


wife - 59 kg
Hike - 155 CM
B.P - 120/80
Pulse - 90
SpO2 - 99%

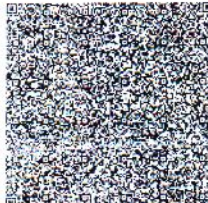
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Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0013/01007/61359


To
लवण्या गुप्ता
Lavanya Gupta
C/O: Shivank Gupta
Flat No-A-7/3 B-3
Triveni Apartment
Near Dharamshila Hospital
Vasundhra Enclave
East Delhi Delhi - 110096
/011380118


Validity unknown



आपका आधार क्रमांक / Your Aadhaar No. :
7534 9119 3510
VID : 9123 2144 0059 6835

मेरा आधार, मेरी पहचान


 **भारत सरकार**
Government of India



लवण्या गुप्ता
Lavanya Gupta
जन्म तिथि/DOB: 09/06/1991
महिला/ FEMALE

7534 9119 3510
VID : 9123 2144 0059 6835

मेरा आधार, मेरी पहचान

 **भारत सरकार**
Government of India

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

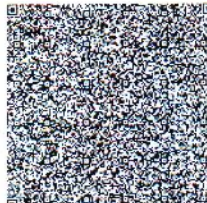
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- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
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Unique Identification Authority of India

पता:
शिवान्क गुप्ता, फ्लैट नं-ए-7/3 बी-3, त्रिवेणी
अपार्टमेंट, नज़दीक धर्मशिला अस्पताल, वसुंधरा एंक्लेव, पूर्वी
दिल्ली,
दिल्ली - 110096

Address:
C/O: Shivank Gupta, Flat No-A-7/3 B-3,
Triveni Apartment, Near Dharamshila
Hospital, Vasundhra Enclave, East Delhi,
Delhi - 110096



7534 9119 3510
VID : 9123 2144 0059 6835

1947 | help@uidai.gov.in | www.uidai.gov.in

@gait
07/11/2023

Lavanya Gupta

7011380118

SR SPECIALITY HOSPITAL
Anod Kumar Bhat
M.B.B.S, M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30969 (DMC)



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E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

0701-2023

C/O 13013

(IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Smritee Virmani (Endoscopy)
MBBS, DGO, DNB, ICOG (Obst. & Gynae)
Dr. Vinod Bhat
M.B.B.S, MD (General Medicine)
Dr. Vineet Gupta, MS (ENT)
Dr. Naveen Gupta, MS (EYE)
Dr. Ashutosh Singh, MS (Urology)
Dr. Rahul Kaul (Spine Surgeon)
MBBS, MS, (Orthopaedic)
Dr Raj Ganjoo MD (Psychiatric)
Dr. Akash Mishra (Neuro Surgeon)
Dr. Sanjay Sharma (Cardiologist)
Dr. S.K. Pandita, MS (Surgeon)
Dr. B.P. Gupta, MS (Surgeon)
Dr. Jaisika Rajpal
(MDS), (Periodontist & Implantologist)
Dr. Akash Arora
(MDS), Maxillofacial Surgeon
Dr. Deepa Maheshwari
M.B.B.S., MD, FRM, (IVF Specialist)
Dr. Vivek Kumar Gupta
MBBS, MS (General Surgeon)
M.Ch. (Plastic Surgery)
Dr. Anand Kumar
MBBS, MD (Paediatrics)
Dr. Amit kumar Kothari
MBBS, MD (Medicine)
Dr. Amit Aggarwal
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3 Operation theatres
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Intensive Care Unit. (ICU)
Neonatal ICUs (NICU)
Dental Clinic
Computerized pathology lab
Digital X-ray and ultrasound
Physiotherapy facilities
24-Hour Pharmacy
Cafeteria & Kitchen

Ms. Laxanya

Physically and Mentally bit

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CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Serices Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

Laboratory Report

Lab Serial no.	: LSHHI238269	Mr. No	: 98086
Patient Name	: Mrs. LAVANYA GUPTA	Reg. Date & Time	: 07-Jan-2023 08:52 AM
Age / Sex	: 32 Yrs / F	Sample Receive Date	: 07-Jan-2023 09:05 AM
Referred by	: Dr. SELF	Result Entry Date	: 07-Jan-2023 03:33PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 07-Jan-2023 03:33 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.1	gm/dl	12.0 - 16.0
TLC	11.1	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	69	%	40 - 70
Lymphocyte	23	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.64	Thousand / UI	3.8 - 5.10
P.C.V	40.0	million/UI	0 - 40
M.C.V.	86.2	fL	78 - 100
M.C.H.	28.2	pg	27 - 32
M.C.H.C.	32.8	g/dl	32 - 36
Platelet Count	3.54	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

