



ECHOCARDIOGRAPHY REPORT

Date : 25-02-2023

O.P.D.NO. :

Patient name : MRS. KIRNA RANA

AGE/SEX: 39Y/F

Dr. Name : SANJAY KUMAR GUPTA

2DECHO

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

2DRWMA

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

COLOUR DOPPLER

- ...**No..** Significant valvular 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

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

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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.

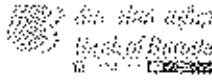
Loss must be reported immediately to police and parent.nearest bank office.

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)



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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	KIRNA RANA
DATE OF BIRTH	19-12-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-02-2023
BOOKING REFERENCE NO.	22M91041100044346S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RANA ARVIND
EMPLOYEE EC NO.	81041
EMPLOYEE DESIGNATION	SECURITY
EMPLOYEE PLACE OF WORK	KARNAL,RO KARNAL
EMPLOYEE BIRTHDATE	11-02-1978

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's spouse 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))



भारत सरकार
Government of India

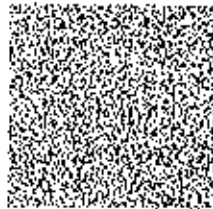
आधार कार्ड
Aadhaar Card

आधार सं. / Enrollment No.: 109373007205358

Download Date: 15/02/2011

श्री. राजेश कुमार शर्मा
Rajesh Kumar
V/O Anand Plaza
VILLAGE: PALAH PO B H BAGDARA TEHSIL: SUJANPUR
Dist: BHOJPA
Haryana Pradesh - 126110
980625397

Issue Date: 15/02/2011



आपका आधार क्रमंक / Your Aadhaar No. :

5251 1296 5494

VID : 9153 7330 3273 9142

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



श्री. राजेश कुमार शर्मा
Rajesh Kumar
व/ओ अनंद प्लाजा
विलेज पालह
Dist: BHOJPA

Download Date: 15/02/2011

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VID : 9153 7330 3273 9142

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



सूचना

- आधार पहचान का प्रमाण है, नगरिकता 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.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को बना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar
- Copy Aadhaar in your smart phone - use mAadhaar App

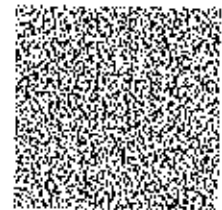


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



श्री. राजेश कुमार शर्मा
V/O Anand Plaza, VILLAGE: PALAH PO B H
BAGDARA TEHSIL: SUJANPUR Dist:
BHOJPA Haryana Pradesh - 126110

Address:
V/O Anand Plaza, VILLAGE: PALAH PO B H
BAGDARA TEHSIL: SUJANPUR Dist:
BHOJPA, Haryana Pradesh - 126110



5251 1296 5494

VID : 9153 7330 3273 9142

मेरा आधार, मेरी पहचान

Health Check up Booking Request(bobS30714), Beneficiary Code-1 3843

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

Cc: mediwheelwellness@gmail.com

Thu 23-02-2023 13:53

**सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में ही नहीं क्लिक कर वित्तक ना करें या अटैचमेंट न 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 KIRNA RANA,

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 & 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 Female Below 40

Name of Diagnostic/Hospital : Park Hospital-Karnal

Address of Diagnostic/Hospital : A CHD City, NH-1, Sector 45, Karnal, Haryana 132116A

Appointment Date : 25-02-2023

Preferred Time : 8:00am-8:30am



GST No : U6AA4DCD7944G1ZL

PAN No : AADCD7944G

OPD Credit Bill

Name : Mrs.KIRNA RANA
 Age/Sex : 39-YRS / Female
 MR No. : MR/23/001423
 Address : #1801 ue enclave sector-13 -KARNAL,
 INDIA

Contact No. : 9816905307
 Date : 25-Feb-2023 09:28 AM
 Credit Bill : OBL/22-23/00021236

Doctor : DR. HIMANSHU SINGLA

Particulars	Units	Amount
MEDIWHEEL FULL BODY MALE AND FEMALE BELOW 40 ()		1900.00
ADMISSION CHARGES		
DR. SOMPAL ()	1.00	
DR. ROHIT SADANA ()	1.00	
CARDIOLOGY		
ECG 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	
RADIOLOGY		
USG ABDOMEN ()	1.00	
X RAY CHEST PA ()	1.00	

Total 1900.00

Discount

Amount Paid 0

Previous Bal. 0.00

To Receive 1900.00

Signature

0.00

Sponsored By : MEDIWHEEL

25-Feb-2023 09:28 AM

Signature

Prepared By : JIVESH SHARMA

Printed By : Mr. JIVESH SHARMA

Thank You For Your Business.



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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.	: LSHHI300501	MR No.	: MR/23/001422
Patient Name	: Mr. ARVIND RANA	Doctor	: Dr. SOMPAL
Age/Sex	: 45 YRS Sex : Male	Reporting Date/Time	: 25-Feb-2023 04:33 PM
Visit Date & Time	: 25-Feb-2023 09:25 AM		
OPD/IPD	: OPD	IPD No	:

ULTRASOUND

There is mild hepatomegaly & the liver is more hyper echoic with distal acoustic attenuation. The diaphragm & the distal hepatic vessels are not defined sharply. 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. Prostatic volume is 17.1 cc

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.

FATTY LIVER GRADE II

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.)

