Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'B' 'Positive'		
<u>HAEMATOLOGY</u>			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	44.1	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.01	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	88	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	27.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	30.7	g/dL	32 - 36
RDW-CV(Derived from Impedance)	14.1	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	43.43	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	9400	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	62.2	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	30.6	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	2.3	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	4.5	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter.	All abnormal resu	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	5.85	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.88	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.22	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.42	10^3 / μΙ	< 1.0







Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	277	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	8.1	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	23	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.6		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	122.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/	172.9	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Trace		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.97	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	6.3	mg/dL	3.5 - 7.2
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	8.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 194.38 mg/dL







Ref. Dr : MediWheel Type : OP

<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

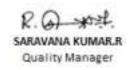
Liver Function Test

Bilirubin(Total) (Serum)	1.10	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.38 (Rechecked)	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.72	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	41.1	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	59.3	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	74.0 (Rechecked)	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	111.0	U/L	53 - 128
Total Protein (Serum/Biuret)	6.90	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.70	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.16		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	225.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	438.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition) 37.2 mg/dL Optimal(Negative Risk Factor): >= 60

Borderline: 40 - 59 High Risk: < 40







Ref. Dr : MediWheel Type : OP

Investigation **Observed Value** Unit **Biological Reference Interval** LDL Cholesterol (Serum/Calculated) 100.7 ma/dL Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 VLDL Cholesterol (Serum/Calculated) 87.7 mg/dL < 30 Non HDL Cholesterol (Serum/Calculated) 188.4 mg/dL Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio
(Serum/Calculated)

6.1

Optimal: < 3.3

Low Risk: 3.4 - 4.4

Average Risk: 4.5 - 7.1

Moderate Risk: 7.2 - 11.0

High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio

11.8

Optimal: < 2.5

(TG/HDL) (Serum/Calculated) Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Calculated)

<u>IMMUNOASSAY</u>

LDL/HDL Cholesterol Ratio (Serum/

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ 1.57 ng/ml 0.7 - 2.04 Chemiluminescent Immunometric Assay

2.7

(CLIA))

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ 9.59 μg/dl 4.2 - 12.0

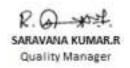
Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.







Ref. Dr : MediWheel Type : OP

<u>Investigation</u> <u>Observed Value</u> <u>Unit</u> <u>Biological Reference Interval</u>

TSH (Thyroid Stimulating Hormone) (Serum 1.81 μIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. 3. Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

Office Arialysis - Mouline			
Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-4	/hpf	NIL
Epithelial Cells (Urine)	1-3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --







Name	MR.NAMBI BHARATHI R	ID	MED122452879
Age & Gender	41Y/MALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.3cm LVID s ... 2.6cm EF ... 71% ... 0.9 cm IVS d ... 1.5cm IVS s LVPW d ... 0.9cm LVPW s ... 1.1cm ... 3.1cm LA ΑO ... 2.7cm ... 27mm TAPSE IVC ... 1.1cm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion.

Doppler:

Mitral valve : E: 0.82m/s A: 0.71m/s

E/A Ratio:1.15 E/E: 6.91

Name	MR.NAMBI BHARATHI R	ID	MED122452879
Age & Gender	41Y/MALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel	-	

Aortic valve: AV Jet velocity: 1.58m/s

Tricuspid valve: TV Jet velocity: 1.86m/s TRPG: 13.82

mmHg.

Pulmonary valve: PV Jet velocity: 1.36 m/s

IMPRESSION:

1. Normal chambers Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

4. Pericardial effusion - Nil.

5. No pulmonary artery hypertension.

Dr. S.MANIKANDANMD.DM.(Cardio)
Cardiologist

Name	MR.NAMBI BHARATHI R	ID	MED122452879
Age & Gender	41Y/MALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel	-	

Name	MR.NAMBI BHARATHI R	ID	MED122452879
Age & Gender	41Y/MALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel	-	

Name	MR.NAMBI BHARATHI R	ID	MED122452879
Age & Gender	41Y/MALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel		

Thanks for your reference SONOGRAM REPORT WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

Liver: The liver is normal in sizeParenchymal echoes are increased in

intensity. No focal lesions. Surface is smoot There is no intra or

extra

hepatic biliary ductal dilatation.

