



CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



| | | | |
|--------------|--|---------------|------------------------|
| Patient Name | : Mr.SUNIL KUMAR VERMA | Registered On | : 22/Jul/2023 09:16:30 |
| Age/Gender | : 34 Y 11 M 19 D /M | Collected | : 22/Jul/2023 09:35:42 |
| UHID/MR NO | : CHFD.0000254600 | Received | : 22/Jul/2023 10:02:29 |
| Visit ID | : CHFD0215052324 | Reported | : 22/Jul/2023 14:00:29 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

Blood Group (ABO & Rh typing) * , Blood

| | |
|--------------|----------|
| Blood Group | 'A' |
| Rh (Anti-D) | POSITIVE |

Complete Blood Count (CBC) * , Whole Blood

| | | | | |
|-----------------------------------|----------|----------------|--|----------------------------------|
| Haemoglobin | 15.20 | g/dl | 1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 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 Female- 12.0-15.5 g/dl | |
| TLC (WBC) | 8,600.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 64.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 32.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 1.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 3.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 12.00 | Mm for 1st hr. | | |
| Corrected | 6.00 | Mm for 1st hr. | <9 | |
| PCV (HCT) | 46.20 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.71 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 22.00 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 47.00 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.20 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.40 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBC Count | | | | |
| RBC Count | 4.90 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |

Blood Indices (MCV, MCH, MCHC)





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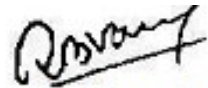
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| MCV | 90.70 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 30.00 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 31.20 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 12.90 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 43.30 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 5,504.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 258.00 | /cu mm | 40-440 | |




Dr. R. B. Varshney
M.D. Pathology





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

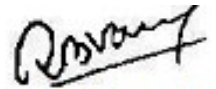
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GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|--------|-------|--|---------|
| Glucose Fasting | 107.19 | 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.


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M.D. Pathology





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| UHID/MR NO | : CHFD.0000254600 | Received | : 23/Jul/2023 12:22:30 |
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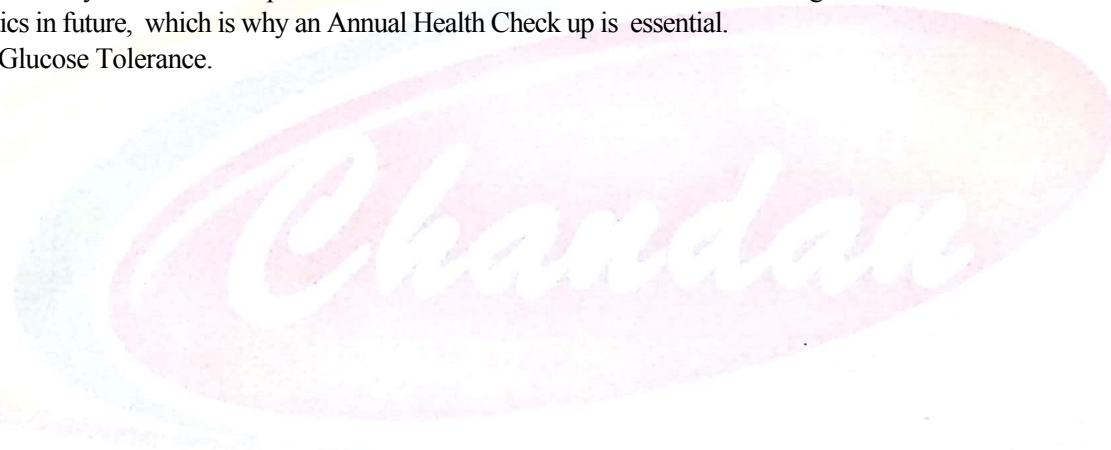
DEPARTMENT OF BIOCHEMISTRY

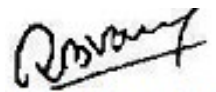
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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--|---------|
| Glucose PP <i>Sample: Plasma After Meal</i> | 121.16 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |

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.




