

भारत सरकार

Government of India



अलोक कुमार Alok Kumar जन्म तिथि / DOB : 12/06/1993 पुरुष / Male

2746 9545 0287 बिल्हिस्टिंग आधार - आम आदमी का अधिकार

B38/42/27, Mohinikunj, Mahmoorganj, Varanasi, Uttar-Pradesh 221010, India Latitude Longitude 25.305348° 82.979027° LOCAL 09:59:32 SUNDAY 10.01.202

GMT 04:29:32

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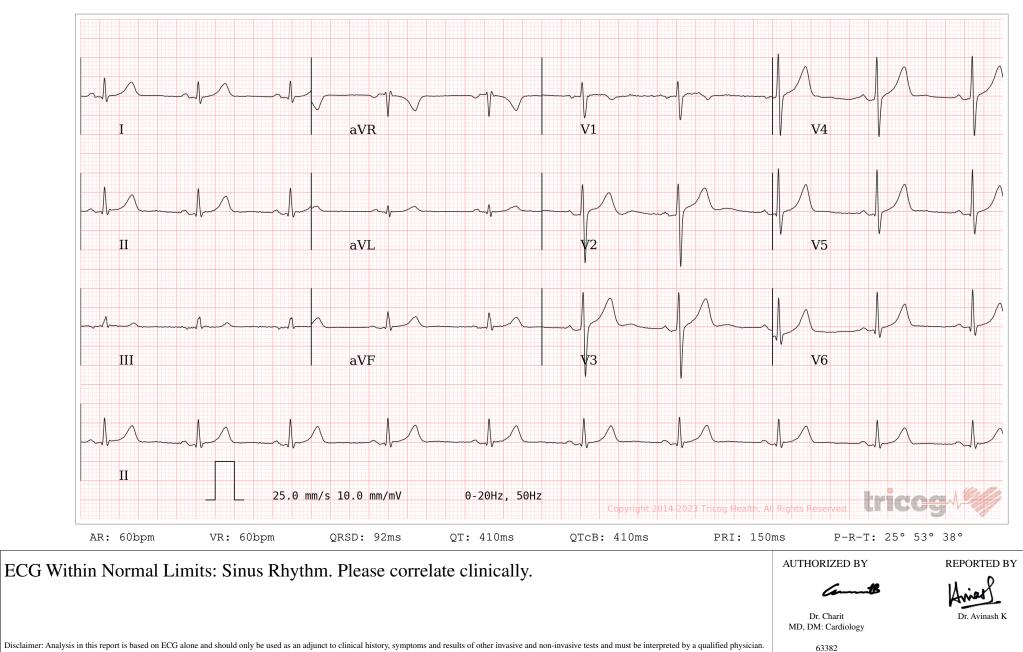
SUNDAY 10.01.2023 ALTITUDE 37 METER

Chandan Diagnostic

Date and Time: 1st Oct 23 9:52 AM



Age / Gender: 29/Male CVAR0058712324 Patient ID: Patient Name: Mr.ALOK KUMAR -BOBE47292



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

	CHANDAN I	DIAGNOS	TIC CENT	TRE	
Chandan	Add: 99, Shivaji Nagar Ma	hmoorganj,Varanas	i		30
	Ph: 9235447795,0542-350				YEARS
Since 1991	CIN : U85110DL2003PL0	2308206			
Patient Name :	Mr.ALOK KUMAR -BOBE4	7292	Registered O	n : 01/Oct/2023 09	:23:39
Age/Gender :	29 Y 0 M 0 D /M		Collected	: 01/Oct/2023 10	
- , -	CVAR.0000042183		Received	: 01/Oct/2023 10	
	CVAR0058712324		Reported	: 01/Oct/2023 12	:40:32
Ref Doctor :	Dr.MEDIWHEEL VNS -		Status	: Final Report	
				LOGY VIALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO	& Rh typing) * , Blood				
Blood Group		0			ERYTHROCYTE
					MAGNETIZED
					TECHNOLOGY / TUBE
Rh (Anti-D)		POSITIVE	2		AGGLUTINA ERYTHROCYTE
KII (AIIII-D)		POSITIVE			MAGNETIZED
					TECHNOLOGY / TUBE
					AGGLUTINA
		Ser and			
	unt (CBC) * , Whole Bloc				
Haemoglobin		15.20	g/dl	1 Day- 14.5-22.5 g/dl	
				1 Wk- 13.5-19.5 g/dl	
			131	1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl	
				0.5-2 Yr- 10.5-13.5 g/dl	
				2-6 Yr- 11.5-15.5 g/dl	
				6-12 Yr- 11.5-15.5 g/dl	
				12-18 Yr 13.0-16.0 g/dl	
				Male- 13.5-17.5 g/dl	
		8,000.00	/Cu mm	Female- 12.0-15.5 g/dl 4000-10000	
TLC (WBC) <u>DLC</u>		8,000.00	/cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutro	nhils)	65.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	prins)	30.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils		2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils		0.00	%	<1	ELECTRONIC IMPEDANCE
ESR		0.00	,,,		
Observed		10.00	Mm for 1st hr.		
Corrected		6.00	Mm for 1st hr.	<9	
PCV (HCT)		42.80	%	40-54	
Platelet count					
Platelet Count		1.86	LACS/cu mm	1.5-4.0	ELECTRONIC
			,		IMPEDANCE/MICROSCOPIC
PDW (Platelet Distri	oution width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large	e Cell Ratio)	nr	%	35-60	ELECTRONIC IMPEDANCE





