

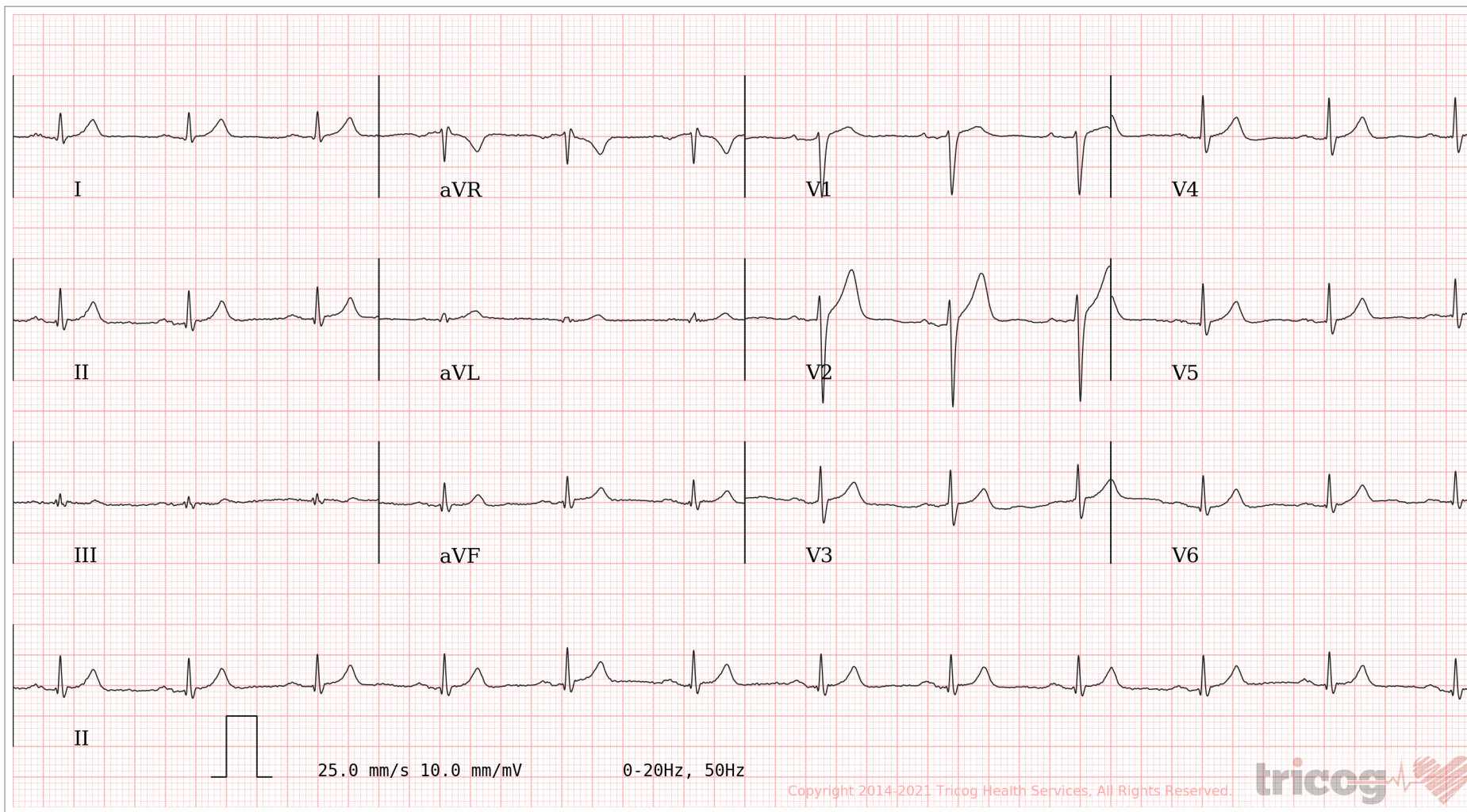


Age / Gender: 34/Male

Date and Time: 28th Aug 21 12:06 PM

Patient ID: CVAR0054882122

Patient Name: Mr.SANDEEP SAGAR-PKG10000238



AR: 72 bpm VR: 72 bpm QRSD: 88 ms QT: 332 ms QTc: 363 ms PRI: 172 ms P-R-T: 54° 48° 35°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Arunkumar Kakhandaki



SURYA

Super Speciality Hospital
(A unit of G. V. Meditech Pvt. Ltd.)

Name: Mr sandeep sagar

Gender: male

Age: 34 Yrs

UHID: 72769

Bill No: 296237

Lab No:

Ref. by: Self

Date: 28/08/2021

Time: 9.20 Pm

X – RAY CHEST P A VIEW

Soft tissues & bones in view are normal.

Trachea and mediastinum are central.

Heart is normal in size .

B/L lung fields are normal seen.

B/L costophrenic angles are clear.

Both domes of diaphragms are normally seen.

Thoracic cage appears normal.

IMPRESSION: Normal Study .

Please correlate clinically.

