

**BILL OF SUPPLY (Original)****INDRA DIAGNOSTIC CENTRE**

(Unit Of Chandan Healthcare Ltd.)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257

Email: customercare@chandan.co.in

ISO 9001:2015



CIN :U85110DL2003PLC308206

GSTIN :09AACCC1996N1Z2

HSN :999316

Name Mrs.Deep Shikha-116140

Age/Gender 28 Y 11 M 23 D /Female

Contact No 7268816082

Address Allahabad

UHID ALDP.0000084414

Visit ID ALDP0227422122

Bill

ALDPB/21-22/00022742

Visit/Reg Date

31-Oct-2021 09:02AM

Referred By

Dr.Mediwheel - Arcofemi Health Care Ltd.

Contract By

Mediwheel - Arcofemi Health Care Ltd.[52610]Credit



S.No. Test Name

Rate Rebate Card Disc. Manual Disc. Total

S.No.	Test Name	Rate	Rebate	Card Disc.	Manual Disc.	Total
1	Mediwheel Bank Of Baroda Male & Female Below 40 Yrs	1800	0	0	0	1800

Bill Amount : 1800

Net Bill Amount : 1800

Total Paid Amount :

Due Amount : 1800

Received with thanks : Zero

Richa Mishra

You can download your report from 'www.chandandiagnostic.com' Enter user name as ITALDPA00001 and password as VG5K2W

For any query, kindly get in touch with us on  
[customercare@chandandiagnostic.com](mailto:customercare@chandandiagnostic.com)

सर्व में पल रहे शुण के लिंग की जाँच करना एक दंडनीय अपराध है.

**Attention Please!!**

Download Chandan24x7 app to view your report and get discount coupons.

Stool



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	MS. SHIKHA DEEP
EC NO.	116140
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	SIRATHU
BIRTHDATE	07-11-1992
PROPOSED DATE OF HEALTH CHECKUP	31-10-2021
BOOKING REFERENCE NO.	21D116140100005984E

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 **27-10-2021** till **31-03-2022** 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))

### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

7268816082



सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रमांक / Enrollment No.: 1390/30008/00216

To  
दीप शिखा  
Deep Shikha  
D/O: Ram Awadh Yadav  
121/15 Mahavir Puri (Shivkuli)  
Shivkuli Telyarganj  
Allahabad Civil Lines  
Cavellary Lines  
Allahabad Allahabad  
Uttar Pradesh 211004  
9506683048

01/05/2014

164455064



UA006244862IN



आपका आधार क्रमांक / Your Aadhaar No. :

**8929 1429 7144**

मेरा आधार, मेरी पहचान

*Shikha*

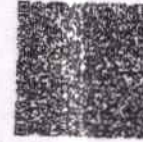


भारत सरकार

Government of India



दीप शिखा  
Deep Shikha  
जन्म तिथि / DOB : 07/11/1992  
महिला / FEMALE



**8929 1429 7144**

मेरा आधार, मेरी पहचान