


Patient ID : 032423019	Sample Collected on : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL	Report Released on : 23-Mar-2024 1:58 PM
Age / Gender : 35 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 3 0 1 9 *
Affiliation : HEALTH CHECK UP	

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TFT (T3 T4 TSH)			
TOTAL TRIIODOTHYRONINE (T3)	1.6	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	97.0	nmol/L	Adult: 60-135 nmol/l
ULTRA TSH	2.34	uIU/mL	Adult: 0.25 - 5.00 1-4 week : 1.7-9.1 1-12 month: 0.8-8.2 1-15 yr: 0.7-5.7

INTERPRETATION :

TSH	T3	T4	Interpretation
High	Normal	Normal	Mild (Sub clinical) Hypothyroidism
High	Low or Normal	Low	Hypothyroidism
Low	Normal	Normal	Mild (Sub clinical) Hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non thyroidal illness; rare pituitary (secondary) hypothyroidism

Interpretation :

Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it is metabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circadian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

Comment : Please correlate with Clinical Condition

Technology : minividas

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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MBBS, DCP, DNB PATHOLOGY

Patient ID : 032423019 **Sample Collected on** : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL **Report Released on** : 23-Mar-2024 1:56 PM
Age / Gender : 35 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ERYTHROCYTE SEDIMENTATION RATE	9	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr


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Patient ID : 032423019	Sample Collected on : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL	Report Released on : 23-Mar-2024 12:59 PM
Age / Gender : 35 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 3 0 1 9 *
Affiliation : HEALTH CHECK UP	

DIABETES CARE

Investigation	Result	Unit	Bio. Ref. Interval
FASTING BLOOD SUGAR(FBS)			
FASTING BLOOD SUGAR	97.0	mg/dL	normal Glucose: 60.00 - 100.00 Mg/dL Impaired Glucose: 101-125.00 Mg/dL Diabetic: >=126Mg/dL

Interpretation :

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

----- END OF REPORT -----



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Patient ID : 032423019 **Sample Collected on** : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL **Report Released on** : 23-Mar-2024 4:09 PM
Age / Gender : 35 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	150.43	mg/dL	Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200

Interpretation :

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

Method: Spectrophotometry. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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MBBS, DCP,DNB PATHOLOGY

Patient ID : 032423019 **Sample Collected on** : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL **Report Released on** : 23-Mar-2024 4:47 PM
Age / Gender : 35 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BLOOD EXAMINATION

Investigation	Result
BLOOD GROUP	
ABO GROUPING	O
RH GROUPING	POSITIVE

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.

Technology : Agglutination


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MBBS, DCP,DNB PATHOLOGY

Patient ID : 032423019	Sample Collected on : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL	Report Released on : 23-Mar-2024 12:31 PM
Age / Gender : 35 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 3 0 1 9 *
Affiliation : HEALTH CHECK UP	

HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	15	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	4.96	/cumm	4.2 - 5.6 mill/cmm
RBC INDICES			
HEMATOCRIT	45	%	40-50
MCV	90.6	fl	80 - 98 fL
MCH	30.3	pg	26 - 34 pg
MCHC	33.5	g/dl	32 - 37 %
RDW_CV	13.5	/ cumm	12 - 14 %
TOTAL WBC COUNT	6000	/ cumm	4000 - 11000 /cmm
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	53.6	%	50 - 74 %
LYMPHOCYTES	37.9	%	20 - 45%
EOSINOPHILS	1.8	%	01 - 06 %
MONOCYTES	07	%	02 - 10 %
BASOPHILS	0.0	%	00 - 01 %
PLATELET COUNT	201000	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	9.8	fl	7.4-10.4
PDW	16.4	fl	10-14
PCT	0.2	%	0.10-0.28


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Patient ID : 032423019	Sample Collected on : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL	Report Released on : 23-Mar-2024 1:00 PM
Age / Gender : 35 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 3 0 1 9 *
Affiliation : HEALTH CHECK UP	

DIABETES CARE

Investigation	Value	Unit	
HBA1C			
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.2	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
MEAN BLOOD GLUCOSE	102.54	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

Interpretation

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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MBBS, DCP, DNB PATHOLOGY