Radiologist

The Emergency Helpline
0542-2220111



CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795,0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr.SANDEEP SAGAR-PKG10000238	Registered On	: 28/Aug/2021 11:59:56
Age/Gender	: 34 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000021440	Received	: N/A
Visit ID	: CVAR0054902122	Reported	: 28/Aug/2021 12:33:23
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF CARDIOLOGY

2D ECHO *

2D ECHO & COLOUR DOPPLER REPORT

AORTIC VALVES STUDY

Ao DIAMETER	2.6 Cms.
LA DIAMETER	2.7 Cms.
CUSP OPENING	1.5 Cms.

LEFT VENTRICLE

IVSd	1.1cms
LVIDd	4.0cms
LVPWd	0.9cms
IVSs	1.3cms
LVIDs	2.6cms
LVPWs	1.1cms
EDV	73 ml
ESV	25 ml

EJECTION FRACTION	:	65 %	(60 ± 7 %)
SHORTENING FRACTION	:	35 %	(30 ± 5 %)

RIGHT VENTRICLE

RVIDd : 2.9 cm.

DIMENSIONAL IMAGING

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
PULMONARY VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
INTER VENTRICULAR SEPTUM:		NORMAL
INTERATRIAL SEPTUM	:	NORMAL
INTRACARDIAC CLOT / VEGETATION / MYXOMA :		ABSENT
LEFT ATRIUM	:	NORMAL
LEFT VENTRICLE	:	NORMAL
RIGHT VENTRICLE	:	NORMAL
RIGHT ATRIUM	:	NORMAL
PERICARDIUM	:	NORMAL
OTHER	:	NORMAL





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DEPARTMENT OF CARDIOLOGY

COLOUR FLOW MAPPING

	VELOCITY m/s	PRESSURE GRADIENT mm/Hg	REGURGITATION
MITRAL FLOW	E: NORMAL A:		TRACE
AORTIC FLOW		NORMAL	ABSENT
PULMONARY FLOW		NORMAL	ABSENT
TRICUSPID FLOW		NORMAL	TRACE

SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LV IS NORMAL IN SIZE AND EJECTION FRACTION. NO LVH. NO RWMA
- OTHER PARAMETERS WITHIN NORMAL RANGE
- IAS AND IVS ARE INTACT, NO SHUNT AT GREAT VESSEL
- NO THROMBUS /CLOT/ EFFUSION

FINAL IMPRESSION

- NO RESTING RWMA
- GOOD BIVENTRICULAR SYSTOLIC FUNCTION WITH LVEF 65%
- BORDERLINE LVH WITH NORMAL DIASTOLIC FUNCTION
- NO CHAMBER DILATATION WITH TRACE MR AND TR
- NO CLOT/ VEGETATION/ PAH/ EFFUSION

*** End Of Report ***



Dr. Ganesh Shankar (MBBS PGDCC)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) * , Blood

Blood Group	O
Rh (Anti-D)	POSITIVE

COMPLETE BLOOD COUNT (CBC) * , Blood

Haemoglobin	15.70	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	7,100	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

DLC

Polymorphs (Neutrophils)	60.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

ESR

Observed	10.00	Mm for 1st hr.
Corrected	6.00	Mm for 1st hr. < 9
PCV (HCT)	42.80	cc % 40-54

Platelet count

Platelet Count	1.60	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.21	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	4.38	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	97.70	fl	80-100	CALCULATED PARAMETER
MCH	35.80	pg	28-35	CALCULATED PARAMETER
MCHC	36.60	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.60	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,260.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	213.00	/cu mm	40-440	



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Fasting <i>Sample:Plasma</i>	77.30	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP <i>Sample:Plasma After Meal</i>	120.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.



S.N. Sinha
Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	28.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	88	mg/dl		

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



Anupam Singh

Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	12.10	mg/dL	7.0-23.0	CALCULATED
Creatinine <i>Sample:Serum</i>	1.00	mg/dl	0.7-1.3	MODIFIED JAFFES
e-GFR (Estimated Glomerular Filtration Rate) <i>Sample:Serum</i>	101.00	ml/min/1.73m ²	90-120 Normal - 60-89 Near Normal	CALCULATED
Uric Acid <i>Sample:Serum</i>	6.60	mg/dl	3.4-7.0	URICASE
L.F.T.(WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	33.90	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	35.50	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	13.50	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.60	gm/dl	6.2-8.0	BIRUET
Albumin	4.00	gm/dl	3.8-5.4	B.C.G.
Globulin	3.60	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.11		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	89.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	3.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	1.60	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	2.00	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) * , Serum				
Cholesterol (Total)	211.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	37.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	143	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	30.54	mg/dl	10-33	CALCULATED
Triglycerides	152.70	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High
>500 Very High



S.N. Sinha
Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

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URINE EXAMINATION, ROUTINE * , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic (6.5)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%
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Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2





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MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



S.N. Sinha

Dr.S.N. Sinha (MD Path)





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total ** <i>Sample:Serum</i>	0.390	ng/mL	< 1.3	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL **, Serum

T3, Total (tri-iodothyronine)	121.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	9.36	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.70	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.





