Name Mrs. JENETTA SAHAYA MARY A

PID No. : MED121371017

SID No. : 622021174

Age / Sex : 27 Year(s) / Female

Ref. Dr : MediWheel

Register On : 24/09/2022 9:18 AM

Collection On : 24/09/2022 9:55 AM

Report On Printed On 24/09/2022 12:49 PM

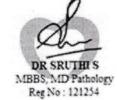
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24/09/2022 3:34 PM

Type

: OP

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
<b>IMMUNOHAEMATOLOGY</b>			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'B' 'Negative'		
<b>HAEMATOLOGY</b>			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.24	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	41.56	%	37 - 47
RBC Count (Blood/Impedance Variation)	04.80	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	86.58	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	27.57	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.85	g/dL	32 - 36
RDW-CV(Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	42.12	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7540	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	54.20	%	40 - 75
<b>Lymphocytes</b> (Blood/Impedance Variation & Flow Cytometry)	37.30	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01.60	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06.30	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.60	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated microscopically.	Five Part cell counter. A	All abnormal resu	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	4.09	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.81	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.12	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.48	10^3 / μΙ	< 1.0









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24/09/2022 4:38 PM

Printed On 26/09/2022 12:21 PM

Type

Report On



Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.05	10^3 / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	381	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	07.94	fL	8.0 - 13.3
PCT(Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	25	mm/hr	< 20
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	11.6		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	75	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)

Negative

Negative

Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)

mg/dL

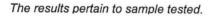
70 - 140

### INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.74	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	2.9	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum)	0.72	mg/dL	0.1 - 1.2
<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.26	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	34.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	37.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.9	U/L	< 38

DR SRUTHI S MBBS, MD Pathology Reg No: 121254



Name : Mrs. JENETTA SAHAYA MARY A

PID No. : MED121371017

SID No. : 622021174

Age / Sex : 27 Year(s) / Female

Ref. Dr : MediWheel

Register On : 24/09/2022 9:18 AM

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Type : OP

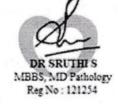


Investigation	<b>Observed Value</b>	<u>Unit</u>	<b>Biological Reference Interval</b>
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	56.3	U/L	42 - 98
Total Protein (Serum/Biuret)	6.83	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.70	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.13	gm/dL	2.3 - 3.6
A: G RATIO (Serum/Derived)	1.18		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	332.1 .	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	82.0	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	53.0	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	262.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	279.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad chòlesterol" and is a co-primary target for cholesterol lowering therapy.



Very High: >= 220

Name

: Mrs. JENETTA SAHAYA MARY A

PID No.

: MED121371017

SID No.

: 622021174

Age / Sex

: 27 Year(s) / Female

Ref. Dr

: MediWheel

Register On

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26/09/2022 12:21 PM

Type

: OP

Investigation	<b>Observed Value</b>	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
			9
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			250
HbA1C (Whole Blood/Ion exchange HPLC by D10)	4.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)

93.93

mg/dL

**INTERPRETATION: Comments** 

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies,

Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

### <u>IMMUNOASSAY</u>

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))

Chemiluminescent Immunometric Assav

1.76

ng/ml

0.7 - 2.04

#### INTERPRETATION:

#### Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/

971

µg/dl

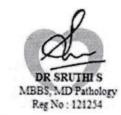
4.2 - 12.0

INTERPRETATION:

#### Comment:

(CLIA))

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.



The results pertain to sample tested.

