

Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 12:38PM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 04:26PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	18.6	g/dL	13-17	Spectrophotometer
PCV	55.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.19	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.5	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,070	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	37.5	%	40-80	Electrical Impedence
LYMPHOCYTES	49.3	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	9.1	%	2-10	Electrical Impedence
BASOPHILS	0.7	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2651.25	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	3485.51	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	240.38	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	643.37	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	49.49	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC LYMPHOCYTOSIS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN.



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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 04:03PM
Visit ID : SPUNOPV58547	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	$5.7 - 6.4$
DIABETES	≥ 6.5
DIABETICS	

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Test Name	Result	Unit	Bio. Ref. Range	Method
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EXCELLENT CONTROL	6 - 7			
FAIR TO GOOD CONTROL	7 - 8			
UNSATISFACTORY CONTROL	8 - 10			
POOR CONTROL	>10			

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 01:18PM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 01:56PM
Visit ID : SPUNOPV58547	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	245	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	148	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.97	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.92	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	85.66	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	55.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.29	U/L	30-120	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.14	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.46	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.56	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.31	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.35	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	52.69	U/L	<55	IFCC



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Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.24	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.41	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.430	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 11:57AM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 12:09PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

Sanjay Ingle
DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Name : Mr. Karan Chandrakant Chavan

Age: 34 Y

UHID:SPUN.0000044799

Sex: M



Address : Pune Naraynpath

OP Number:SPUNOPV58547

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No :SPUN-OCR-9687

Date : 07.10.2023 10:10

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	HbA1c, GLYCATED HEMOGLOBIN	
4	2 D ECHO	
5	LIVER FUNCTION TEST (LFT)	
✓6	X-RAY CHEST PA	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	FITNESS BY GENERAL PHYSICIAN	
✓11	DIET CONSULTATION	
12	COMPLETE URINE EXAMINATION	
✓13	URINE GLUCOSE(POST PRANDIAL) 12.30pm	
14	PERIPHERAL SMEAR	
✓15	ECG	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
✓18	BODY MASS INDEX (BMI)	
✓19	OPHTHAL BY GENERAL PHYSICIAN	
20	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
✓21	ULTRASOUND - WHOLE ABDOMEN	
22	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
23	DENTAL CONSULTATION	
✓24	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12.30 pm	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of _____ on _____

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. _____
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes

Apollo Clinic

CONSENT FORM

Patient Name: Karan Chavan Age: 34 M

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

(Company) Want to inform you that I am not interested in getting

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

2D ECHO
ENT Con^m

Physician Fitness will be done on 09/10/23

Patient Signature: Date:

Date : 07/10/23
MRNO : SPUN.0000044799
Name : Mr. Karan. C. Chavan
Age/Gender : 34/M
Mobile No :

Department : G.P
Consultant : Dr. Samrat Shah
Reg. No :
Qualification :

Consultation Timing :

SPO2 - 98%

Pulse : 78/min	B.P : 126/80	Resp : 18/min	Temp : 98°L
Weight : 66.2kg	Height : 163 cm	BMI : 24.9	Waist Circum : -

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Patient's Name :- Mr. Karan Chavan
MRN:SPUN.0000044799
Ref Doctor :- Health Checkup -

AGE : 34 Yrs/M.

DATE: 7/10/2023

USG ABDOMEN & PELVIS

Liver : appears normal in size and show mild bright echo texture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder : is well distended. No evidence of calculus. Wall thickness appears normal.

Spleen: appears normal in size and echotexture. Splenic vein appears normal.

Pancreas : appears normal in echopattern. No focal lesion/calcification.

Both the kidneys : appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on right side. Left kidney shows calculus of size 4 mm in lower pole calyx. No hydronephrosis.

Urinary Bladder :- is well distended and appears normal. No evidence of any wall thickening or abnormality.

Prostate is normal in size and echotexture. No evidence of calcification seen. Seminal vesicles appear normal.

No obvious free fluid or lymphadenopathy is noted in the abdomen.

IMPRESSION:-

Grade I fatty liver.

Left renal non obstructing calculus.



Dr. Prashant Lagdive
Consultant Radiologist.

Apollo Spectra Hospitals: Saras Baug Road, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra - 411030
Ph No: 022 - 6720 6500 | www.apollospectra.com

Apollo Specialty Hospital Pvt. Ltd. (CIN - U85100TG2009PTC099414)
(Formerly known as Nova Specialty Hospital Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mr.KARAN CHANDRAKANT CHAVAN
Age/Gender : 34 Y 3 M 22 D/M
UHID/MR No : SPUN.0000044799
Visit ID : SPUNOPV58547
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 1531052

Collected : 07/Oct/2023 10:13AM
Received : 07/Oct/2023 12:38PM
Reported : 07/Oct/2023 04:26PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	18.6	g/dL	13-17	Spectrophotometer
PCV	55.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	6.19	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.5	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,070	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	37.5	%	40-80	Electrical Impedance
LYMPHOCYTES	49.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	9.1	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2651.25	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	3485.51	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	240.38	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	643.37	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	49.49	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	311000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC LYMPHOCYTOSIS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN.



Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 12:38PM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 02:31PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 12:38PM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 04:03PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	103	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

- Note:**
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
 - Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	104	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
EXCELLENT CONTROL	6 - 7			
FAIR TO GOOD CONTROL	7 - 8			
UNSATISFACTORY CONTROL	8 - 10			
POOR CONTROL	>10			

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 01:18PM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 01:56PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	245	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	148	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.47	mg/dL	<100	Calculated
VLDL CHOLESTEROL	48.97	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.85		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Visit ID : SPUNOPV58547	Status : Final Report
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Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.92	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	85.66	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	55.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	63.29	U/L	30-120	IFCC
PROTEIN, TOTAL	7.31	g/dL	6.6-8.3	Biuret
ALBUMIN	4.63	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.68	g/dL	2.0-3.5	Calculated
A/G RATIO	1.73		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)
Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.14	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.46	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.56	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.31	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100.35	mmol/L	101-109	ISE (Indirect)



Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
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UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 01:56PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	52.69	U/L	<55	IFCC
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Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 01:18PM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 02:19PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.24	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.41	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.430	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 11:57AM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 12:09PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	8.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



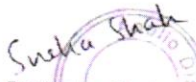
Patient Name : Mr.KARAN CHANDRAKANT CHAVAN	Collected : 07/Oct/2023 10:13AM
Age/Gender : 34 Y 3 M 22 D/M	Received : 07/Oct/2023 11:57AM
UHID/MR No : SPUN.0000044799	Reported : 07/Oct/2023 12:08PM
Visit ID : SPUNOPV58547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 1531052	


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist


DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Patient Name:	MR.KARAN CHAVAN 34Y	MR No:	SPUN000644799
Age:	34 Years	Location:	Apollo Spectra Hospital Pune (Swargate)
Gender:	M	Physician:	SELF
Image Count:	1	Date of Exam:	07-Oct-2023
Arrival Time:	07-Oct-2023 11:08	Date of Report:	07-Oct-2023 11:28

X-RAY CHEST PA VIEW

HISTORY: Health check up

FINDINGS

Normal mediastinum.

No hilar or mediastinal lymphadenopathy.

Cardia normal in size

No focal lesion. No collapse . No consolidation.


The apices, costo and cardiophrenic angles are free.

No pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION:

No significant abnormality seen.



Dr.V.Pavan Kumar.MBBS,DMRD.
Consultant Radiologist
Reg.No : 57017

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

EYE REPORT

Date: 07/10/23

Name: Mr. Karan Chavan

Age/Sex: 34y/M

Ref No.:

Complaint: NO complaints

Examination

NO DM

NO HTN

Spectacle Rx

unaided Vision
R 6/6 Ng
L 6/6 Ng

	Right Eye				Left Eye			
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/6	Plano	—	—	6/6	Plano	—	—
Read	—	—	—	Ng	—	—	—	Ng
	Sphere	CYL	Axis	Vision	Sphere	CYL	Axis	Vision

Remarks:

WNL

PGP
R
L

Medications: ∴ BE colour vision Normal.

Trade Name	Frequency	Duration

Follow up: 1yrs

Consultant: 

Apollo Spectra Hospitals

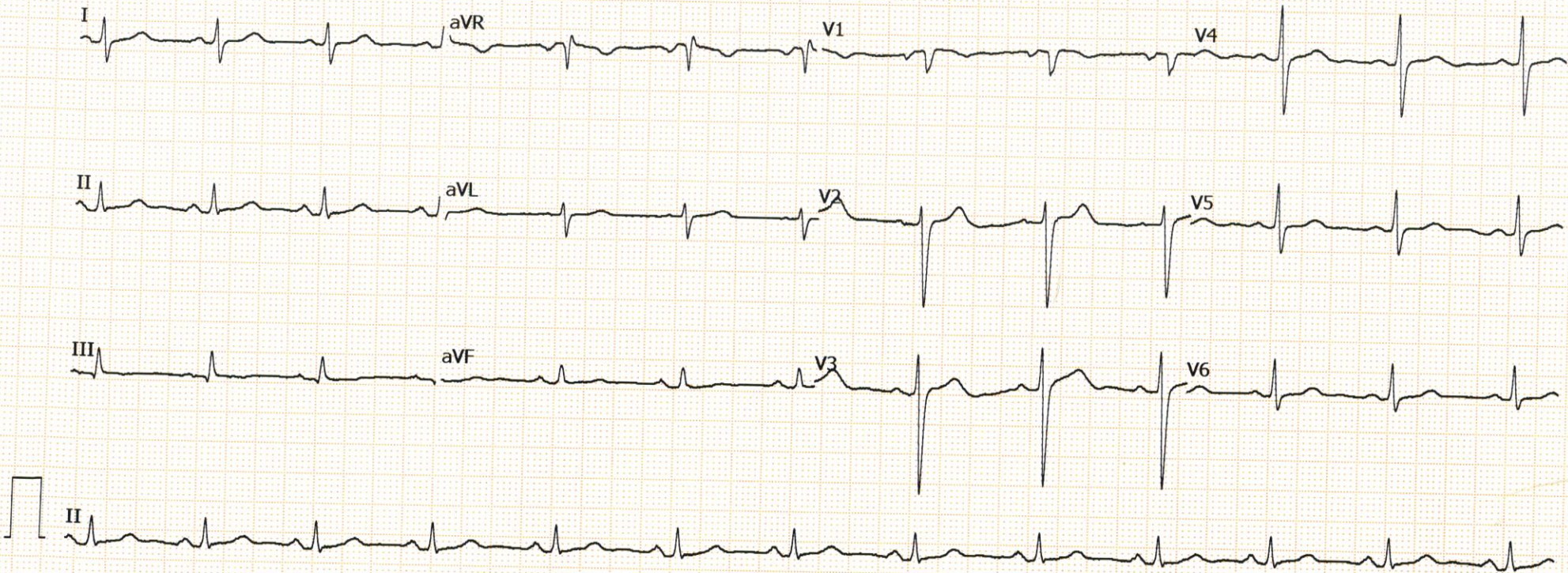
Opp. Sanas Sports Ground, Saras Baug, Sadashiv Peth, Pune, Maharashtra- 411030
Ph : 020 67206500 | Fax: 020 67206523 | www.apollospectra.com

163 cm Male
66.0 kg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 94 ms
QT / QTcBaz : 394 / 439 ms
PR : 154 ms
P : 112 ms
RR / PP : 794 / 800 ms
P / QRS / T : 51 / 77 / 36 degrees

Normal sinus rhythm
Possible Left atrial enlargement
Borderline ECG





भारत सरकार
Government of India

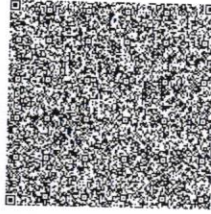
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2091/49091/00844

To
करण चंद्रकांत चव्हाण
Karan Chandrakant Chavan
S/O Chandrakant Chavan
At Po.Somanathpur Tq.Udgir
Somnathpur
Latur Maharashtra - 413517
9767285588

Signature invalid

Digitally signed by Karan Chandrakant Chavan
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2021.07.21 14:09:08 UTC



आपका आधार क्रमांक / Your Aadhaar No. :

5093 1876 7133

VID : 9179 2100 7567 5930

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



करण चंद्रकांत चव्हाण
Karan Chandrakant Chavan
जन्म तिथि/DOB: 15/06/1989
पुरुष/ MALE

Issue Date: 30/03/2012

5093 1876 7133

VID : 9179 2100 7567 5930

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता 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 पाना 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.
- Carry Aadhaar in your smart phone – use mAadhaar App.



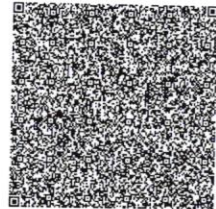
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 21/01/2023

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