

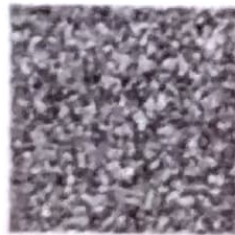


भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

प्रीत्येकी क्रमांक / Enrolment No.: 2906/08292/04166

To
श्रीमती मयूर अखाडे
Sudhi Mayur Akhade
Sudhi Garden , Bldg-2,Room-304, 3rd Floor
Bavan Bangaloo
Near Kalam Samaj Hall
Old Panvel
Panvel
Raigarh Maharashtra - 410206
8779962374



आपला **आधार** क्रमांक / Your **Aadhaar** No. :

XXXX XXXX 3314
VID : 9148 1893 0911 8425

माझे **आधार**, माझी ओळख



श्रीमती मयूर अखाडे
Sudhi Mayur Akhade
जन्म तारीख/DOB: 15/10/1994
लिंग/ GENDER: FEMALE

XXXX XXXX 3314
VID : 9148 1893 0911 8425

माझे **आधार**, माझी ओळख



माहिती / INFORMATION

- **आधार** हा ओळखीचा पुरावा आहे. नागरिकत्वाचा नाही.
- **आधार** अद्वितीय आणि सुरक्षित आहे.
- सुरक्षित QR कोड/ ऑफलाइन XML/ ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यपित करा.
- **आधार** कार्ड, पीव्हीसी कार्ड्स, **eआधार** आणि **mAadhaar** सारखे **आधार**चे सर्व प्रकार त्रिकोच वैध आहेत. १२ अंकी **आधार** क्रमांकाच्या जागी कर्तृत्व **आधार** ओळख (VID) देखील वापरली जाऊ शकते.
- १० वर्षातून एकदा तरी **आधार** अपडेट करा.
- **आधार** तुम्हाला विविध सरकारी आणि गैर-सरकारी लाभ/सेवांचा लाभ घेण्यास मदत करतो.
- **आधार**मध्ये तुमचा मोबाईल नंबर आणि ईमेल आयडी अपडेट ठेवा.
- **आधार** सेवांचा लाभ घेण्यासाठी स्मार्टफोनवर **mAadhaar** अ‍ॅप डाऊनलोड करा.
- सुरक्षित सुनिश्चित करण्यासाठी लॉक/अनलॉक बायोमेट्रिक्स/**आधार** या वैशिष्ट्यांचा वापर करा.
- **आधार**ची मागणी करणाऱ्या योग्य संघटनांशी योग्य वेळी संघटकाक आहे.
- **Aadhaar** is a proof of identity, not of citizenship.
- **Aadhaar** is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of **Aadhaar** like **Aadhaar** letter, PVC Cards, **eAadhaar** and **mAadhaar** are equally valid. Virtual **Aadhaar** Identity (VID) can also be used in place of 12 digit **Aadhaar** number.
- Update **Aadhaar** at least once in 10 years.
- **Aadhaar** helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in **Aadhaar**.
- Download **mAadhaar** app on smart phones to avail **Aadhaar** Services.
- Use the feature of lock/unlock **Aadhaar**/biometrics to ensure security.
- Entities seeking **Aadhaar** are obligated to seek due consent.



भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India



श्रीमती मयूर अखाडे , बिल्डिंग-२, रूम-३०४, ३ वा मजला, बवान
गॅलरी, बवान बंगला हॉल नजरा, वीज नगर, पानवेल,
राजराज, पानवेल - ४१०२०६

Address:
Sudhi Garden , Bldg-2,Room-304, 3rd Floor,
Bavan Bangaloo, Near Kalam Samaj Hall, Old
Panvel, Panvel, Raigarh,
Maharashtra - 410206



XXXX XXXX 3314
VID : 9148 1893 0911 8425

माझे **आधार**, माझी ओळख



In case of fire
DO NOT PANIC
Use the stairs

Credence
Care Hospital Pvt. Ltd.

गर्भवतः सूचना

यदि आप गर्भवती हैं - कृपया हमारे द्वारा प्रदान की गई सेवाएं सावधानीपूर्वक से लें। प्रत्येक गर्भवती महिला को अपने चिकित्सक से परामर्श लेना चाहिए। (1) गर्भवती महिला को अपने चिकित्सक से परामर्श लेना चाहिए। (2) गर्भवती महिला को अपने चिकित्सक से परामर्श लेना चाहिए। (3) गर्भवती महिला को अपने चिकित्सक से परामर्श लेना चाहिए।

IMPORTANT NOTICE

Under the Maharashtra Medical Service Persons (Regulation) Act, 1956, the Maharashtra State Government has issued a notification dated 15/08/2018, pursuant to which the Maharashtra Medical Services Personnel (Regulation) Act, 1956, shall apply to all the Maharashtra Medical Services Personnel. The notification, which is published with effect from 15/08/2018, is as follows: The offender may also be liable for the damage caused as compensation. <https://www.mca.gov.in/LinkClick.aspx?linkid=7720122018>

सेक्टर 15

DMart Ghansoli
टी मार्ट - घणसोली

Int Corner

Advovate Rupali
Madan Mukadam

JAMATA
NAGAR,
SECTOR 12
जिजामता
नगर, सेक्टर 12

CLOUD 36 BILDING SHOP NO 8 PLOT
NO 6 SEC11, Palm Beach Rd, Jijamata
Nagar, Sector 11, Ghansoli, Navi
Lat: 19.1192292
Lon: 72.9935991
09/12/2023 12:40:50 PM GMT+05:30

MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

PART I: GENERAL DETAILS

NAME OF THE PATIENT: Mayur Akhade
 DOB: 07-03-1993 Age: 30 Sex: M Phone number: 7977824825

PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

A. PERSONAL HISTORY:

1. Previous history if any:

Disease	Yes/No	Medicine & Surgery Details	Disease	Yes/No	Medicine & Surgery Details		
Diabetes Mellitus	} NO		Cancer	} NO			
Hypertension			Tumor/Benign Genital urinary disorder				
IHD			Rheumatic joint diseases or symptoms				
Stroke			Asthma				
Surgeries			Pulmonary Disease			H/o - Pneumonitis in sept 2023	
Tuberculosis			Anemia		} NO		
Congenital Disease			Bleeding disease or Disorder.				
Arrhythmia			Mental Stress				
Aids (HIV)							

2. Habits:

Diet	Mixed	Alcohol	No	Tobacco/Smoking	No	Medicine	
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3. Major complaints/Relevant past history if any: NA

4. Previous Illness (Hospitalization Investigation, consultation) H/o - Pneumonitis in sept 2023.

5. Family history: NA

B. MEDICAL EXAMINERS FINDING AND ASSESSMENT: (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assessed, about the results)

1. Anthropometry:

Height	177	Weight	80.95	BMI	
--------	-----	--------	-------	-----	--

2. Vital Parameters:

(i)

Respiratory Rate	21	Pulse Rate	80
------------------	----	------------	----

(ii) Blood Pressure (Three consecutive Reading):

Systolic	110		
Diastolic	80		
Further readings at 10 minute interval if the first reading exceeds 140/90			

3. Skin

Is there is any evidence of:

Chronic Ulcer:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Eczema	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe

Mouth Ulcer only after eating sweet

EXAMINATION FINDINGS DETAILS

4. Cardiovascular System:

S₁S₂ ⊕

5. Genito-Urinary System:

6. Respiratory System:

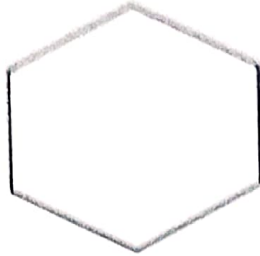
ACBE

7. Gastro-Entrology System:

(a) Oropharyngeal: *Nx6.*

(b) Abdomen:

Soft, Non-tender.



Evidence of Hernia, Hydrocele, Flusure, Fistula & piles.

If yes, please describe *No.*

8. Nervous System

conscious, orient-ed.

9. Eye Check-up

10. ENT

12. For Female Clients Only:

1. Is there any disease of breast? _____
2. (I) Is there any evidence of pregnancy? _____
(II) If Pregnant, are any complications to be expected? _____
3. Do you suspect any disease of uterus, cervix of ovaries? _____
4. Any menstrual complaints? _____

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

Advice:

Conclusion on the fitness of the client:

Clinically & Medically fit.

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

1. Name of the Medical Examiner:

DR. ANAND PRAKASH GAUR
MBBS, CCMH, CCEBDM
(Consulting Physician)
Reg. No.
2005/02/0965

Signature of the Medical Examiner:

DR. ANAND PRAKASH GAUR
MBBS, CCMH, CCEBDM
(Consulting Physician)
MMC Reg. No.
2005/02/0965

Stamp of the Medical Examiner

Registration Number

Date of medicals conducted:

09/12/23

Place:

Ahansali

2. Name of the Client:

Mayur Akhade

Signature of the Client:

Mayur Akhade

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM

Akhade, Mayur

GE Healthcare REF 1019728LS1

09.12.2023 11:34:50
CREDENCE HOSPITAL
GHANSOLI
NAVI MUMBAI

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

62 bpm
-1 - mmHg

30 Years

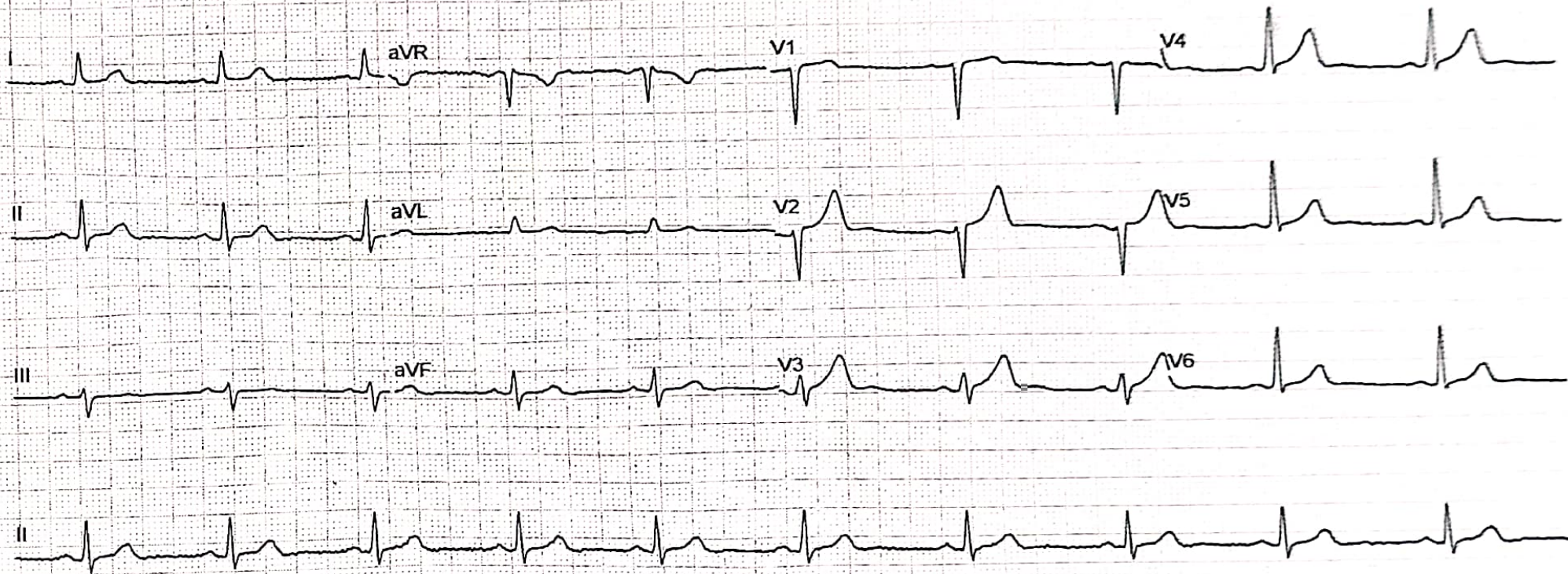
Male

QRS : 84 ms
QT / QTcBaz : 398 / 403 ms
PR : 144 ms
P : 102 ms
RR / PP : 972 / 967 ms
P / QRS / T : 58 / 20 / 38 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

DR. ANAND PRAKASH GAUR
MBBS, CCM
(Consulting)
MMC R
2005/02.





Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

PATIENT'S NAME	MR. MAYUR AKHADE	AGE :- 30y/M
REFERRED BY	CREDENCE CARE HOSPITAL	DATE :09/12/2023

USG WHOLE ABDOMEN

LIVER is normal in size, normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well-distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Urinary Bladder is minimally distended; no e/o wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape and echotexture.

Visualised bowel loops appear normal. There is no free fluid seen.

IMPRESSION –

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CORRELATION BEFORE ANY APPLICATION.

DR SAGAR GARGE
CONSULTANT RADIOLOGIST

EXERCISE STRESS TEST REPORT

Patient Name: AKHADE, MAYUR
Patient ID: 15912
Height:
Weight:

DOB: 07.03.1993
Age: 30yrs
Gender: Male
Race: Asian

Study Date: 09.12.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	82	120/80	
	STANDING	00:16	0.00	0.00	77		
	HYPERV.	00:27	0.50	0.00	83		
EXERCISE	STAGE 1	03:00	1.70	10.00	104	120/80	
	STAGE 2	03:00	2.50	12.00	118	130/80	
	STAGE 3	02:09	3.40	14.00	148	130/80	
	STAGE 4	00:37	4.20	16.00	162		
RECOVERY		01:59	0.00	0.00	109	140/90	

The patient exercised according to the BRUCE for 8:45 min:s, achieving a work level of Max. METS: 11.00. The resting heart rate of 81 bpm rose to a maximal heart rate of 162 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

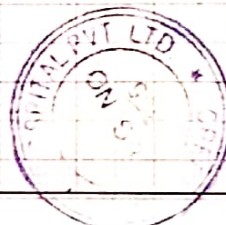
Conclusions

TEST IS NEGATIVE FOR EXERCISE INDUCIBLE MYOCARDIAL ISCHEMIA.

DR KUMAR RAJEEV,
MD DNB CARDIOLOGY.

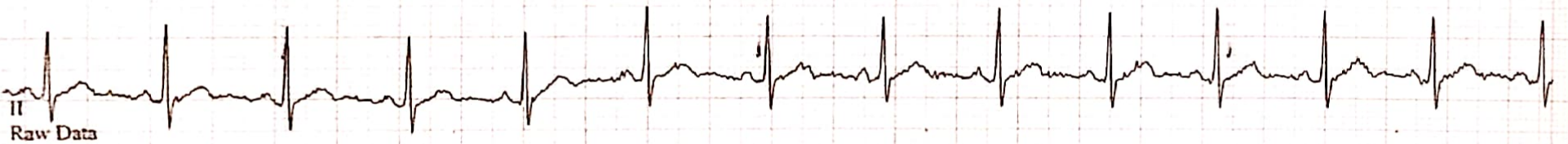
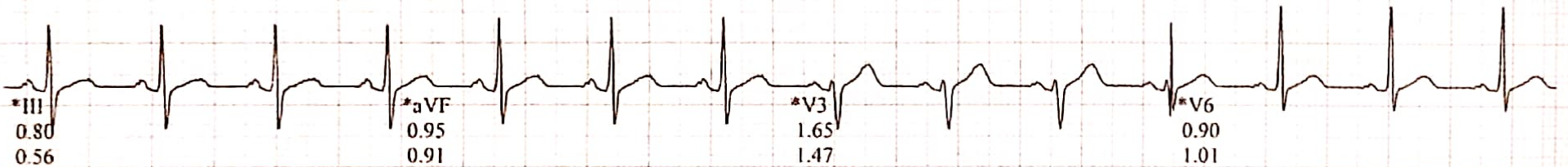
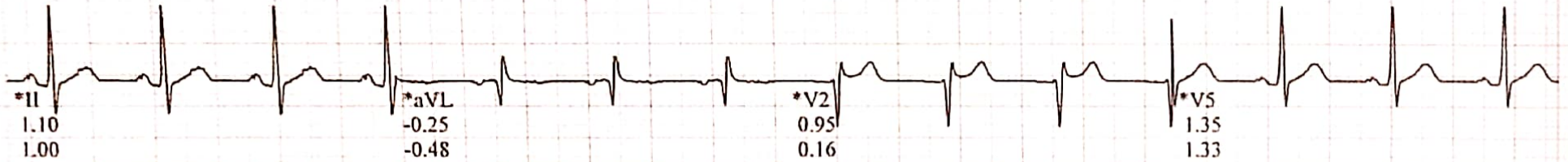
Physician

