



भारत सरकार
Government of India



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 1452/77023/04674

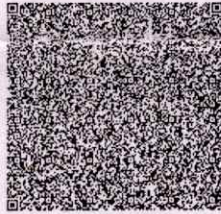
Download Date: 02/12/2019

To
माधव सिंह
MADHAV SINGH
S/O MOHAN SINGH YADAV
43 A/2
NETA JI NAGAR
P.A.C. ROAD

Kanpur
Kanpur Nagar Uttar Pradesh - 208007
8449872813

Issue Date: 04/08/2016

Validity unknown



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

K. Kherani

आपका आधार क्रमांक / Your Aadhaar No. :

5729 0390 3125
VID : 9112 8346 0543 3234

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



माधव सिंह
MADHAV SINGH
जन्म तिथि/DOB: 01/10/1989
पुरुष/ MALE

Issue Date: 04/08/2016

Download Date: 02/12/2019

5729 0390 3125
VID : 9112 8346 0543 3234

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- स्मार्ट 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.

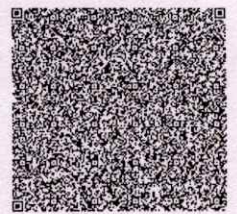


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Unique Identification Authority of India



पता:
S/O मोहन सिंह यादव, ४३ ए/२, नेता जी नगर, ..
पी.ए.सी. रोड, कानपुर, कानपुर नगर,
उत्तर प्रदेश - 208007

Address:
S/O MOHAN SINGH YADAV, 43 A/2, NETA
JI NAGAR, .. P.A.C. ROAD, Kanpur, Kanpur
Nagar,
Uttar Pradesh - 208007



5729 0390 3125
VID : 9112 8346 0543 3234

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

Medha Singh
19/09/2019
Chandan Mehera
Gen Medical Health check up



MANAGER

PLEASE

K. Bharadwaj

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

Indra Diagnostic Centre
24/22 Karachi Khana
Mall Road, Karapur

INDRA DIAGNOSTIC CENTRE

Add: 24/22, Vrindawan Bhawan, Karachi Khana, Kanpur

Ph: 9235432757,

CIN : U85110DL2003LC308206



Since 1991



Patient Name	: Mr.MADHAV SINGH -PKG10000238	Registered On	: 19/Sep/2021 10:47:33
Age/Gender	: 31 Y 11 M 18 D /M	Collected	: 19/Sep/2021 11:54:22
UHID/MR NO	: IKNP.0000014524	Received	: 19/Sep/2021 17:07:33
Visit ID	: IKNP0046792122	Reported	: 19/Sep/2021 18:37:52
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	15.30	g/dl	13.5-17.5	PHOTOMETRIC
TLC (WBC)	4,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE

DLC

Polymorphs (Neutrophils)	46.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	48.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1	ELECTRONIC IMPEDANCE

ESR

Observed	6.00	Mm for 1st hr.
Corrected	0.00	Mm for 1st hr. < 9
PCV (HCT)	47.00	cc % 40-54

Platelet count

Platelet Count	1.80	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE
PDW (Platelet Distribution width)	16.80	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	48.40	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.20	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.50	fL	6.5-12.0	ELECTRONIC IMPEDANCE

RBC Count

RBC Count	5.13	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
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INDRA DIAGNOSTIC CENTRE

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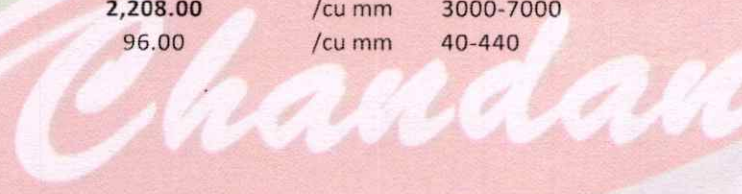


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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Indices (MCV, MCH, MCHC)				
MCV	84.70	fl	80-100	CALCULATED PARAMETER
MCH	29.70	pg	28-35	CALCULATED PARAMETER
MCHC	35.10	%	30-38	CALCULATED PARAMETER
RDW-CV	12.30	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	42.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,208.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	96.00	/cu mm	40-440	



ASIM

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





INDRA DIAGNOSTIC CENTRE

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Ph: 9235432757,
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Age/Gender	: 31 Y 11 M 18 D /M	Collected	: 19/Sep/2021 11:54:22
UHID/MR NO	: IKNP.0000014524	Received	: 19/Sep/2021 11:59:45
Visit ID	: IKNP0046792122	Reported	: 19/Sep/2021 13:24:07
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
Glucose Fasting <i>Sample: Plasma</i>	106.10	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

Glucose PP <i>Sample: Plasma After Meal</i>	113.50	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 diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) * , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.20	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	33.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	102	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 management.

