGY)

Dr. NISHITHA KHERA
MBBS, MD (PATHOLOGY)

Dr. PARDIP KUMAR
CONSULTANT (MICROBIOLOGY)

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IPDNo	:	Reporting Date/Time	: 26-Feb-2023 09:44 AM
		ReferDoctor :	

HAEMATOLOGY

HBA1C

HBA1C 5.5 % < 6.0 Non diabetic
Diabetic :-
6-7 -good control.
7-8 weak control
> 8 poor control

LAB
TECHNICIAN

Dr. VISHAL SALHOTRA
MD (PATHOLOGY)

Dr. NISITHA KHERA
MBBS, MD (PATHOLOGY)

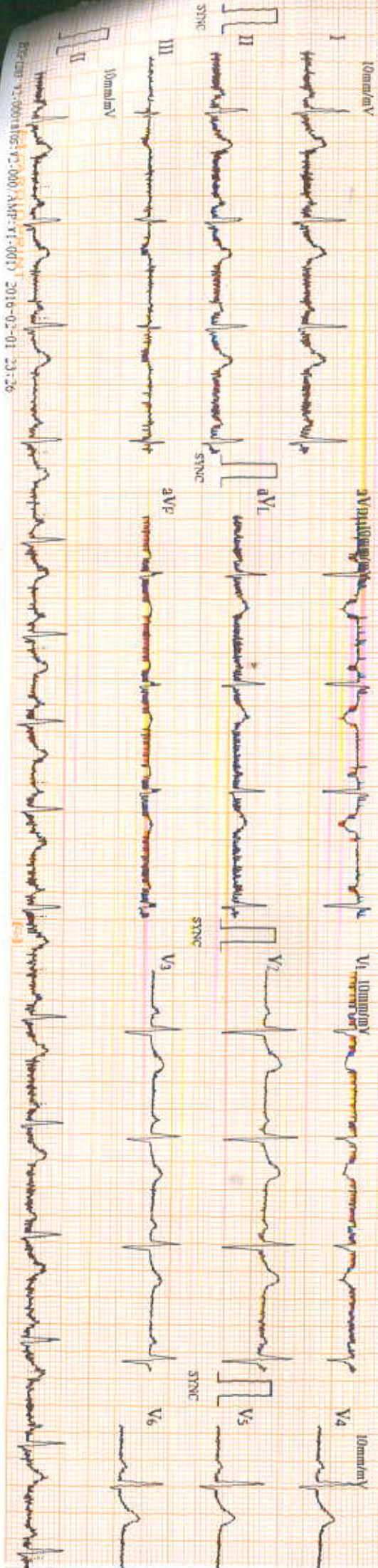
Dr. PARDIP KUMAR
CONSULTANT(MICROBIOLOGY)

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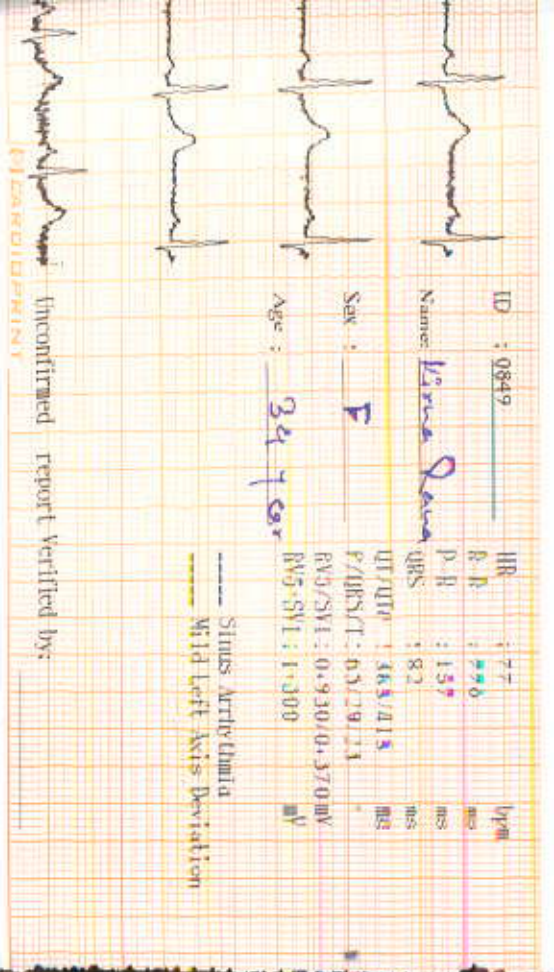
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10mm/mV



ECG Date: 12-00018105:V2:000 AMP: XI:0013 2018-02-01 23:26



ID : 0849

HR : 77 bpm

Name: *Yvonne Davis*

P-R : 157 ms

Sex : *F*

QRS : 82 ms

Age : *34 years*

QT/QTc : 363/418 ms

P/QRS/T : 63/79/23

RV5-SVL : 0.930/0.570 mV

RV5-SVL : 1.300 mV

----- Sinus Arrhythmic

----- Mild Left Axis Deviation

Inconfirmed Report Verified by:



ECHOCARDIOGRAPHY REPORT

Date : 25-02-2023

O.P.D.NO. :

Patient name : MR. ARVIND RANA

AGE/SEX: 45Y/M

Dr.Name : SANJAY KUMAR GUPTA

2D ECHO

- Mitral value **Normal** Pulmonary value**Normal**...
- Pulmonary artery.....**Normal**..... Aortic valve... **Normal**.....
- Tricuspid valve.....**Normal**

2 D RWMA

- ... **No RWMA** (Regional wall motion abnormality at rest).

COLOUR DOPPLER


- ...**No..** Significant vavular stenosis/ regurgitation

COMMENTS AND SUMMARY

- All cardiac chambers of....**Normal**..... Size and shape**No**....dilatation or hypertrophy
- ...**No RWMA** (regional wall motion abnormality) at rest.
- ...**No**...clot/ vegetation/ pericardial effusion
- LV **Normal LV Function**.....systolic function
- ...**No**.... Significant valvular stenosis / regurgitation

FINAL IMPRESSION:

- EF AT REST**55%**.....


Dr. SANJAY KUMAR GUPTA
SENIOR CONSULTANT
MD (MED), DNB CARDIOLOGY
FNB (INTERVENTION) CARDIOLOGY

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कूट क्र. | E.C.No. 91041

नाम | Name **Arvind Rana**

पदनाम | Designation **Manager (Security)**

धारक के हस्ताक्षर | Signature of Holder
Arvind Rana

25/09/2021

जारी करने की तारीख

Date of issue

[Signature]

जारीकर्ता प्राधिकारी

Issuing Authority



पहचान पत्र खोने, चोरी या खराब होने पर धारक इसके लिए जिम्मेदार होगा.
पहचान पत्र खोने की सूचना तुरन्त पुलिस एवं मूल कार्यालय या बैंक की नजदीकी शाखा को दे.
मिलने - पर, निम्नलिखित को लौराएं बैंक ऑफ़ बड़ोदा कॉर्पोरेट सेंटर.

C-26, G-ब्लॉक, बान्द्रा-कुर्ला कॉम्प्लेक्स, बान्द्रा (पूर्व), मुंबई - 400 051, भारत.
फोन 5698 5007

Holder will be held responsible against loss, theft or damage.

Loss must be reported immediately to police and parent.nearest bank office.

If found, please return to
Bank of Baroda Corporate Centre
C-26, G-Block, Bandra-Kurla
Complex, Bandra (East), Mumbai -
400 051, India.
Phone 5698 5007

रक्त गट | Blood Group **B+ve**

सम्पर्क टेलिफोन नं.

Phone : 022 2655267 (O)



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

GST No : 06AADC7944G1ZL



PAN No : AADC7944G

OPD CARD

Receipt No: FRT/22-23/000019870
 MR NO. : MR/23/001422
 Name : **Mr. ARVIND RANA**
 Doctor : Dr. SOMPAL
 Department : MEDICINE

Date : 25-Feb-2023 04:51 PM
 Age/Sex. : 45 YRS / Male
 Panel : HOSPITAL
 Contact No. : 9816905307

<p>Initial Assessment</p> <p>Known Drug Allergy (If Any)</p>	<p><i>Wants for Routine Examination.</i></p>
<p>Height :</p> <p>Weight - 83 kg</p> <p>Vitals BP - 140/90 mmHg PR - 78 bpm SpO2 - 97%</p> <p>Investigation :</p>	<p>Chief Complaints & H/O Present illness</p> <p><i>4. Routine health examination</i></p> <p><i>Δ Hypertension</i></p> <p>Past History : DM <input type="checkbox"/> HT <input type="checkbox"/> IHD <input type="checkbox"/> MI <input type="checkbox"/> Bronchial Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Any Others <input type="checkbox"/></p>
<p>Examination</p> <p><i>voice and - BS</i></p> <p><i>Red</i></p> <p><i>Wm</i></p>	<p><i>T. FEBUSTAT 40mg OD</i></p> <p><i>T. EVION 400 mg BS</i></p>
<p>Diagnosis</p> <p>Nutritional Assessment :</p> <p><i>Adm</i></p> <p><i>fibroscan</i></p> <p>Treatment</p> <p><i>H Be Ag, Hev Anti</i></p> <p><i>Hiv</i></p> <p>Preventive Advice (If any)</p>	<p><i>x.1 month</i></p> <p><i>[Signature]</i></p>
	<p>Name Sign of Doctor</p>

Note: DOCTOR CONSULTATION VAILD FOR 3 DAYS(INCLUDING SUNDAYS & HOLIDAYS)
 Doctor Timing:

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the health care providers the health care providers

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