

DR. PRAKASH D MAKWANA
 M.D.
 REG.NO.G-29078
 MO.NO-9722116164

UHID:		Date: 27/1/23	Time:
Patient Name:		Height:	Weight:
Age /Sex: 1M	LMP:		
History:			
C/C/O:		History:	
NO Any complaint		—	
Allergy History: N/CDA		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Afebrile			
Pulse: 112/min			
BP: 100/60 mmHg			
SPO2: 99% on Room Air			
Provisional Diagnosis:			

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
Phone: 079 29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



DR.TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

UHID:	Date:	Time:
Patient Name: Dhruv D. Atharwala	Age /Sex: 28 / M	Height:
	Weight:	
History: for Routine check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: 6/6 VML 6/6		
Diagnosis:		



LABORATORY REPORT



Name : DHAVAL DHARMENDRA ATHAWALE	Sex/Age : Male / 28 Years	Case ID : 30102200810
Ref.By : DR J D PATEL	Dis. At :	Pt. ID : 2525332
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 27-Jan-2023 08:39	Sample Type :	Mobile No : 9558489920
Sample Date and Time : 27-Jan-2023 08:39	Sample Coll. By :	Ref Id1 : 00123121
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 022238495

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	103	mg/dL	70.0 - 100
Haemogram (CBC)			
Neutrophil	76.0	%	40.00 - 70.00
Lymphocyte	14.0	%	20.00 - 40.00
Neutrophil	7357	/ μ L	2000.00 - 7000.00
Neutrophil to Lymphocyte Ratio (NLR)	5.43		0.78 - 3.53
Lipid Profile			
VLDL	9.76	mg/dL	10 - 40

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	13.6	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.92	millions/cumm	4.50 - 5.50
PCV(Calc)	42.75	%	40.00 - 50.00
MCV (RBC histogram)	86.9	fL	83.00 - 101.00
MCH (Calc)	27.6	pg	27.00 - 32.00
MCHC (Calc)	31.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	9680	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs]
Neutrophil	H 76.0	% 40.00 - 70.00	H 7357
Lymphocyte	L 14.0	% 20.00 - 40.00	1355
Eosinophil	2.0	% 1.00 - 6.00	194
Monocytes	7.0	% 2.00 - 10.00	678
Basophil	1.0	% 0.00 - 2.00	97
			μL 2000.00 - 7000.00
			μL 1000.00 - 3000.00
			μL 20.00 - 500.00
			μL 200.00 - 1000.00
			μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	232000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	H 5.43		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Neutrophilia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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Dr. Shreya Shah
M.D. (Pathologist)

Dr. Manoj Shah
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Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 27-Jan-2023 08:39	Sample Type : Whole Blood EDTA	Mobile No : 9558489920
Sample Date and Time : 27-Jan-2023 08:39	Sample Coll. By :	Ref Id1 : 00123121
Report Date and Time : 27-Jan-2023 11:10	Acc. Remarks : Normal	Ref Id2 : 022238495

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR	<u>04</u>	mm after 1hr	3 - 15	
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type	O
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Reg Date and Time : 27-Jan-2023 08:39	Sample Type : Spot Urine	Mobile No : 9558489920
Sample Date and Time : 27-Jan-2023 08:39	Sample Coll. By :	Ref Id1 : 00123121
Report Date and Time : 27-Jan-2023 09:48	Acc. Remarks : Normal	Ref Id2 : 022238495

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour Pale yellow
Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.005		1.005 - 1.030
pH	6.00		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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Reg Date and Time : 27-Jan-2023 08:39	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No : 9558489920
Sample Date and Time : 27-Jan-2023 08:39	Sample Coll. By :	Ref Id1 : 00123121
Report Date and Time : 27-Jan-2023 14:26	Acc. Remarks : Normal	Ref Id2 : 022238495
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	103	mg/dL	70.0 - 100
Plasma Glucose - PP		115	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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Reg Date and Time : 27-Jan-2023 08:39 Sample Type : Serum Mobile No : 9558489920
 Sample Date and Time : 27-Jan-2023 08:39 Sample Coll. By : Ref Id1 : O0123121
 Report Date and Time : 27-Jan-2023 10:21 Acc. Remarks : Normal Ref Id2 : O22238495

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	148.74	mg/dL	110 - 200
HDL Cholesterol	54.6	mg/dL	48 - 77
Triglyceride	48.79	mg/dL	40 - 200
VLDL <i>Calculated</i>	L 9.76	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.72		0 - 4.1
LDL Cholesterol <i>Calculated</i>	84.38	mg/dL	65 - 100

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Trnglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	24.21	U/L	0 - 41	
S.G.O.T.	28.19	U/L	15 - 37	
Alkaline Phosphatase	102.31	U/L	40 - 130	
Gamma Glutamyl Transferase	11.55	U/L	8 - 61	
Proteins (Total)	7.93	gm/dL	6.4 - 8.2	
Albumin	4.79	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.14	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total	0.51	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.19	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.32	mg/dL	0 - 0.8	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.5	mg/dL	6.00 - 20.00	
Creatinine	0.79	mg/dL	0.50 - 1.50	
Uric Acid	5.97	mg/dL	3.5 - 7.2	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				

HbA1C	5.62		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
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Estimated Avg Glucose (3 Mths) <i>Calculated</i>	114.59	mg/dL		
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Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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Sample Date and Time : 27-Jan-2023 08:39	Sample Coll. By :	Ref Id1 : O0123121
Report Date and Time : 27-Jan-2023 12:20	Acc. Remarks : Normal	Ref Id2 : O22238495

