


<b>Name</b> : Mr. SRINIVAS RAMACHANDRA JUJUR  <b>Address</b> : E CITY  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 47 Y  <b>Sex</b> : M	<b>UHID</b> :CELE.0000125041  <small>* CELE . 0 0 0 0 1 2 5 0 4 1 *</small> <b>OP Number</b> :CELEOPV325446 <b>Bill No</b> :CELE-OCR-53081 <b>Date</b> : 09.12.2023 09:55
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>URINE GLUCOSE(FASTING) - 12</del>	
<del>2</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>3</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<del>4</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>5</del>	<del>2D ECHO - 11 - 10.30AM</del>	
<del>6</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>7</del>	<del>X-RAY CHEST PA - 9</del>	
<del>8</del>	<del>GLUCOSE, FASTING</del>	
<del>9</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ENT CONSULTATION</del>	
<del>11</del>	<del>FITNESS BY GENERAL PHYSICIAN</del>	
<del>12</del>	<del>DIET CONSULTATION</del>	
<del>13</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>14</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>15</del>	<del>PERIPHERAL SMEAR</del>	
<del>16</del>	<del>ECG - 13</del>	
<del>17</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>18</del>	<del>LIPID PROFILE</del>	
<del>19</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>20</del>	<del>OPHTHAL BY GENERAL PHYSICIAN</del>	
<del>21</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>22</del>	<del>ULTRASOUND - WHOLE ABDOMEN - 8</del>	
<del>23</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>24</del>	<del>DENTAL CONSULTATION - 15 - 10.30AM</del>	
<del>25</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	

NAME:

AGE/SEX:

UHID:

CHIEF COMPLAINTS:

PAST/FAMILY HISTORY:-

ALLERGIES:-

GENERAL EXAMINATION:-

PULSE: 73	BP: 131/93	TEMP:	RR:
HT: 158	WT: 68.4	WAIST: ~88 Hip - 93	BMI: 27.3

SYSTEMIC EXAMINATION:-

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
DISTANT	6/6	6/6	—
NEAR	N6	N6	+1.75
COLOUR	N	N	normal

Chest:

CVS:

P/A:

IMPRESSION:-

FINAL RECOMMENDATIONS:-





Author: *Dr. Yogesh MD, DNB, J Reg No- K*

Interpretation  
 Sinus Rhythm Regular  
 No Significant ST-T Changes  
 Normal Axis

Measurements  
 HR : 76 BPM  
 PR : 146 ms  
 PD: 116 ms  
 QRS: 94 ms  
 QRS Axis: 61 deg  
 QT/QTc: 389/438 ms

