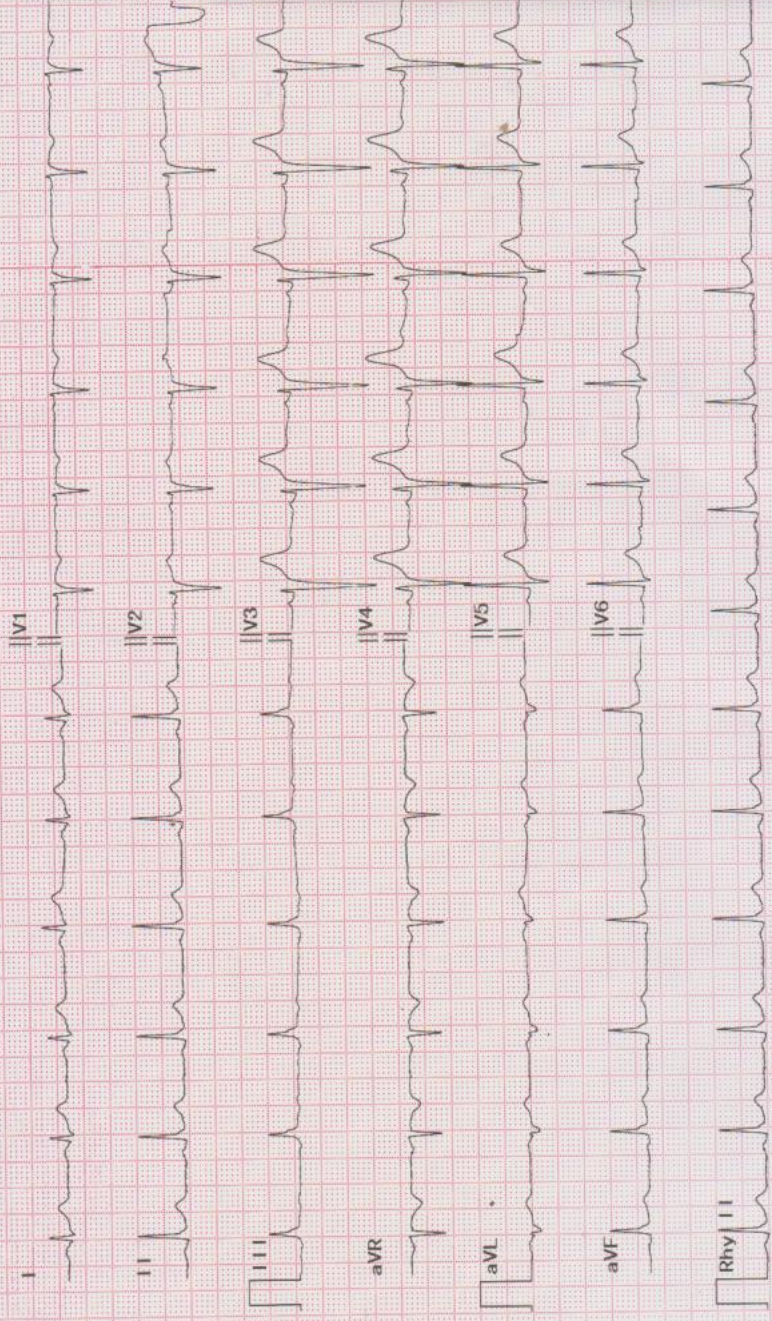


ID : 2406200004      Date/Time: 2024-06-20 10:20      Hospital:      cm  
 Name: tharun v      Age: 21      Height:      kg  
 Sex: Male      BP:      mmHg      Weight:      kg  
 Divisions:      Bed No.      Hospital No.:

Minnesota Code      Diagnosis Info  
 9-4-2(V4)      800 Sinus Rhythm

RV5/SV1 amp 1.342/0.696mV  
 RV5+SV1 amp 2.038mV  
 RV6/SV2 amp 1.122/0.903mV

HR 76 bpm  
 P Dur/PR int 109/132ms  
 QRS Dur 99 ms  
 QT/QTc int 352/395 ms  
 P/ORS/T axis 17/78/29 °



Diagnosis for reference. ask your doctor to confirm  
 AUTO PRINT 6X2+1R 76bpm 10 mm/mV 0.50Hz-45Hz AC 50Hz 25 mm/sec      Confirmed By:

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. THARUN VENKATESAN	<b>Age/Sex</b> : 21 Year(s) / Male
<b>UHID</b> : SHHM.97639	<b>Order Date</b> : 20/06/2024 08:49
<b>Episode</b> : OP	<b>Mobile No</b> : 9820879504
<b>Ref. Doctor</b> : self	<b>DOB</b> : 06/02/2003
	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

### Blood Bank

Test Name	Result
Sample No : O0339272A	Collection Date : 20/06/24 09:27
Ack Date : 20/06/2024 10:45	Report Date : 20/06/24 13:46

#### BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

BLOOD GROUP (ABO)	' O '
Rh Type <i>Method - Column Agglutination</i>	POSITIVE

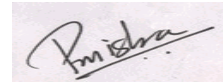
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

#### Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



**Dr. Pooja Vinod Mishra**  
**MD Pathology**

Jr Consultant Pathologist, MMC Reg No.  
2017052191  
RegNo: 2017/05/2191



### LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. THARUN VENKATESAN

**Age/Sex** : 21 Year(s) / Male

**UHID** : SHHM.97639

**Order Date** : 20/06/2024 08:49

**Episode** : OP

**Ref. Doctor** : self

**Mobile No** : 9820879504

**DOB** : 06/02/2003

**Facility** : SEVENHILLS HOSPITAL, MUMBAI

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. THARUN VENKATESAN	<b>Age/Sex</b> : 21 Year(s) / Male
<b>UHID</b> : SHHM.97639	<b>Order Date</b> : 20/06/2024 08:49
<b>Episode</b> : OP	<b>Mobile No</b> : 9820879504
<b>Ref. Doctor</b> : self	<b>DOB</b> : 06/02/2003
	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0339272B	Collection Date : 20/06/24 09:27	Ack Date : 20/06/2024 09:57	Report Date : 20/06/24 13:54
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#### **ALT(SGPT) - SERUM**

SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i>	32.96	IU/L	0 - 45
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References :

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Total Bilirubin - SERUM <i>Method - Diazo</i>	1.16	mg/dl	0 - 2
--	------	-------	-------

Direct Bilirubin - - SERUM <i>Method - Diazotization</i>	<b>0.45 ▲ (H)</b>	mg/dl	0 - 0.4
---	-------------------	-------	---------

Indirect Bilirubin - Calculated <i>Method - Calculated</i>	0.71	mg/dl	
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#### **BUN-SERUM**

BUN - SERUM <i>Method - Urease-GLDH</i>	12.6	mg/dl	4 - 18
--	------	-------	--------

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Sample No : O0339307B	Collection Date : 20/06/24 11:31	Ack Date : 20/06/2024 12:49	Report Date : 21/06/24 11:19
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#### **Blood Sugar FBS**

FBS <i>Method - Hexokinase</i>	91.85	mg/dl	70 - 100
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#### **GLUCOSE-PLASMA POST PRANDIAL**

Glucose, Post Prandial	91.15	mg/dl	70 - 140
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American Diabetes Association Reference Range :



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. THARUN VENKATESAN	<b>Age/Sex</b>	: 21 Year(s) / Male
<b>UHID</b>	: SHHM.97639	<b>Order Date</b>	: 20/06/2024 08:49
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9820879504
<b>Ref. Doctor</b>	: self	<b>DOB</b>	: 06/02/2003
		<b>Facility</b>	: SEVENHILLS HOSPITAL, MUMBAI

### FASTING:-

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

### Post-Prandial Blood Glucose:

Non- Diabetic: Up to 140mg/dL

Pre-Diabetic: 140-199 mg/dL

Diabetic :>200 mg/dL

### References:

1)Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

### Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be

seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

End of Report



**Dr. Ritesh Kharche**  
**MD, PGD-HM**

Consultant Pathologist and Director of  
Laboratory Services  
RegNo: 2006/03/1680



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. THARUN VENKATESAN

**Age/Sex** : 21 Year(s) / Male

**UHID** : SHHM.97639

**Order Date** : 20/06/2024 08:49

**Episode** : OP

**Ref. Doctor** : self

**Mobile No** : 9820879504

**DOB** : 06/02/2003

**Facility** : SEVENHILLS HOSPITAL, MUMBAI



Blood Glucose (Both FBS & PPBS) (L 149)- Report has been amended at Jun 21 2024 11:18AM by Ritesh kharche.





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. THARUN VENKATESAN <b>UHID</b> : SHHM.97639 <b>Episode</b> : OP <b>Ref. Doctor</b> : self	<b>Age/Sex</b> : 21 Year(s) / Male <b>Order Date</b> : 20/06/2024 08:49 <b>Mobile No</b> : 9820879504 <b>DOB</b> : 06/02/2003 <b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI
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### HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0339272A	Collection Date : 20/06/24 09:27	Ack Date : 20/06/2024 09:57	Report Date : 20/06/24 13:17
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COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD			
Total WBC Count	6.03	x10 <sup>3</sup> /ul	4 - 10
Neutrophils	56.6	%	40 - 80
Lymphocytes	30.6	%	20 - 40
Eosinophils	4.6	%	1 - 6
Monocytes	8.2	%	2 - 10
Basophils	<b>0.0 ▼ (L)</b>	%	1 - 2
Absolute Neutrophil Count	3.41	x10 <sup>3</sup> /ul	2 - 7
Absolute Lymphocyte Count	1.85	x10 <sup>3</sup> /ul	0.8 - 4
Absolute Eosinophil Count	0.28	x10 <sup>3</sup> /ul	0.02 - 0.5
Absolute Monocyte Count	0.49	x10 <sup>3</sup> /ul	0.12 - 1.2
Absolute Basophil Count	0.00	x10 <sup>3</sup> /ul	0 - 0.1
RBCs	5.15	x10 <sup>6</sup> /ul	4.5 - 5.5
Hemoglobin	14.0	gm/dl	13 - 17
Hematocrit	41.5	%	40 - 50
MCV	<b>80.7 ▼ (L)</b>	fl	83 - 101
MCH	27.2	pg	27 - 32



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. THARUN VENKATESAN <b>UHID</b> : SHHM.97639 <b>Episode</b> : OP <b>Ref. Doctor</b> : self	<b>Age/Sex</b> : 21 Year(s) / Male <b>Order Date</b> : 20/06/2024 08:49 <b>Mobile No</b> : 9820879504 <b>DOB</b> : 06/02/2003 <b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI
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MCHC	33.7	gm/dl	31.5 - 34.5
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.8	%	11 - 16
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	37.7	fl	35 - 56
Platelet	315	$\times 10^3/\text{ul}$	150 - 410
Mean Platelet Volume (MPV)	9.0	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.6	%	9 - 17
PLATELETCRIT (PCT)	<b>0.284 ▲ (H)</b>	%	0.11 - 0.28
Comment	PS Findings: RBCs: Normocytic Normochromic WBCs: Normal Morphology Platelets: Adequate		

*Method:-*  
 HB Colorimetric Method.  
 RBC/PLT Electrical Impedance Method.  
 WBC data Flow Cytometry by Laser Method.  
 MCV, MCH, MCHC, RDW and rest parameters - Calculated.  
 All Abnormal Haemograms are reviewed confirmed microscopically.

*NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021*

*NOTE :-*  
 The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

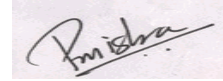




## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. THARUN VENKATESAN	<b>Age/Sex</b>	: 21 Year(s) / Male
<b>UHID</b>	: SHHM.97639	<b>Order Date</b>	: 20/06/2024 08:49
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9820879504
<b>Ref. Doctor</b>	: self	<b>DOB</b>	: 06/02/2003
		<b>Facility</b>	: SEVENHILLS HOSPITAL, MUMBAI

End of Report



**Dr. Pooja Vinod Mishra**  
**MD Pathology**

Jr Consultant Pathologist, MMC Reg No.  
2017052191  
RegNo: 2017/05/2191



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. THARUN VENKATESAN	<b>Age/Sex</b>	: 21 Year(s) / Male
<b>UHID</b>	: SHHM.97639	<b>Order Date</b>	: 20/06/2024 08:49
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9820879504
<b>Ref. Doctor</b>	: self	<b>DOB</b>	: 06/02/2003
		<b>Facility</b>	: SEVENHILLS HOSPITAL, MUMBAI

### HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No :	O0339272A	Collection Date :	20/06/24 09:27	Ack Date :	20/06/2024 09:57	Report Date :	20/06/24 13:17
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#### **ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ESR	6	mm/hr	0 - 20
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Method: Westergren Method

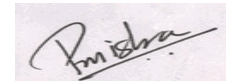
#### **INTERPRETATION :-**

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



**Dr. Pooja Vinod Mishra**  
**MD Pathology**

Jr Consultant Pathologist, MMC Reg No.  
2017052191  
RegNo: 2017/05/2191

### LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. THARUN VENKATESAN

**Age/Sex** : 21 Year(s) / Male

**UHID** : SHHM.97639

**Order Date** : 20/06/2024 08:49

**Episode** : OP

**Ref. Doctor** : self

**Mobile No** : 9820879504

**DOB** : 06/02/2003

**Facility** : SEVENHILLS HOSPITAL, MUMBAI



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. THARUN VENKATESAN	<b>Age/Sex</b> : 21 Year(s) / Male
<b>UHID</b> : SHHM.97639	<b>Order Date</b> : 20/06/2024 08:49
<b>Episode</b> : OP	<b>Mobile No</b> : 9820879504
<b>Ref. Doctor</b> : self	<b>DOB</b> : 06/02/2003
	<b>Facility</b> : SEVENHILLS HOSPITAL, MUMBAI

### Biochemistry

Test Name	Result	Unit	Biological Reference Interval
-----------	--------	------	-------------------------------

Sample No : O0339272B	Collection Date : 20/06/24 09:27	Ack Date : 20/06/2024 09:57	Report Date : 20/06/24 13:54
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#### **ALT(SGPT) - SERUM**

SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i>	32.96	IU/L	0 - 45
---	-------	------	--------

References :

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Total Bilirubin - SERUM <i>Method - Diazo</i>	1.16	mg/dl	0 - 2
--	------	-------	-------

Direct Bilirubin - - SERUM <i>Method - Diazotization</i>	<b>0.45 ▲ (H)</b>	mg/dl	0 - 0.4
---	-------------------	-------	---------

Indirect Bilirubin - Calculated <i>Method - Calculated</i>	0.71	mg/dl	
---	------	-------	--

#### **BUN-SERUM**

BUN - SERUM <i>Method - Urease-GLDH</i>	12.6	mg/dl	4 - 18
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References:

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- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Sample No : O0339307B	Collection Date : 20/06/24 11:31	Ack Date : 20/06/2024 12:49	Report Date : 21/06/24 11:19
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#### **Blood Sugar FBS**

FBS <i>Method - Hexokinase</i>	91.85	mg/dl	70 - 100
-----------------------------------	-------	-------	----------

#### **GLUCOSE-PLASMA POST PRANDIAL**

Glucose, Post Prandial	91.15	mg/dl	70 - 140
------------------------	-------	-------	----------

American Diabetes Association Reference Range :



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. THARUN VENKATESAN	<b>Age/Sex</b>	: 21 Year(s) / Male
<b>UHID</b>	: SHHM.97639	<b>Order Date</b>	: 20/06/2024 08:49
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9820879504
<b>Ref. Doctor</b>	: self	<b>DOB</b>	: 06/02/2003
		<b>Facility</b>	: SEVENHILLS HOSPITAL, MUMBAI

### FASTING:-

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

### Post-Prandial Blood Glucose:

Non- Diabetic: Up to 140mg/dL

Pre-Diabetic: 140-199 mg/dL

Diabetic :>200 mg/dL

### References:

1)Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

### Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be

seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

End of Report



**Dr. Ritesh Kharche**  
**MD, PGD-HM**

Consultant Pathologist and Director of  
Laboratory Services  
RegNo: 2006/03/1680



MC-5288

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. THARUN VENKATESAN

**Age/Sex** : 21 Year(s) / Male

**UHID** : SHHM.97639

**Order Date** : 20/06/2024 08:49

**Episode** : OP

**Ref. Doctor** : self

**Mobile No** : 9820879504

**DOB** : 06/02/2003

**Facility** : SEVENHILLS HOSPITAL, MUMBAI



Blood Glucose (Both FBS & PPBS) (L 149)- Report has been amended at Jun 21 2024 11:18AM by Ritesh kharche.





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. THARUN VENKATESAN	<b>Age/Sex</b>	: 21 Year(s) / Male
<b>UHID</b>	: SHHM.97639	<b>Order Date</b>	: 20/06/2024 08:49
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9820879504
<b>Ref. Doctor</b>	: self	<b>DOB</b>	: 06/02/2003
		<b>Facility</b>	: SEVENHILLS HOSPITAL, MUMBAI

### Urinalysis

Test Name	Result	Unit	Biological Reference Interval
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Sample No :	O0339272C	Collection Date :	20/06/24 09:27	Ack Date :	20/06/2024 10:11	Report Date :	20/06/24 13:54
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Test Name	Result	Unit	Biological Reference Interval
<b><u>Physical Examination</u></b>			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.020		
<b><u>Chemical Examination</u></b>			
Protein	Absent		Absent
Glucose	Absent		Absent
ketones	Absent		Absent
Blood	NEGATIVE		Negative
Bilirubin	Negative		
Urobilinogen	normal		Normal
NITRATE	Absent		Absent
LEUKOCYTES	Absent		Absent
<b><u>Microscopic Examination</u></b>			

### LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. THARUN VENKATESAN **Age/Sex** : 21 Year(s) / Male  
**UHID** : SHHM.97639 **Order Date** : 20/06/2024 08:49  
**Episode** : OP **Mobile No** : 9820879504  
**Ref. Doctor** : self **DOB** : 06/02/2003  
**Facility** : SEVENHILLS HOSPITAL, MUMBAI

Pus cells	OCCASIONAL	/HPF	
Epithelial Cells	OCCASIONAL	/HPF	
RBC	absent	/HPF	Absent
Cast	absent	/LPF	Absent
Crystal	absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

End of Report



**Dr. Ritesh Kharche**  
**MD, PGD-HM**

Consultant Pathologist and Director of  
Laboratory Services  
RegNo: 2006/03/1680



## DIAGNOSTICS REPORT

Patient Name	: Mr. THARUN VENKATESAN	Order Date	: 20/06/2024 08:49
Age/Sex	: 21 Year(s)/Male	Report Date	: 21/06/2024 14:34
UHID	: SHHM.97639		
Ref. Doctor	: self	Facility	: SEVENHILLS HOSPITAL,
Address	: AKRUTI MAROL, andheri		MUMBAI
	east,Mumbai, Maharastra, 400059	Mobile	: 9820879504

### X-RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

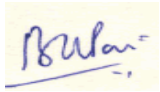
The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

**IMPRESSION:** No pleuroparenchymal lesion is seen.



**Dr. Bhujang Pai**  
**MBBS, MD**

Consultant

RegNo: 49380



**Mediwheel**  
...Your wellness partner

**Arcofemi Healthcare Pvt Ltd**

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: [wellness@mediwheel.in](mailto:wellness@mediwheel.in), Website: [www.mediwheel.in](http://www.mediwheel.in)

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Tharun Venkatesan** aged, **21yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: 20/06/2024

*Nitesh Kumar*  
*Nitesh Kumar*  
BCMR 47093

Name & Signature of

Medical officer