Patient ID : 032423019 **Sample Collected on** : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL **Report Released on** : 23-Mar-2024 1:59 PM
Age / Gender : 35 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
LIPID PROFILE REPORT			
TOTAL CHOLESTEROL	109.7	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	58.0	mg/dL	30 - 60
TRIGLYCERIDES	46.3	mg/dL	60 - 170
LDL CHOLESTEROL	42.4	mg/dL	Up To 150
VLDL CHOLESTEROL	9.3	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	1.9	Ratio	3.0-5.0
LDL / HDL RATIO	0.7	Ratio	Less Than 5

Interpretation :

The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID : 032423019 **Sample Collected on** : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL **Report Released on** : 23-Mar-2024 1:59 PM
Age / Gender : 35 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
RENAL FUNCTION TEST			
BLOOD UREA	29.00	mg/dL	10 - 50 mg/dL
SERUM CREATININE	0.77	mg/dL	0.50 - 1.30 mg/dL
SERUM SODIUM (NA)	141.0	mEq/L	130.00 - 150.00 mEq/L
SERUM POTASSIUM (K)	3.90	mEq/L	3.5 - 5.5 mEq/L
SERUM CHLORIDE (CL)	102.00	mEq/L	96 - 106 mEq/L
LIVER FUNCTION TEST			
S. BILIRUBIN TOTAL	0.61	mg/dL	0.0-1.2
S. BILIRUBIN DIRECT	0.17	mg/dL	0.0-0.3
S. BILIRUBIN INDIRECT	0.44	mg/dL	0.0-1.0
SGPT (ALT)	31.0	IU/L	5-45
SGOT (AST)	23.96	IU/L	5-45
ALKALINE PHOSPHATASE	109	IU/L	Women : 64 - 306 Men : 80 - 306 Children : 180 - 1200
PROTIEN, ALBUMIN & A/G RATIO			
TOTAL PROTEIN	8.10	gm%	6.0-8.0



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Patient Name : MR. RAVI KANUBHAI PATEL **Report Released on** : 23-Mar-2024 1:59 PM
Age / Gender : 35 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
SERUM ALBUMIN	4.60	gm%	3.5-5.5
GLOBULIN	3.50	gm%	1.8-3.6
SERUM ALBUMIN/GLOBULIN RATIO	1.31	Ratio	0.9-2.0

Interpretation :

A liver function test (LFT) may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. The test includes detection of, 1. Bilirubin - Bilirubin is increased in the blood when too much is being produced, less is being removed, due to bile duct obstructions, or to problems with bilirubin processing. 2. AST - A very high level of AST is frequently seen with acute hepatitis. AST may be normal to moderately increased with chronic hepatitis. 3. ALT - A very high level of ALT is frequently seen with acute hepatitis. Moderate increases may be seen with chronic hepatitis. 4. Alkaline phosphatase - ALP may be significantly increased with obstructed bile ducts, cirrhosis, liver cancer, and also with bone disease. 5. Protein - Total protein is typically normal with liver disease.

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result,
but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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MBBS, DCP, DNB PATHOLOGY

Patient ID : 032423019 **Sample Collected on** : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL **Report Released on** : 23-Mar-2024 2:15 PM
Age / Gender : 35 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



COAGULATION PROFILE

Investigation	Result	Unit	Bio. Ref. Interval
PROTHROMBIN TIME (PT) (Citratd plasma)			
PROTHROMBIN TIME	14.3	Sec	11-15
CONTROL (MNPT)	14.2	Sec	
PT (INR) VALUE	1.00		0.5-1.2
RATIO	1.0		

Interpretation :

Prothombin time (PT) is a blood test that measures how long it takes blood to clot. A prothombin time test can be used to check for bleeding problems. PT is also used to check whether medicine to prevent blood clots is working.

Comment : Please correlate with clinical condition

Technology : Coagulation

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.