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Visit ID	: CVAR0054882122	Reported	: 29/Aug/2021 11:37:20
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

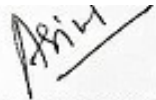
DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.




Dr. Anupam Singh
M.B.B.S, M.D. (Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
Ph: 9235447795, 0542-2223232
CIN : U85110DL2003PLC308206



Patient Name	: Mr.SANDEEP SAGAR-PKG10000238	Registered On	: 28/Aug/2021 11:31:13
Age/Gender	: 34 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000021440	Received	: N/A
Visit ID	: CVAR0054882122	Reported	: 28/Aug/2021 12:41:52
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

- The liver is normal in size (12.1 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.
- Gall bladder is well distended and is normal.
- Portal vein (12 mm) and CBD (2.4 mm) are not dilated.
- Pancreas is normal in size, shape and echogenicity.
- Spleen is normal in size (10.0 cm), shape and echogenicity.
- Right kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Right pelvicalyceal system is not dilated.
- Right kidney measures : 9.1 x 3.7 cm
- Left kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen. Left pelvicalyceal system is not dilated.
- Left kidney measures : 9.6 x 5.0 cm
- Urinary bladder is (85 cc) normal in shape, outline and distension. Lumen is anechoic and no wall thickening seen.
- The prostate is normal in size (30 x 29 x 21 mm/ 10 cc), shape and echopattern.
- No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically

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

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, X-RAY DIGITAL CHEST PA, TREAD MILL TEST



Ray

Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location

Page 12 of 12



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018



Since 1991



CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediowheel

Name of Executive: Sandeep Sagar

Date of Birth: 1987

Sex: Male

Height: 170

Weight: 70

BMI (Body Mass Index): 24.2

Chest (Expiration / Insp): 82 / 86

Abdomen: 75

Blood Pressure: 130/80

Pulse: 80 bpm regular

RR: 16

Ident Mark: mole on lower lips.

Any Allergies: NA

Vertigo: NA

Any Medications: Medicine for ablation of heart. Med-concor dising since 4 yrs.

Any Surgical History: ~~Coronary artery bypass graft~~; patient underwent ablation RA year 2016, at BLK Hosp. Delhi.

Habits of alcoholism/smoking/tobacco: NA

Chief Complaints if any: NA

Lab Investigation Reports: Reports Att.

Eye Check up vision & Color vision: normal

Left eye: normal

Right eye: normal

Near vision: normal





CHANDAN DIAGNOSTIC CENTRE

Far vision : wear power glass. Power not confirm wearing
 from 6-7 yrs.
 ENT consultation : Normal
 Dental Checkup : Normal
 Eye Checkup : Normal

Final impression:

Certified that I examined Sandeep Sagar S/o or D/o
 is presently in good health and free from any cardio-respiratory/communicable
 ailment, he/she is Fit / Unfit to join any organization.

Sandeep Sagar
 28.08.2021
Client Signature

[Handwritten Signature]
Signature of Medical Examiner

Dr. R.C. ROY
 MBBS., MD. (Radio Diagnosis)
 Reg. No.-26918

Name & Qualification *Dr R C Roy, MBBS, MD*
Date *29/08/21* Place **VARANASI**



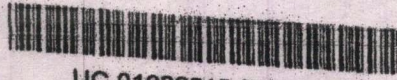


भारतीय विशिष्ट पहचान प्राधिकरण
 भारत सरकार
 Unique Identification Authority of India
 Government of India

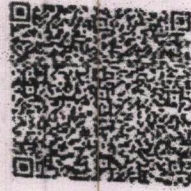
नामांकन क्रमांक Enrolment No.: 1007/14009/02984

29/10/2011

To,
 Sandeep Sagar
 संदीप सागर
 S/O Netra Pal Singh
 H. NO. 138-A Street NO. 3, C-Block
 BRIJPURI Dayalpur
 North East
 Delhi 110094



UC 01026019 0 IN
 Ref No.:412B3E9X-1026019



FOR INDIAFIRST INSURANCE

आपका आधार क्रमांक / Your Aadhaar No. :

3926 6651 9148

आधार — आम आदमी का अधिकार



भारत सरकार
 GOVERNMENT OF INDIA

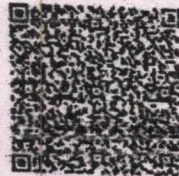


संदीप सागर
 Sandeep Sagar

:
:

जन्म वर्ष / Year of Birth : 1987
 पुरुष / Male

3926 6651 9148



Sandeep Sagar
Sandeep Sagar

आधार — आम आदमी का अधिकार



D63/6B-99, Shivaji Nagar Colony,
Mahmoorganj, Varanasi, Uttar Pradesh
22 10 10, India

Latitude

25.305401°

Longitude

82.979072°

LOCAL 11:52:30

GMT 06:22:30

SATURDAY 08.28.2021

ALTITUDE 19 METER



Stool Sample Not given

Sandeep Sagar
28.08.2021
Sandeep Sagar

