

भारत सरकार  
Government of India

आधार  
AADHAAR

नवीन कुमार  
Naveen Kumar  
जन्म तिथि/DOB: 03/05/1986  
पुरुष/ MALE

Issue Date: 23/08/2015

4329 8428 4078  
VID : 9182 1994 1384 9138

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार  
AADHAAR

पता:  
आत्मज: शंकर राय, वॉर्ड न 04, मुशहरी, तेघरा, बेगुसराई,  
बिहार - 851133

Address:  
S/O: Shankar Rai, ward no 04, mushahari,  
Teghra, Begusarai,  
Bihar - 851133

Download Date: 27/11/2022

4329 8428 4078  
VID : 9182 1994 1384 9138

1947 | help@uidai.gov.in | www.uidai.gov.in

8877471191

Naveen Kumar

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	MR. KUMAR NAVEEN
EC NO.	162598
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	PIPRADEWAS
BIRTHDATE	03-05-1986
PROPOSED DATE OF HEALTH CHECKUP	22-07-2023
BOOKING REFERENCE NO.	23S162598100063492E

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 **06-07-2023** 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 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))

# MEDICAL EXAMINATION REPORT

Name NAVEEN KUNAR Gender  M /  F Date of Birth 03/05/1986  
 Position Selected For  Identification marks A mole ⊕ on face

**A. HISTORY:**

1. Do you have, or are you being treated for, any of the following conditions? (please tick all that apply)?

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Anxiety                        | <input checked="" type="checkbox"/> Cancer   | <input type="checkbox"/> High Blood Pressure                        |
| <input checked="" type="checkbox"/> Arthritis                      | <input type="checkbox"/> Depression/ bipolar disorder  | <input type="checkbox"/> High Cholesterol                           |
| <input checked="" type="checkbox"/> Asthama, Bronchitis, Emphysema | <input type="checkbox"/> Diabetes  | <input checked="" type="checkbox"/> Migraine Headaches              |
| <input checked="" type="checkbox"/> Back or spinal problems        | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Sinusitis or Allergic Rhinitis (Hay Fever) |
| <input checked="" type="checkbox"/> Epilepsy                       | <input type="checkbox"/> Any other serious problem for which you are receiving medical attention |   |

2. List the medications taken Regularly. N/A

3. List allergies to any known medications or chemicals N/A

4. Alcohol : Yes  No  Occasional

5. Smoking : Yes  No  Quit(more than 3 years)

**6. Respiratory Function :**

- a. Do you become unusually short of breath while walking fast or taking stair - case? Yes  No
- b. Do you usually cough a lot first thing in morning? Yes  No
- c. Have you vomited or coughed out blood? Yes  No

**7. Cardiovascular Function & Physical Activity :**

- a. Exercise Type: (Select 1)
- No Activity
  - Very Light Activity (Seated At Desk, Standing)
  - Light Activity (Walking on level surface, house cleaning)
  - Moderate Activity (Brisk walking, dancing, weeding)
  - Vigorous Activity (Soccer, Running)
- b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)
- c. Do you feel pain in chest when engaging in physical activity? Yes  No

**8. Hearing :**

- a. Do you have history of hearing troubles? Yes  No
- b. Do you experiences ringing in your ears? Yes  No
- c. Do you experience discharge from your ears? Yes  No
- d. Have you ever been diagnosed with industrial deafness? Yes  No

**9. Musculo - Skeletal History**

- a. Neck : Have you ever injured or experienced pain? Yes  No
- b. Back : If Yes ; approximate date (MM/YYYY)
- c. Shoulder, Elbow, Wrists, Hands Consulted a medical professional ? Yes  No
- d. Hips, Knees, Ankles, Legs Resulted in time of work? Yes  No
- Surgery Required ? Yes  No
- Ongoing Problems ? Yes  No



