


<b>Name</b> : Mr. KIRAN SHANKAR D  <b>Address</b> : ecity  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 37 Y  <b>Sex</b> : M	<b>UHID</b> :CELE.0000130449  <b>OP Number</b> :CELEOPV344021 <b>Bill No</b> :CELE-OCR-55878 <b>Date</b> : 17.03.2024 09:38
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>GAMMA GLUTAMYL TRANSFERASE (GGT)</del>	
<del>2</del>	<del>2D ECHO - 11</del>	
<del>3</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>4</del>	<del>GLUCOSE, FASTING - 12</del>	
<del>5</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>6</del>	<del>DIET CONSULTATION - 25 with physician</del>	
<del>7</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>8</del>	<del>URINE GLUCOSE(POST PRANDIAL)</del>	
<del>9</del>	<del>PERIPHERAL SMEAR</del>	
<del>10</del>	<del>ECG - 13</del>	
<del>11</del>	<del>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</del>	
<del>12</del>	<del>DENTAL CONSULTATION - 15/20</del>	
<del>13</del>	<del>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</del>	
<del>14</del>	<del>URINE GLUCOSE(FASTING)</del>	
<del>15</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>16</del>	<del>X-RAY CHEST PA - 9</del>	
<del>17</del>	<del>ENT CONSULTATION - 6</del>	
<del>18</del>	<del>FITNESS BY GENERAL PHYSICIAN - 14</del>	
<del>19</del>	<del>BLOOD GROUP ABO AND RH FACTOR</del>	
<del>20</del>	<del>LIPID PROFILE</del>	
<del>21</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>22</del>	<del>OPHTHAL BY GENERAL PHYSICIAN - 5</del>	
<del>23</del>	<del>ULTRASOUND - WHOLE ABDOMEN - 8</del>	
<del>24</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	

**MEDICAL FITNESS CERTIFICATE**

**NAME:** Kiran      **AGE/SEX:** 37/M **UHID:**      **DATE:**

**CHIEF COMPLAINTS:**      MIGRAINE  
fitness certificate.

**PAST/FAMILY HISTORY:-**  
family H/o hypertension, DM.

**ALLERGIES:-**

**GENERAL EXAMINATION:-**

PULSE: 70	BP: 112/77	TEMP:	RR:
HT: 174	WT: 77.9	WAIST: 93	BMI: 25.2

**SYSTEMIC EXAMINATION:-**

97

**VISION SCREENING**

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>	6/6	6/6	
<u>NEAR</u>	Ng	Ng	
<u>COLOUR</u>	(6)	(N)	

**Chest:** NUBS  
**CVS:** S1S2 (+)  
**P/A:** soft nontender

**IMPRESSION:-**  
fit

**FINAL RECOMMENDATIONS:-**  
physically fit for duty.

  
GENERAL PHYSICIAN

Date: 11/20/24-05-17 10:32:32

Personal Details

UHID: 00XHE1PU6TN0T80  
PatientID: 130449  
Name: kiran shankar d  
Age: 37  
Gender: Male  
Mobile: 9686267797

Pre-Existing Medical-  
Conditions

Vitals

Measurements

HR: 66 BPM  
PR: 156 ms  
PD: 109 ms  
QRSD: 89 ms  
QRS Axis: 64 deg  
QT/QTc: 368/368 ms