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.



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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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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 I diabetics. 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.

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.

BUN (Blood Urea Nitrogen) * 9.50 mg/dL 7.0-23.0 CALCULATED



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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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Sample:Serum

Creatinine 1.28 mg/dl 0.7-1.3 MODIFIED JAFFES

Sample:Serum

e-GFR (Estimated Glomerular Filtration Rate) 65.50 ml/min/1.73m² - 90-120 Normal
- 60-89 Near Normal
CALCULATED

Sample:Serum

Uric Acid 9.52 mg/dl 3.4-7.0 URICASE

Sample:Serum

L.F.T.(WITH GAMMA GT) * , Serum

SGOT / Aspartate Aminotransferase (AST)	56.70	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	73.20	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	140.80	IU/L	11-50	OPTIMIZED SZAIZING
Protein	7.93	gm/dl	6.2-8.0	BIRUET
Albumin	3.85	gm/dl	3.8-5.4	B.C.G.
Globulin	4.08	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	0.94		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	73.70	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	1.26	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.72	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.54	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) * , Serum

Cholesterol (Total)	170.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	27.44	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	125	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL Triglycerides	17.70	mg/dl	10-33	CALCULATED
	88.50	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

Dr. Seema Nagar(MD Path)



INDRA DIAGNOSTIC CENTRE

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Patient Name	: Mr.MADHAV SINGH -PKG1000238	Registered On	: 19/Sep/2021 10:47:33
Age/Gender	: 31 Y 11 M 18 D /M	Collected	: 19/Sep/2021 11:54:22
UHID/MR NO	: IKNP.0000014524	Received	: 19/Sep/2021 17:19:06
Visit ID	: IKNP0046792122	Reported	: 19/Sep/2021 17:44:40
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	PALE YELLOW			
Specific Gravity	1.010			
Reaction PH	Acidic (6.0)			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	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			
Microscopic Examination:				
Epithelial cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	ABSENT			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			MICROSCOPIC EXAMINATION
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			MICROSCOPIC EXAMINATION



ASIM

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



INDRA DIAGNOSTIC CENTRE

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Patient Name	: Mr.MADHAV SINGH -PKG10000238	Registered On	: 19/Sep/2021 10:47:33
Age/Gender	: 31 Y 11 M 18 D /M	Collected	: 19/Sep/2021 11:54:22
UHID/MR NO	: IKNP.0000014524	Received	: 19/Sep/2021 12:15:14
Visit ID	: IKNP0046792122	Reported	: 19/Sep/2021 13:46:05
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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SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage	ABSENT	gms%		
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Interpretation:

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



Dr. Seema Nagar(MD Path)





INDRA DIAGNOSTIC CENTRE

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UHID/MR NO	: IKNP.0000014524	Received	: 19/Sep/2021 11:59:45
Visit ID	: IKNP0046792122	Reported	: 19/Sep/2021 17:26:00
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
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	111.30	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.02	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.94	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.4-4.2	μIU/mL	Adults 21-54 Years
0.5-4.6	μIU/mL	Second Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
0.7-27	μIU/mL	Premature 28-36 Week
0.8-5.2	μIU/mL	Third Trimester
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week

- 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)





INDRA DIAGNOSTIC CENTRE

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Patient Name	: Mr.MADHAV SINGH -PKG10000238	Registered On	: 19/Sep/2021 10:47:34
Age/Gender	: 31 Y 11 M 18 D /M	Collected	: N/A
UHID/MR NO	: IKNP.0000014524	Received	: N/A
Visit ID	: IKNP0046792122	Reported	: 20/Sep/2021 12:05:16
Ref Doctor	: Dr.MediWheel Knp	Status	: Final Report

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:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