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MBBS, DCP,DNB PATHOLOGY

Patient ID : 032423019	Sample Collected on : 23-Mar-2024 11:22 AM
Patient Name : MR. RAVI KANUBHAI PATEL	Report Released on : 23-Mar-2024 12:59 PM
Age / Gender : 35 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 3 2 4 2 3 0 1 9 *
Affiliation : HEALTH CHECK UP	

URINE ROUTINE MICROSCOPIC

Investigation	Result	Uni	Bio. Ref. Range
PHYSICAL EXAMINATION			
COLOUR	Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.030		
PH	6.0		
CHEMICAL EXAMINATION			
ALBUMIN	Absent		
GLUCOSE	Absent		
BILE PIGMENT	Absent		
BILE SALT	Absent		
KETONE	Absent		
UROBILINOGEN	Normal		
NITRITE	Negative		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-2	/ HPF	
RBCS	NIL	/ HPF	
EPITHELLIAL CELLS	0-2	/ HPF	
HYALINE CAST	Absent		
GRANULAR CAST	Absent		
CALCIUM OXALATE CRYSTALS	Absent		
AMORPHOUS DEPOSIT	Absent		

----- END OF REPORT -----

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DR. JAIMINI PATEL
MBBS, DCP, DNB PATHOLOGY



NAVJIVAN Multi-Speciality HOSPITAL

Dr.KAUTUK PATEL
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Dr.ROHIT PATEL
MBBS, M.D. Anaesthesia

Dr.ANKIT PATEL
MBBS, DNB Anaesthesia
IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

NAME – RAVI KANUBHAI PATEL

DATE: 23-03-2024.

AGE – 35 YEARS.

SEX – MALE.

FOR MEDICAL FITNESS

PREMORBIDLY HEALTHY.
BP – 130/70 MMHG.
HR – 75 / MIN.
SPO2 – 98% ON ROOM AIR.
RS – CLEAR, NO ABNORMAL SOUND.
CVS – S1 S2 PRESENT, NORMAL, NO MURMUR.
P/A – SOFT, NON-TENDER.
CNS – FULL CONSCIOUS, NO FOCAL DEFICIT.
NO H/O SMOKING, SUBSTANCE ABUSE.
PAST H/O – NO SIGNIFICANT.
FAMILY H/O – NO ANY ILLNESS.
HEIGHT – 165.5 CM; WEIGHT – 60 KG; BMI – 21.9.
EYE EXAMINATION – NORMAL VISION WITH HIS OWN GLASSES, NO DEFICIT
ENT EXAMINATION – NORMAL, NO DISCHARGE, PAIN,
DENTAL EXAMINATION – NO DENTAL CARIES.
DIET ADVICE GIVEN.
REPORTS REVIEWED.
PERSON IS FIT TO JOIN.

Dr. KAUTUK A. PATEL
DNB (Emergency Medicine) G-26927
MBBS, G-49142
Emergency Physician,
NAVJIVAN Multi Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-384002

K.A. Patel
SIGNATURE



24/7
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Services

2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

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navjivan.icu@gmail.com

Emergency No. 9978320202 | Appointment No. 8799443371



2D ECHOCARDIOGRAPHY REPORT

Name	RAVI KANUBHAI PATEL	Date	23/03/2024
Reg.No		Age / Sex	35/ MALE
Ward	HEALTH CHECK UP	Tech	

Echocardiography Measurements

LV Measurements Method: LV (Teich)	Pt value	Normal Value Adults		Pt value	
LVEDD (End Diastole)	44 mm		Mitral Valve E	2	
LVESD (End Systole)	20 mm		A	3	
IVS ED	08 mm	(5.0-10 mm)	Thickening/fibrosis Calcification	NO	
LVPW ED	10 mm	(6.5-11mm)	MV Area (PHT) (Trace)	4.2	Normal value: 4-6 sq.cm
LVEF(Ejection Fraction)	60	(60%±6.2%)	Aortic valve:	4	
EPSS			AV Area	NORMAL	
LA Dimension	26	(19-40 mm)	TR GRADE	NORMAL	
Aortic Root	34	(20-40mm)	Tricuspid Valve	NORMAL	
Aortic Opening	NORMAL		Pulmonary Valve	NORMAL	
RV size & Function	NORMAL				
Pericardium	Normal				

Conclusion:

LVEF- 60%
No RWMA at rest
NO LVH
ALL FOUR CHAMBERS NORMAL.
ALL VALVES NORMAL.
No PULMONARY HYPERTENSION,
PAP-11 mmHg.
IVC NORMAL (1.2 CM), COLLAPSING 40% WITH RESPIRATION
NORMAL STUDY....


DR. NIKUNJ KANUBHAI PATEL
MBBS, DNB, DM (Cardiology)
Consultant Cardiologist
Reg. No. G-31811



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Dr.ROHIT PATEL

MBBS, M.D. Anaesthesia

Dr.PRAVESH PATEL

MBBS, D.A. F.C.C.S.