Gallbladder The gall bladder is partially distended with no demonstrable calculus.

Wall thickness appears normal. (post prandial status)

Pancreas The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen The spleen is normal.

Kidneys The right kidney measures 10.1 x 4.4 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 10.6 x 5.0 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder. The urinary bladder is smooth walled and uniformly trans onic.

There is no intravesical mass or calculus.

Name	MR.NAMBI BHARATHI R	ID	MED122452879
Age & Gender	41Y/MALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel	-	

Prostate: The prostate measures 3.4 x 3.3 x 3.1 cm and is normal sized.

Corresponds to a weight of about 19.26 gms.

The echotexture is homogeneous. The seminal vesicles are normal.

RIF. Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa.

The appendix is not visualized.

There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

IMPRESSION

Grade I fatty liver

DR.T.ANNIE STALIN MBBS.,F.USG., SONOLOGIST.

Name	Mr. NAMBI BHARATHI R	Customer ID	MED122452879
Age & Gender	41Y/M	Visit Date	Feb 10 2024 10:34AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Costo and cardiophrenic angles appear normal.

Bilateral lung fields appear normal.

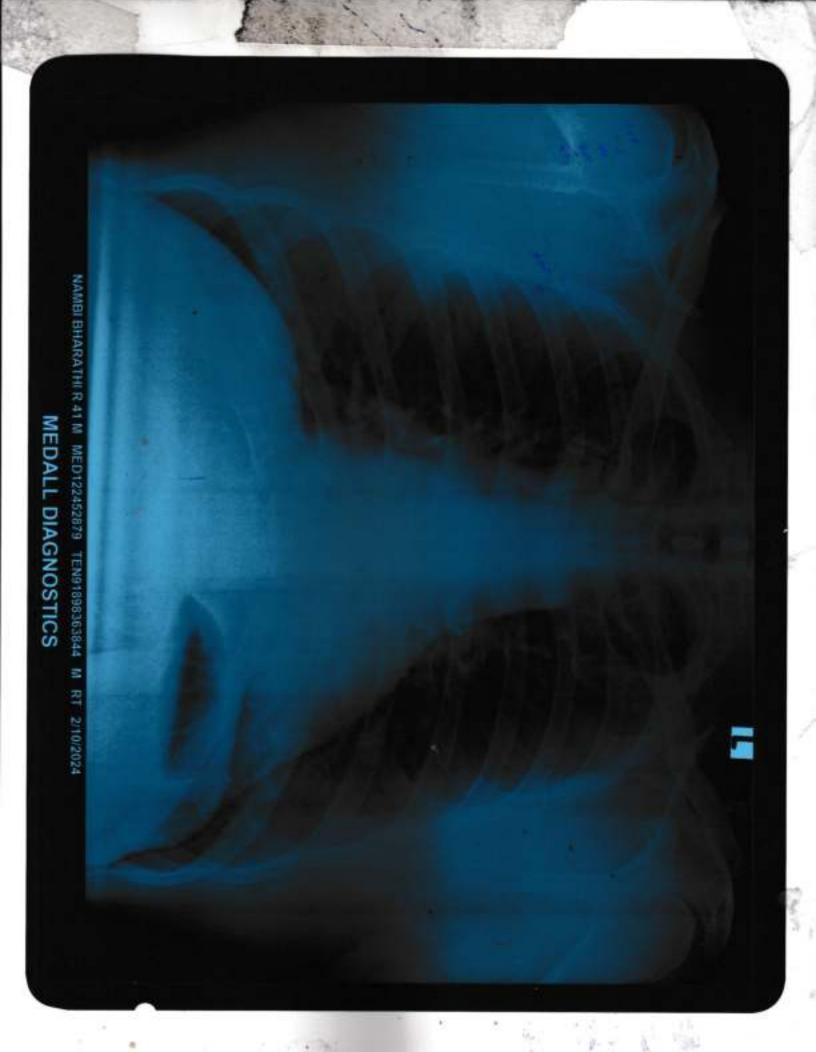
Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

i. NO SIGNIFICANT ABNORMALITY DEMONSTRATED.

Dr.A.Suja Rajan DMRD., DNB Consultant Radiologist



Dr. Abiramasundari D.