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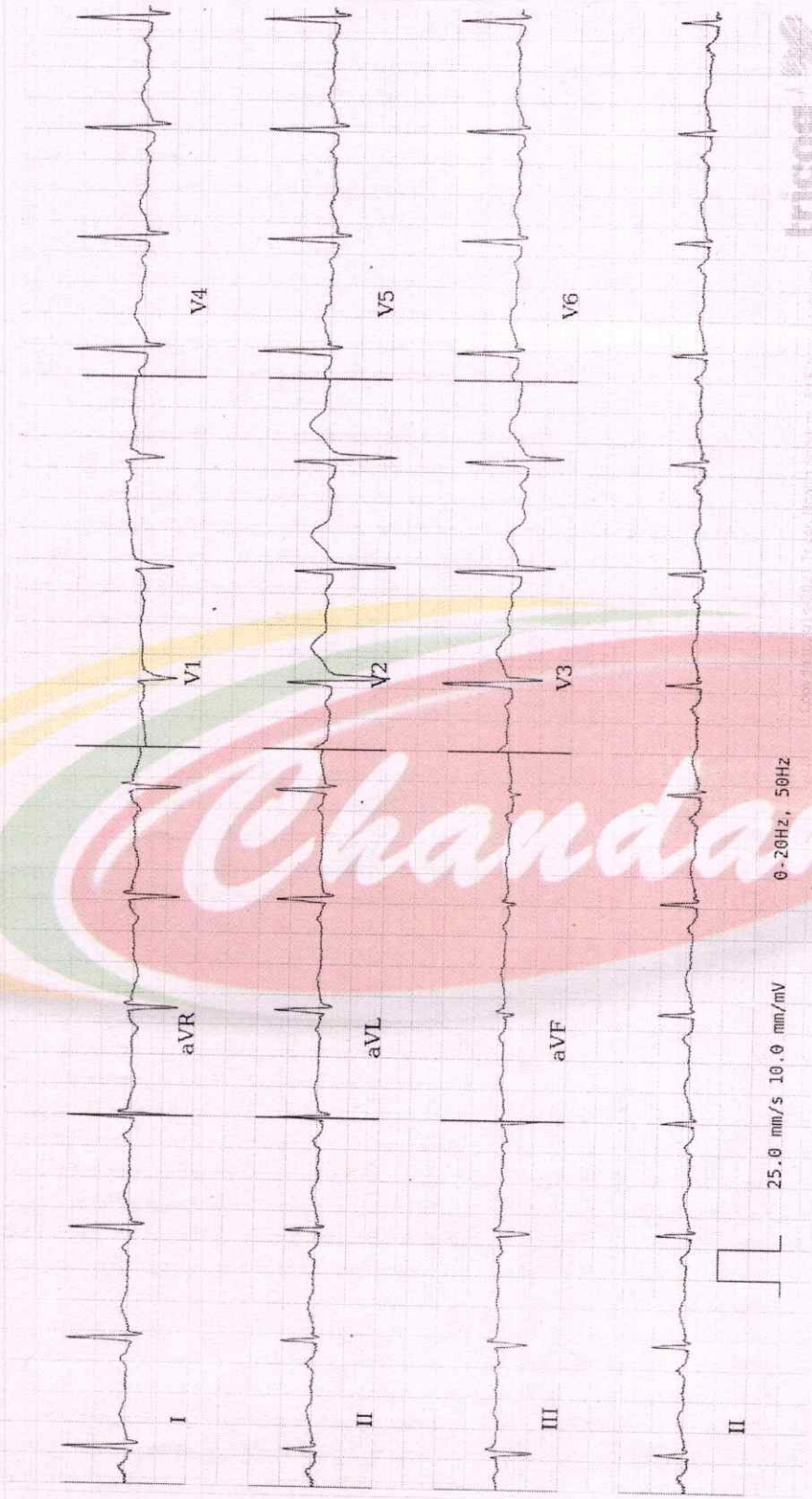


Customer Care No.: 0522-6666600 E-mail: customercare.diagnostic@chandan.co.in Web.: www.chandan.co.in

Home Sample Collection
1800-419-0002

PPP, Aug 2021

Age / Gender: 31/Male
 Patient ID: IKNP0046792122
 Date and Time: 20th Sep 21 7:05 PM
 Patient Name: Mr. MADHAV SINGH -PKG10000238



AR: 84 bpm VF: 84 bpm QRSD: 74 ms QT: 382 ms QTc: 451 ms PRI: 124 ms P-R-T: 21° 5' 45°

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

AUTHORIZED BY

Dr. Charit
 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.