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Park Group of Hospitals : West Delhi • South Delhi • Gurgaon • Faridabad • Hodal • Panipat

the health care providers the health care providers



Diagn ^o stics S. No. : LSHHI300501	MR No. : MR/23/001422
Patient Name : Mr. ARVIND RANA	Doctor : Dr. SOMPAL
Age/Sex : 45 YRS Sex : Male	Date & Time : 25-Feb-2023 09:25 AM
OPD/IPD : OPD	Sample Collection : 25-Feb-2023 09:41 AM
IPDNo :	Reporting Date/Time : 25-Feb-2023 01:43 PM
	ReferDoctor :

BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>BLOOD GLUCOSE FASTING</u>				
BLOOD SUGAR FASTING		108	70-110	mg/dl
<u>BLOOD GLUCOSE PP</u>				
BLOOD SUGAR PP		110	80-140	mg/dl

HAEMATOLOGY

BLOOD GROUP And RH TYPE

BLOOD GROUP ABO & Rh "B" POSITIVE

CBC(COMPLETE BLOOD COUNT)

HAEMOGLOBIN		14.4	13.0-17.0	gm/dl
TLC (Total Leucocyte Count)		5300	4000-11000	/cumm
NEUTROPHILS		67	45-75	%
LYMPHOCYTES		28	20-45	%
EOSINOPHILS		02	0-06	%
MONOCYTES		03	02-10	%
BASOPHILS		00	0-2	%
RBC		4.84	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT		43.7	35-45	%
MCV		90.3	76-96	fl
MCH		29.8	27-31	Picogram
MCHC		33	30-35	gm/dl
RDW		12.3	11.5-14.5	%
PLATELETS		2.59	1.5-4.0	Lacs

BIO-CHEMISTRY



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Diagnosics S. No.	: LSHHI300501	MR No.	: MR/23/001422
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Age/Sex	: 45 YRS Sex : Male	Date & Time	: 25-Feb-2023 09:25 AM
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		Refer Doctor	:

CREATININE SERUM

CREATININE 1.3 0.6-1.4 mg/dl

HAEMATOLOGY

ESR

ESR H 22 0-20 mm/1sthr

BIO-CHEMISTRY

LFT (LIVER FUNCTION TEST)

BILIRUBIN (TOTAL) 0.70 0.1-1.2 mg/dl
 BILIRUBIN DIRECT 0.20 0.0-0.3 mg/dl
 BILIRUBIN INDIRECT 0.50 0.1-0.9 mg/dl
 SGOT (AST) H 48 0-40 IU/L
 SGPT (ALT) H 85 0-40.0 IU/L
 ALK. PHOSPHATASE H 245 42.0-119 IU/L
 TOTAL PROTEIN 7.9 6.0-8.0 gm/dl
 ALBUMIN 4.9 3.20-5.0 gm/dl
 GLOBULIN 3.0 2.30-3.80 gm/dl
 A/G Ratio 1.6 1.0-1.60

LIPID PROFILE

TOTAL CHOLESTEROL 241 0-250 mg/dL
 TRIGLYCERIDE H 292 0-161 mg/dL
 HDL-CHOLESTEROL 48 30.0-60.0 mg/dL
 LDL CHOLESTEROL H 134.6 0-130 mg/dL
 VLDL H 58.4 0-40 mg/dL
 LDL / HDL RATIO 2.80 0.0-3.55

OTHER INVESTIGATIONS

PSA (PROSTATE SPECIFIC ANTIGEN TOTAL)

PSA TOTAL 0.158 0.0-5.0 ng/ml



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Diagnosis S. No.	: LSHHI300501	MR No.	: MR/23/001422
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		Refer Doctor :	

IMMUNOLOGY

TSH TOTAL

TSH 3.40 0.30-4.5 uIU/mL

BIO-CHEMISTRY

UREA

BLOOD UREA 18 13.0-45.0 mg/dl

URIC ACID, SERUM

URIC ACID H 8.5 3.0-7.2 mg/dl

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

VOLUME	25	-	ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.0	5.5-8.5	
SPECIFIC GRAVITY	1.015	1.005-1.030	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	0-1	1-2	/HPF
RBC CELLS	NIL	-	/HPF
EPITHELIAL CELLS	NIL	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	



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IPDNo	:	Reporting Date/Time	: 26-Feb-2023 09:49 AM
		ReferDoctor	:

HAEMATOLOGY

HBA1C

HBA1C

6.3 %

< 6.0 Non diabetic

Diabetic :-

6-7 -good control.

7-8 weak control

> 8 poor control

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 09:49 AM
		ReferDoctor	:

IMMUNOLOGY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>TSH TOTAL</u>				
TSH		3.40	0.30-4.5	uIU/mL



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

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Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

GST No : 06AADCD7944G1ZL



PAN No : AADCD7944G

OPD CARD

Receipt No: FRT/22-23/000019871

Date : 25-Feb-2023 04:52 PM

MR NO. : MR/23/001423

Age/Sex. : 39 YRS / Female

Name : Mrs.KIRNA RANA

Panel : HOSPITAL

Doctor : Dr. SOMPAL

Contact No. : 9816905307

Department : MEDICINE

<p>Initial Assessment</p> <p>Known Drug Allergy (If Any)</p>	<p><i>Done for Routine Investigation</i></p>
<p>Height :</p> <p>weight - <i>73kg</i></p> <p>Vitals <i>BP-120/80mmHg</i> <i>PR-98/min</i> <i>SpO2-99%</i></p>	<p>Chief Complaints & H/O Present illness</p> <p><i>As examination</i></p> <hr/> <p><i>All Routine Investigation - well</i></p>
<p>Investigation :</p> <p><i>ADD</i></p> <p><i>VIT. D3 level</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>Nutritional Assessment :</p> <p><i>[Signature]</i></p>	<p>Examination</p> <p>Diagnosis</p>
<p>Preventive Advice (If any)</p>	<p>Treatment</p>
<p style="text-align: right;">Name Sign of Doctor</p>	

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

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