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technician :

Typed By : Mr. BIRJESH



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HAEMATOLOGY

results	unit	reference
---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	10	mm/1hr	00 - 20
--------------------------------------	----	--------	---------

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results	unit	reference
---------	------	-----------

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	97.7	mg/dl	70 - 110
-----------------	------	-------	----------

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

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technician :

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Page 1


Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	155.0	mg/dl	< - 200
HDL Cholesterol	31.2	mg/dl	42.0 - 88.0
LDL Cholesterol	85.6	mg/dl	50 - 150
VLDL Cholesterol	38.2	mg/dl	00 - 40
Triglyceride	191.0	mg/dl	00 - 170
Chloestrol/HDL RATIO	5.0	%	3.30 - 4.40

INTERPRETATION:

Lipid profile OF lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

BLOOD SUGAR (PP), Serum

SUGAR PP	110.4	mg/dl	80 - 140
----------	-------	-------	----------

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT

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technician :

Typed By : Mr. BIRJESH



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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
<u>KFT,Serum</u>			
Blood Urea	22.1	mg/dL	13 - 40
Serum Creatinine	0.58	mg/dl	0.6 - 1.1
Uric Acid	5.2	mg/dl	2.6 - 6.0
BUN/ Blood Urea Nitrogen	10.33	mg/dL	7 - 18

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

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Sr. Consultant Physician
Reg. No. 30969 (DMC)

technician :

Typed By : Mr. BIRJESH

Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



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Laboratory Report

Lab Serial No. : LSHHI238269	Reg. No. : 98086
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Age/Sex : 32 Yrs /F	Sample Collection Date : 07-Jan-2023 09:05 AM
Referred By : SELF	Sample Receiving Date : 07-Jan-2023 09:05 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 07-Jan-2023 03:33 PM
OPD/IPD : OPD	:

TEST NAME

VALUE

ABO

"A"

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil

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Mr. BIRJESH



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Laboratory Report

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Doctor Name : Dr. Vinod Bhat	ReportingTime : 07-Jan-2023 03:33 PM
OPD/IPD : OPD	:

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

Glucose: nil

PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 5-6 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 3-4 /HPF

Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.

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Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

07-01-2023

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



DIAGNOSTICS

Patient Name : Mrs. LAVANYA GUPTA	Registration No
Age/Sex : 32 Y/Female	Registered : 07/Jan/2023
Patient ID : 012301070041	Collection : 07/Jan/2023 03:03PM
Barcode : 10131282	Received : 07/Jan/2023 03:16PM
Ref. By : DR VINOD BHATT	Reported : 07/Jan/2023 05:18PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
HbA1C(Glycosylated Hemoglobin):EDTA			
Hb A1C, GLYCOSYLATED Hb ,EDTA HPLC	5.90	%	
Average Glucose Calculated	122.63	mg/dL	<125.0

Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC	< 6.0 %
GOOD CONTROL	6 - 7 %
FAIR CONTROL	7 - 8 %
ACTION SUGGESTED	FOR MORE THAN 8 %

Result done on : Tosoh Automated Glycohemoglobin Analyzer.

Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0%

J. Bhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY
 Sr. Consultant Physician
 Reg. No. 30989 (DMC)

Priyanka Rana
Dr. Priyanka Rana
 MD Pathology

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DIAGNOSTICS

Patient Name : Mrs. LAVANYA GUPTA	Registration No
Age/Sex : 32 Y/Female	Registered
Patient ID : 012301070041	Collection
Barcode : 10131282	Received
Ref. By : DR VINOD BHATT	Reported
SRF No. :	Panel
Aadhar-Nation : - Indian	Passport No.

Test Name	Value	Unit	Bio Ref.Interval
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may not be appropriate.

4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemc control.

7.Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

*** End Of Report ***

Tests Requested:THYROID PROFILE,(TFT)SERUM,HbA1C(Glycosylated Hemoglobin);EDTA

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 Dr. Jatinder Bhatia
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 Director

Madhusmita Das
 Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka
 Dr. Priyanka Rana
 MD Pathology





Patient Name : Mrs. LAVANYA GUPTA	Registration No
Age/Sex	Registered
Patient ID	Collection
Barcode	Received
Ref. By	Reported
SRF No.	Panel
Aadhar-Nation	Passport No.