Dr. Adarsh S Naik

Dr. Ajay R Kaushik

Dr. Andrea Jose

Dr. Archana Terasa P.

Dr. Ashraya Nayaka T.E.

Dr. Ashwin Segi

Dr. Chitra Ramamurthy

Dr. Gautam Kukadia

Dr. Gitansha Shreyas Sachdev

Dr. Gopal R.

Dr. Gopinathan G.S.

Dr. Hemanth Murthy

Dr. Hemamalini

Dr. Iris

Dr. Jatinder Singh

Dr. Jezeela K.

Dr. Krishnan R.

Dr. Maimunnisa M.

Dr. Maniuta

Dr. Mohamed Faizal S.

Dr. Mohd Shahbaaz

Dr. Mugdha Kumar

Dr. Muralidhar R.

Dr. Muralidhar N.S.

Dr. Nagesh

Dr. Naveen P.

Dr. Neha Prakash Zanjal

Dr. Neha Rathi Kamal

Dr. Nihaal Ahmed F.D.

Dr. Patil Sandip Dattatray

Dr. Pranessh Ravi

Dr. Prayeen Muraly

Dr. Preethi

Dr. Priyanka R.

Dr. Priyanka Shyam

Dr. Priyanka Singh

Dr. Raline Solomon

Dr. Ramamurthy D.

Dr. Rashmita Kukadia

Dr. Ravi J.

Dr. Rifky Kamil K.

Dr. Sagar Basu

Dr. Sahana Manish

Dr. Sakthi Raieswari N.

Dr. Sethukkarasi

Dr. Sharmila M.

Dr. Shreesh Kumar K.

Dr. Shreyas Ramamurthy

Dr. Smitha Sharma

Dr. Soundarya B.

Dr. Srinivas Rao V.K.

Dr. Sumanth

Dr. Swathi Baliga

Dr. Tamilarasi S.

Dr. Thenarasun S.A.

Dr. Umesh Krishna.

Dr. Uma M.

Dr. Vaishnavi M.

Dr. Varnsi K.

Dr. Vidhya N.

Dr. Vijay Kumar S. Dr. Visalatchi





SUPER SPECIALITY EYE HOSPITALS

City Shopping Centre, Kokkirakulam, Trivandrum Road, Tirunelveli - 627 003.

Tel: 0462 435 6655 / 6622

E-mail: tirunelveli@theeyefoundation.com Website: www.theeyefoundation.com

H.O: D.B. Road, Coimbatore - 641 002.

Date: 10/02/21

Eye Fitness Certificate

THE CONTRACT OF THE PARTY OF TH	
This is to certify that Mr/Mrs/Ms Nambi Charathil Age 404	W

Male/Female, our MRNO. 13043553

	OD	os
Visual Acuity	-1.00x80 616	616
Near Vision	+1.00 N6	+1:00 No
Colour Vision	Normal	pomal
B.S.V	Present	present
Central Fields	Normal	normal
Anterior Segment	nomal	Normal
Fundus	wmy	Nomel

Medical Consultant, The Eye Foundation, Tirunelveli.

Dr. PATIL SANDIP DATTATRAY REG. No : G 59864 THE EYE FOUNDATION TIRUNELVELI.

BRANCHES: Tirupur, Bengaluru - Bellandur & Chamrajpet, Kochi, Ooty, Coongor, Mettupalayam, Sungam - CBE,