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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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GLYCOSYLATED HAEMOGLOBIN (HBA1C) **, EDTA BLOOD

| | | | | |
|----------------------------------|-------|---------------|--|-------------|
| Glycosylated Haemoglobin (HbA1c) | 5.70 | % NGSP | | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 39.00 | mmol/mol/IFCC | | |
| Estimated Average Glucose (eAG) | 117 | 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.

| 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 1diabetics. 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.

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





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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

*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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| BUN (Blood Urea Nitrogen) Sample:Serum | 7.91 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 1.13 | mg/dl | Serum 0.7-1.3 Spot Urine-Male- 20-275 Female-20-320 | MODIFIED JAFFES |
| Uric Acid Sample:Serum | 6.30 | mg/dl | 3.4-7.0 | URICASE |
| LFT (WITH GAMMA GT) * , Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) | 30.77 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 55.63 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 31.31 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.60 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 4.18 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 2.42 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.73 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 77.13 | U/L | 42.0-165.0 | IFCC METHOD |
| Bilirubin (Total) | 1.65 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.67 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.98 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI) * , Serum | | | | |
| Cholesterol (Total) | 175.97 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 58.06 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 94 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 23.57 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 117.84 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |





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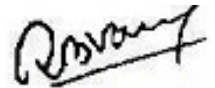
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

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URINE EXAMINATION, ROUTINE * , Urine

| | | | | |
|---------------------------------|----------------|-------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic (5.0) | | | 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 | mg/dl | 0.2-2.81 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | OCCASIONAL | | | MICROSCOPIC EXAMINATION |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |

STOOL, ROUTINE EXAMINATION * , Stool

| | |
|---------------|----------------|
| Color | BROWNISH |
| Consistency | SEMI SOLID |
| Reaction (PH) | Acidic (6.0) |
| Mucus | ABSENT |
| Blood | ABSENT |
| Worm | ABSENT |
| Pus cells | ABSENT |
| RBCs | ABSENT |





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| Ova | ABSENT | | | |
| Cysts | ABSENT | | | |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE * , Urine

Sugar, Fasting stage ABSENT gms%

Interpretation:

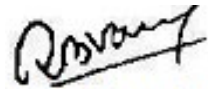
- (+) < 0.5
- (++) 0.5-1.0
- (+++)
- (++++)

SUGAR, PP STAGE * , Urine

Sugar, PP Stage ABSENT

Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++)
- (++++)


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DEPARTMENT OF IMMUNOLOGY

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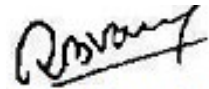
THYROID PROFILE - TOTAL * , Serum

| | | | | |
|-----------------------------------|-------|--------|-------------|------|
| T3, Total (tri-iodothyronine) | 99.70 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 6.20 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 1.10 | µIU/mL | 0.27 - 5.5 | CLIA |

Interpretation:

| | | |
|----------|--------|------------------------|
| 0.3-4.5 | µIU/mL | First Trimester |
| 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.


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| Patient Name | : Mr.SUNIL KUMAR VERMA | Registered On | : 22/Jul/2023 09:16:33 |
| Age/Gender | : 34 Y 11 M 19 D /M | Collected | : N/A |
| UHID/MR NO | : CHFD.0000254600 | Received | : N/A |
| Visit ID | : CHFD0215052324 | Reported | : 22/Jul/2023 12:36:58 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT

(300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

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 :

- NO SIGNIFICANT RADIOLOGICAL ABNORMALITY SEEN ON PRESENT STUDY.

Adv: clinico-pathological correlation and further evaluation.

Mamanda Singh
MD Radiodiagnosis





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
CIN : U85110DL2003PLC308206



| | | | |
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| UHID/MR NO | : CHFD.0000254600 | Received | : N/A |
| Visit ID | : CHFD0215052324 | Reported | : 22/Jul/2023 10:34:59 |
| Ref Doctor | : Dr.Mediwheel - Arcofemi Health Care Ltd. | Status | : Final Report |

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- **Liver is enlarged in size 17.61cm and shows diffuse increase in echogenecity s/o fatty liver grade-I. No obvious focal lesion is seen.**

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- The portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct is not dilated.
- The gall bladder is normal in size. GB Wall thicknes is normal.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

GREAT VESSELS

- Great vessels are normal.

KIDNEYS

- Both the kidneys are normal in size and cortical echotexture.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

- No pre- or para - aortic lymph node mass is seen.

RETROPERITONEUM

- Retroperitoneum is free.





CHANDAN DIAGNOSTIC CENTRE

Add: Mukut Complex, Rekabganj, Faizabad
Ph: 9235400973,
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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- The vesico - ureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal.

PROSTATE

- The Prostate gland is normal in size.

FINAL IMPRESSION:-

- **HEPATOMEGALY WITH GRADE-I FATTY LIVER.**

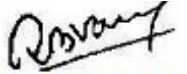
Adv: Clinico-pathological correlation and follow-up.

***** End Of Report *****

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:
ECG/EKG




Dr. R. B. Varshney
Ultrasonologist

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 Conduction 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

Page 14 of 14



Customer Care No.: +91-9918300637 E-mail: customercare.diagnostic@chandan.co.in Web: www.chandan.co.in

Home Sample Collection
1800-419-0002

Mar. 2018

**Re: Health Check up Booking Confirmed Request(bobE42264),Package Code-
PKG1000238, Beneficiary Code-73179**

anurag sri <anurag.idc@gmail.com>

17 July 2023 at 19:03

To: Mediwheel <wellness@mediwheel.in>, cdc faizabad1 <cdcfaizabad1@gmail.com>

Cc: uttamsingh1994s@gmail.com

CONFIRMED

Pack Code: 2613

On Mon, Jul 17, 2023 at 1:42 PM Mediwheel <wellness@mediwheel.in> wrote:



011-41195959

Email:wellness@mediwheel.in

Hi Chandan Healthcare Limited,

Diagnostic/Hospital Location :**Mukut Complex,Rekabganj, City:Faizabad**

We have received the confirmation for the following booking .

Beneficiary Name : PKG1000238**Beneficiary Name** : MR. VERMA SUNIL KUMAR**Member Age** : 32**Member Gender** : Male**Member Relation** : Employee**Package Name** : Full Body Health Checkup Male Below 40**Location** : DIWADA COLNY,Gujarat-389250**Contact Details** : 7651902125**Booking Date** : 16-07-2023**Appointment Date** : 22-07-2023**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India



E-Aadhaar Letter

नामांकन क्रमांक/Enrolment No.: 1058/32455/53280

SUNIL KUMAR VERMA (सुनील कुमार वर्मा)

S/O: Ram Prasad Verma, BHIKHI ka PURWA, -,
DARSHAN NAGAR, RANOPALI, Dharampur
Sahadant, Faizabad,
Uttar Pradesh - 224135

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

Date: 13/10/2015

आपका आधार क्रमांक/ Your Aadhaar No.:

4534 2045 8713



आधार-आम आदमी का अधिकार

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



Signature Not Verified

Digitally signed by UNIQUE
IDENTIFICATION AUTHORITY OF INDIA
Date: 2015.10.13 18:48:44 IST

- आधार देश भर में मान्य है.
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है.
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज कराएं. इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहायता होगी.

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



सुनील कुमार वर्मा
SUNIL KUMAR VERMA
जन्म तिथि/ DOB: 02/08/1988
पुरुष / MALE



पता:

S/O: राम प्रसाद वर्मा, भीखी
का पुरवा, -, दर्शन नगर,
रानोपाली, धरमपुर सहादत,
फैजाबाद,
उत्तर प्रदेश - 224135

Address:

S/O: Ram Prasad Verma, BHIKHI ka
PURWA, -, DARSHAN NAGAR,
RANOPALI, Dharampur Sahadant,
Faizabad,
Uttar Pradesh - 224135

4534 2045 8713

4534 2045 8713

आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar

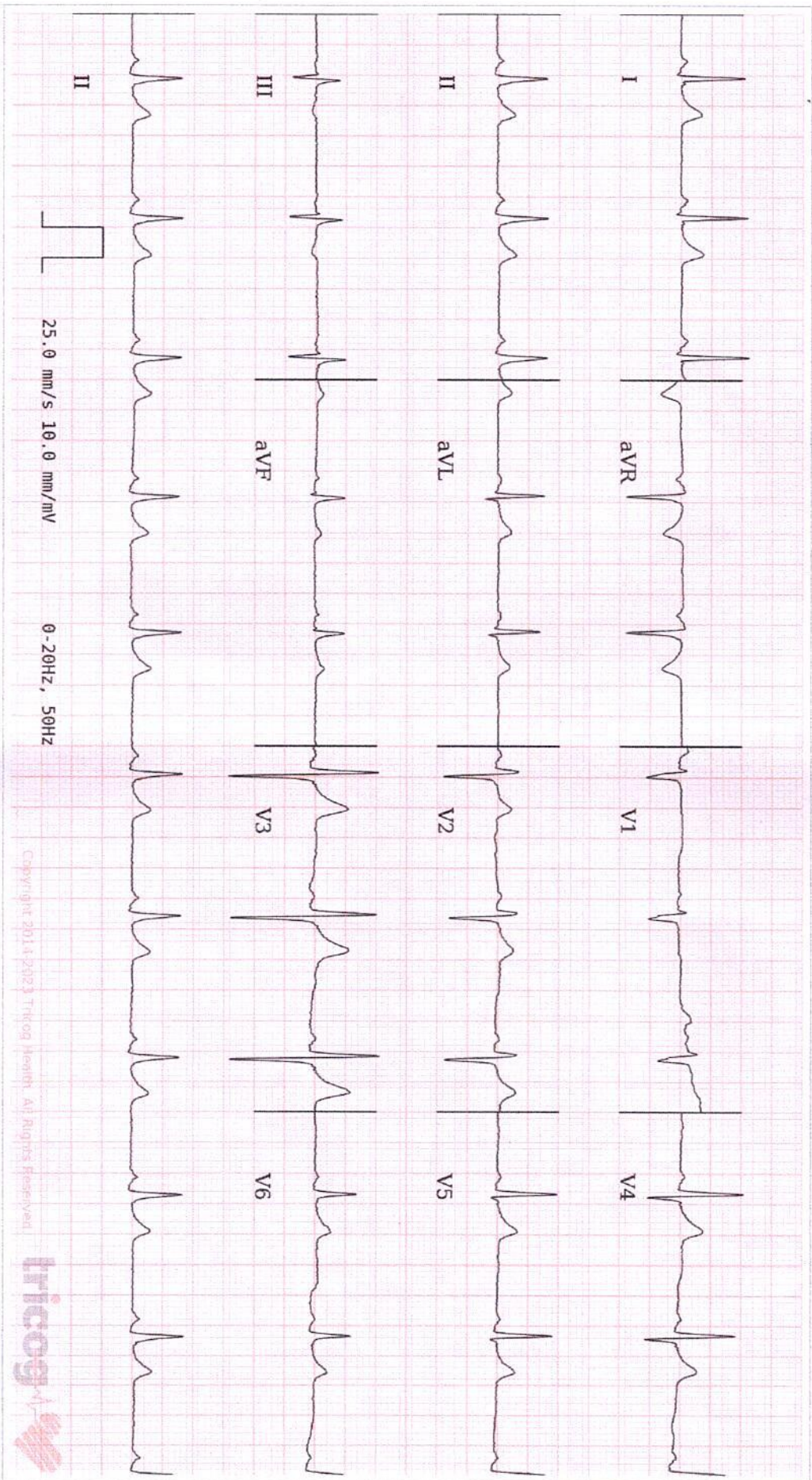


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Faizabad, Uttar Pradesh, India
123 JHARKHANDI, Rikabganj, Lajpat Nagar, Faizabad, Uttar Pradesh
224001, India
Lat 26.778797°
Long 82.138781°
22/07/23 09:12 AM GMT +05:30

Age / Gender: 34/Male
Patient ID: CHFD0215052324
Patient Name: Mr.SUNIL KUMAR VERMA
Date and Time: 22nd Jul 23 9:46 AM



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

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

REPORTED BY



Dr. Kavitha Girish