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ALOK KUMAR -BOBE47292	Registered On	: 01/Oct/2023 09:23:39
Age/Gender	: 29 Y 0 M 0 D /M	Collected	: 01/Oct/2023 10:41:17
UHID/MR NO	: CVAR.0000042183	Received	: 01/Oct/2023 10:46:31
Visit ID	: CVAR0058712324	Reported	: 01/Oct/2023 12:40:32
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	4.81	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	88.90	fl	80-100	CALCULATED PARAMETER
MCH	31.50	pg	28-35	CALCULATED PARAMETER
MCHC	35.50	%	30-38	CALCULATED PARAMETER
RDW-CV	12.40	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	5,200.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	160.00	/cu mm	40-440	

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



 CHANDAN DIAGNOSTIC CENTRE

 Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Chaudau Since 1991

Add: 99, Shivaji Nagar Mahmoorganj,Varan Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ALOK KUMAR -BOBE47292	Registered On	: 01/Oct/2023 09:23:40	
Age/Gender	: 29 Y 0 M 0 D /M	Collected	: 01/Oct/2023 14:26:39	
UHID/MR NO	: CVAR.0000042183	Received	: 01/Oct/2023 14:26:50	
Visit ID	: CVAR0058712324	Reported	: 01/Oct/2023 15:22:55	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE FASTING , <i>Plasma</i> Glucose Fasting	76.20	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) 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.
c) I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal	126.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) 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.c) I.G.T = Impared Glucose Tolerance.

S.N. Sinta

Dr.S.N. Sinha (MD Path)

Home Sample Collection 1800-419-0002



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ALOK KUMAR -BOBE47292	Registered On	: 01/Oct/2023 09:23:40
Age/Gender	: 29 Y 0 M 0 D /M	Collected	: 01/Oct/2023 10:41:17
UHID/MR NO	: CVAR.0000042183	Received	: 02/Oct/2023 11:24:25
Visit ID	: CVAR0058712324	Reported	: 02/Oct/2023 15:28:00
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEM OGLOBIN (HBA1C)	** , EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	4.50	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	26.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	82	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 mnagement.

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 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

<u>Clinical Implications:</u>

*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

ISO 9001:2015

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Chanda Since 1991	Add: 99, Shivaji Nagar Mahmoorganj,Vara Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206	nasi		
5446 1771				
Patient Name	: Mr.ALOK KUMAR -BOBE47292	Registered On	: 01/Oct/2023 09:23:40	
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UHID/MR NO	: CVAR.0000042183	Received	: 02/Oct/2023 11:24:25	

DEPARTMENT OF BIOCHEMISTRY

Reported

Status

: 02/Oct/2023 15:28:00

: Final Report

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result	Unit	Bio. Ref. Interval	Method	
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c. Alcohol toxicity d. Lead toxicity

Visit ID

Ref Doctor

*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:

: CVAR0058712324

: Dr.MEDIWHEEL VNS -

*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.

Dr. Anupam Singh (MBBS MD Pathology)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



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Patient Name: Mr.ALOK KUMAR -BOBEAge/Gender: 29 Y 0 M 0 D /MUHID/MR NO: CVAR.0000042183Visit ID: CVAR0058712324Ref Doctor: Dr.MEDIWHEEL VNS -	47292	Registered On Collected Received Reported Status	: 01/Oct/2023 09:23: : 01/Oct/2023 10:41: : 01/Oct/2023 10:46: : 01/Oct/2023 12:28: : Final Report	16 31
	DEPARTMENT	OF BIOCHEM IST	RY	
M EDIWHEEL E	BANK OF BAROD	AMALE& FEMA	ALE BELOW 40 YRS	
Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) <i>Sample:Serum</i>	15.00	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum	1.00	mg/dl	0.5-1.30 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid	5.20	mg/dl	3.4-7.0	URICASE
Sample:Serum		6,		
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	41.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	72.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	69.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.10	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	3.10	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.29	811, 41	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	117.30	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
9		0.		
LIPID PROFILE (MINI), Serum				
Cholesterol (Total)	162.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	58.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	79	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High	
		بر ۲	160-189 High > 190 Very High	
VLDL	25.02	mg/dl	10-33	CALCULATED
Triglycerides	125.10	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name	: Mr.ALOK KUMAR -BOBE47292	Registered On	: 01/Oct/2023 09:23:41
Age/Gender	: 29 Y 0 M 0 D /M	Collected	: 01/Oct/2023 10:41:16
UHID/MR NO	: CVAR.0000042183	Received	: 01/Oct/2023 10:46:31
Visit ID	: CVAR0058712324	Reported	: 01/Oct/2023 12:28:17
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