Technician



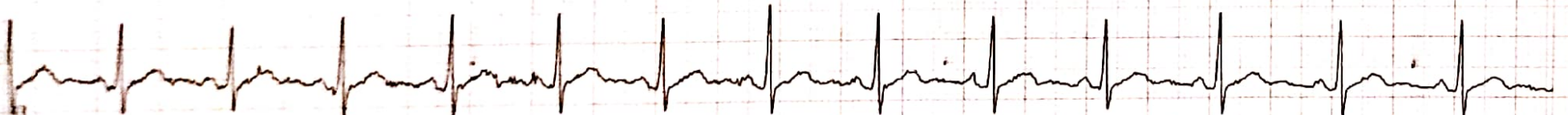
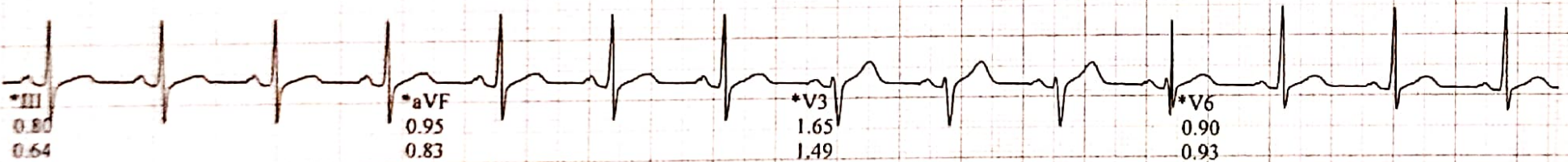
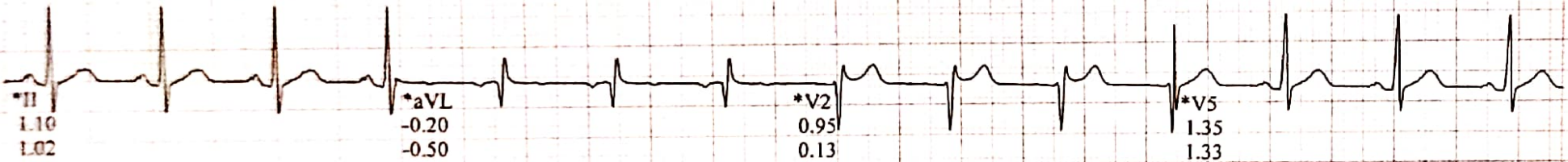
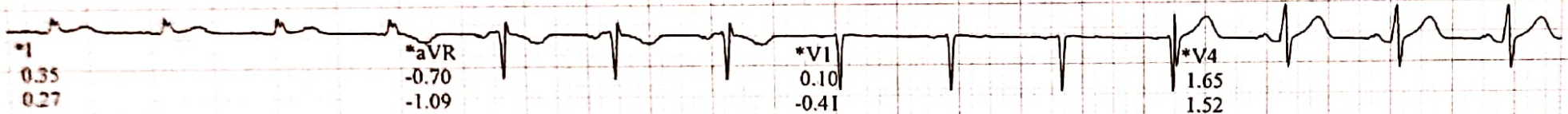
81 bpm
120/80 mmHg

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

AKHADE, MAYUR
Patient ID 15912
09.12.2025
12:24:20pm

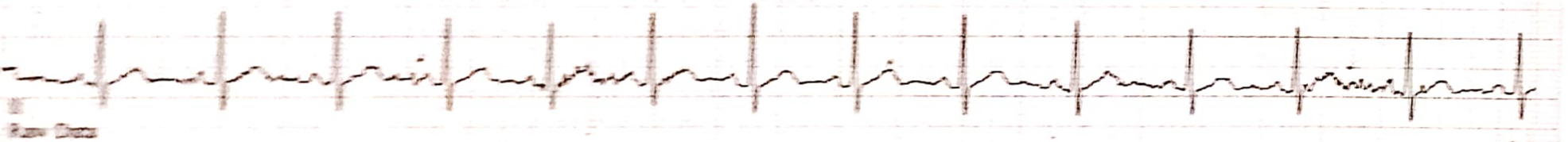
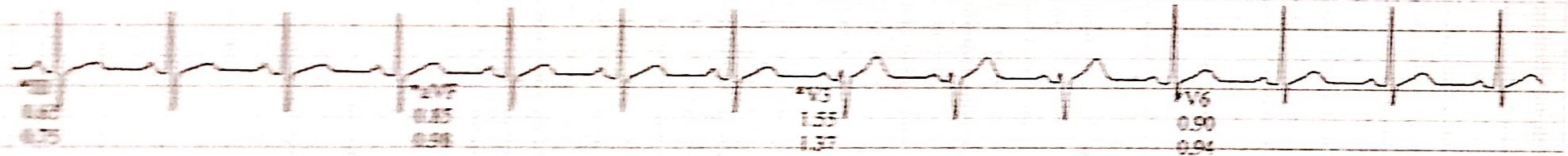
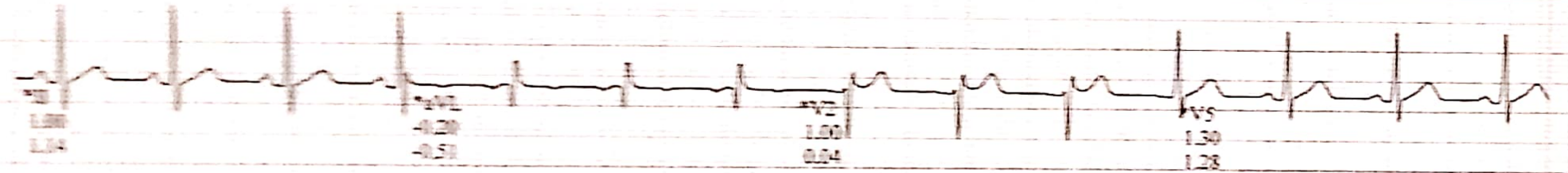
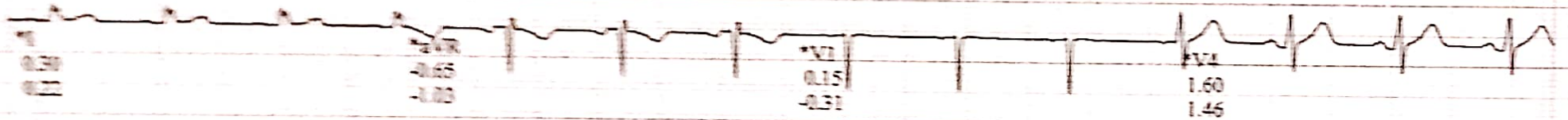
Linked Medians