Test Name	Value	Unit	Bio Ref.Interval
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or	Raised	Within range	T3 toxicosis
Within range			Non-Thyroidal illness

TSH(μ IU/ml) for pregnant females (As per American Thyroid Association)

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

*** End Of Report ***

Tests Requested:THYROID PROFILE,(TFT)SERUM,HbA1C(Glycosylated Hemoglobin);EDTA

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Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
MD Pathology

Mrs Javanya
ID: 00
Visit: opd
09.06.1991
31 Years

Female
07.01.2023 10:26:13
SJM Super Speciality Hospital
Sector-63, Chhijarsi, Noida
Gautam Buddha Nagar, UP-201307

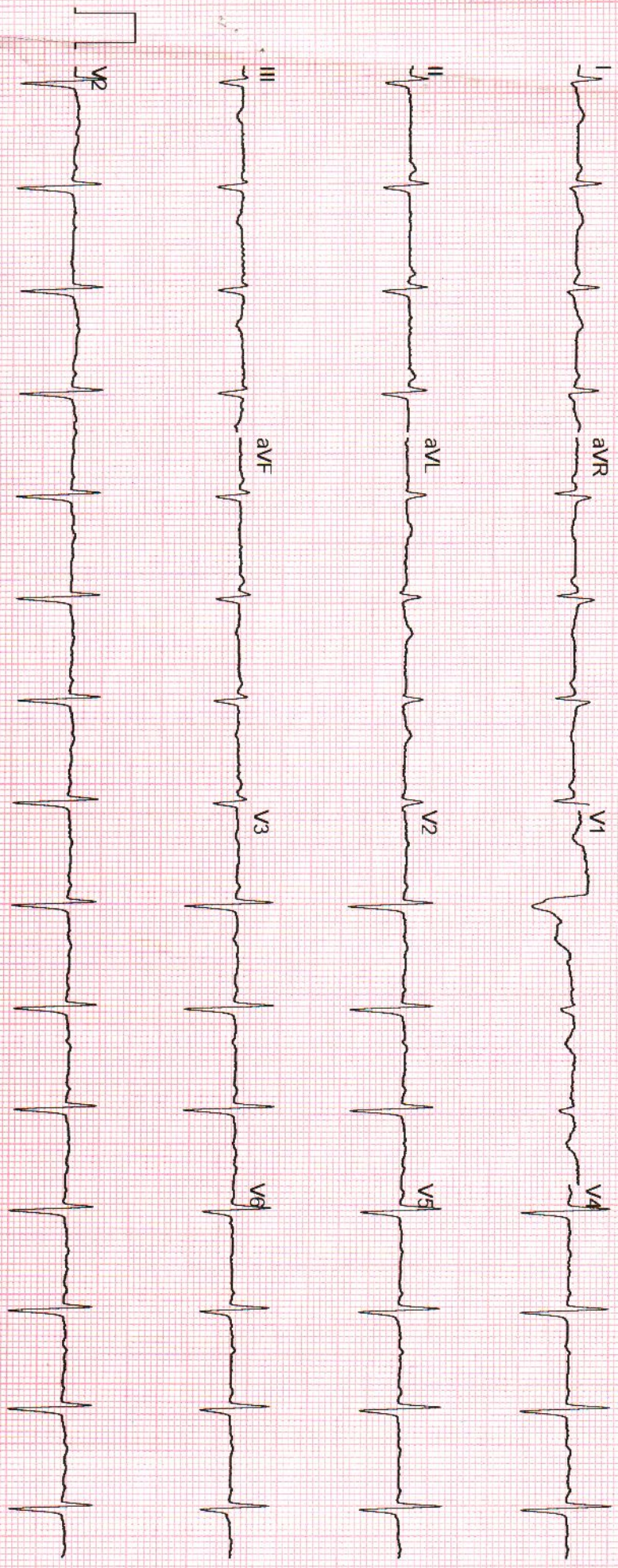
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

88 bpm
--/-- mmHg
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 374 / 452 ms
PR : 112 ms
P : 76 ms
RR / PP : 682 / 681 ms
P / QRS / T : 45 / -33 / -10 degrees

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm
Left axis deviation
Abnormal ECG

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Sr. Consultant Physician
Reg. No. 30989 (DINIC)



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4X2.5X3_25_R1 Unconfirmed 1/1



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Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Lavanya Gupta

Age /sex:30Yrs/Female

Date: 07/01/2023

ECHO WINDOW: FAIR

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.2		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.4		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.3	2.4	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(ED = 6- 10)
LV Ejection Fraction (%)	60 %		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve =	Normal	Aortic valve =	Normal
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve = Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30969 (DMC)



SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped With Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10, Mob.:9599259072

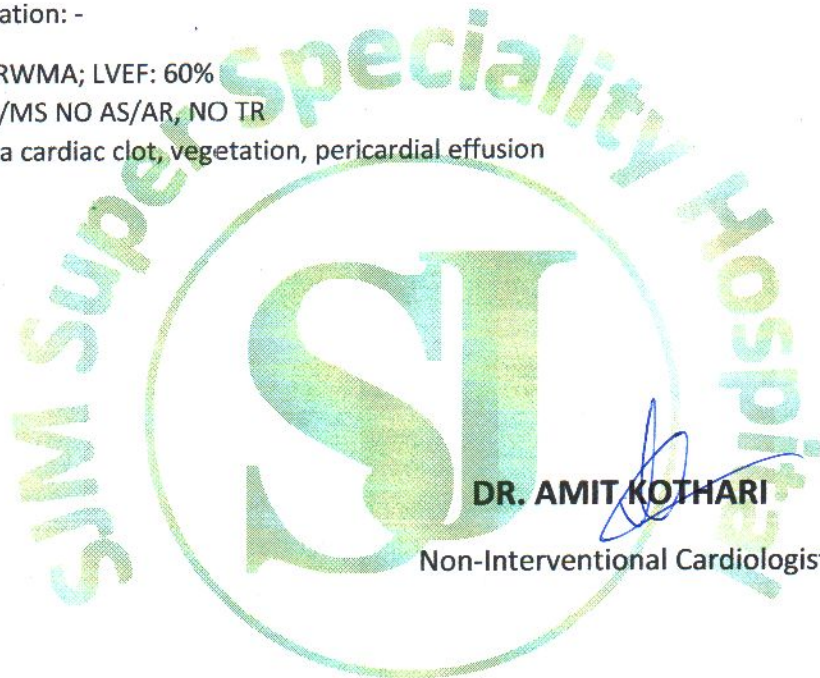
Ultrasound Report

Regurgitation: -

MR = NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) No LV RWMA; LVEF: 60%
- 2.) No MR/MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion



DR. AMIT KOTHARI

Non-Interventional Cardiologist.

Centre for Excellent Patient Care

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Ultrasound Report

NAME: MRS. Lavnaya Gupta

AGE: 31yrs/F

DATE: 07/01/2023

Real time USG of abdomen and pelvis reveals –

LIVER--Liver appears normal. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER-Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS-Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN-Spleen show normal size, shape and homogeneous echopattern. No focal mass lesion is seen in parenchyma.

KIDNEY -Both the kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on right side. **Left kidney shows renal concretions.**

RETROPERITONIUM- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

URINARY BLADDER- Adequately distended. Walls were regular and thin. Contents are normal. No stone formation seen.

UTERUS-Uterus and both ovaries are normal in size, shape and echopattern are normal. No focal lesion is seen. Endometrial thickness normal. There is no evidence of free fluid seen in the pouch of Douglas. There is no evidence of adnexal mass is seen.

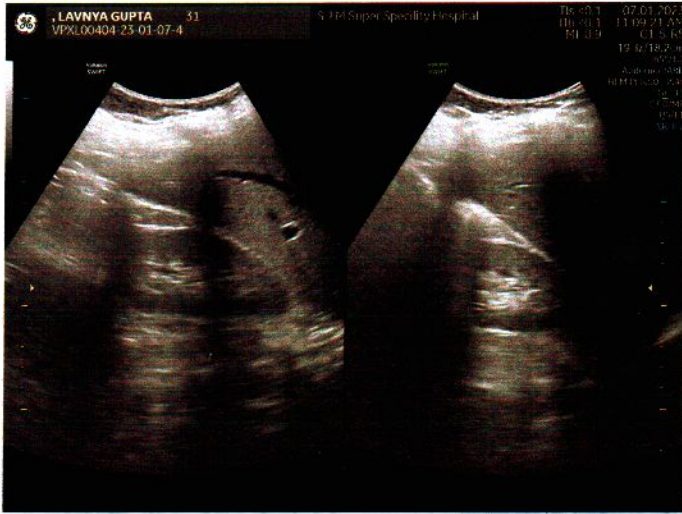
IMPRESSION: Left renal concretions.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL

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DR. P.K GUPTA



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X-Ray Report

Patient ID.	20847 OPD	Name	LAVANYA GUPTA	Sex/Age	F/31Y
Date	07-01-2023 10:55 AM	Ref. Physician	SELF	CHEST, CHEST	

X-RAY CHEST PA VIEW

OBSERVATION:

The lung fields are clear.