10. Function History

- a. Do you have pain or discomfort when lifting or handling heavy objects? Yes  No
- b. Do you have knee pain when squatting or kneeling? Yes  No
- c. Do you have back pain when forwarding or twisting? Yes  No
- d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes  No
- e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)
- Walking: Yes  No  •Kneeling: Yes  No  •Squatting: Yes  No
- Climbing: Yes  No  •Sitting: Yes  No
- Standing: Yes  No  •Bending: Yes  No
- f. Do you have pain when working with hand tools? Yes  No
- g. Do you experience any difficulty operating machinery? Yes  No
- h. Do you have difficulty operating computer instrument? Yes  No

B. CLINICAL EXAMINATION :

a. Height  b. Weight  Blood Pressure

Chest measurements: a. Normal  b. Expanded

Waist Circumference  Ear, Nose & Throat

Skin  Respiratory System

Vision  Nervous System

Circulatory System  Genito-urinary System

Gastro-intestinal System  Colour Vision

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X-ray  ECG

Complete Blood Count  Urine routine

Serum cholesterol  Blood sugar

Blood Group  S.Creatinine

D. CONCLUSION :

Any further investigations required

Any precautions suggested

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily infirmity except \_\_\_\_\_

\_\_\_\_\_. I do not consider this as disqualification for employment in the Company. S

Candidate is free from Contagious/Communicable disease

Date: 22/07/2022

Signature \_\_\_\_\_



## Eye Examination Report

Candidate Name: NAVEEN KUMAR

Age/ Gender: 37 / M

Date: 22/07/23

This is to certify that I have examined Mr. /Ms. NAVEEN KUMAR hereby, his/her visual standards are as follows :

Without Glasses		With Glasses		Color Vision (Normal/Defective)
R	<u>6/6</u>	L	<u>6/6</u>	<u>NORMAL</u>

Doctor Signature: AMAR JYOTI HOSPITAL  
Dr. Chandra Shekhar Kumar  
M.B.B.S. MD (OPHTHALMOLOGY)  
REG. No. - 41208  
22/7/23

Doctor Stamp



Naveen kr

22.07.2023 10:40:10  
Amar jyoti Hospital, Beusarai

Male

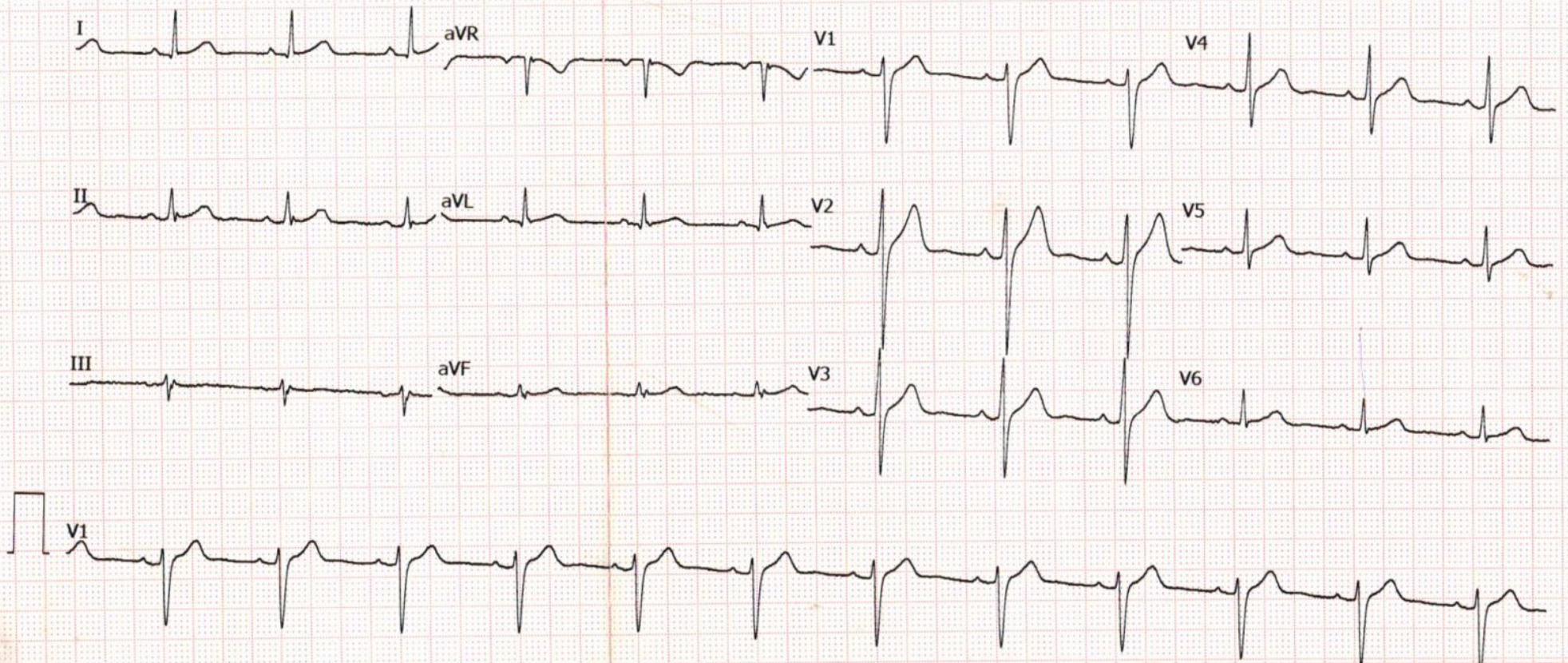
Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

