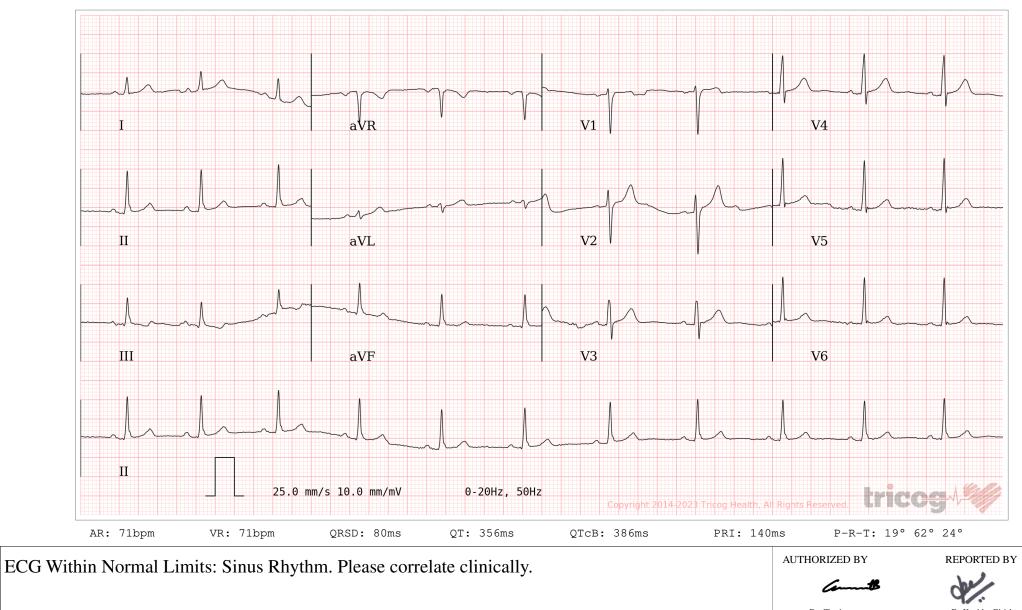
Chandan Diagnostic

Date and Time: 24th Sep 23 10:34 AM



Age / Gender: 31/Male Patient ID: CVAR0055152324 Patient Name: Mr.GAURAV GUPTA -BOBE46891



Dr. Charit MD, DM: Cardiology Dr Kavitha Girish

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.

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11:29 AM 🛈 🖪 🎽 🖳 …

← Aadhaar.pdf



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B38/42/27, Mohinikunj, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India Latitude Longitude 25.305352° 82.979019° LOCAL 10:12:13 SUNDAY 09.24.2023

GMT 04:42:13

ALTITUDE 37 METER

Chaudan A Pl	CHANDAN DIA dd: 99, Shivaji Nagar Mahmoo n: 9235447795,0542-3500227 IN : U85110DL2003PLC3082	rganj,Varanasi	IC CENT	`RE	TEARS TRACE 191
Age/Gender : 31 Y 0 UHID/MR NO : CVAR	URAV GUPTA -BOBE468) M 0 D /M .0000041847 0055152324	91	Registered O Collected Received Reported	n : 24/Sep/2023 09 : 24/Sep/2023 10 : 24/Sep/2023 10 : 24/Sep/2023 1):24:46):27:01
	DIWHEEL VNS -		Status	: Final Report	
	DFP	ARTM ENT O	FHAEMATO	IOGY	
				/ALEBELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh Blood Group	typing) * , <i>Blood</i>	В			ERYTHROCYTE
Rh (Anti-D)		POSITIVE			MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Corrections Discord Correct					
Complete Blood Count (
Haemoglobin	State of the second second	2.90	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl	
			THY.	1 Mo- 10.0-18.0 g/dl	
				3-6 Mo- 9.5-13.5 g/dl	
				0.5-2 Yr- 10.5-13.5 g/dl	
				2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl	
				12-18 Yr 13.0-16.0 g/dl	
				Male- 13.5-17.5 g/dl	
			10	Female- 12.0-15.5 g/dl	
TLC (WBC) <u>DLC</u>	5,6	500.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils) 5	0.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	4	5.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes		3.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	:	2.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR		0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	1	0.00	Vm for 1st hr.		
Corrected		5.00 N	Vm for 1st hr.	<9	
PCV (HCT) Platelet count	3	7.40	%	40-54	
Platelet Count	, i	1.65	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution	n width)	nr	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell		nr	%	35-60	ELECTRONIC IMPEDANCE







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.GAURAV GUPTA -BOBE46891	Registered On	: 24/Sep/2023 09:50:58
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 24/Sep/2023 10:24:46
UHID/MR NO	: CVAR.0000041847	Received	: 24/Sep/2023 10:27:01
Visit ID	: CVAR0055152324	Reported	: 24/Sep/2023 11:11:04
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	nr	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume) RBCCount	nr	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count Blood Indices (MCV, MCH, MCHC)	3.78	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
MCV	99.10	۶ſ	80-100	CALCULATED PARAMETER
MCH	34.20	pg	28-35	CALCULATED PARAMETER
MCHC	34.50	%	30-38	CALCULATED PARAMETER
RDW-CV	14.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	55.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,800.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	112.00	/cu mm	40-440	