Bio. Ref. Interval

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

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	CHANDAN DIAGNOSTIC CENTRE
handan	Add: 99, Shivaji Nagar Mahmoorganj, Varanasi
and the second se	Ph: 9235447795,0542-3500227

Since 1991

CIN: U85110DL2003PLC308206



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.ALOK KUMAR -BOBE4 : 29 Y 0 M 0 D /M : CVAR.0000042183 : CVAR0058712324 : Dr.MEDIWHEEL VNS -	7292	Registered On Collected Received Reported Status	: 01/Oct/2023 09 : 01/Oct/2023 10 : 01/Oct/2023 10 : 01/Oct/2023 13 : Final Report	:41:17 :46:31
	DE	PARTMENTOF	CLINICAL PATHO	DLOGY	
	M EDIWHEEL BA	ANK OF BAROD	AMALE& FEMA	ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
URINE EXAMIN	ATION, ROUTINE*, Urine				
Color Specific Gravity		PALE YELLOW 1.030			
Reaction PH		Acidic (5.5)			DIPSTICK
Protein		ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++)	DIPSTICK
				> 500 (++++)	
Sugar		ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++)	DIPSTICK
Katawa		ADCENT		>2 (++++)	
Ketone Bile Salts		ABSENT ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Pigments		ABSENT			
Urobilinogen(1:	20 dilution)	ABSENT			
Microscopic Exa				Start Start	
Epithelial cells		1-2/h.p.f			MICROSCOPIC
F		, F			EXAMINATION
Pus cells		0-1/h.p.f			
RBCs		ABSENT			MICROSCOPIC EXAMINATION
Cast		ABSENT			
Crystals		ABSENT			MICROSCOPIC EXAMINATION
Others		ABSENT			
SUGAR, FASTIN	G STAGE*, Urine				
Sugar, Fasting st	age	ABSENT	gms%		
Interpretation: (+) < 0.5					
(++) 0.5-1.0					S.n. Sinha

Dr.S.N. Sinha (MD Path)



(+++) 1-2

(++++) > 2



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ALOK KUMAR -BOBE47292	Registered On	: 01/Oct/2023 09:23:41
Age/Gender	: 29 Y 0 M 0 D /M	Collected	: 01/Oct/2023 10:41:16
UHID/MR NO	: CVAR.0000042183	Received	: 01/Oct/2023 16:26:28
Visit ID	: CVAR0058712324	Reported	: 01/Oct/2023 17:08:44
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
THYROID PROFILE - TOTAL*, Serum					
T3, Total (tri-iodothyronine)	121.00	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	8.93	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	1.890	μlU/mL	0.27 - 5.5	CLIA	
		y			
Interpretation:					
0.3-4.5 µIU/mL First Trimester					

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

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

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.

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Dr.S.N. Sinha (MD Path)





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.ALOK KUMAR -BOBE47292	Registered On	: 01/Oct/2023 09:23:43
Age/Gender	: 29 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000042183	Received	: N/A
Visit ID	: CVAR0058712324	Reported	: 01/Oct/2023 19:57:58
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow: STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



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

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0806936666

CHANDAN DIAGNOSTIC CENTRE

Name of Company: Mediwheel Name of Executive: Mr. Alok Kyman Sex: Male / Female Weight 60 KGs BMI (Body Mass Index) : 23-Blood Pressure: ...120..../. 8.2 mm/Hg RR:Resp/Min Ident Mark: Mole ON Nore Any Allergies: No NO Vertigo : Any Medications: NO NO Any Surgical History: Habits of alcoholism/smoking/tobacco: NO Chief Complaints if any: NO Lab Investigation Reports: Eye Check up vision & Color vision: Nouma Nouma Left eye: Right eye: Noumal







Home Sample Collection 08069366666

CHANDAN DIAGNOSTIC CENTRE

Near vision:	116
Far vision : 6	16
Dental check up :	Normas
ENT Check up :	Noumal
Eye Checkup:	Normal

Final impression

Certified that I examined. Alok Kymay	S/o	or	D/o
is presently in good health and			
cardio-respiratory/communicable ailment, he/she is fit / Unfit	to	join	any
organization.			

1:les **Client Signature :-**

Dr. R.C. ROY Signature of Medical Examiner MBBS., MD. (Radio Diagnosis) Name & Qualification - Dr. R. C. Roy Reg. No.-26919 (MBBS,MD)

Date...0].../.10. /2023 Place - VARANASI

> .handan Diagnostic Center 99, Shivaji Nagar, Mahmoorgani Varanasi-221010 (U.P.) Phone No.:0542-2223232