PATIENT NAME : RAVI KANUBHAI PATEL
REF. BY : NAVJIVAN ICU
DATE : 23/03/2024

35 Y/M

USG ABDOMEN:

LIVER : appears normal in size and shows (grade 1) fatty changes.
No focal lesion seen. PV- 9 mm at porta
Intrahepatic biliary radicals (IHBR) are not dilated.

GB : No calculus, cholecystitis or mass seen.
CBD is not dilated.

SPLEEN : Normal in size and echopattern.

VISUALISED PANCREAS : Normal in size and echopattern.

RIGHT KIDNEY : 10.4 x 4.4 cm

LEFT KIDNEY : 10.4 x 4.9 cm

BOTH KIDNEYS : Normal in size, position and echopattern.
C-M differentiation is well preserved in either side.

No calculus, hydronephrosis seen in either side.

URINARY BLADDER : distended with normal wall thickness. No calculus or mass seen.

PROSTATE: Normal in size.

VISUALISED BOWEL LOOPS : unremarkable

No e/o paraaortic lymphadenopathy .

No e/o ascities .

Adv: clinico-pathological correlation.

Thanks for reference

Dr. KAUTUK A. PATEL

DNB (Emergency Medicine) G-26827
MBBS, G-49142

Internal & Emergency Physician,
Navjivan Multi-Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2

DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

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Emergency No. 9978320202 | Appointment No. 8799443371



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MBBS, M.D. Anaesthesia

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

PATIENT NAME : RAVI KANUBHAI PATEL

35 Y/M

REF. BY : NAVJIVAN ICU

DATE : 23/03/2024

X-RAY OF CHEST - PA. VIEW

Both lung fields are normal.

No e/o consolidation or focal lesion.


Both c.p angles appear clear.

Cardiac shadow appears within normal limits.

Bony thorax appears normal.

Adv: clinico-pathological correlation

Thanks for reference .


DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST

Dr. KAUTUK A. PATEL
DNB Emergency Medicine G-26827
MBBS 49142
Internal & Emergency Physician,
Navjivan Multi Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2



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navjivan.icu@gmail.com

Emergency No. 9978320202 | Appointment No. 8799443371

23-03-2024 11:22:07 AM
 HR : 74 bpm
 P : 107 ms
 PR : 129 ms
 QRS : 91 ms
 QT/QTc : 363/404 ms
 PQRST : 51/81/3
 RV/5SV1 : 1.211/0.905 mV