74 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms      Normal sinus rhythm  
QT / QTcBaz : 356 / 395 ms      Normal ECG  
PR : 138 ms  
P : 82 ms  
RR / PP : 806 / 810 ms  
P / QRS / T : 18 / 13 / 30 degrees





**DR. SASHIBHUSHAN**  
M.D. Pathologist (BHU)  
Reg. No. : 52264

**MD. SHAHNAWAZ KHAN**  
B.M.L.T.  
Reg. No. : BR1822

**JAMAR  
JYOTI  
PATHOLAB**



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai, Bihar-851134

Call : 8877770366, 8873831650

Patient Name:- NAVEEN KUMAR

Date:22/07/2023

Ref by Dr : AMAR JYOTI HOSPITAL

Sex M Age:37Y

**Haematological Test Report**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
<u>Complete Blood Count</u>			
Haemoglobin :	13.1	gm %	12.5-16.4
<u>WBC Count</u>			
Total WBC Count :	6700	/cumm	4000-11000
<u>Differential Count</u>			
Neutrophil :	63	%	40-70
Lymphocyte :	34	%	20-40
Eosinophil :	02	%	01-09
Monocyte :	01	%	02-10
Basophil :	00	%	00-05
<u>RBC Indices</u>			
R.B.C Count :	4.45	mil./cumm	3.9-5.6
Haematocrit (PCV) :	39.2	%	36-47
MCV :	88.3	fL	75-96
MCH :	28.9	pg	27-32
MCHC :	32.7	gm/dl	30-36
<u>Platelet Indices</u>			
Platelet Count :	1,69,000	/curnm	150000-400000
ESR :	16	mm/1 <sup>st</sup> hr.	00-15

\*\*\* End of report\*\*\*



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**LIVER FUNCTION TEST**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S.Bilirubin Total	1.0	mg/dl	up to 1.2
Conjugate	0.4	mg/dl	up to 0.4
Unconjuate	0.6	mg/dl	up to 0.8
SGPT	51.0	U/L	up to 40
SGOT	40.0	U/L	up to 38
Alkaline Phosphatase	131	U/L	37-167
S.Protein Total	6.1	gm%	6.0-8.0
Albumin	3.8	gm%	3.7-5.3
Globulin	2.3	gm%	1.5-3.5
A/G Ratio	1.65		1.0-2.0

\*\*\*End of report\*\*\*



This report is not valid for medico legal purpose. Correlate clinically if abnormal found.



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**Report on Blood Examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
B.Urea	30.0	mg/dl	17-45
S Creatinine	1.1	mg/dl	0.6-1.4
S Uric Acid	6.9	mg/dl	2.5-7.0
S Sodium	143	m mpl/L	135-155
S.Potassium	4.0	m mpl/L	3.5-5.5
S Cholride	99.0	meq/L	97-109
S.Calcium	8.1	mg%	8.5-10.5
Blood group Rh	'B' Positive		

\*\*\*End of report\*\*\*



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### LIPID PROFILE

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S. Triglyceride	118	mg%dl	10-170
Total Cholesterol	165	mg%dl	130-200
H.D.L.Cholesterol	43	mg%dl	40-75
L.D.H.Cholesterol	122	mg%dl	80-120
TC/HDL Cholesterol	3.83	Ratio	3.0-5.0
LDL/HDL	2.83	Ratio	1.5-3.5
V.L.D.L Cholesterol	23	mg%dl	07-30

\*\*\* End of report\*\*\*



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**Report on Blood Examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
HbA1c(HPLC)	6.22	%	5.7-6.4
Average Blood Glucose(ABG):	115.39	mg/Dl	90-120

\*\*\*End of report\*\*\*



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**BLOOD GLUCOSE EXAMINATION**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Fasting Blood Sugar	95.0	mg/dl	70-110
2Hrs After Lunch (PP)	115	mg/dl	80-140

\*\*\*End of report\*\*\*



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Date:22/07/2023

Ref.by Dr : AMAR JYOTI HOSPITAL

Sex M Age:37Y

**Report on Blood Examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
T3, Total	1.35	ng/mL	0.80-2.00
T4, Total	9.79	ng/mL	4.87-13.72
TSH	2.82	μIU/mL	0.35-4.94

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### URINE REPORT

#### PHYSICAL EXAMINATION:

QUANTITY : 05ml

COLOUR : Straw

APPEARANCE: Hazy

PH : 6.2

DEPOSITS : Present

REACTION : Acidic

SP.Gravity : 1.025

#### CHEMICAL EXAMINATION:

PROTEIN : Nil

BILE PIGMENT: Absent

UROBILINOGEN: Absent

NITRITE : Neagtive

SUGAR : Nil

BILI SALT : Absent

KETONE BODIES: Absent

#### MICROSCOPIC EXAMINATION:

EPITHELIAL CELL: 0-2/hpf

PUS CELL : 2-4/hpf

CASTS : Absent

BACTERIA : Absent

RBC : Absent

Crystals : Absent

YEAST: Absent

TRICHOMONAS: Absent

\*\*\* End of report\*\*\*







# AMAR JYOTI HOSPITAL

**A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility**

E-mail : amarjyotihospitalbgs@gmail.com

Add. : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

PATIENT NAME:-NAVEEN KUMAR

AGE:-37/M

ADDRESS:BEGUSARAI

DATE:-22/07/2023

## \*\*USG-ABDOMEN REPORT \*\*

**LIVER:-** liver is normal in size(.cranio cadually- 120mm)no focal or diffuse fatty changes.I.H.D are not dilated P.V is **normal**

**GB: - G.B.** is normal in size and volume.no calculus or mass seen in the g.b lumen

**C.B.D:** C.B.D appear normal .no calculuas seen

**PANCREAS:** pancreas appear normal .

**SPLEEN:** spleen is normal in size and echotexture normal

**KIDNEY:** both kidney are normal in size , no calculus is seen in both kidneys.

**U.BLADDER:** it is of normal capacity . no calculus or mass seen

**PROSTATE:-** normal in size

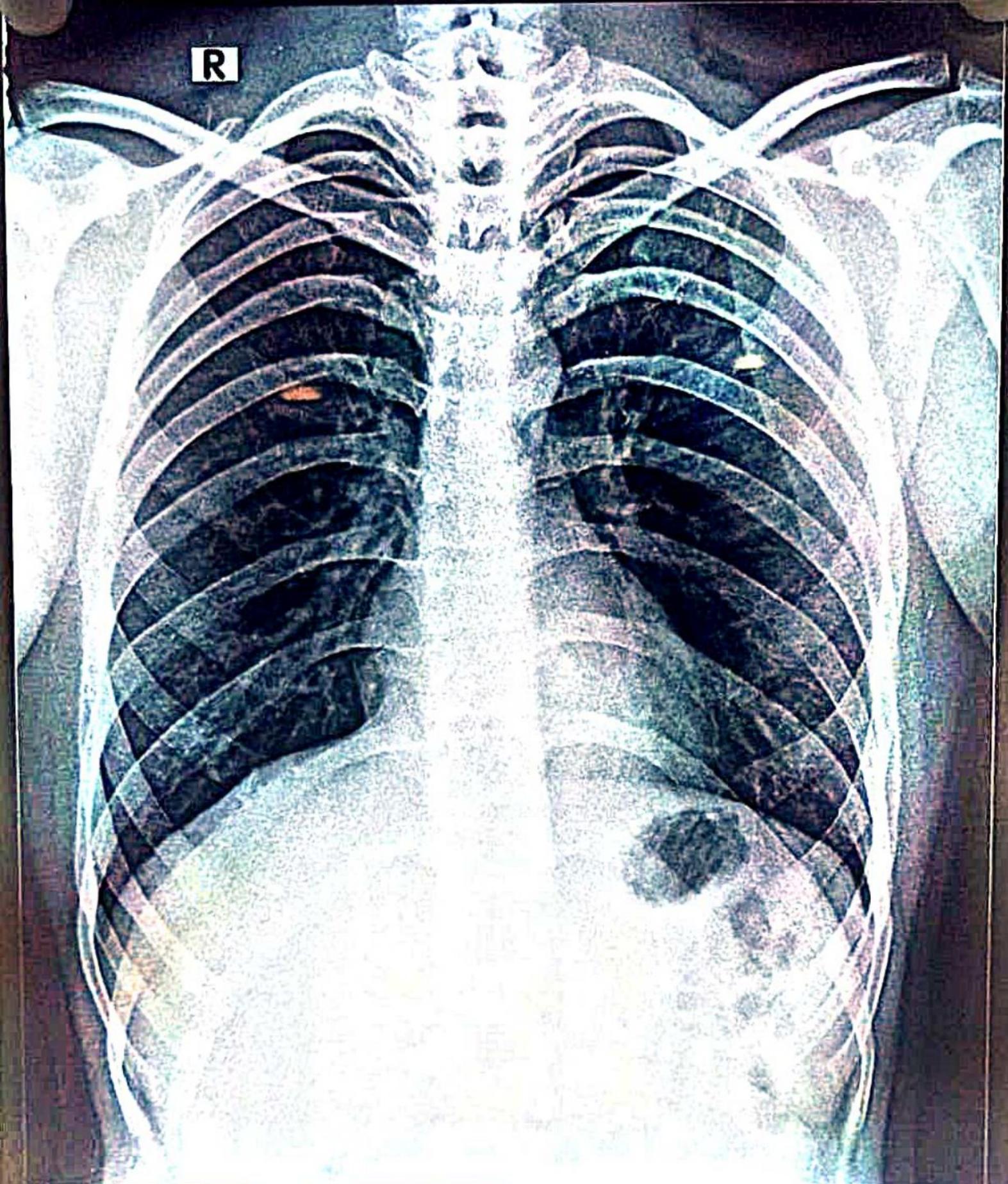
**OTHER:-** Excessive bowel gases are present

**IMPRESSION :-** normal study





R



**NAVEEN KUMAR 37Y DR AMAR JYOTI HOSPITAL 22.07.2023.A.04  
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.**