

2

111



PATIENT NAME: SAHARSH AGARWAL

AGE/SEX: 29 YRS/M

DATE: Saturday, 12 August 2023

CHEST X-RAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW



DR SHARAD RUNGTA (MD & DNB)
CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



PATIENT NAME: SAHARSH AGARWAL	
AGE/SEX: 29YRS/M	DATE: Saturday, 12 August 2023

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size (12.7 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

GALL BLADDER is distended. No e/o wall thickening, pericholecystic edema or calculus within.

VISUALIZED PART OF PANCREAS appears normal. MPD is WNL.

SPLEEN appears normal in size (9.0 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size (RK: 10.1 cm & LK: 9.0 cm) and position.
Show normal cortical echogenicity. Corticomedullary differentiation is maintained.
No calculus or hydronephrosis on either side.

URINARY BLADDER is full. Mucosal surface appears smooth with no e/o obvious wall thickening or calculus within.

PROSTATE appears normal in size. No evidence of focal lesion noted.

BOWEL LOOPS appear normal and show normal peristalsis
No evidence of LYMPHADENOPATHY noted.
No evidence of ASCITES or PLEURAL EFFUSION noted.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY NOTED IN PRESENT SCAN.**



DR SHARAD RUNGTA (MD & DNB)
CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: SAHARSH AGRAWAL

AGE/SEX: 29 YRS/MALE

DATE: 12/08/2023

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- NO LV DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- NO AR. NO AS.
- TRIVIAL TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

LA: 29MM

AO: 26MM

IVS: 10/12MM

LVPW: 10/11MM

LVID: 40/21MM

CONCLUSION:

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60 % (VISUAL).

DR. NIRAV BHALANI
[CARDIOLOGIST]

DR. ARVIND SHARMA
[CARDIOLOGIST]