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MEDICAL EXAMINATION REPORT

osition Selected For		Idea	ere selem			-03-198
OSITION Selected For		Ident	tification r	marks		
HISTORY:						
1. Do you have, or are you being tr	reated for	any of the	following	conditions	2 /nlease tick	all that app
Anxiety	-	Cancer	7		High Blood P	
Arthritis		Depression/ b	tionler die			
Asthama, Bronchitis, Emphyser	-	Depression/ t Diabetes	Alpoiar uso		High Choleste	
Back or spinal problems		Jiabetes Heart Disease	8		Migraine Hea	
	-		Ti 1947	the state of the s	Sinusitis or All (Hay Fever)	lergic Rhinitis
Epilepsy		Any other ser which you are i	ious probreceiving n	elem for medical attenti		
2. List the medications taken Regu				NO	OIT.	
3. List allergies to any known med	lications o	or chemical	s	NO		
4. Alcohol : Yes No	Occasion	les	-			
	Quit(more	e than 3 yea	rs)			
6. Respiratory Function :						
a. Do you become unusually short of	of breath w	mile walking	fast or tak	ding stair - ca	ise? Yes	No _
b. Do you usually cough a lot first	thing in m	orning?	(\$ 1	Yes	No 📑
c. Have you vomited or coughed of	out blood?	1			Yes	No
7. Cardiovascular Function & Phys.	sical Activ	vity :			N. Store	1000
a. Exercise Type: (Select 1)	NT/25	174	8			
 No Activity 			8			
 Very Light Activity (Seated At D 	Jesk, Stan	ding)				
 Light Activity (Walking on level s 			ig)			
 Moderate Activity (Brisk walking 			51			
 Vigrous Activity (Soccer, Running) 						
b. Exercise Frequency: Regular (le	-	days/ week	1 / Irregu	lar (more th)	an 2 days/ We	sak!
c. Do you feel pain in chest when e				And Account	Yes	No 🕞
8. Hearing :		fillione general	A CONTRACTOR		100	No
a. Do you have history of hearing to	troubles?				Yes	No
b. Do you experiences ringing in yo					Yes	No
c. Do you experience discharge fro		ars?			Yes	No No
d. Have you ever been diagnosed v			97		Yes	No
9. Musculo - Skeletal History			13			No
a. Neck :		ou ever injured			Yes	No
b. Back ;	If Yes ; a	approximate	date (MM	MYYYY)		
c. Shoulder, Elbow, Writs, Hands	Consulte	ted a medical	I professio		Yes	No
d. Hips, Knees, Ankles, Legs		d in time of w			Yes	No
	SASTING TO SECURE	Required ?			Yes	No
	Oligonia	g Problems '	ž.		Yes	No

	 a. Do you have pain of 	or discomfort when lifting	or handling heavy objects?		
	 b. Do you have knee 	pain when squatting or kr	neeling ?	Yes No	
		pain when forwarding or t		Yes No	
	d. Do you have pain o	r difficulty when lifting ob	jects above your shoulder heigh	Yes No	
	 e. Do you have pain appropriate respons 	when doing any of the	e following for prolonged perio	ds (Please circle	
		50)			
	or 1.	and a second	- oquo	ting: Yes No	
			Yes No		
		building.	The same of the land		
	Do you have pain w	hen working with hand to any difficulty operating ma	ols?	Yes No	
	h. Do you have difficult	y operating computer ins	trument?	Yes No	
В	CLINICAL EXAMINATION	N.:			
	a. Height 66-57	h Weight Q.		Pulse -80	
	Chest measurements:	b. Weight 81		29 1 89 mmhg	
		a. Normal	b. Expanded		
	Waist Circumference	_	Ear, Nose & Throat	Normal	
	Skin	Noma	Respiratory System	Normal	
	Vision	Namal	Nervous System	Normal	
	Circulatory System	Normal	Genito- urinary System	Normal	
	Gastro-intestinal System	ryonnal	Colour Vision	Normal	
	District Persoulers of Section 8 >				
C.	REMARKS OF PATHOLO	GICAL TESTS			
	Chest X -ray	Normal	ECG		
	Complete Blood Count			Normal	
	Serum cholesterol	13.6	Urine routine	Normal	
	Blood Group	225	Blood sugar	-122 3	
D.	CONCLUSION:	B'Positie	S.Creatinine	0.97	
-	Any further investigations re	quired	Any precautions suggested		
	No		2-LIPSCHARENTE	1-11	
E.	FITNESS CERTIFICATION		Mur	ones.	
*				(xx muns	
	Cerimed that the above na	med recruit does not a	ppear to be suffering from any	disease communicable	
	or otherwise, constituti	and the	bodily informity except		
		. I do not conside	r this as disqualification for emplo	umant in the C	
				yment in the Company, S	
	Candidate is free t	from Contagious/Con	nmunicable disease		
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Date	: 10/02/24		Signatur	o of Madical A. C.	
	2 2 10	2 24	Dr.S. MANIKANDAN	e of Medical Adviser	
	or het	Sn-/	"n; 61785, Consu	Itant Cardiologis	
				nostics	
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10. Function History