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	88.69	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	5.7	ng/dL	4.6 - 10.5	
TSH <small>CMIA</small>	0.909	μIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according to trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shah

Dr. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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Printed On : 27-Jan-2023 14:37



Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | Phone : 079-40408181 / 61618181
Email : contact@supratechlabs.com | Website : www.supratechlabs.com | CIN : U85195GJ2013PTC077365,2013-14

PATIENT NAME: DHAVAL DHARMENDRA ATHAWALE

GENDER/AGE: Male / 28 Years

DATE: 27/01/23

DOCTOR: DR. HASIT JOSHI

OPDNO: 00123121

2D-ECHO

MITRAL VALVE : MILD MVP
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 28mm
LEFT ATRIUM : 29mm
LV Dd / Ds : 43/29mm EF 60%
IVS / LVPW / D : 9/8mm
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 0.8/0.5m/s
AORTIC : 0.9m/s
PULMONARY : 0.8m/s
COLOUR DOPPLER : TRIVIAL MR/TR
RVSP : 28mmHg
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.


CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME: DHAVAL DHARMENDRA ATHAWALE

GENDER/AGE: Male / 28 Years

DATE: 27/01/23

DOCTOR: DR. J D PATEL

OPDNO: 00123121

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.2 x 4.2 cms in size.

Left kidney measures about 10.1 x 4.3 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 16 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
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PATIENT NAME: DHAVAL DHARMENDRA ATHAWALE

GENDER/AGE: Male / 28 Years

DATE: 27/01/23

DOCTOR: DR. J D PATEL

OPDNO: O0123121

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.


Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

IMPRESSION:

No evident significant abnormality detected.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

27.01.2023 9:56:58 AM
MASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

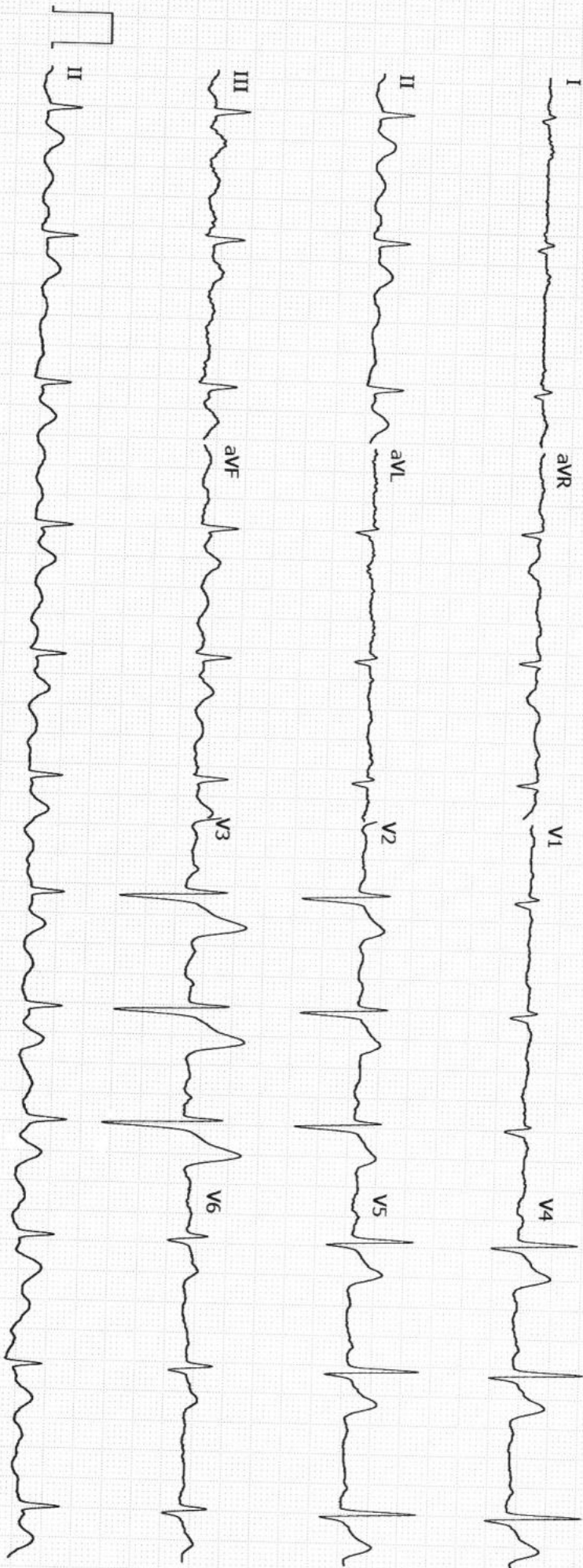
C E 04159 LOT D 947 #

70 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 92 ms
QT / QTcbaz : 362 / 390 ms
PR : 162 ms
P : 92 ms
RR / PP : 852 / 857 ms
P / QRS / T : 9 / 86 / 74 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed

4x2.5x3_25_R1

1/1

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. ATHAWALE DHAVAL DHARMENDRA
EC NO.	126409
DESIGNATION	HEAD CASHIER "E"_II
PLACE OF WORK	SIYANI
BIRTHDATE	28-01-1995
PROPOSED DATE OF HEALTH CHECKUP	27-01-2023
BOOKING REFERENCE NO.	22M126409100038728E

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 **24-01-2023** till **31-03-2023** 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))

Bank of Baroda

Name Dhaval D. Athawale

126409

[Handwritten signature]

[Handwritten signature]



2023/1/27 08:32