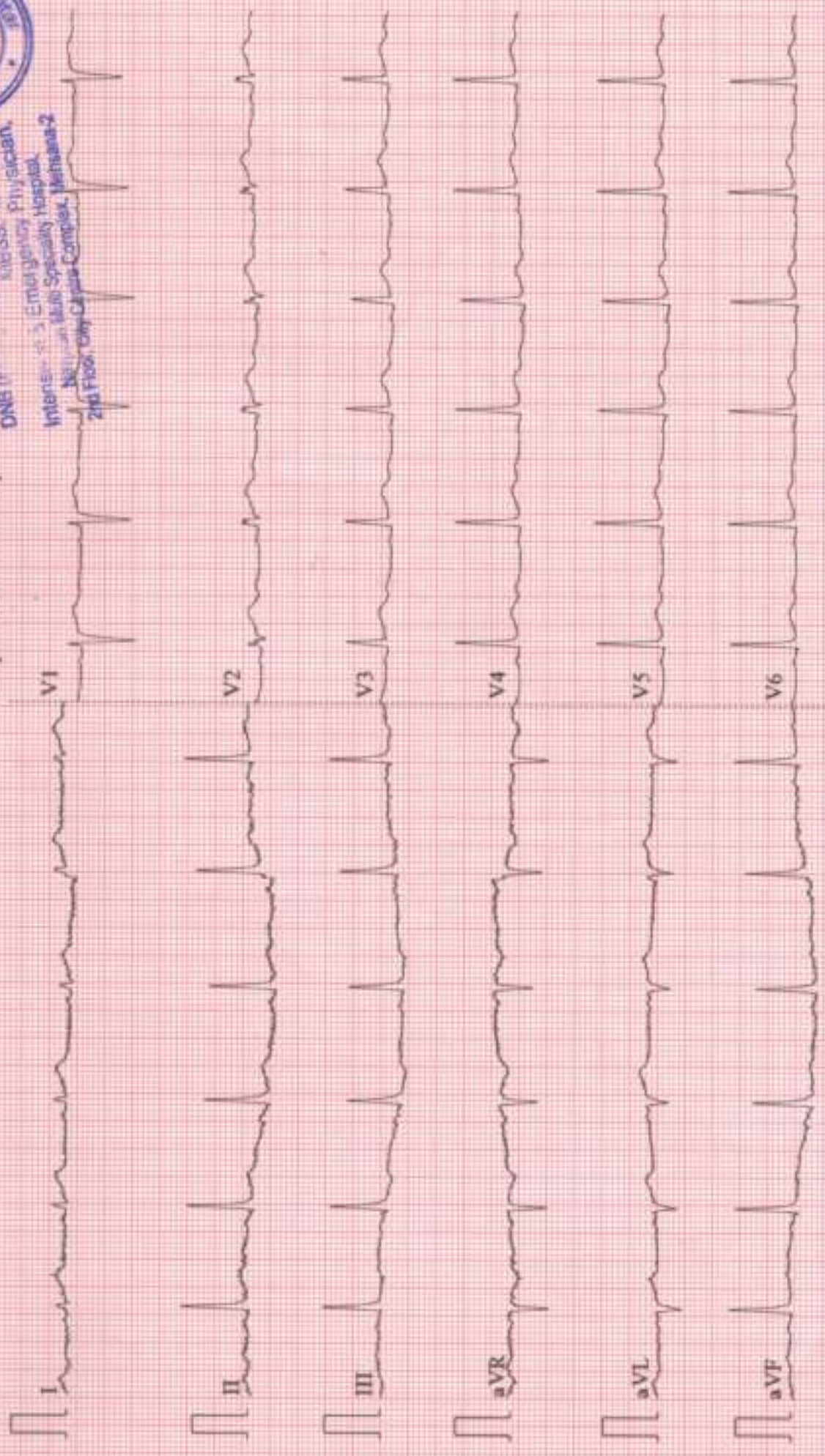
ID: 40
 RAVI
 35Years

Prepared

Diagnosis Information:

Normal Sinus Rhythm

Report Confirmed by: **Dr. KAITUK A. PATEL**
 DNB (F... Medicine) (2-26827)
 MD (S. G. 43142)
 Intensive Care Emergency Physician,
 Narayana Multi-Specialty Hospital,
 2nd Floor, City-Care Complex, Mettara-2



35 year

भारत सरकार
Government of India

श्री कानुकांत पटेल
Ravi Kanubhai Patel
एन.ए.ए.सी./सी.ए.ए. 03/01/1989
पुरु/माले

8059 2043 7249
VED 8059 2043 7249 0001

भारो आधार, भारी ओजभ
R.K. Pat

A Government of India ID card for Ravi Kanubhai Patel. The card features the national emblem, the text 'भारत सरकार' and 'Government of India', a small portrait photo, and a QR code. The card number is 8059 2043 7249. Handwritten text at the bottom of the card reads 'भारो आधार, भारी ओजभ' and 'R.K. Pat'.


Unique Identification Authority of India

Name:
S/O Anand Kumar alias S. Anand Kumar,
Mangal Bazar road, 2000 St. No. 10,
Gurgaon - 122001

Address:
S/O Kartikeya Kumar Park, 8, Sector
Surajpur, An. Pratapnagar Circle,
Daxa Road, Gurgaon, Haryana,
Gurgaon - 122001

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ભારત સરકાર

Government of India



રવિ કાનુભાઈ પટેલ
Ravi Kanubhai Patel
જન્મ તારીખ/DOB: 03/01/1989
પુરુષ/ MALE



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UID : 9195 0828 0604 6147

મારો આધાર. મારી ઓળખ



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Unique Identification Authority of India

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 **GPS Map**
Camera Lite



J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India

Latitude

23.6046036°

Local 09:47:18 AM

GMT 04:17:18 AM

Longitude

72.3817443°

Altitude 92 meters

Saturday, 23.03.2024



 **GPS Map
Camera Lite**



J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India

Latitude

23.604601°

Longitude

72.3817451°

Local 09:45:34 AM

GMT 04:15:34 AM

Altitude 92 meters

Saturday, 23.03.2024