S.N. Sinton Dr.S.N. Sinha (MD Path)



Chandan Since 1991	Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206			
Patient Name	: Mr.GAURAV GUPTA -BOBE46891	Registered On	: 24/Sep/2023 09:50:58	
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 24/Sep/2023 15:53:45	
UHID/MR NO	: CVAR.0000041847	Received	: 24/Sep/2023 15:55:14	
Visit ID	: CVAR0055152324	Reported	: 24/Sep/2023 16:54:43	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	
	DEPARTMENT	OF BIOCHEM IST	RY	
	MEDIWHEEL BANK OF BAROD	AMALE&FEMA	LE BELOW 40 YRS	

	lest name	Hesuit	Unit	BIO. Ref. Interval	Method
,	GLUCOSE FASTING, Plasma				
	Glucose Fasting	95.00	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) 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.
c) I.G.T = Impared Glucose Tolerance.

Glucose PP Sample:Plasma After Meal	141.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) 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.c) I.G.T = Impared Glucose Tolerance.

S.N. Sinto, Dr.S.N. Sinha (MD Path)







Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.GAURAV GUPTA -BOBE46891	Registered On	: 24/Sep/2023 09:50:59
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 24/Sep/2023 10:24:46
UHID/MR NO	: CVAR.0000041847	Received	: 25/Sep/2023 16:39:08
Visit ID	: CVAR0055152324	Reported	: 25/Sep/2023 18:27:55
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) *	*, EDTA BLOOD			
Glycosylated Haemoglobin (HbA1c)	5.00	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	31.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	96	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 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

<u>Clinical Implications:</u>

*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

ISO 9001:2015

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Chauday Since 1991	Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206			30 YEARS SINCE 1991
Patient Name	: Mr.GAURAV GUPTA -BOBE46891	Registered On	: 24/Sep/2023 09:50:59	
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 24/Sep/2023 10:24:46	
UHID/MR NO	: CVAR.0000041847	Received	: 25/Sep/2023 16:39:08	
Visit ID	: CVAR0055152324	Reported	: 25/Sep/2023 18:27:55	
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report	
	DEPARTM ENT	OF BIOCHEM ISTR	RY	
	M EDIWHEEL BANK OF BAROD	AMALE& FEMA	LE BELOW 40 YRS	

Test Name	Result	Unit	Bio. Ref. Interval	Method
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c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

CHANDAN DIAGNOSTIC CENTRE

*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.

Dr. Anupam Singh (MBBS MD Pathology)

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Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.GAURAV GUPTA -BOB : 31 Y 0 M 0 D /M : CVAR.0000041847 : CVAR0055152324 : Dr.MEDIWHEEL VNS -	E46891	Registered On Collected Received Reported Status	: 24/Sep/2023 09:50 : 24/Sep/2023 10:24 : 24/Sep/2023 10:27 : 24/Sep/2023 11:54 : Final Report	:45 :01
	I	DEPARTMENT (OF BIOCHEM IST	RY	
	M EDIWHEEL BA	NK OF BAROD	AMALE& FEMA	LE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea N Sample:Serum	itrogen)	9.80	mg/dL	7.0-23.0	CALCULATED
Creatinine Sample:Serum		1.00	mg/dl	0.5-1.30 Spot Urine-Male- 20-275 Female-20-320	MODIFIED JAFFES
Uric Acid Sample:Serum		2.30	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMN	1AGT) * <mark>,</mark>				
SGOT / Aspartate	Aminotransferase (AST)	17.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Ar	ninotransferase (ALT)	16.00	U/L	< 40	IFCC WITHOUT P5P
Gamma <mark>G</mark> T (GGT)		18.70	IU/L	11-50	OPTIMIZED SZAZING
Protein		7.60	gm/dl	6.2-8.0	BIURET
Albumin		4.10	gm/dl	3.4-5.4	B.C.G.
Globulin		3.50	gm/dl	1.8-3.6	CALCULATED
A:G Ratio		1.17		1.1-2.0	CALCULATED
Alkaline Phosphat	ase (Total)	99.60	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)		0.60	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)		0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.30	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (M	/INI), Serum				
Cholesterol (Tota)	178.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	54.10	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (E	Bad Cholesterol)	120	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima	
				130-159 Borderline High 160-189 High > 190 Very High	
VLDL		19.00	mg/dl	10-33	CALCULATED
Triglycerides		95.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP





Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name	: Mr.GAURAV GUPTA -BOBE46891	Registered On	: 24/Sep/2023 09:50:59
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 24/Sep/2023 10:24:45
UHID/MR NO	: CVAR.0000041847	Received	: 24/Sep/2023 10:27:01
Visit ID	: CVAR0055152324	Reported	: 24/Sep/2023 11:54:02
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name

Result

Unit

Method

Bio. Ref. Interval

S.n. Sinta Dr.S.N. Sinha (MD Path)

