

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 PRAMOD
EC NO.	177346
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	GHAZIABAD, SHAHPUR BAMATA
BIRTHDATE	10-05-1980
PROPOSED DATE OF HEALTH CHECKUP	25-10-2021
BOOKING REFERENCE NO.	21D177346100005904E

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 **22-10-2021** 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.

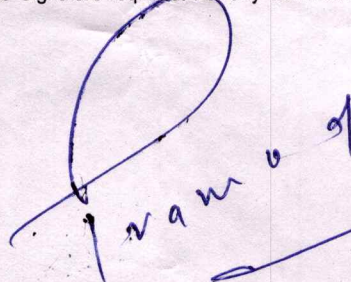
We solicit your co-operation in this regard.

Yours faithfully,

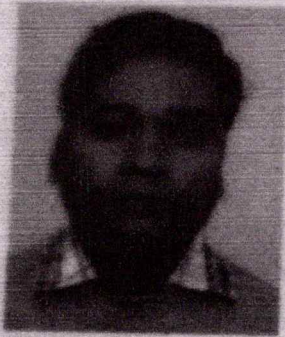
Sd/-

**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))

  
8707468604

भारत सरकार  
Government of India



प्रमोद कुमार  
Pramod Kumar  
जन्म तिथि/DOB: 10/05/1980  
पुरुष/ MALE

Issue Date: 20/01/2020

Download Date: 09/04/2021

8322 4700 3364

VID : 9106 3391 1669 2558

मेरा आधार, मेरी पहचान

*K. Bharadwaj*

DR. K.C. BHARADWAJ  
M.B.B.S. D CARD  
Reg. No. 32749

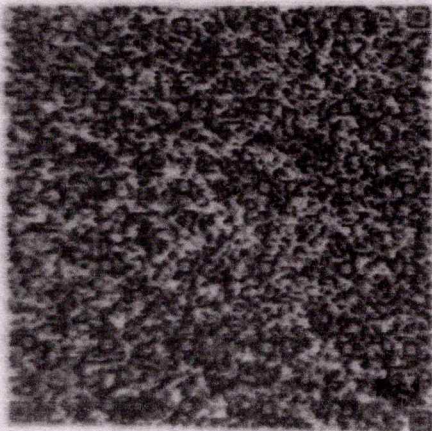
www.uidai.gov.in

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VID : 9106 3391 1669 2558

8322 4700 3364



Address:  
S/O Ravinder Pandit, 338, Tiwarpur Bagiya,  
Kailash Nagar, Jajmau, Shiwans Tenray,  
Kanpur Nagar,  
Uttar Pradesh - 208010

पता:  
S/O रवींद्र पंडित, 338, तिवारपुर बागिया,  
कैलाश नगर, जजमाऊ, शिवान्स टेनराय,  
कानपुर नगर,  
उत्तर प्रदेश - 208010

Indra Bhargava Centre  
24/22 Karachi Main  
Wall Road, Kanpur

Unique Identification Authority of India

*K. Bharadwaj*



# INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur  
Ph: 9235432757,  
CTN : U85110DL2003LC308206



Patient Name	: Mr.PRAMOD KUMAR - 177346	Registered On	: 25/Oct/2021 09:27:05
Age/Gender	: 41 Y 5 M 16 D /M	Collected	: 25/Oct/2021 10:20:19
UHID/MR NO	: IKNP.0000015150	Received	: 25/Oct/2021 10:20:36
Visit ID	: IKNP0053672122	Reported	: 25/Oct/2021 19:34:22
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	B
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	16.40	mg/dl	Male-13.5-17.5 mg/dl Female-12.0-15.5mg/dl	
TLC (WBC)	6,300.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils )	58.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	38.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	1.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	4.00	Mm for 1st hr.		
Corrected	NR	Mm for 1st hr.	< 9	
PCV (HCT)	50.00	cc %	40-54	
<b>Platelet count</b>				
Platelet Count	1.30	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	66.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	16.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	5.17	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	96.40	fl	80-100	CALCULATED PARAMETER
MCH	31.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.90	%	30-38	CALCULATED PARAMETER
RDW-CV	12.10	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,654.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	63.00	/cu mm	40-440	