Page 4 of 5

Mrs. JENETTA SAHAYA MARY A Name

PID No. : MED121371017

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Age / Sex : 27 Year(s) / Female

Ref. Dr MediWheel Register On 24/09/2022 9:18 AM

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24/09/2022 4:38 PM Report On

26/09/2022 12:21 PM **Printed On** 

0.35 - 5.50

Type : OP

Investigation

**Observed Value** 

1.58

Unit µIU/mL Biological Reference Interval

TSH (Thyroid Stimulating Hormone) (Serum

/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester: 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

RBCs (Urine)

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations. 3. Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

### CLINICAL PATHOLOGY

### Urine Analysis - Routine

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL

Nil

-- End of Report --

/hpf



NIL



Customer Name	MRS.JENETTA SAHAYA MARY A	Customer ID	MED121371017
Age & Gender	27Y/FEMALE	Visit Date	24.09.2022
Ref Doctor	MEDIWHEEL		

Thanks for your reference

### **DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

### **IMPRESSION:**

\* NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

TOLINE ABHIA, DNB, RD.



Customer Name Age & Gender	MRS.JENETTA SAHAYA M	(ADV)	
Ref Doctor	Z/1/FEMALE	Customer ID	MED121371017
	MediWheel	Visit Date	24/09/2022
	71 .		

Thanks for your reference

# REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT . SONOGRAM REPORT

# WHOLE ABDOMEN

Liver:

The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary

Gallbladder: The gall bladder is normal sized and smooth walled and contains

Pancreas:

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

Spleen:

The spleen is normal.

Kidneys:

The right kidney measures  $8.7 \times 3.1$  cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures  $9.5 \times 5.0$  cm. Normal architecture.

The collecting system is not dilated.

**Urinary** 

bladder:

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.



MRS.JENETTA CALLANA		
27V/FEMALE	Customer ID	MED121371017
	Visit Date	24/09/2022
	MRS.JENETTA SAHAYA MARY A 27Y/FEMALE MediWheel	27Y/FEMALE Visit Data

Uterus:

The uterus is anteverted, and measures  $7.6 \times 3.6 \times 5.2$  cm.

Myometrial echoes are homogeneous.

The endometrium is central and normal measures 3 mm in thickness.

Ovaries:

The right ovary measures 3.5 x 3.4 cm and shows a cyst of size

2.8 x 2.3 cm.

The left ovary measures 2.7 x 2.0 cm.

No significant mass is seen in the ovaries.

Parametria are free.

RIF:

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa.

The appendix is not visualized.

There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

### **IMPRESSION:**

Simple right ovarian cyst.

DR. PRARTHANA ANTOLINE ABHIA. DNB RD., CONSULTANT RADIOLOGIST.





# Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

Customer Name	MDC YES		02/003	experts who care
Age & Gender			MED1213	
Ref Doctor	27Y/FEMALE MediWheel	Visit Date	24/09/20	















# Medall Healthcare Pvt Ltd 10/5, HARSHA COMPLEX, NORTH BYE PASS ROAD, Vannarapetai, Tirunelveli-627003

Customer Name	MRS.JENETTA SAHAYA		
	MARY A	Customer ID	MED121371017
Age & Gender	27Y/FEMALE	Winit D.	
Ref Doctor	MediWheel	Visit Date	24/09/2022











Customer Name	MRS.JENETTA SAHAYA MARY A	Customer ID	MED121371017	
Age & Gender	27Y/FEMALE	Visit Date		
Ref Doctor	MediWheel Visit Date 24/09/2022			

### Thanks for your reference

## ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.9cm LVID s ... 2.8cm EF ... 74% **IVS** d ...0.6cm IVS s ... 0.5cm LVPW d ... 0.4cm LVPW s ... 1.1 cm LA ... 3.0cm AO ...2.5 cm **TAPSE** ... 22mm **IVC** ... 1.2 cm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion.



<b>Customer Name</b>	MRS.JENETTA SAHAYA MARY A	Customer ID	MED121371017
Age & Gender	27Y/FEMALE	Visit Date	24/09/2022
Ref Doctor	ef Doctor MediWheel		

### Doppler:

Mitral valve : E: 1.06m/s

A: 0.70m/s

E/A Ratio: 1.52

E/E: 11.78

Aortic valve: AV Jet velocity: 1.25 m/s

Tricuspid valve: TV Jet velocity: 2.86 m/s

TRPG: 32.79 mmHg.