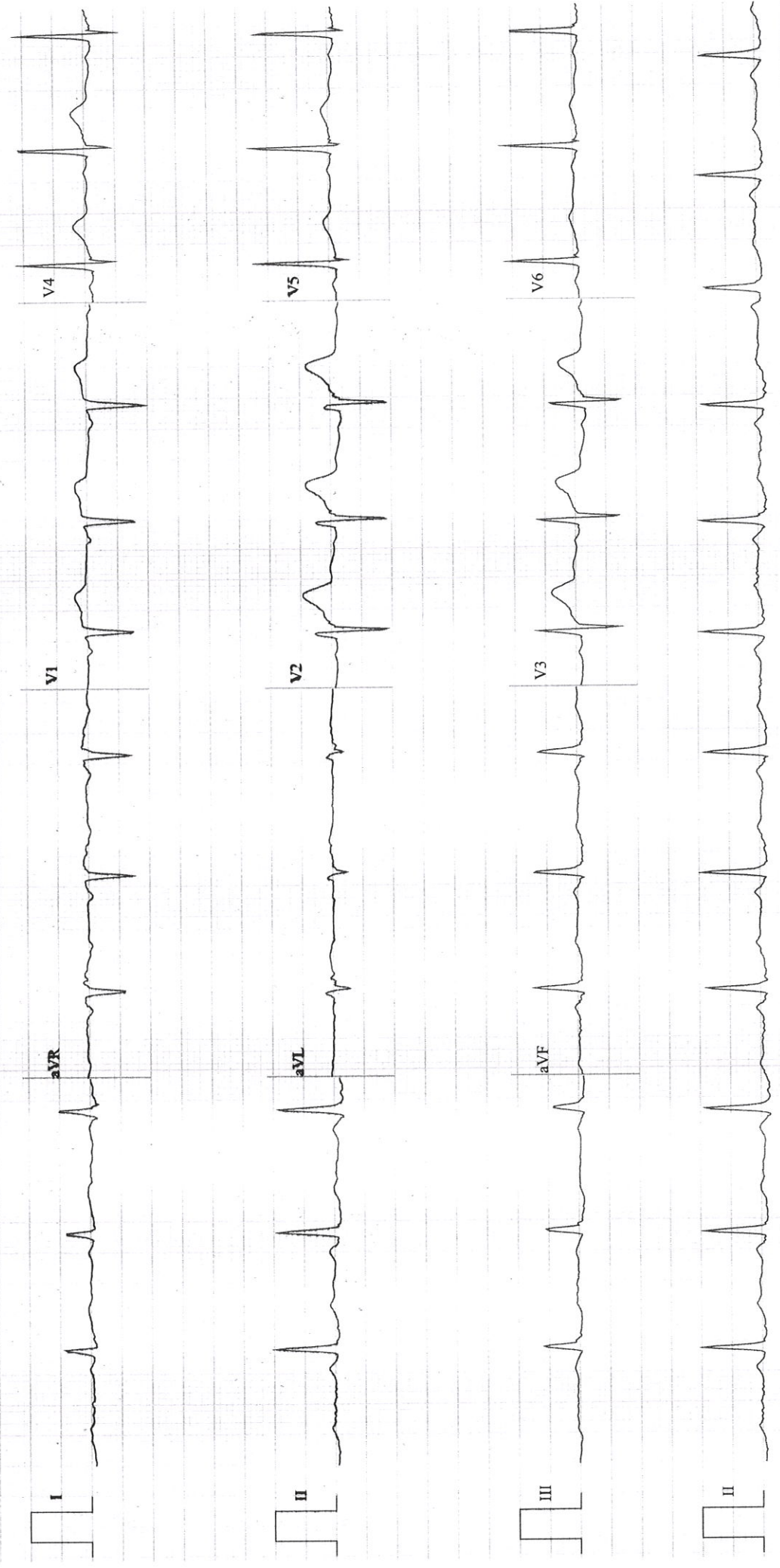
Vitals

Symptoms

Pre-Existing Medical-Conditions

Personal Details  
 UHID: 00XHEIPU6QW0XMH  
 PatientID: 125041  
 Name: Mr Srinivas Ramachandra Ju  
 Age: 47  
 Gender: Male  
 Mobile: 9916080818

This trace is generated by **KardiosScreen: Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX**



Patient Name	: Mr. SRINIVAS RAMACHANDRA JUJUR	Age	: 47 Y M
UHID	: CELE.0000125041	OP Visit No	: CELEOPV325446
Reported on	: 10-12-2023 11:38	Printed on	: 10-12-2023 11:39
Adm/Consult Doctor	:	Ref Doctor	: SELF

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## DEPARTMENT OF RADIOLOGY

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### X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

### CONCLUSION :

No obvious abnormality seen

Printed on:10-12-2023 11:38

---End of the Report---

**Dr. VIDHYA THANGAMANI**  
MBBS. D.N.B in Radio Diagnosis  
Radiology

## 2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MR SRINIVAS RAMACHANDRA JUJAR

DATE :09/12/2023

AGE/SEX: 47Y / M

REF : ARCOFEMI

UHID:125041/12/57

**\*\*\* MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE ( IVS & IAS ).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



**DR (CAPT.)S.V KRISHNA RAO**

**MD (PGI), DNB (Card)**

**Senior Consultant – Cardiologist**

**Reg No : ANP 19780000746KTK**

**To correlate with clinical findings & other relevant investigations .**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