Report ID: AHLLP\_00XHE1PU6TN0T80\_V6TN0T8A8

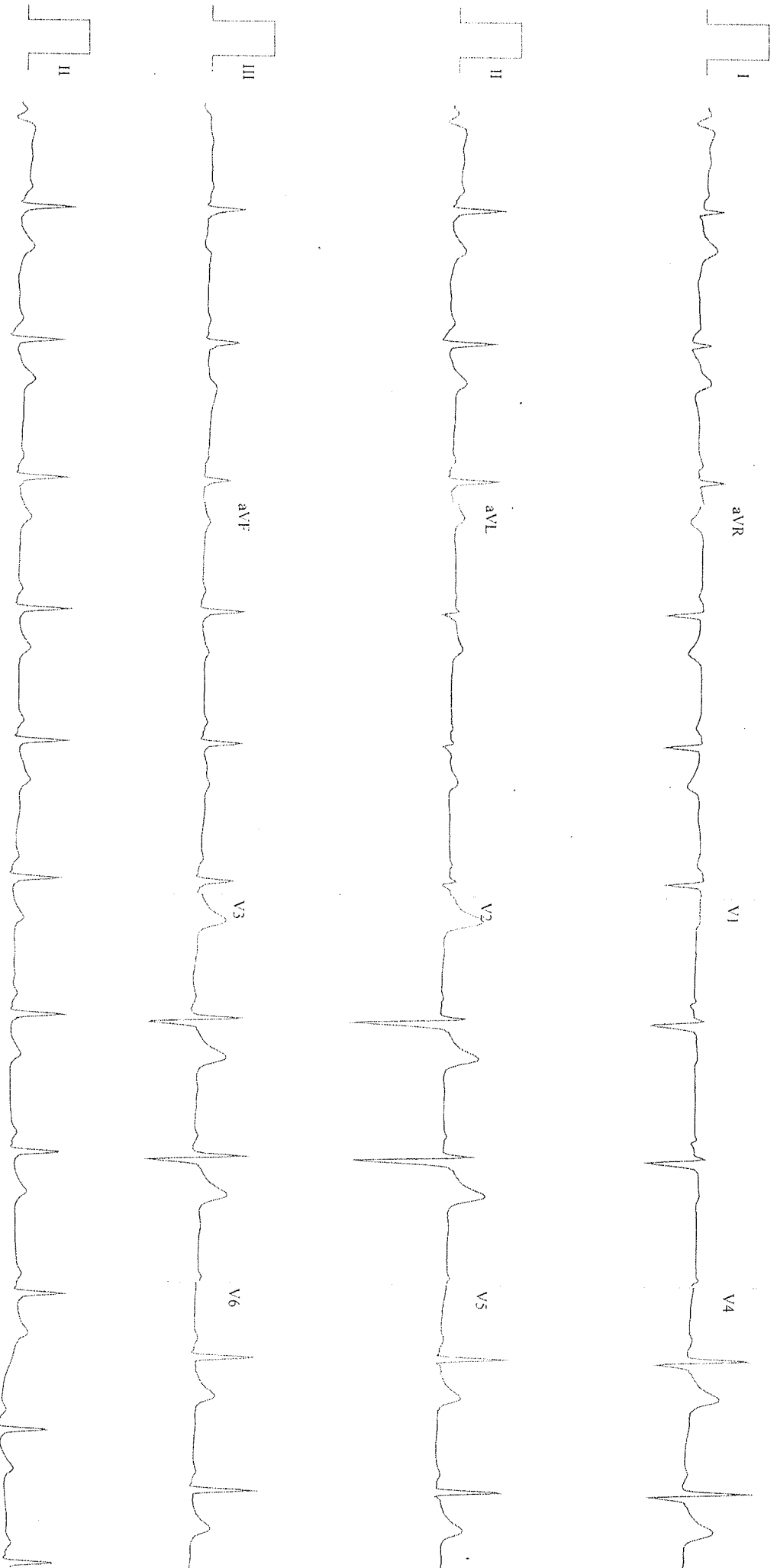
Interpretation

Normal Sinus Rhythm  
Normal Axis

Apollis

Author:

Dr. Yogesh  
M.D. DNB, J  
Reg. No.- K



Speed: 25 mm/sec

F: 0.05 - 40 Hz

Limb: 10 mm/mV

Chest: 10 mm/mV

Disclaimer: This analysis in this report is based on ECG, alone and should be used as an adjunct to a final history, symptoms and results of other non-invasive tests, and must be interpreted by a qualified physician. Maximal ECG does not rule out heart disease. Although this ECG does not always show severe heart disease. Comments & report is based on available data. Clinical correlation is important.

Patient Name	: Mr. KIRAN SHANKAR D	Age	: 37 Y M
UHID	: CELE.0000130449	OP Visit No	: CELEOPV344021
Reported on	: 17-03-2024 18:21	Printed on	: 17-03-2024 18:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### X-RAY CHEST PA


Both lung fields and hila are normal .  
No obvious active pleuro-parenchymal lesion seen .  
Both costophrenic and cardiophrenic angles are clear .  
Both diaphragms are normal in position and contour .  
Thoracic wall and soft tissues appear normal.

### CONCLUSION :

No obvious abnormality seen

Printed on:17-03-2024 18:21

---End of the Report---



**Dr. VIGNESH K**  
MBBS, MD Radio-Diagnosis  
Radiology

**2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT**

**NAME : MR KIRAN SHANKAR D**

**DATE : 17/03/2024**

**AGE/SEX: 37Y / M**

**REF ; ARCOFEMI**

**UHID:130449**

**\*\*\* MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

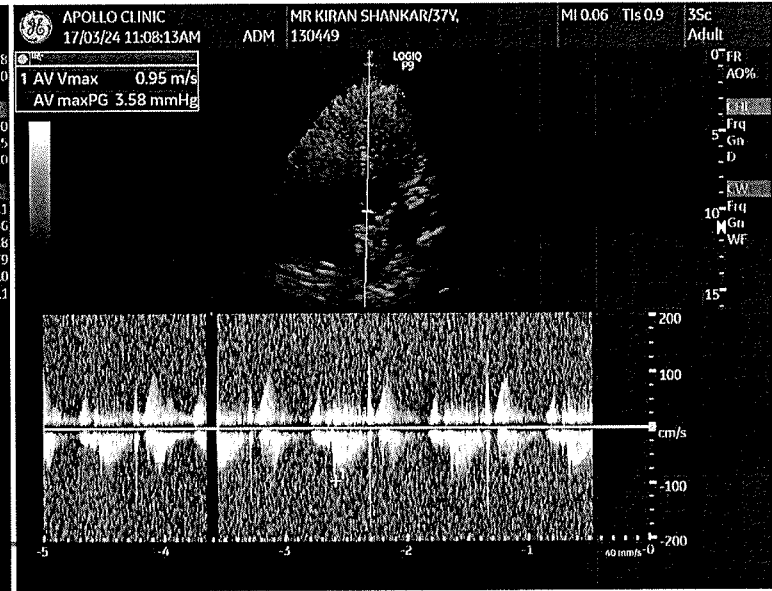
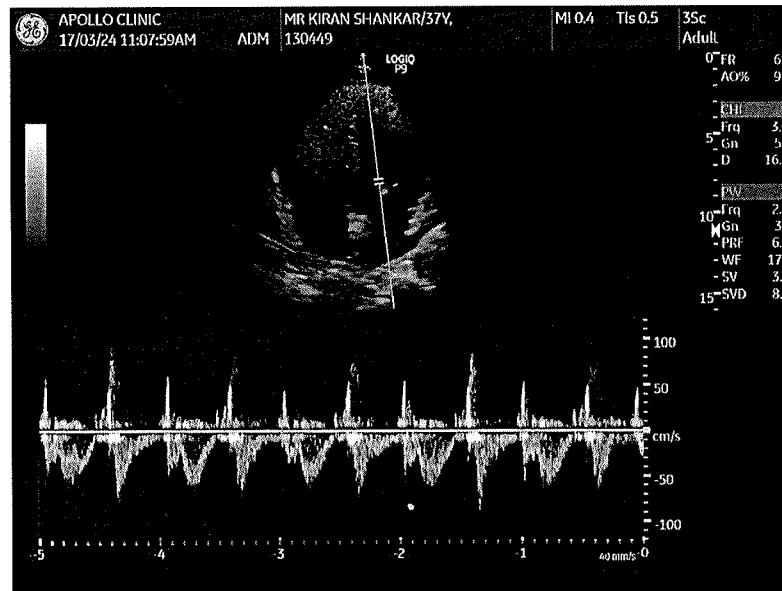
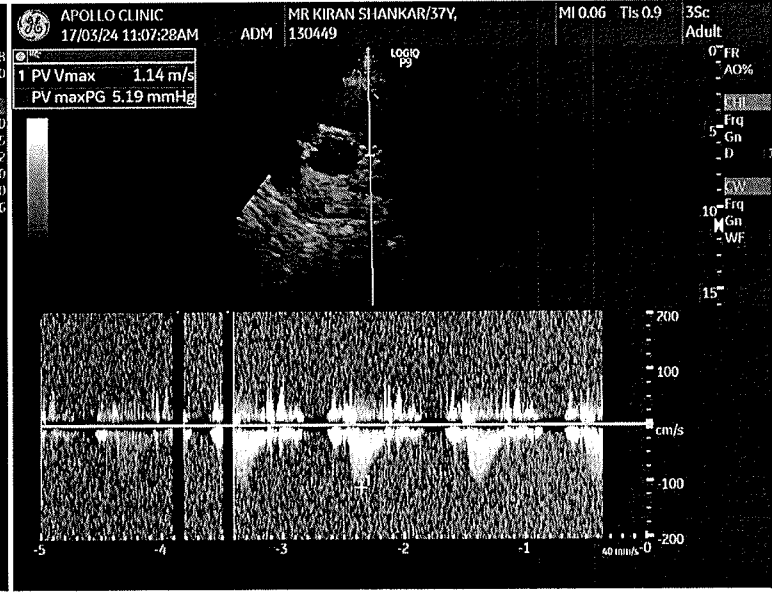
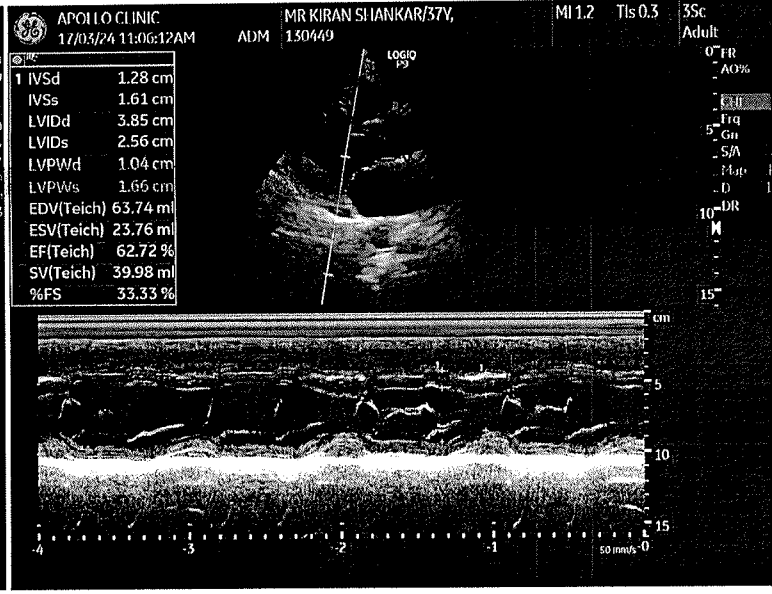
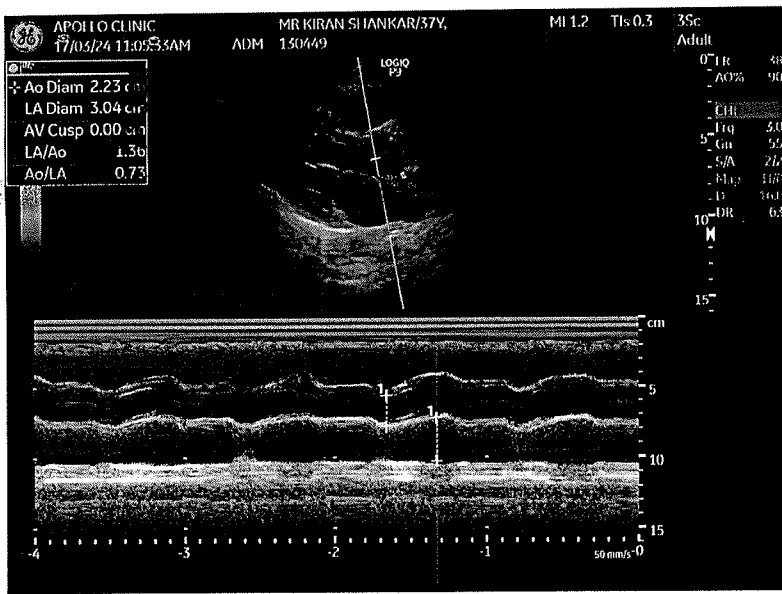
1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE ( IVS & IAS ).
9. GOOD LV & RV SYSTOLIC FUNCTION.LVEF 60%
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



**DR. DAYANAND YALIGAR**

**Cardiologist**

***To correlate with clinical findings & other relevant investigations .***



(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.  
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

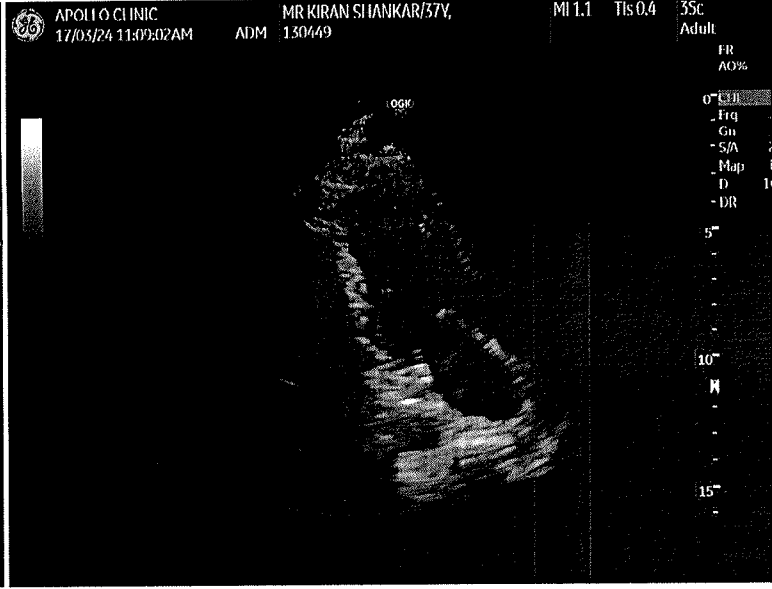
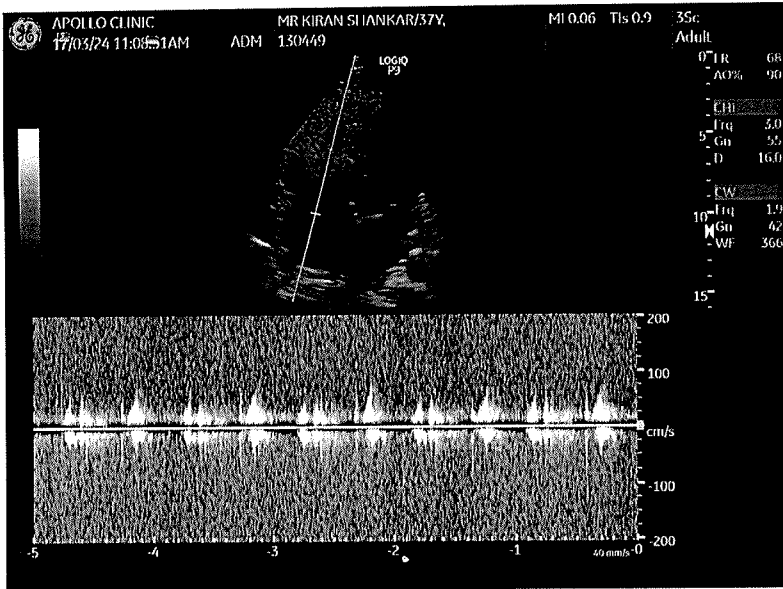
APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

# ORAL EXAMINATION FORM



Date: 18/3/24

Patient ID: 130449 MHC

Patient Name: KIRAN SHANKAR D Age: 37 Sex: Male  Female

Chief Complaint:

Medical History: None

Drug Allergy: None

Medication currently taken by the Guest: Rct/Cap + 4-6 years

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding :

Pockets / Recession :

Calculus / Stains : S+

Mobility :

Restored Teeth : (P)

Non - restorable Teeth for extraction /  
Root Stumps :

Malocclusion : C

Others: Habit - None.

Advice:-

Sealing / ycheckup

Doctor

Name & Signature:

Dr. PAULTRA





प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	D KIRAN SHANKAR
जन्म की तारीख	05-01-1987
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	17-03-2024
बुकिंग संदर्भ सं.	23M174719100098926S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. P ROHINI
कर्मचारी की क.कू.संख्या	174719
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	HULIMANGALA
कर्मचारी के जन्म की तारीख	30-12-1991

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **11-03-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	D KIRAN SHANKAR
DATE OF BIRTH	05-01-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	17-03-2024
BOOKING REFERENCE NO.	23M174719100098926S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. P ROHINI
EMPLOYEE EC NO.	174719
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	HULIMANGALA
EMPLOYEE BIRTHDATE	30-12-1991

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 **11-03-2024** till **31-03-2024**. 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's spouse 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))

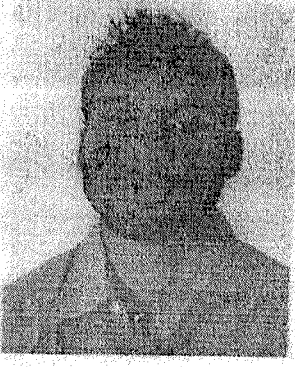


**SUGGESTIVE LIST OF MEDICAL TESTS**

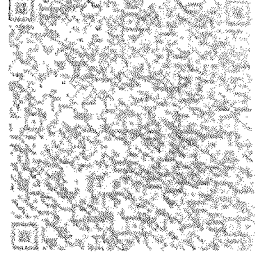
<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



ಭಾರತ ಸರ್ಕಾರ  
Government of India



ಡಿ ಕಿರಣಶಂಕರ್  
D Kiranshankar  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 05/01/1987  
ಪುರುಷ / Male



2232 2106 0971

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



# Apollo Clinic

## Consent Form

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Patient Name: KIRAN SHANKAR.D Age: 37yr

UHID Number: 130669 Company Name: Arcofemi

I ~~Mr/Mrs/Ms~~ KIRAN SHANKAR.D Employee of Arcofemi

(Company) want to inform you that I am not getting the USR

test done which is a part of routine health check package.

Reason if any: Due to doctor unavailability

And I claim the above statement in my full consciousness.

Patient signature: KIRAN SHANKAR.D Date: 17/3/2024