PRETEST
HYPERV.
00:31

BRUCE
0.0 mph
0.0 %

-OpCREDENCE HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

AKHADE, MAYUR

Patient ID 15012

09.12.2023

12:24:52pm

82 bpm
120/80 mmHg

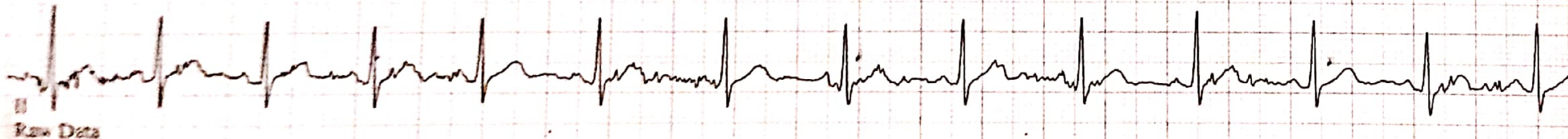
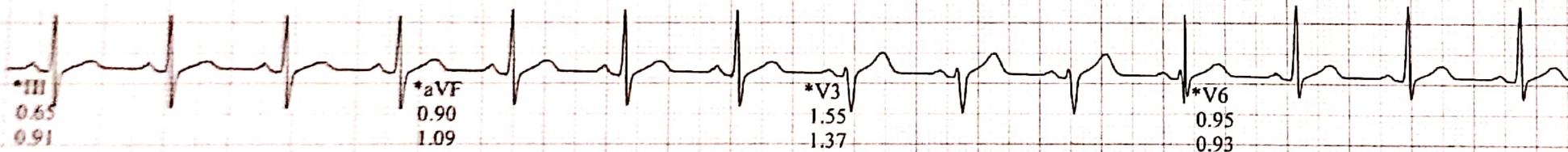
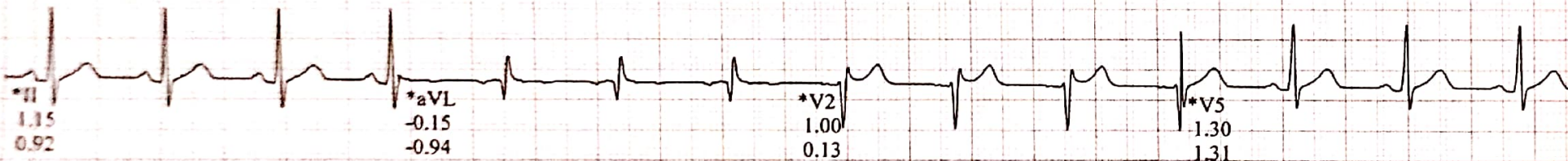
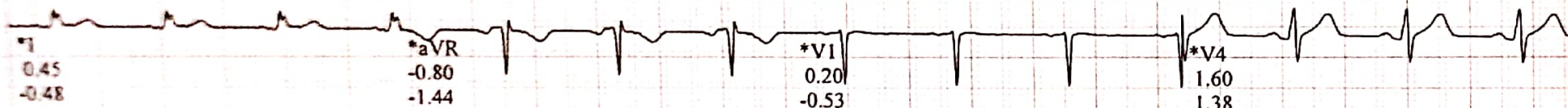
EXERCISE
STAGE 1
00:09

Linked Medians

BRUCE
1.7 mph
10.0 %

-OpCREDENCE HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

AKHADE, MAYUR
Patient ID 15912
09.12.2023
12:27:53pm

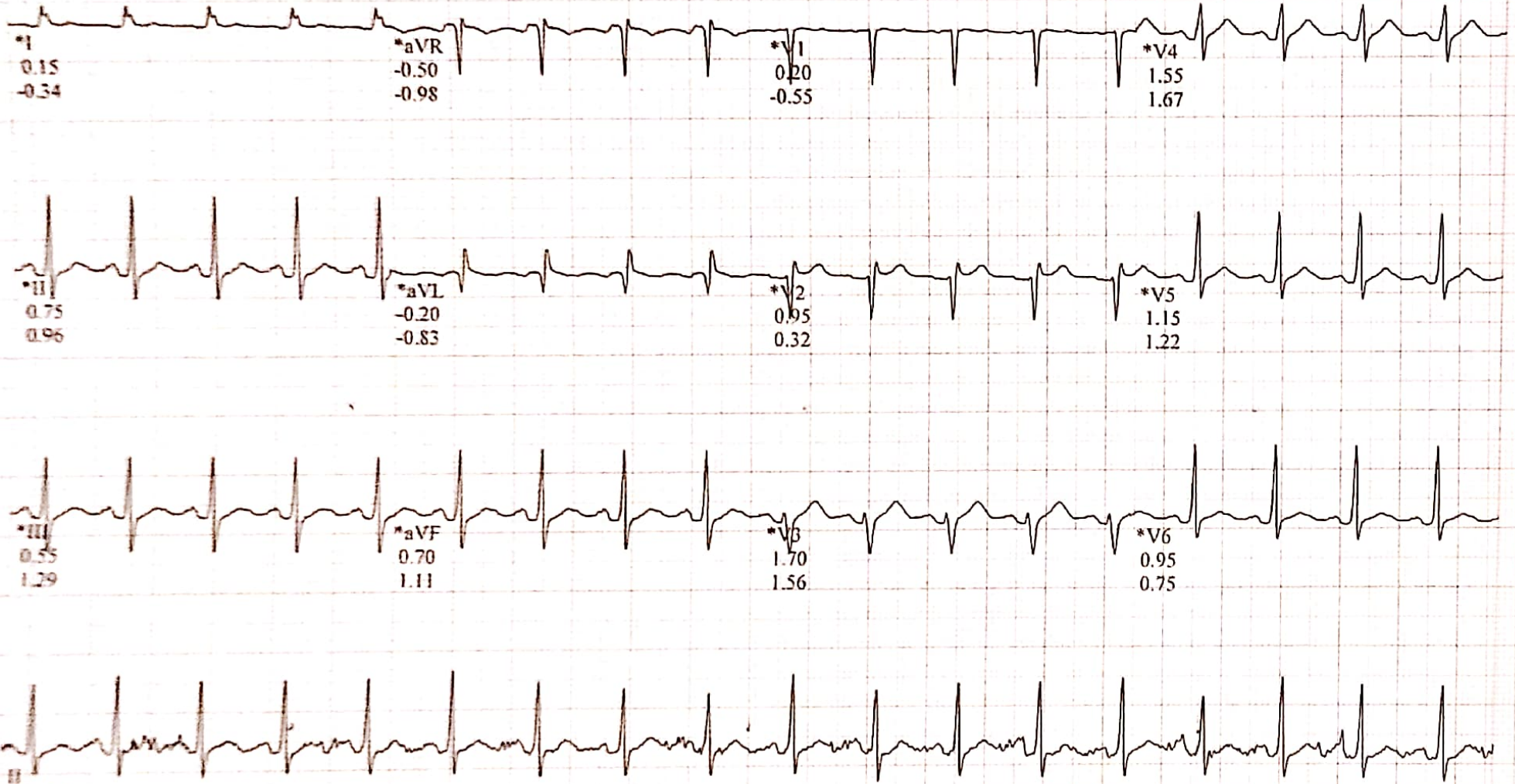
108 bpm
120/80 mmHg

Linked Medians
EXERCISE
STAGE 2
03:10

BRUCE
2.5 mph
12.0 %

-OpCRENCE HOSPITAL

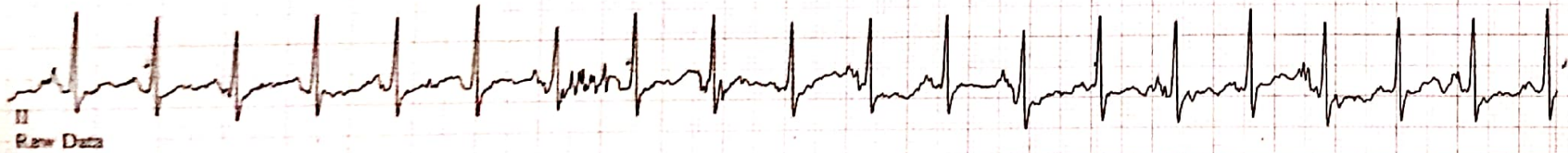
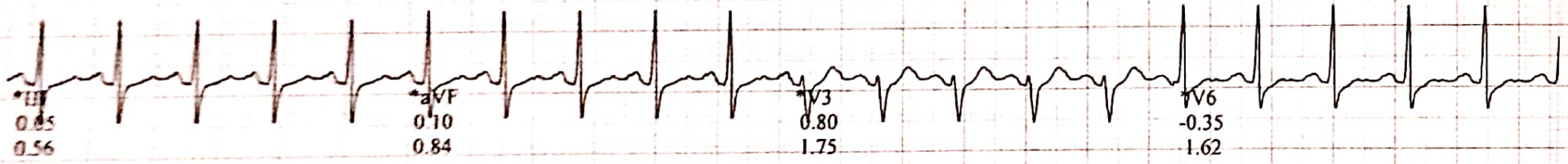
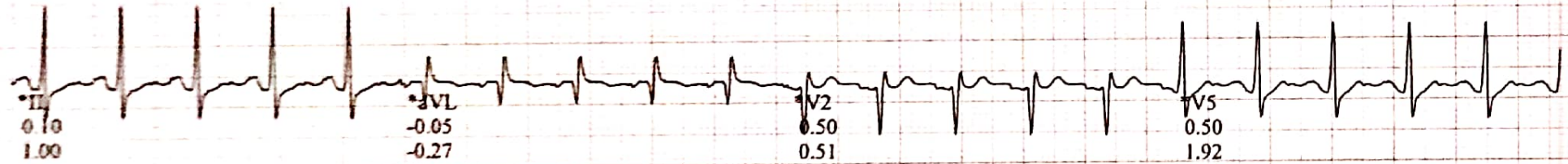
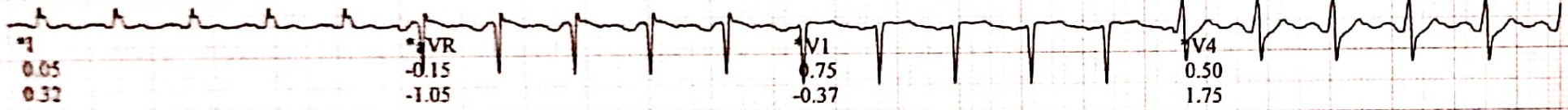
Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

AKHADE, MAYUR
Patient ID 15912
09.12.2023
12:33:01pm

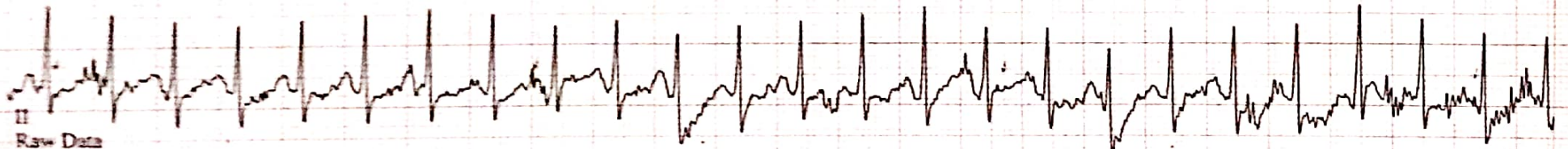
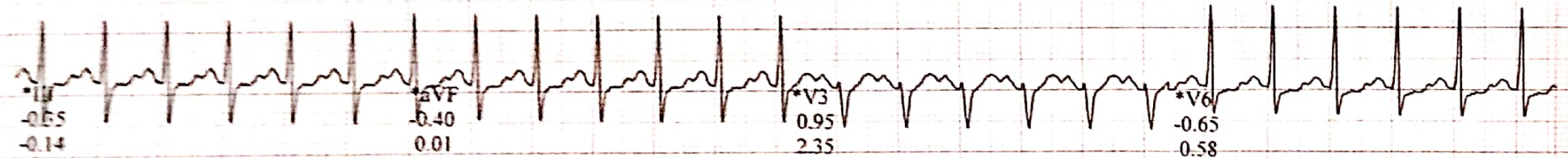
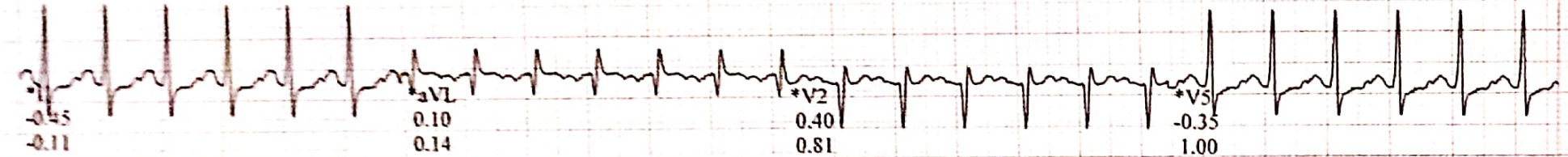
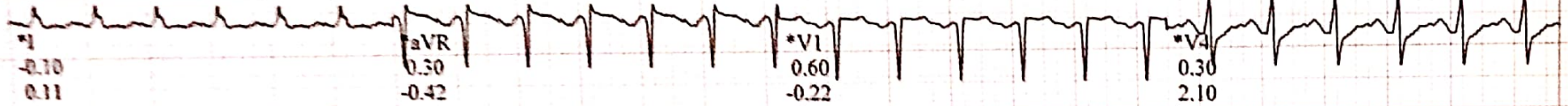
150 bpm

Linked Medians
EXERCISE
STAGE 4
08:18

BRUCE
4.2 mph
16.0 %

-0pCREDENCE HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

162 bpm

Linked Medians (PEAK EXERCISE)

EXERCISE

STAGE 4

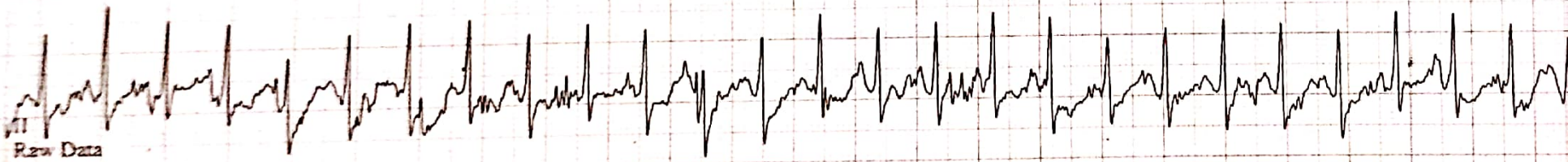
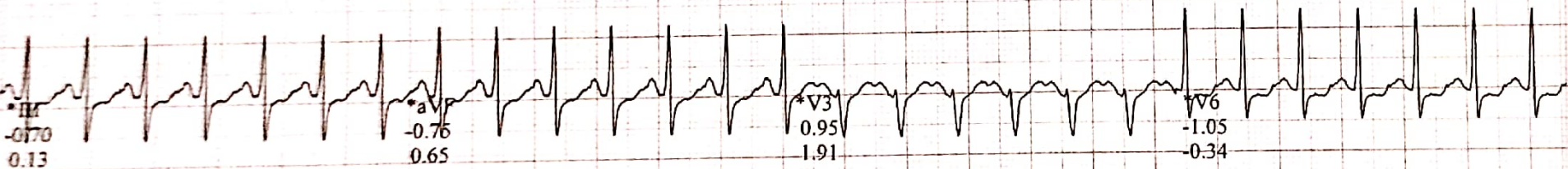
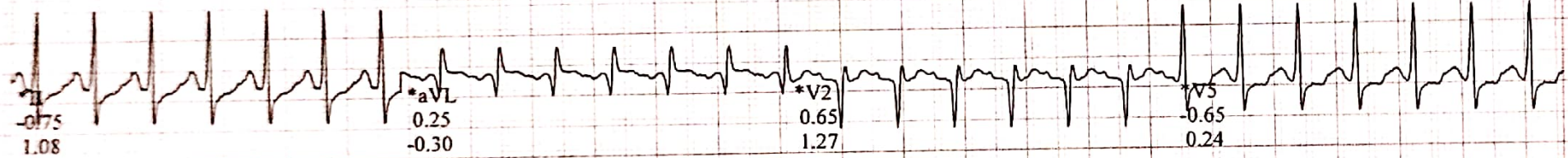
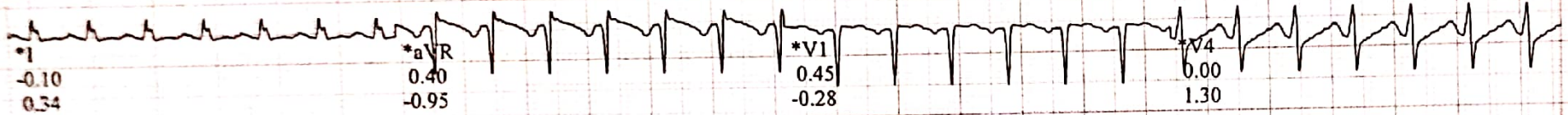
08:45

BRUCE

4.2 mph

16.0 %

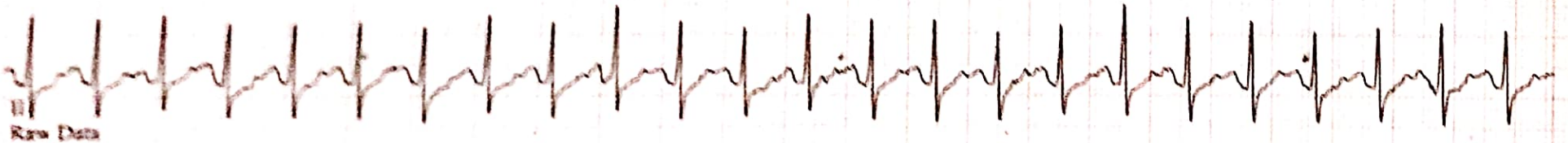
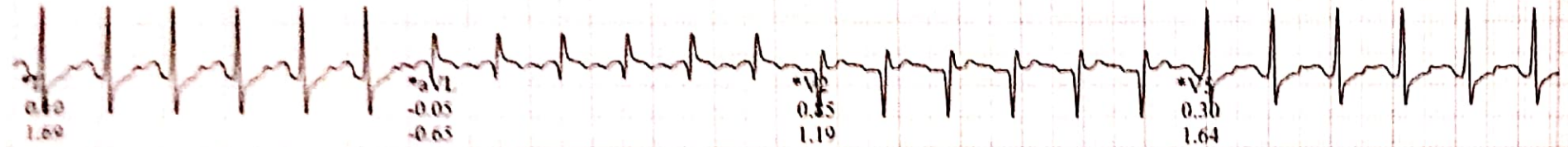
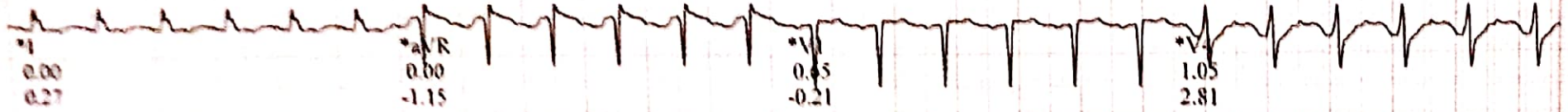
Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

144 bpm
140/90 mmHg

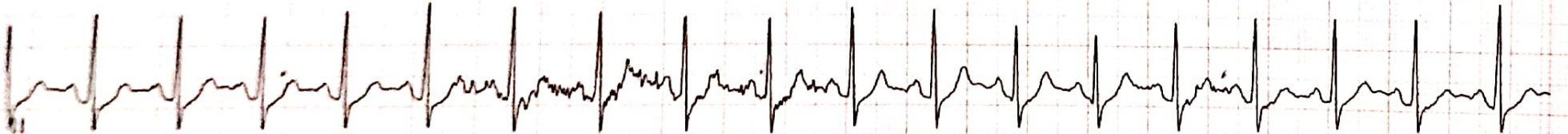
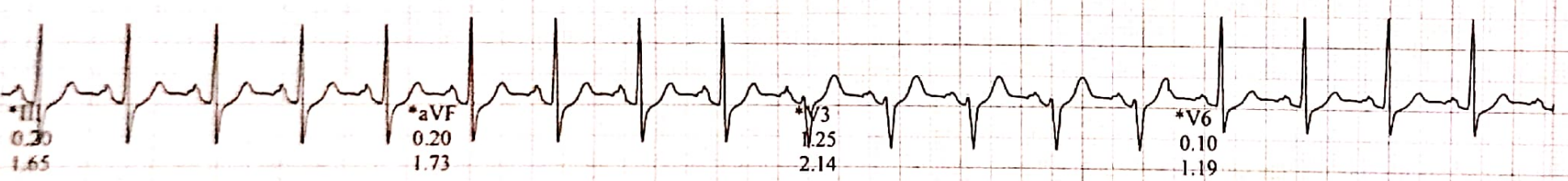
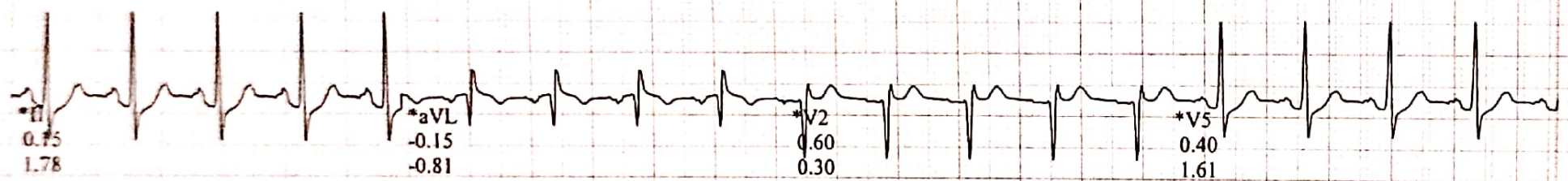
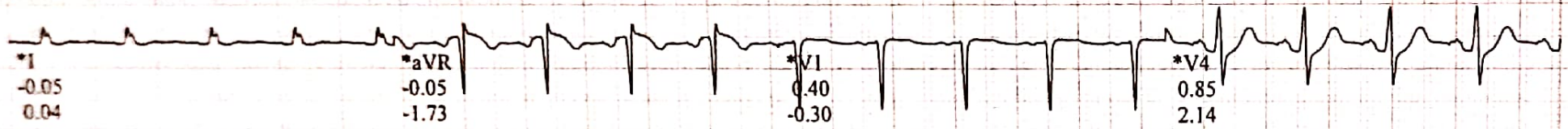
Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

112 bpm

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

Patient Name : MAYUR AKHADE

Patient ID:19048

Age /Gender :30yrs/MALE

Date :09/12/2023

X-RAY CHEST PA

Plain P.A. Radiograph of chest shows :-

The hilar shadows are normal in size, position and density.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhouette is within normal limits.

Aortic shadow is normal.

Rest of the visualized mediastinum shadows are normal. Both domes of diaphragms are normal.

The visualised bony thorax is normal.

CONCLUSION :

NO SIGNIFICANT ABNORMALITY DETECTED

DR. Nikunj Kothia

MBBS, DMRD Reg-2009093218