**APOLLO CLINICS NETWORK KARNATAKA**

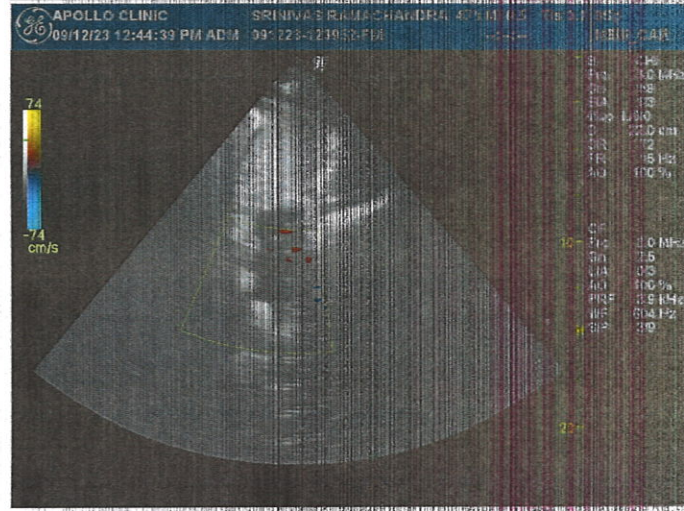
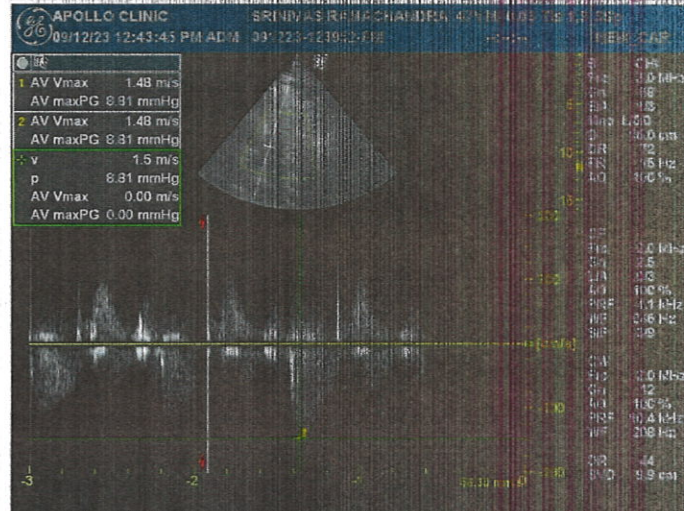
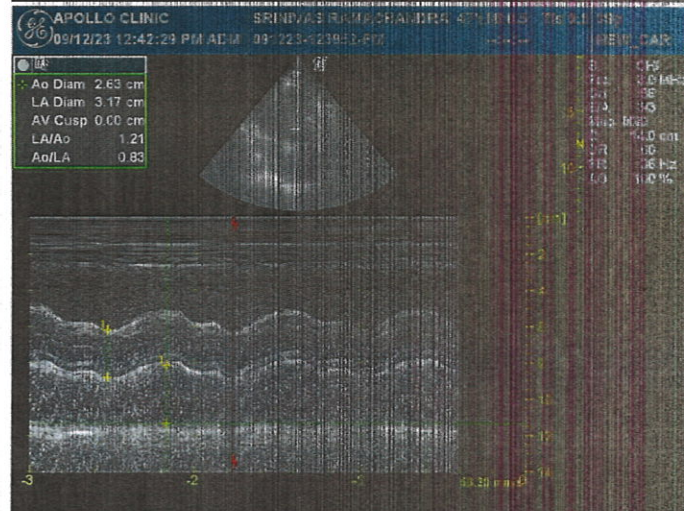
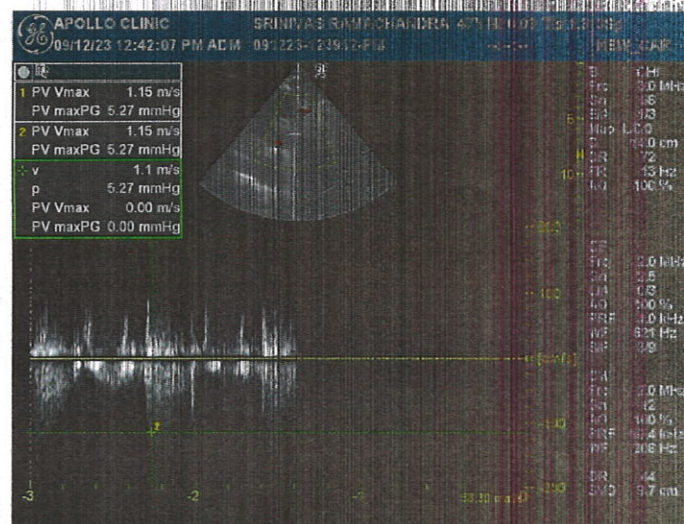
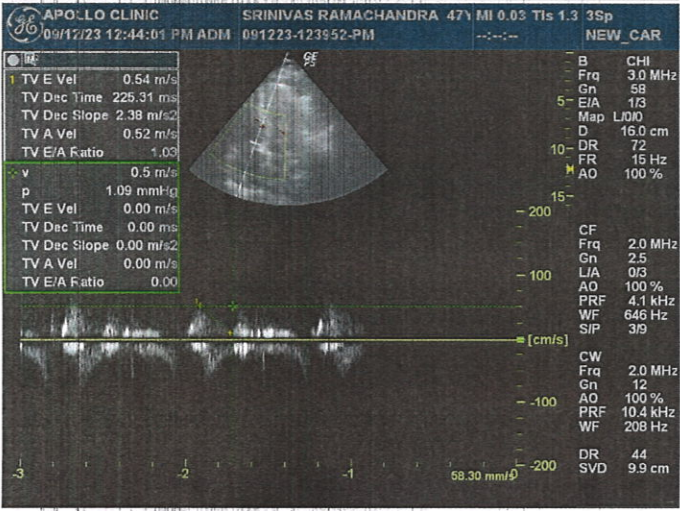
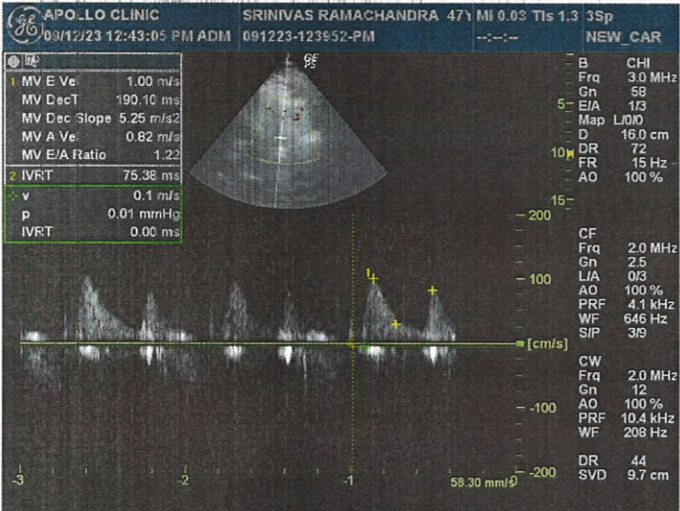
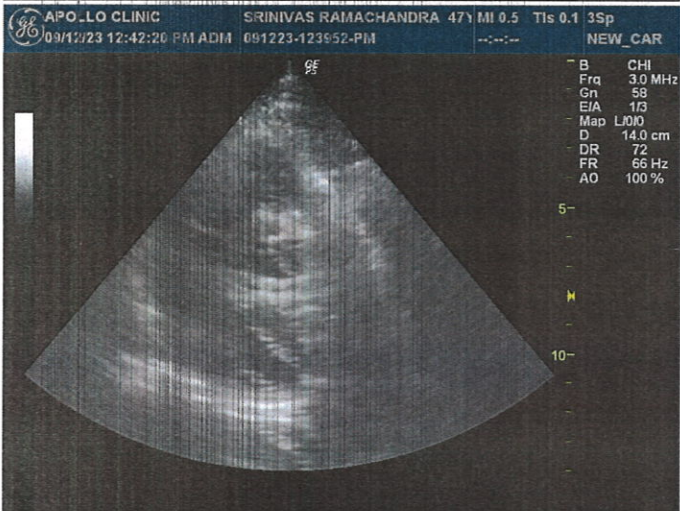
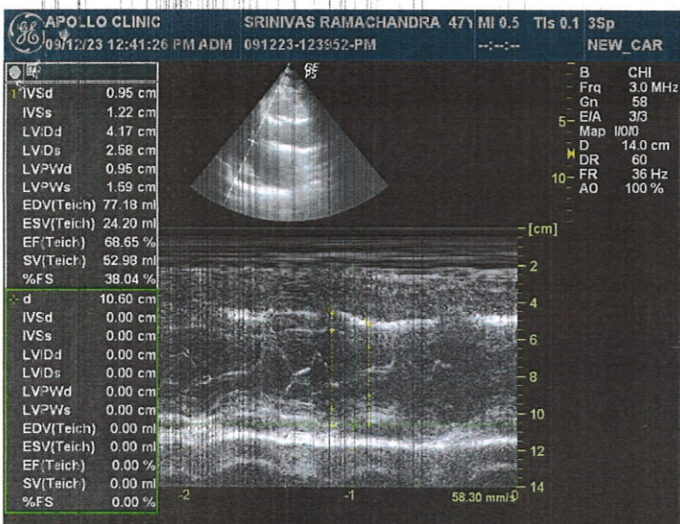
**Bangalore** (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: [www.apolloclinic.com](http://www.apolloclinic.com)