Pulmonary valve: PV Jet velocity: 1.19 m/s

### **IMPRESSION:**

1. Normal chambers & Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

4. Pericardial effusion - Nil.

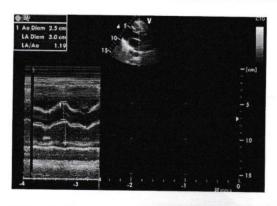
5. No pulmonary artery hypertension.

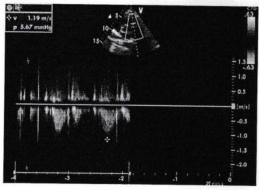
Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

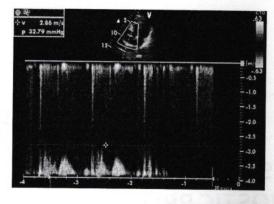


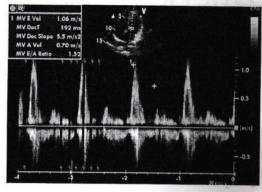
### Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

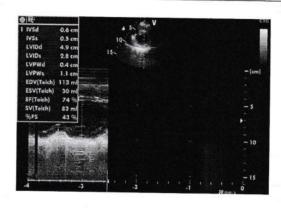
Customer Name	MRS.JENETTA SAHAYA MARY A	Customer ID	MED121371017
Age & Gender	27Y/FEMALE	Visit Date	24/09/2022
Ref Doctor			24/09/2022

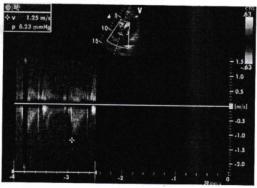


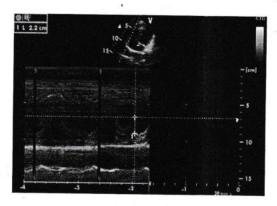


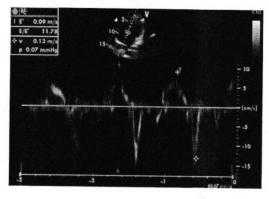














# MEDICAL EXAMINATION REPORT

1	Name Jenetta Sahoya	MONGGender M/F Date of Birth	26.03.1995
1	Position Selected For	Identification marks	
A.	HISTORY:		
	1. Do you have, or are you being tre	ated for, any of the following coeditions? (	please tick all that apply)?
	Anxiety	Cancer	gh Blood Pressure
	Arthritis	Depression/ bipolar disorder Hig	gh Cholesterol
	Asthama, Bronchitis, Emphysem	na Diabetes Mi	graine Headaches
	Back or spinal problems	Heart Disease Sin	nusitis or Allergic Rhinitis
	Epilepsy	Any other serious problem for which you are receiving medical attention	ay Fever)
	2. List the medications taken Regu		
*	3. List allergies to any known medi	cations or chemicals	
	4. Alcohol: Yes No	Occasional	
	5. Smoking: Yes No O	Quit(more than 3 years)	
	6. Respiratory Function :		200
		f breath while walking fast or taking stair - case'	? Yes No
	b. Do you usually cough a lot first t		Yes No
	c. Have you vomited or coughed of	out blood?	Yes No
	7. Cardiovascular Function & Physi		res No 1
	a. Exercise Type: (Select 1)		
	No Activity		
	<ul> <li>Very Light Activity (Seated At De</li> </ul>	esk, Standing)	
	<ul> <li>Light Activity (Walking on level s</li> </ul>	urface, house cleaning)	
	<ul> <li>Moderate Activity (Brisk walking</li> </ul>	dancing, weeding)	
	<ul> <li>Vigrous Activity (Soccer, Runnin</li> </ul>	g)	
	b. Exercise Frequency: Regular (le	ess than 3 days/ week) / Irregular (more than	3 days/ Week)
	c. Do you feel pain in chest when e	ngaging in physical activity?	Yes No
	8. Hearing :		
	a. Do you have history of hearing to		Yes No
	b. Do you experiences ringing in yo		Yes No
	c. Do you experience discharge fro	•	Yes No
	d. Have you ever been diagnosed	with industrial deafness?	Yes No
	9. Musculo - Skeletal History a. Neck :	Horo very service in the control of	
	b. Back :	Have you ever injured or experienced pain?  If Yes; approximate date (MM/YYYY)	Yes No
	c. Shoulder, Elbow, Writs, Hands	Consulted a medical professional ?	Yes No
	d. Hips, Knees, Ankles, Legs	Resulted in time of work?	Yes No
		Surgery Required?	Yes No
		Ongoing Problems ?	Yes No