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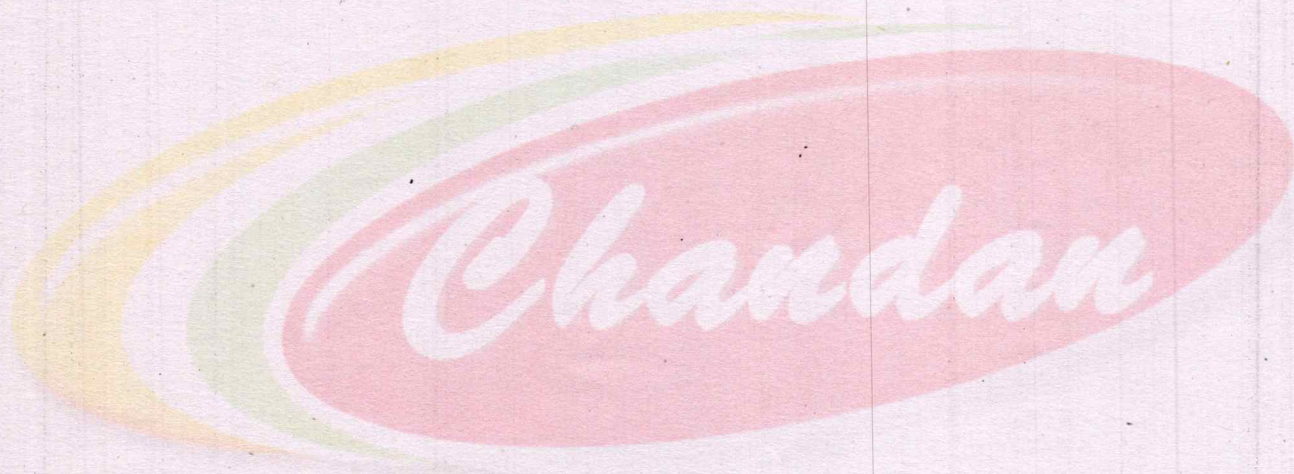


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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Dr. Seema Nagar(MD Path)





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Ph: 9235432757,  
CIN : U85110DL2003LC308206



Patient Name	: Mr.PRAMOD KUMAR - 177346	Registered On	: 25/Oct/2021 09:27:05
Age/Gender	: 41 Y 5 M 16 D /M	Collected	: 25/Oct/2021 16:31:01
UHID/MR NO	: IKNP.0000015150	Received	: 25/Oct/2021 16:32:39
Visit ID	: IKNP0053672122	Reported	: 25/Oct/2021 17:05:14
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose Fasting</b> Sample:Plasma	<b>358.30</b>	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.

<b>Glucose PP</b> Sample:Plasma After Meal	<b>558.90</b>	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- 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.
- I.G.T = Impaired Glucose Tolerance.



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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*\*, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	11.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	101.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	280	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 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Clinical Implications:

- \*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 c. Alcohol toxicity d. Lead toxicity
- \*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:
- \*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.



*Anupam Singh*  
Dr. Anupam Singh  
M.B.B.S, M.D.(Pathology)





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Ph: 9235432757,  
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Patient Name	: Mr.PRAMOD KUMAR - 177346	Registered On	: 25/Oct/2021 09:27:06
Age/Gender	: 41 Y 5 M 16 D /M	Collected	: 25/Oct/2021 10:20:18
UHID/MR NO	: IKNP.0000015150	Received	: 25/Oct/2021 10:20:36
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Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BUN (Blood Urea Nitrogen) *</b> <i>Sample:Serum</i>	7.50	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> <i>Sample:Serum</i>	0.81	mg/dl	0.7-1.3	MODIFIED JAFFES
<b>e-GFR (Estimated Glomerular Filtration Rate)</b> <i>Sample:Serum</i>	105.00	ml/min/1.73m <sup>2</sup>	90-120 Normal 60-89 Near Normal	CALCULATED
<b>Uric Acid</b> <i>Sample:Serum</i>	2.76	mg/dl	3.4-7.0	URICASE
<b>L.F.T.(WITH GAMMA GT) * , Serum</b>				
SGOT / Aspartate Aminotransferase (AST)	27.60	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	40.30	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	45.20	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.99	gm/dl	6.2-8.0	BIRUET
Albumin	4.18	gm/dl	3.8-5.4	B.C.G.
Globulin	2.81	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.49		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	127.00	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.13	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.55	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.58	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) * , Serum</b>				
Cholesterol (Total)	144.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	37.40	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	70	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	36.52	mg/dl	10-33	CALCULATED
Triglycerides	182.60	mg/dl	< 150 Normal 150-199 Borderline High	GPO-PAP







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Visit ID	: IKNP0053672122	Reported	: 25/Oct/2021 12:03:31
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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200-499 High  
>500 Very High



Dr. Seema Nagar(MD Path)





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Ph: 9235432757,

CIN : U85110DL2003LC308206



Patient Name	: Mr.PRAMOD KUMAR - 177346	Registered On	: 25/Oct/2021 09:27:05
Age/Gender	: 41 Y 5 M 16 D /M	Collected	: 25/Oct/2021 10:20:19
UHID/MR NO	: IKNP.0000015150	Received	: 25/Oct/2021 10:20:36
Visit ID	: IKNP0053672122	Reported	: 25/Oct/2021 20:02:09
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	LIGHT YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic ( 5.0 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	PRESENT (++++)	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT			DIPSTICK
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			



Dr. Seema Nagar(MD Path)



# INDRA DIAGNOSTIC CENTRE

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CIN : U85110DL2003LC308206



Since 1991



Patient Name	: Mr.PRAMOD KUMAR - 177346	Registered On	: 25/Oct/2021 09:27:05
Age/Gender	: 41 Y 5 M 16 D /M	Collected	: 26/Oct/2021 12:46:10
UHID/MR NO	: IKNP.0000015150	Received	: 27/Oct/2021 11:41:20
Visit ID	: IKNP0053672122	Reported	: 27/Oct/2021 12:57:46
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### STOOL, ROUTINE EXAMINATION \*\*, Stool

Color	BROWNISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.5 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT



Dr. Mamta Barthwal  
MD(Micro-Biology)





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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	PRESENT(++++)	gms%
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#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (++) 1-2
- (++) > 2



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UHID/MR NO	: IKNP.0000015150	Received	: 25/Oct/2021 10:20:36
Visit ID	: IKNP0053672122	Reported	: 25/Oct/2021 16:43:54
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	125.60	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	7.14	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.78	µIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

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.



Dr. Seema Nagar(MD Path)





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## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

#### IMPRESSION : NORMAL SKIAGRAM

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

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

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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Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Home Sample Collection  
1800-419-0002

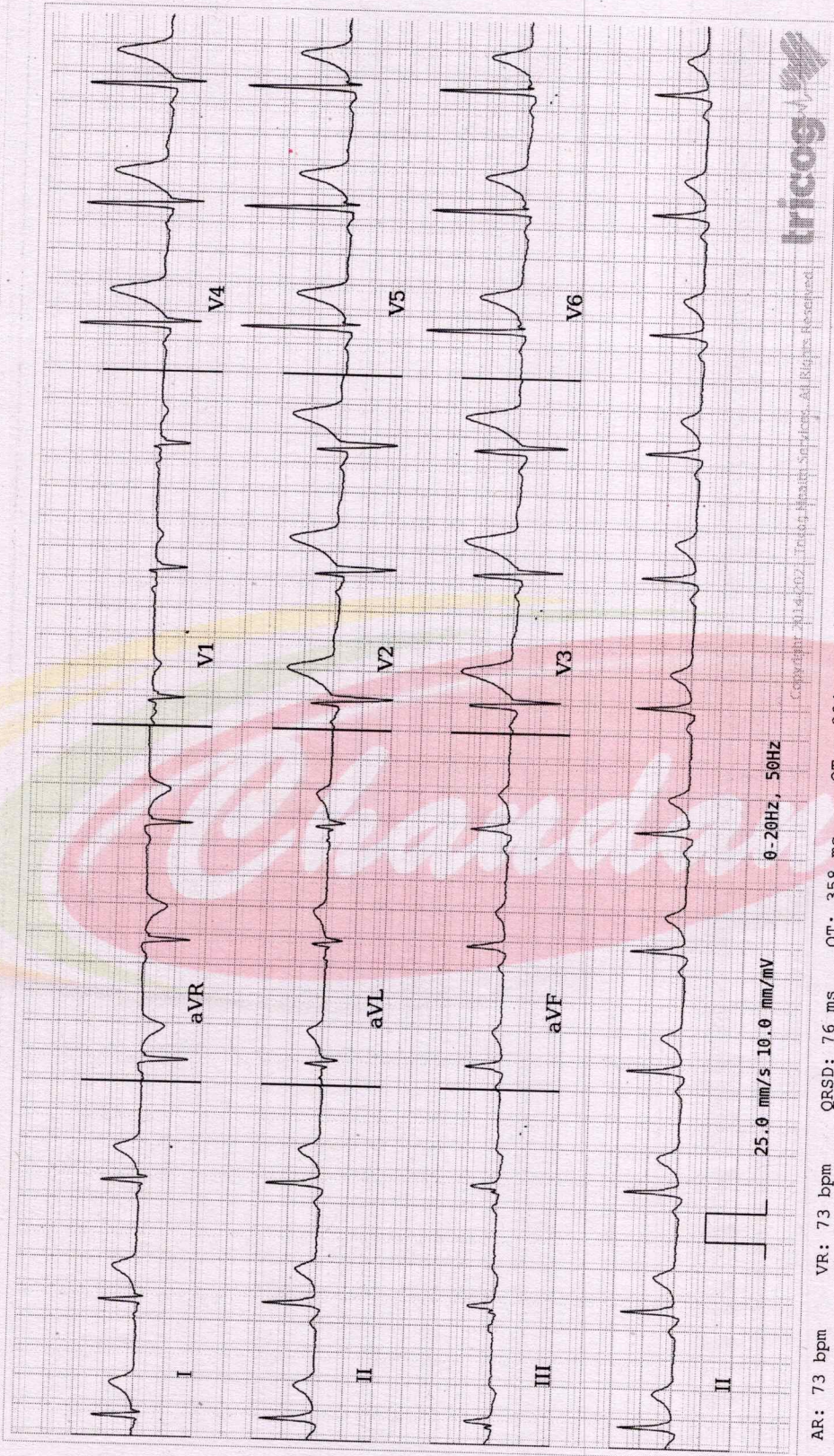
Oct 2021



Since 1991

Indira Diagnostic Centre, Kanpur

Age / Gender: 41/Male  
Date and Time: 25th Oct 21 9:25 AM  
Patient ID: IKNP0053672122  
Patient Name: PRAMOD KUMAR - 177346



AR: 73 bpm VR: 73 bpm QRSD: 76 ms QT: 358 ms QTC: 394 ms PRI: 136 ms P-R-T: 68° 55° 25°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Dr. Chant  
MD, DM: Cardiology

63382

REPORTED BY



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.