AGRAWAL, SAHARSH
Male

12-Aug-23 11:42:44 AM

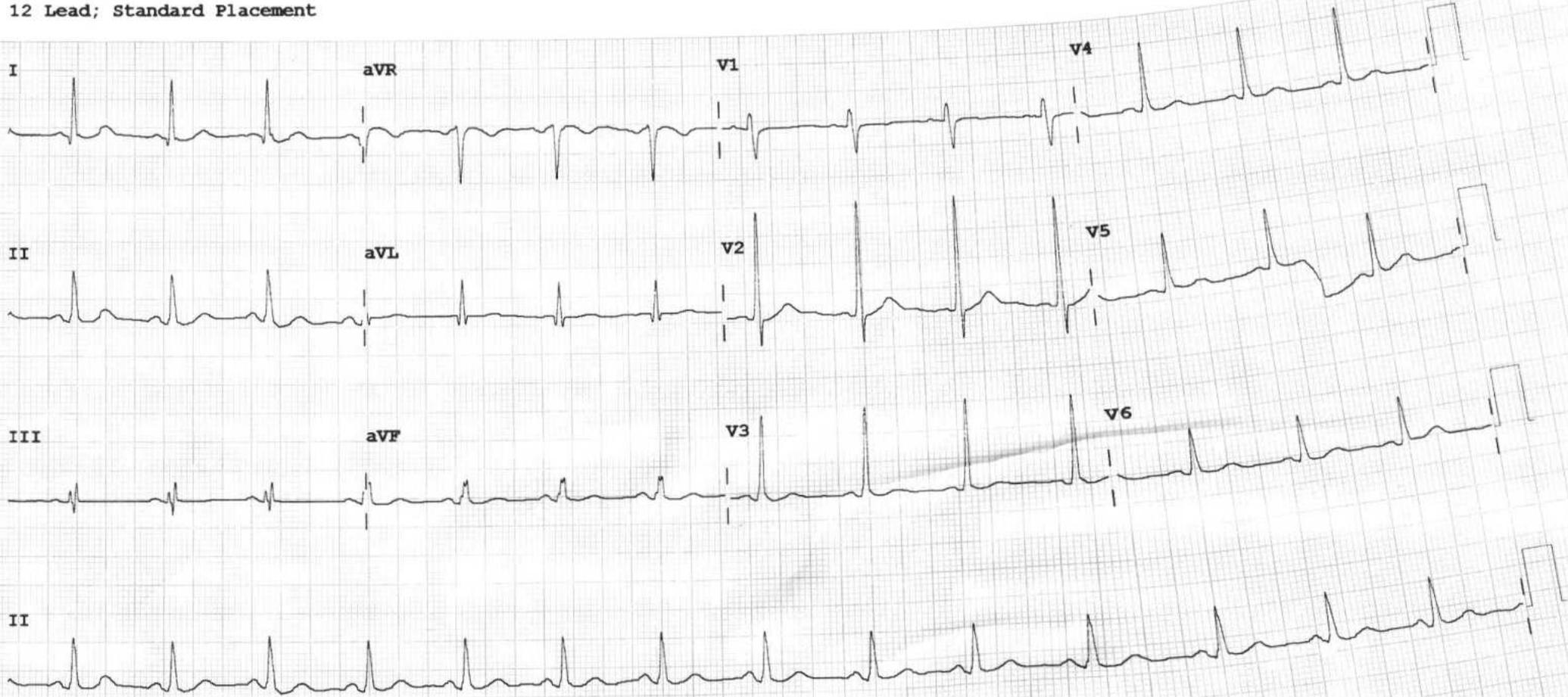


Rate 88
PR 128
QRSD 84
QT 336
QTc 407

--AXIS--

P 66
QRS 45
T 38

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

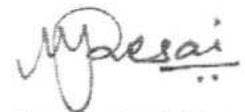
P?



Patient Name :	Saharsh Satish Agrawal	Sample No. :	20230805722 
Patient ID :	20220311284	Visit No. :	OPD20230810548
Age / Sex :	29y 4m/Male	Call. Date :	12/08/2023 10:24
Consultant :	DR SAURABH JAIN	S. Coll. Date :	12/08/2023 10:46
Ward :	-	Report Date :	12/08/2023 17:12

Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.010	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	3-5 /hpf	0-5/hpf
Red Blood Cells :	0-2 /hpf	Absent
Epithelial Cells :	2-3 /hpf	



Dr.Mehul Desai
M.B.D.C.P
Reg.No.G-9521

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7. A requested test might not be performed in case of following reasons: a) Insufficient quantity of specimen (inadequate collection/spillage in transit) b) Specimen quality unacceptable (hemolysed/clotted/lipemic etc) c) Incorrect specimen type d) Incorrect identity of specimen. In above mentioned circumstances it is expected that a fresh specimen will be sent for the purpose of the reporting on the same parameter.
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9. The sex of the fetus will not be revealed as per the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse Act, 1994)
10. Tests parameters marked by asterisks (*) are excluded from the "scope" of NABL accredited tests.
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GENERAL PRINCIPLES OF LABORATORY TESTING & LABORATORY REFERENCE RANGES

1. Under the best of circumstances, no test is having 100% sensitivity & 100% specificity. In the majority of laboratory parameters, the combination of short-term physiologic variation & analytical error/technological limitations are sufficient to render the interpretation of single determinations difficult especially when the concentrations are in borderline range. Any particular laboratory test result may be misleading (not correlating with clinical findings) for large varieties of reasons, regardless of high quality of laboratory, such results should be rechecked. If indicated new specimen should be submitted.
2. Reference ranges (biological reference interval) vary from one laboratory to another and with age, sex, race, size, physiologic status (e.g. pregnancy & lactation) that apply to the particular patient. Reference values represent the statistical data for 95% of the population; values outside these ranges do not necessarily represent disease. Result may still be within the reference range but be elevated above the patient's baseline, which is why serial testing is important in a number of conditions.
3. The effects of drugs on laboratory test values must never be overlooked. Laboratory values in elderly must be interpreted in light of many factors that affects "normal" values in this group.
4. Negative laboratory test results do not necessary rule out a clinical diagnosis.

TEAM OF DOCTORS

Dr. Girish Gupta, MD (Path)	Dr. Rakesh Shah MD (Path) , DCP
Dr. Ankit Jhaveri MD (Path)	Dr. Vishal Jhaveri, DCP
Dr. Rachna Parekh DCP	Dr. Hetal Parikh MD (Path) FRCPath (UK)
Dr. Bhoomika Rajyaguru MD (Micro)	Dr. Sukanya Patra MBBS, MD (Path)
Dr. Varsha Raimalani, PhD	Dr. Shreyas Nisarta MD(Path)
Dr. Nehal Tiwari MD (Path)	Dr. Vaishali Bhatt, MD

OUR UNITS

- a) Aayu Path Lab (Tarsali) - 9376224836, 7043940202
- b) Purak Hi-Tech Lab (Nizampura) - 7229046350, 9377559900
- c) Dr. Jhaveri Laboratory (Akota) - 0265-2329428, 9998724579
- d) Dr. Jhaveri Laboratory (Polo Ground) - 0265-2424335, 9725282172
- e) Jhaveri Advanced Path Lab (Subhanpura)
- f) Jhaveri Advanced Path Lab (Waghodiya road)



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 Phone: 0265-2354435 / 2326260 | Mobile: 9998724579 / 8155028222 | Email: info.baroda@unipathllp.in



TEST REPORT

Reg. No. : 30801006682 Reg. Date : 12-Aug-2023 12:14 Collected On : 12-Aug-2023 12:14
 Name : Mr. SAHARSH AGRAWAL Approved On : 12-Aug-2023 13:40
 Age : 29 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.13	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	9.50	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i>	L 0.448	µIU/mL	0.55 - 4.78
Sample Type:Serum			

Comments:
 Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

This is an electronically authenticated report.