-	10. Function History ☐			
	a. Do you have pain o	or discomfort when lifting	or handling heavy objects?	
	b. Do you have knee	pain when squatting or kr	neeling?	Yes No
	c. Do you have back	pain when forwarding or t	wisting?	Yes No
	d. Do you have pain o	r difficulty when lifting ob	jects above your shoulder height?	Yes No
	<ul> <li>e. Do you have pain appropriate response</li> </ul>	when doing any of the	e following for prolonged periods	Yes No
	and the second	•Kneeling	· v . [] [Z]	/
		•Sitting:	Oqualin	g: Yes No
	•Standing : Yes N		Yes No	- 1 Eq.
		Zoriding .		as designs
	g. Do you have pain w	hen working with hand to any difficulty operating ma	ols?	Yes No
	h. Do you have difficult	ty operating computer ins	achinery?	Yes No
	D			Yes No
B.	a. Height		2-36	Pulse-85
		b. Weight 59.5	Blood Pressure	175 mmhg
	Chest measurements:	a. Normal	b. Expanded	
	Waist Circumference		Ear, Nose & Throat	
	Skin		Respiratory System	40.
	Vision	. ~	Nervous System	
	Circulatory System		Genito- urinary System	1.2
	Gastro-intestinal System	_	Colour Vision	
	Discuss Particulars of Section B :-		_ cologi vision	
C.	REMARKS OF PATHOLO	GICAL TESTS		- k.3
	Chest X -ray	IGICAL TESTS:	7500	
	5		ECG	
	Complete Blood Count		Urine routine	
	Serum cholesterol		Blood sugar	, *.
	Blood Group	_	S.Creatinine	
D.	CONCLUSION:			
	Any further investigations re	quired	Any precautions suggested	
	Air Dyssimdem	gipe grow	1. ROZWEL -Porg 0-	77
E.	FITNESS CERTIFICATION			ximumn)-
			popular to be a first	
	or otherwise, constituti		ppear to be suffering from any d	lisease communicable
	o. outorwise, constituti		bodily informity except	
		I do not conside	r this as disqualification for employm	nent in the Company, S
	0		**	
	Candidate is free	from Contagious/Con	nmunicable disease	
	04/201-2		· m	
Date	: 24/09/22		Signature	of Medical Adviser
	or J. hate		C: S.MANIKAI	Sor o Jogy

Customer Name	mrs. Jenet to Suhoya	Customer ID	MED121371011
Age & Gender	27/4	Visit Date	24/09/22

### **Eye Screening**

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NØB	Nb
Distance Vision	a la	9 69
Colour Vision	Normal	Normal

Observation / Comments:

Vi





இர்கிய கனிப்பட்ட அடையாள ஆணைய அமைப்பு

# இந்திய அரசாங்கம் Unique Identification Authority of India Government of India

பதிவு அடையாளம் / Enrollment No.: 1092/12451/39997





உங்கள் ஆதார் எண் / Your Aadhaar No.

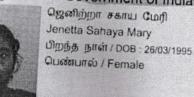
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ஆதார் - சாதாரண மனிதனின் அதிகாரம்



### இந்திய அரசாங்கம்

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