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Chandan Since 1991	-		TIC CENTR	RE	Sac Street
Patient Name Age/Gender UHID/MR NO Visit ID Ref Doctor	: Mr.GAURAV GUPTA -E : 31 Y 0 M 0 D /M : CVAR.0000041847 : CVAR0055152324 : Dr.MEDIWHEEL VNS		Registered On Collected Received Reported Status	: 24/Sep/2023 09 : 24/Sep/2023 10 : 24/Sep/2023 10 : 24/Sep/2023 11 : Final Report):24:46):27:01
	I	DEPARTMENT OF (CUNICAL PATHO)LOGY	
	MEDIWHEEL	BANK OF BAROD	AMALE & FEMA	ALE BELOW 40 YRS	
Test Name		Result	Unit	Bio. Ref. Interval	Method
Color Specific Gravity Reaction PH Protein		PALE YELLOW 1.030 Acidic (6.5) ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++)	DIPSTICK DIPSTICK
Sugar		ABSENT	gms%	> 500 (++++) < 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone Bile Salts Bile Pigments Urobilinogen(1:2 Microscopic Exan		ABSENT ABSENT ABSENT ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Epithelial cells	Children and a state	2-3/h.p.f			MICROSCOPIC
Pus cells RBCs		ABSENT ABSENT			EXAMINATION MICROSCOPIC EXAMINATION
Cast Crystals		ABSENT ABSENT			MICROSCOPIC
Others		ABSENT			EXAMINATION
UGAR, FASTING	STAGE*, Urine				
Sugar, Fasting sta	ge	ABSENT	gms%		
Interpretation: (+) < 0.5					

 $\begin{array}{ll} (+) &< 0.5 \\ (++) & 0.5 \\ (++) & 1 \\ (+++) & 1 \\ (++++) &> 2 \end{array}$

S.N. Sinta Dr.S.N. Sinha (MD Path)





Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



-			
Patient Name	: Mr.GAURAV GUPTA -BOBE46891	Registered On	: 24/Sep/2023 09:50:59
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: 24/Sep/2023 10:24:45
UHID/MR NO	: CVAR.0000041847	Received	: 24/Sep/2023 16:13:45
Visit ID	: CVAR0055152324	Reported	: 24/Sep/2023 17:46:53
Ref Doctor	: Dr.MEDIWHEEL VNS -	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)	96.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.45	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.110	µIU/mL	0.27 - 5.5	CLIA
T () ()		2		
Interpretation:	0.3-4.5 uIII/mI First Trimester			

0.3 - 4.3	µ10/mL	Flist Timester
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.

S.h. Sinta

Dr.S.N. Sinha (MD Path)



Home Sample Collection 1800-419-0002



Add: 99, Shivaji Nagar Mahmoorganj,Varanasi Ph: 9235447795,0542-3500227 CIN : U85110DL2003PLC308206



Patient Name	: Mr.GAURAV GUPTA -BOBE46891	Registered On	: 24/Sep/2023 09:51:00
Age/Gender	: 31 Y 0 M 0 D /M	Collected	: N/A
UHID/MR NO	: CVAR.0000041847	Received	: N/A
Visit ID	: CVAR0055152324	Reported	: 25/Sep/2023 10:28:27
Ref Doctor	: Dr.MEDIWHEEL VNS -	Status	: Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X- Ray Digital Chest P.A. View

- Lung fields are clear.
- Pleural spaces are clear.
- Both hilar shadows appear normal.
- Trachea and carina appear normal.
- Heart size within normal limits.
- Both the diaphragms appear normal.
- Soft tissues and Bony cage appear normal.

IMPRESSION

*** NO OBVIOUS DETECTABLE ABNORMALITY SEEN**

*** End Of Report ***

(**) 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 * 365 Days Open *Facilities Available at Select Location

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Name of Company: Medi wheel (BOB)
Name of Executive: MRS. Lawar Lypta
Date of Birth:
Sex: Male Female
Height:
Weight:
BMI (Body Mass Index): 28.0
Chest (Expiration / Inspiration) 10/
- Abdomen:
Blood Pressure: 124.1.6.2mm/Hg
Pulse:
Respiration Rate:
Ident. Mark: Rf Knue Cut Mank
Any Allergies: NO
Vertigo : NO
Any Medications: (I) NO
Any Surgical History: (I)
Habits of alcoholism/smoking/tobacco: (I) n o
Chief Complaints if any: NO
Lab Investigation Reports: 10
Eye Check up - vision & Color vision: Normal E Power alarg- 2007
Left eye: - 1.75 D
Right eye: $-1.75D$









Near vision: N16 Far vision: 616 Dental check up: Nonmal ENT Check up: Nonmal Eye Checkup: Nonmal

Final impression

Certified that I examined <u>Gaussy</u> <u>Gypta</u> S/O D/O W/O _______ is presently in good health and free from any cardio-respiratory / communicable ailment, he/she is fit / Unfit to join any organization.

Client Signature: -

Granzan Grupta

Dr. R.C. ROY MBBS., MD. (Radio Diagnosis) Reg. No.-26918

Signature of Medical Examiner