Test done from collected sample.

Dr. Rakesh shah



Patient Name : Saharsh Satish Agrawal	Sample No. : 20230805722
Patient ID : 20220311284	
Age / Sex : 29y 4m/Male	Visit No. : OPD20230810548
Consultant : DR SAURABH JAIN	Call. Date : 12/08/2023 10:24
Ward : -	S. Coll. Date : 12/08/2023 10:46
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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.8 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.6 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	30 U/L	5 to 34 U/L
ALT (SGPT) :	38 U/L	0 to 55 U/L
Total Protein (TP) :	7.1 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	3.9 g/dl	3.5 to 5.2 g/dl
Globulin :	3.2 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.22	
Alkaline Phosphatase (ALP) :	110 U/L	40 to 150 U/L
GAMMA GT. :	12 U/L	7 to 35 U/L

Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521



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Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	117 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	55 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	48 mg/dl	Low risk : >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	58 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	11 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	1.21	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	2.44	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	520 mg/dl	400 to 700 mg/dl

Note :- Lipemic samples give high triglyceride value and falsely low LDL value.

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RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.8 mg/dl	0.6 - 1.4 mg/dl
Urea :	19 mg/ dl	13 - 45 mg/dl
Uric Acid :	5.7 mg/dl	3.5 - 7.2 mg/dl
Calcium :	9.4 mg/dl	8.5 - 10.5
Phosphorus :	4.6 mg/dl	1.5 - 6.8

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Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	B	
Rh	Positive	

FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	87 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	90 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.4 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	108.28	

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CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	12.7 gm/dl [L]	13.5 to 18.0 gm/dl
P.C.V. :	42.8 %	42.0 to 52.0 %
M.C.V. :	63 fL [L]	76 to 100 fL
M.C.H. :	18.7 pg [L]	27 to 31 pg
M.C.H.C. :	28.7 g/dl [L]	32 to 36 g/dl
RDW :	12.1 %	11.5 to 14.0 %
RBC Count :	6.79 X 10 ⁶ /cumm [H]	4.7 to 6.0 X 10 ⁶ /cumm
Polymorphs :	68 %	38 to 70 %
Lymphocytes :	29 %	15 to 48 %
Eosinophils :	1 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Total :	100	< 100 > 100
WBC Count :	7000 /cmm	4000 to 10000 /cmm
Platelets Count :	241000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	11 mm/hr	1 to 13 mm/hr

Dr. Mehul Desai
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Reg.No.G-9521



PHYSICIAN EXAMINATION

Name :	SAHARSH S AGRAWAL	Age :	29/MALE
Reg.No :	20220311284	DOE :	12/08/2023

Physical Examination:

Height:	167	Weight:	62KG	PULSE:		Temperature:	NORMAL
BMI :	22.2	BP :	120/70	SPO2	98%		
Chief Complaint :	NO COMPLAINTS						
Past History :	NAD						
General Examination :	NAD						
Systemic Examination :	NAD						
INVESTIGATION :	-						
ADVICE :	ORTHO REF./V/O NECK PAIN T.METRON PLUS 0-1-0 *1MONTH REPEAT THYROID PROFILE AFTER 3 MONTH						



DR.SAURABH JAIN



Examination By Ophthalmologist

Name :	<u>SAHARSH S AGRAWAL</u>	Age :	<u>29/MALE</u>
Reg.No :	<u>20220311284</u>	DOE :	<u>12/08/2023</u>

Present Complaints :	NIL
Medical History :	K/C/O DRY EYE
Examination Of Eye :	

External Examination :		
Anti Seg Examination :	A/S	WNL
Schiotz Tonometry IOP :	P	RRRL
Fundus :		

Without Glass	Distant Vision :	
	Near Vision :	
with glass	Distant Vision : 6/6c	6/6c -1.0DSPH
	-1.0DSPH	
	Near Vision : N6	N6
Colour Vision (With Ishihara Chart) :	WNL	
Advice :NIL		



DR CHETAN CHAUHAN

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. AGRAWAL SAHARSH SATISH
क.कू.संख्या	198771
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	VADODARA, LAHERIPURA
जन्म की तारीख	12-12-1993
स्वास्थ्य जांच की प्रस्तावित तारीख	12-08-2023
बुकिंग संदर्भ सं.	23S198771100066230E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **11-08-2023** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार
Government of India



Issue Date: 05/03/2014



Saharsh Satish Agrawal
Date of Birth/DOB: 12/12/1993
Male/ MALE

6764 2846 3706

VID : 9189 8984 4338 8788

मेरा आधर. मेरी पहचान

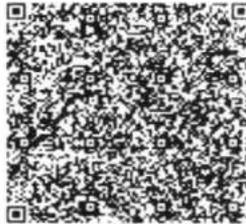


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