TO BOOK AN APPOINTMENT

 **1860 500 7788**









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	SRINIVAS RAMACHANDRA JUJAR
DATE OF BIRTH	17-10-1976
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-12-2023
BOOKING REFERENCE NO.	23D76024100076652S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. TONAPE SHEETAL
EMPLOYEE EC NO.	76024
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	ANEKAL
EMPLOYEE BIRTHDATE	01-08-1982

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 **24-11-2023** till **31-03-2024**. 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.

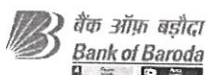
We solicit your co-operation in this regard.

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



आधार

ಭಾರತ ಸರ್ಕಾರ  
Unique Identification Authority of India  
Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 1020/20263/70740

To  
ಶ್ರೀನಿವಾಸ್ ಆರ್ ಜುಜಾರ  
Shrinivas R Jujar  
S/O Ramachandra  
G118  
2nd,main 5th cross  
Upkar Green Fields  
Attibele  
Attibele  
Bengaluru Karnataka - 562107  
9916080818

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Date: 20/11/2017 11:37:09



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**4058 0131 4682**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಶ್ರೀನಿವಾಸ್ ಆರ್ ಜುಜಾರ  
Shrinivas R Jujar  
ಜನ್ಮ ದಿನಾಂಕ/DOB: 17/10/1976  
ಪುರುಷ/ MALE



**4058 0131 4682**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು