



भारत सरकार
GOVERNMENT OF INDIA



AMRITAVA MISRA

Date of Birth/ DOB: 13/8/1983

Male/ MALE

6322 4855 6004



MEERA AADHAR MERI PEHACHAN

Amritava Misra



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address

S/O: RABINDRA NATH MISRA
20 DINANATH CHATTERJEE STREET, BELGHORIA,
KOLKATA, WEST BENGAL - 700056



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P.O. Box No. 1947,
Bengaluru-560 001



बैंक ऑफ बरोडा
Bank of Baroda

नाम

Name : AMRITAVA MISRA

कार्यकारी क्र. क.

E.C. No. 092132



कार्यकारी अधिकारी

Issuing Authority CM (Coord) EZ



Amritava Misra

सहचरक

Signature of Holder

Amritava Misra

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. MISRA AMRITAVA |
| EC NO. | 92132 |
| DESIGNATION | HEAD CASHIER "E" _II |
| PLACE OF WORK | KOLKATA,BT ROAD |
| BIRTHDATE | 13-08-1983. |
| PROPOSED DATE OF HEALTH CHECKUP | 11-09-2021 |
| BOOKING REFERENCE NO. | 21S92132100003758E |

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 **09-09-2021** till **31-03-2022** 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,

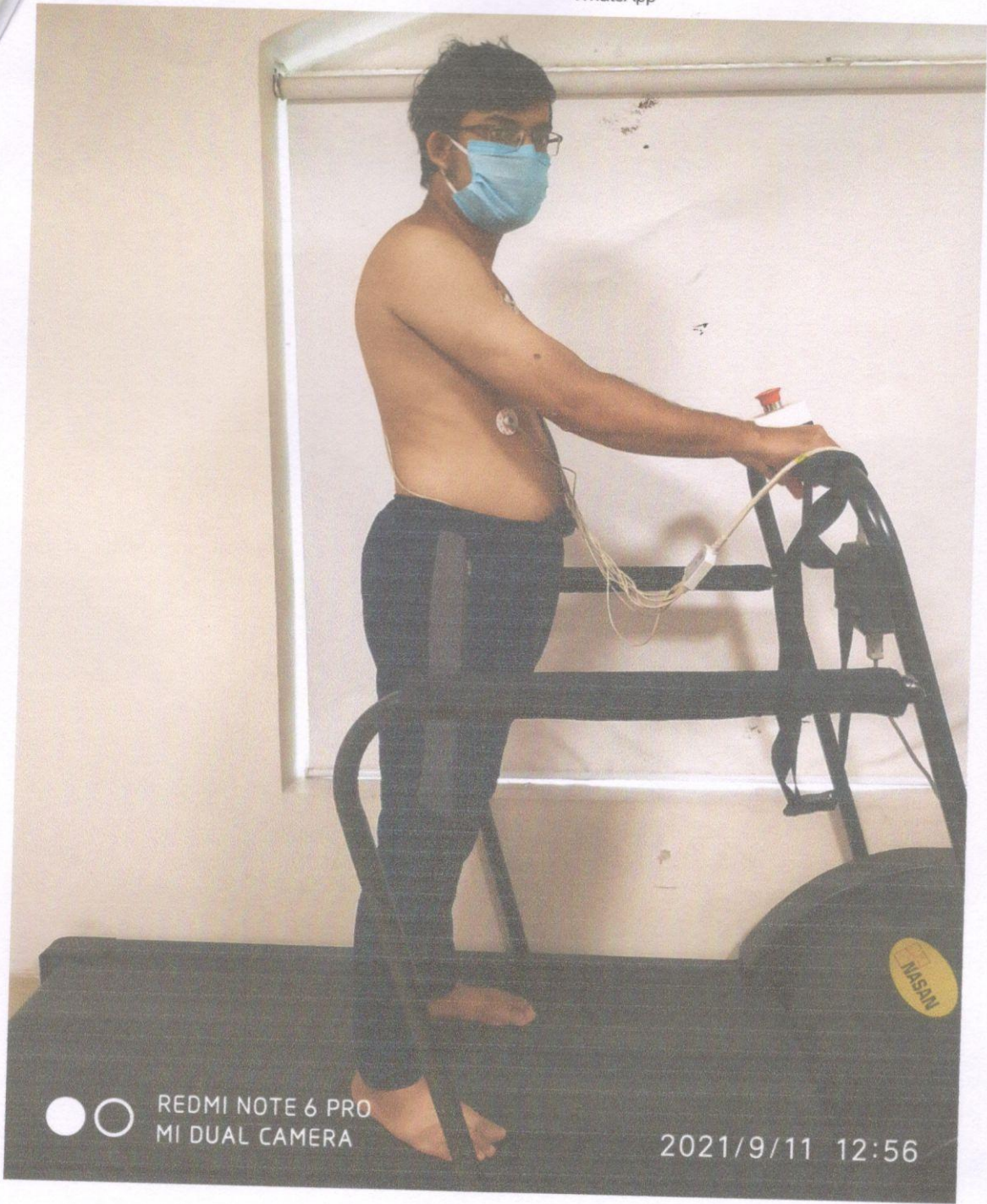
Sd/-

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))



11 Sep 2021 10:29:40 am
Satchasi Para



● ○ REDMI NOTE 6 PRO
MI DUAL CAMERA

2021/9/11 12:56

Resting ECG Report

Patient Name: AMRITAVA MISRA 38/M

September 11, 2021

Time: 10:41:38

QT / QTc : 0.408 / 0.431 Sec

P-QRS-T Axis (61)-(19)-(25) deg

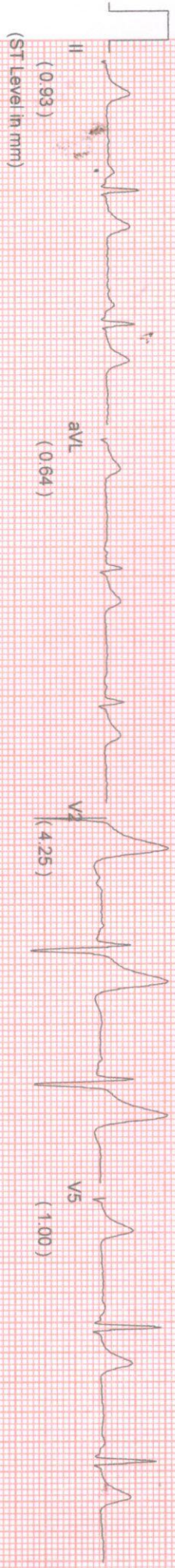
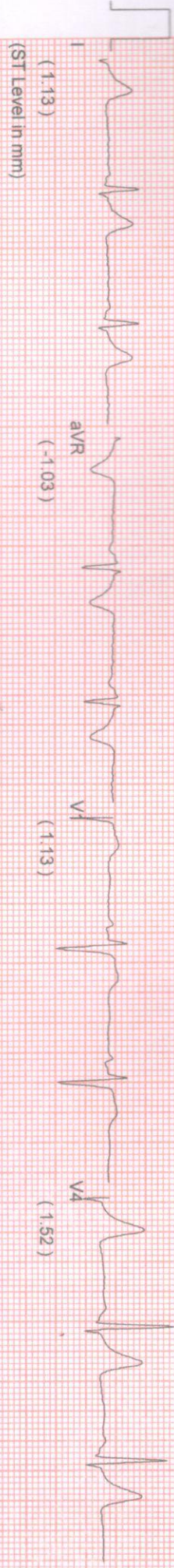
PR Interval: 0.15 sec

QRS Duration : 0.076 Sec

RR Interval: 0.89 sec

HR : 67 bpm

BP : 110 / 70 mmHg



Comments :-

Amritava Misra

| | | |
|---------------------------------|-------------------------|--------------------------------|
| NAME: MR. AMRITAVA MISRA | MR NO: FSIN-0000 | DATE : 11.09.2021 |
| AGE: 38YRS. | SEX:MALE | REF BY: SELF(CORPORATE) |

ECG REPORT

HR : 67 b/min
AXIS : NORMAL
RHYTHM : SINUS
PR INTERVAL : 0.15 sec
QT INTERVAL : 0.431 sec
QRS DURATION : 0.076 sec
T-WAVE : NORMAL.

IMPRESSION:

- RESTING ECG IS WITHIN NORMAL LIMITS.



Dr. SIDDHARTHA KUNDU

MBBS (Cal), PGDCC, CCEBDM

Clinical Cardiologist

Ex Sr Resident, Cardiology Dept

B.R Singh Hospital, Eastern Railway

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DEPARTMENT OF RADIOLOGY X-RAY OF CHEST (PA) VIEW

MR. NO- FSIN.0000000

SEX- MALE

NAME: -MR. AMRITAVA MISRA

EXAMINATION DATE- 11/09/2021

AGE- 38 YRS

REPORT DATE- 13/09/2021

REF DR.: -SELF

FINDINGS:

- Bilateral lung fields are clear.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear
- Both hilum appear normal .
- CTR appears normal .
- No definite bone fracture is noted.


DR. ARNAB MANDAL

MD, Physician, PGDUS (Delhi) CEPT-USG (WBUHS KOLKATA)
Fellow of Jefferson Ultrasound Radiology and Education Institute
Philadelphia Ex-Radiology Resident (S.E. Railway)
Regd.No:72022(WBMC)

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| | | |
|--------------------------------|------------------------|------------------------|
| NAME: MR.AMRITAVA MISRA | AGE: 38YRS | SEX:MALE |
| REF BY: CORPORATE | MR NO:FSIN-0000 | DATE:11/09/2021 |

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **enlarged** in size (**15.85cm**) in shape outline and echotexture. The intrahepatic tubular structures are normal. No focal area of alterea echogenicity is noted. The porta hepatis is normal. The common bile duct measures (**4mm**) in diameter. The portal vein measures (**10mm**) at porta.

GALL BLADDER: Gall bladder is distended. Wall is normal limits. No calculus or mass is seen within the gall bladder.

SPLEEN: It is normal in size (**11.18cm**), Shape, Outline and echotexture. No parenchymal lesion is noted.

PANCREAS: It is normal in size, Shape, Outline and echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

RIGHT KIDNEY: measures – (**10.25cm**).

LEFT KIDNEY: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

LEFT KIDNEY: measures –(**9.80cm**).

URINARY BLADDER: It is well distended with Wall is normal . No calculus or mass is seen within the urinary bladder.

PROSTATE: It is normal in size, Shape & homogenous echotexture. The prostatic outline is smooth. The periprostatic plane is normal. It is enlarge size measures- (**3.70cmX3.46cmX3.02cm**) Vol = 20.27 ml

IMPRESSION:

- MARGINAL HEPATOMEGALY.



DR.A.K.ROY

M.B.B.S, Dip BMSc, DTM&H (Cal)

Certificate on CEBT Abdomino Pelvic, USG(WBHSU)



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Patient Name: Mr. AMRITAVA MISHRA
UHID/MR No.: FSIN.0000013300
Visit Date: 11.09.2021
Sample collected on: 11.09.2021
Ref Doctor: SELF

Age/Gender: 38 Years / Male
OP Visit No.: FSINOPV16320
Reported on: 13.09.2021
Specimen: BLOOD

APOLLO CLINIC @ OM TOWER
Opp. of Rabindra Bharati University

DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME | RESULT | BIOLOGICAL REFERENCE INTERVALS | UNITS |
|---|--------|--|--------|
| BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method: Calculated | 12.8 | 8 - 20 | mg/ dl |
| CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200 | 1.2 | Male: 0.7-1.4 Female: 0.6-1.2 Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0 | mg/dl |
| URIC ACID URIC ACID Method: Uricase | 5.2 | Female: 2.6 - 6.0 Male: 3.4 - 7.0 | mg/dl |

End of the report

Results are to be correlated clinically

BL

Lab Technician / Technologist
Susmita_Saha

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

| Test Name | Value | Unit | Normal Range |
|--|-------|-------|---|
| Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC | 4.7 | % | Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8 |
| Estimated Average Glucose (EAG) | 113 | mg/dL | Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211 |

Methodology: HPLC
 Instrument Used: Bio-Rad D-10

Comment

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

Factors that interfere with HbA1c Measurement: Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Factors that affect interpretation of HbA1c Results: Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

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

BL

Lab Technician / Technologist
 Susmita_Saha

DR. BIPARNAK HALDAR
 MBBS, MD (PATHOLOGY)
 CONSULTANT PATHOLOGIST

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Patient Name: Mr. AMRITAVA MISHRA
UHID/MR No.: FSIN.0000013300
Visit Date: 11.09.2021
Sample collected on: 11.09.2021
Ref Doctor: SELF

Age/Gender: 38 Years / Male
OP Visit No.: FSINOPV16320
Reported on: 13.09.2021
Specimen: BLOOD

APOLLO CLINIC @ OM TOWER
Opp. of Rabindra Bharati University

DEPARTMENT OF LABORATORY MEDICINE

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE</u> | <u>UNITS</u> |
|---|---------------|-----------------------------|--------------|
| GLUCOSE- (POST PRANDIAL) GLUCOSE- (POST PRANDIAL) Method: (GOD-POD) | 119.0 | 70.0- 140.0 | mg/dL |

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
Madhumita_Biswas

BK

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Patient Name: Mr. AMRITAVA MISHRA
UHID/MR No.: FSIN.0000013300
Visit Date: 11.09.2021
Sample collected on: 11.09.2021
Ref Doctor: SELF

Age/Gender: 38 Years / Male
OP Visit No.: FSINOPV16320
Reported on: 13.09.2021
Specimen: URINE

URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

| Test Name | Result | Unit | Method |
|--------------------------------|-------------|------|---|
| Specimen: Urine | | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| QUANTITY | 38 | ml | Container Measurement |
| COLOUR | Pale Yellow | | Naked Eye Observation |
| APPEARANCE | Clear | | Naked Eye Observation |
| REACTION | Acidic | | Multiple Reagent Strip |
| SPECIFIC GRAVITY | 1018 | | Multiple Reagent Strip |
| <u>CHEMICAL EXAMINATION</u> | | | |
| BLOOD | Nil | | Multiple Reagent Strip |
| ALBUMIN | Present(+) | | Multiple Reagent Strip / Heat & Acetic Acid |
| BILE PIGMENT | Nil | | Fuchet's Test |
| BILE SALT | Nil | | Hey's Sulphur Test |
| KETONE BODIES | Nil | | Multiple Reagent Strip / Rothera Test |
| SUGAR | Nil | | Multiple Reagent Strip / Benedict |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| PUS CELL | 0-2 | /HPF | Light Microscopy |
| RBC | Not found | /HPF | Light Microscopy |
| EPITHELIAL CELL | 1-3 | /HPF | Light Microscopy |
| MICRO ORGANISM | Present(+) | | |
| Others | Not found | | |

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method
End of Report

Lab Technician / Technologist
Madhumita_Biswas

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| | |
|--|--|
| Report Number : IR/286254 | Web Slip No : SAS/INV/99/188793-09/2021 |
| Lab Slip No. : SASGO/INV/189377-09/2021 | Report Date : 11/09/2021 7:04:00PM |
| Patient Name : AMRITAVA MISRA | Collection Date : 11/09/2021 5:22:00PM |
| Age / Sex : 38 Year /Male | Phlebotomist : |
| Referred By : SELF | Collected From : SINTHI-APOLLO |

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF HAEMATOLOGY

| Test Name | Value | Unit | Normal Range |
|--|-------------------------|----------|---|
| Haemoglobin | 13.7 | gm% | Child : 11.0 - 15.5gm% (M) : 13.0-17.0gm% (F) : 11.0-15.0gm% Up to 15 days : 16 -24gm% |
| <i>Instrument Used:</i> | | | |
| Haematocrit (PCV) | 39.0 | % | 42 - 52 |
| <i>Instrument Used:</i> | | | |
| Mean Corpuscular Volume (MCV) | 76.4 | fL | 76 - 101 |
| <i>Instrument Used:</i> | | | |
| Mean Corpuscular Hemoglobin (MCH) | 26.7 | pg | 27.0 - 32.0 |
| <i>Instrument Used:</i> | | | |
| Mean Corpuscular Hemoglobin Concentration (MCHC) | 35.0 | % | 31.5 - 34.5 |
| <i>Instrument Used:</i> | | | |
| Platelet Count | 1.47 | lacs/cmm | 1.5 - 4.5 |
| <i>Instrument Used:</i> | | | |
| Total Count (TC) | | | |
| Total Leucocytes | 7200 | /cmm | 4000 - 11000 |
| Total Erythrocytes | 5.11 | mill/cmm | 4.5 - 5.5 |
| Differential Count (DC) | | | |
| Neutrophil | 60 | % | 40 - 75 |
| Lymphocyte | 35 | % | 20 - 45 |
| Monocyte | 02 | % | 02-10 |
| Eosinophil | 03 | % | 01 - 06 |
| Basophil | 00 | % | 00 - 01 |
| ESR (Erythrocyte Sedimentation Rate) | 24 | mm | 0 - 15 |
| <i>Methodology: Westergren method</i> | | | |
| RBC Morphology | NORMOCHROMIC.NORMOCYTIC | | |

INSTRUMENT USED:


HORIBA (YUMIZEN H500)


*Please Correlate with Clinical Conditions.


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


Report Prepared By

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| | |
|--|--|
| Report Number : IR/286397 | Web Slip No : SAS/INV/99/188793-09/2021 |
| Lab Slip No. : SASGO/INV/189377-09/2021 | Report Date : 11/09/2021 9:18:00PM |
| Patient Name : AMRITAVA MISRA | Collection Date : 11/09/2021 4:22:00PM |
| Age / Sex : 38 Year /Male | Phlebotomist : |
| Referred By : SELF | Collected From : SINTHI-APOLLO |

REPORT PREPARED ON PATHOLOGY

DEPARTMENT OF SEROLOGY

| Test Name | Value | Unit | Normal Range |
|----------------|----------|------|--------------|
| BLOOD GROUPING | "A" | | |
| Rh Factor | Positive | | |

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

Report Prepared By

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| | |
|--|--|
| Report Number : IR/286381 | Web Slip No : SAS/INV/99/188793-09/2021 |
| Lab Slip No. : SASGO/INV/189377-09/2021 | Report Date : 11/09/2021 9:07:00PM |
| Patient Name : AMRITAVA MISRA | Collection Date : 11/09/2021 4:22:00PM |
| Age / Sex : 38 Year /Male | Phlebotomist : |
| Referred By : SELF | Collected From : SINTHI-APOLLO |

REPORT PREPARED ON PATHOLGY
DEPARTMENT OF BIOCHEMISTRY

| Test Name | Value | Unit | Normal Range |
|--|-------|-------|--------------|
| GLUCOSE FASTING <i>Methodology: GOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i> | 96 | mg/dl | 70 - 110 |


*Please Correlate with Clinical Conditons.


NOTE: Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

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

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Patient Name: Mr. AMRITAVA MISHRA
UHID/MR No.: FSIN.0000013300
Visit Date: 11.09.2021
Sample collected on: 11.09.2021
Ref Doctor: SELF

Age/Gender: 38 Years / Male
OP Visit No.: FSINOPV16320
Reported on: 13.09.2021
Specimen: BLOOD

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Opp. of Rabindra Bharati University

DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME | RESULT | BIOLOGICAL REFERENCE INTERVALS | UNIT |
|---|--------|--------------------------------|--------|
| TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA | 4.53 | 0.35-5.50 | uIU/ml |
| TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA | 0.98 | 0.87 – 1.78 | ug/dl |
| TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA | 10.07 | 8.09 – 14.03 | ug/dl |

End of the report

Results are to be correlated clinically

BK

Lab Technician / Technologist
Susmita_Saha

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST





Patient Name: Mr. AMRITAVA MISHRA
 UHID/MR No.: FSIN.0000013300
 Visit Date: 11.09.2021
 Sample collected on: 11.09.2021
 Ref Doctor: SELF

Apollo Clinic

Expertise. Closer to you.

Age/Gender: 38 Years / Male

OP Visit No.: FSINOPV16320

Reported on: 13.09.2021

Specimen: BLOOD

APOLLO CLINIC @ OM TOWER

Opp. of Rabindra Bharati University

DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME | RESULT | BIOLOGICAL REFERENCE INTERVALS | UNITS |
|--|--------|---------------------------------|--------|
| LIVER FUNCTION TEST (PACKAGE) | | | |
| BILIRUBIN-TOTAL Method: Daizo | 0.7 | 1.1 Adult | mg/dl |
| BILIRUBIN-DIRECT Method: Daizo with DPD | 0.3 | Adult & Children: <0.25 | mg/dl |
| BILIRUBIN-INDIRECT Method: calculated | 0.4 | 0.1-1.0 | mg/dl |
| TOTAL-PROTIEN Method: Photometric UV test | 7.1 | Adult: 6.6-8.8 | gms/dl |
| ALBUMIN Method: BCG | 4.0 | 3.5-5.2 | gms/dl |
| SGOT/AST Method: IFCC WITHOUT P5P | 49 | up to 38 | U/L |
| SGPT/ALT Method: IFCC WITHOUT P5P | 58 | up to 38 | U/L |
| ALKA-PHOS Method: PNPP-AMP BUFFER | 78 | Child: 104-380 Adult: 20-116 | U/L |
| GLOBULIN Method: Calculated | 3.1 | 1.8 - 3 | gms/dl |
| A:G Ratio | 1:2:9 | | |
| GGT [Gamma Glutamyl Transferase] | 22 | 7-32 | U/L |

End of the report

Lab Technician / Technologist
 Susmita_Saha

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Patient Name: Mr. AMRITAVA MISHRA
UHID/MR No.: FSIN.0000013300
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Reported on: 13.09.2021
Specimen: BLOOD

APOLLO CLINIC @ OM TOWER
Opp. of Rabindra Bharati University

DEPARTMENT OF LABORATORY MEDICINE

| <u>TEST NAME</u> | <u>RESULT</u> | <u>BIOLOGICAL REFERENCE INTERVALS</u> | <u>UNITS</u> |
|--------------------------------------|---------------|---|----------------|
| LIPID PROFILE TEST (PACKAGE) | | | |
| Triglyceride Method: GPO-POD | 96 | <200 | mg/dl |
| Cholesterol Method: CHOD - PAP | 161 | Desirable blood cholesterol :< 220 Borderline High: 170.0-199.0 High: > 199.0 mg/dl | mg/dl mg/dl |
| HDL Method: PVS and PEGME coupled | 52 | 50 - 80 mg/dl | mg/dl |
| LDL Method: Selective Detergent | 84 | <130.0 mg/dl | mg/dl |
| VLDL | 25 | 20-35 mg/dl | mg/dl |
| CHOL : HDL RATIO | 3.09 | 3.0 - 5.0 | |
| LDL : HDL RATIO | 1.61 | 2.6 - 3.6 | |

End of the report

Results are to be correlated clinically

BX

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