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

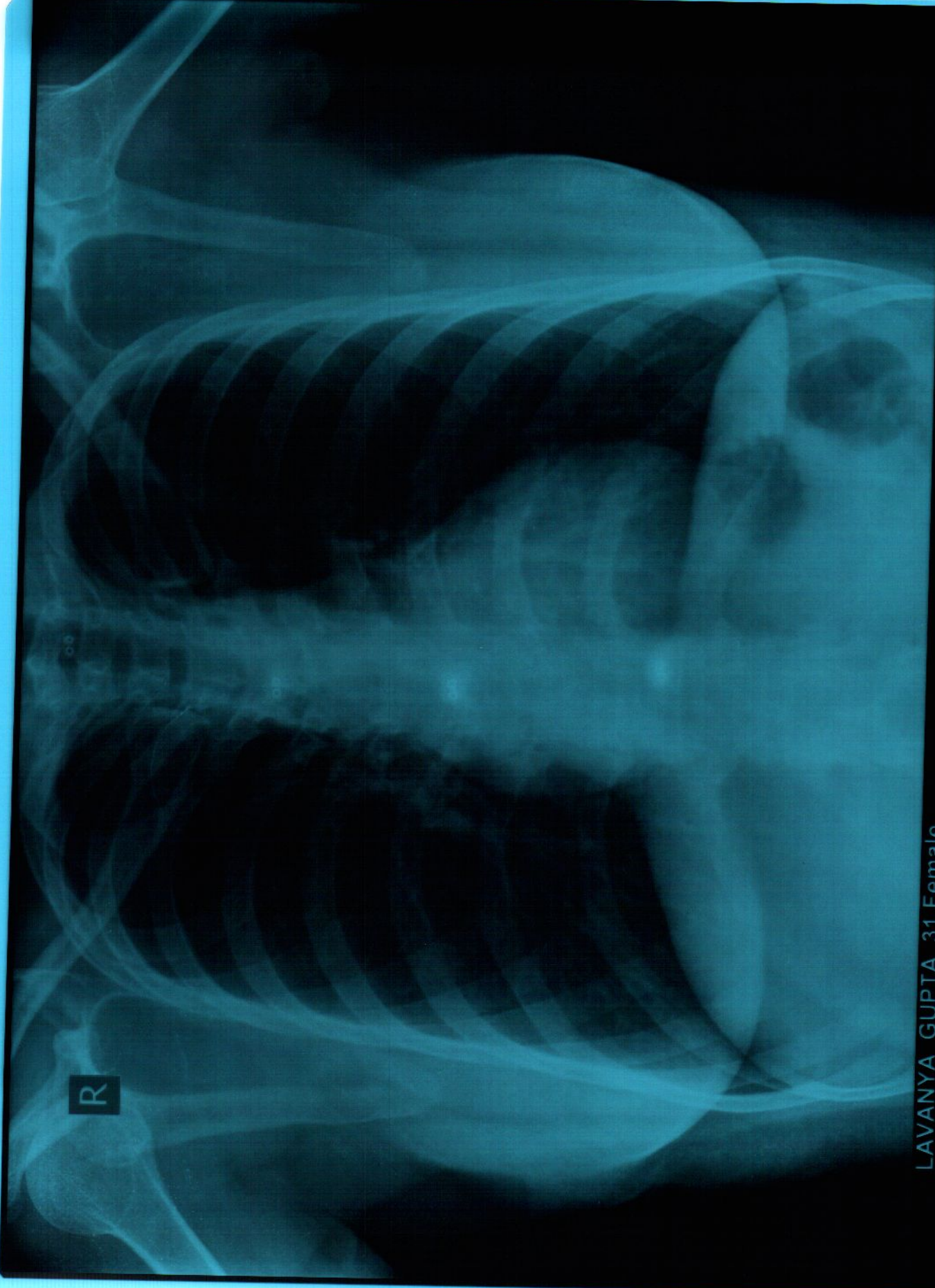
Soft tissues of the chest wall are normal.

IMPRESSION:

- No significant abnormality seen.


Dr. DEEPAK K SOLANKI
MBBS, DNB
CONSULTANT RADIOLOGIST

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D. (Radio. Diag.)
Sr. Consultant Physician
Reg. No. 30658 (RACI)



LAVANYA GUPTA 31 Female
CHEST

PA
20847 OPD
07/01/2023 9:23:35 AM
S. J. MEMORIAL SUPER SPECIALITY HOSPITAL SEC 63, CHHIJARSI, NOIDA
SELF