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CHENNAI : No.5 (3/2), Jagadeeswaran Street, T. Nagar, Chennai-600 017. INDIA ©: 044-24364651 / 52 / 53

No.38, Manikodi Srinivasan Nagar Main Road, Rajiv Gandhi Salai, Perungudi, Chennai-600 096. INDIA ©: 044-29865513 / 14

TUTICORIN : Plot No.51, Door No.20/10, Roche Colony, South Beach Road, Tuticorin - 628 001.INDIA ©: 0461-2332719 / 20

KOCHJ : No.66/2345A, Veekshnam Road, Ernakulam, Kochi-682018 . INDIA ©: 0484-2395006 / 07 / 08

VIZAG : Door No.39-11- 63/4-1, Murali Nagar, Visakhapatnam, Andhra Pradesh-530 007, INDIA ©: 0891-2710299 / 399

MANGALORE: Shop No.5, Door No.1-65/31, Kulur-Kavoor Airport Road, Vivek Nagar, Panjimogaru, Mangalore-575 013.INDIA ©: 0824-2972719 / 20.

REG. NO: MA23040000031 DATE:04/04/2023

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined Mr. SNEHARAJ KALMADY (32/M)

Who is found to be Medically FIT.

He is not found to be suffering from any contagious Disease or Ailment.

He is FIT to perform his duty.

Dietary Counseling was provided from our end.





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CHENNAL

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PHYSICAL EXAMINATION

Date Of Exam

: 04/04/2023

Reg. No:MA23040000031

Name

: Mr. SNEHARAJ KALMADY

(32/Male)

Type Of Exam

: Physical

Reference

: Apollo Health and Lifestyle Limited

The doctor has examined this client at Balaji Medical Centre Mangalore for updated Physical examination and found the following.

Temperature

36.0C

Blood Pressure

120/80mmHg

Pulse

82/mt

Respiration Rate

17/mt

Waist (cm)

85Cms

Height

163Cms

Weight

69.7Kgs

BMI

26.2kg/m2





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Name: Mr. SNEHARAJ KALMADY

Date:04/04/2023

Ref: Dr. A. H. Balaji

OPHTHALMIC REPORT

RIGHT

LEFT

Reg. No: MA23040000031

Distant:

6/18

6/18

Near:

N/5

N/5

Colour:

Normal

Normal

Anterior Segment:

Normal

Normal

Intra Ocular Pressure:

Normal

Normal

Fundus:

Normal

Normal





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LABORATORY REPORT

DATE : 04/04/2023

REG. NO: MA23040000031

NAME : MR. SNEHARAJ KALMADY

AGE : 32 YRS SEX : MALE

REF BY : DR.A.H.BALAJI

COMPLETE BLOOD COUNT (CBC)					
INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL		
ERYTHROCYTE (RBC) COUNT HAEMOGLOBIN (Hb) PCV (PACKED CELL VOLUME) MCV (MEAN CORPUSCULAR VOLUME) MCH (MEAN CORPUSCULAR HAEMOGLOBIN) MCHC (MEAN CORPUSCULAR Hb CONCN.) RDW (RED CELL DISTRIBUTION WIDTH)	5.2 16.7 50.1 85.7 30.5 34.2 12.5	mill/cu.mm gm/dl % fl pg g/dl %	4.7-6.0 13.5-18 42-52 78-100 27-31 32-36 11.5-14.0		
TOTAL LEUCOCYTES (WBC) COUNT ABSOLUTE NEUTROPHILS COUNT ABSOLUTE LYMPHOCYTE COUNT ABSOLUTE MONOCYTE COUNT ABSOLUTE EOSINOPHIL COUNT ABSOLUTE BASOPHIL COUNT NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS BASOPHILS	7600 4500 2200 540 220 70 62.0 29.0 5.0 3.0 1.0	Cells /cu.mm /c.mm /c.mm /c.mm /c.mm /c.mm	4000-10500 2000-7000 1000-3000 200-1000 20-500 20-100 40-80 20-40 2-10 1-6 0-2		
PLATELET COUNT MPV (MEAN PLATELET VOLUME) PCT (PLATELET HAEMATOCRIT) PDW (PLATELET DISTRIBUTION WIDTH)	2.5 7.5 0.2 16.3	10^3/μI fL %	1.50-4.50 6-9.5 0.2-0.5 9-17		

Dr. VIDYA KUMARI Reg.No. 10306





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ABORATORY REPORT

DATE

04/04/2023

REG. NO: MA23040000031

NAME

MR. SNEHARAJ KALMADY

AGE

32YRS

SEX

: MALE

REF BY

DR.A.H.BALAII

ROUTINE EXAMINATION URINE									
INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL						
GENERAL EXAMINATION:									
COLOUR APPEARANCE REACTION (pH)	PALE YELLOW CLEAR 6.0		PALE YELLOW CLEAR 4.5 - 8						
SPECIFIC GRAVITY	1.020		1.010 - 1.030						
CHEMICAL EXAMINATION (AUTOMATED	DIPSTICK METHOD	<u>):</u>							
URINE PROTEIN(ALBUMIN) URINE GLUCOSE(SUGAR) URINE KETONES(ACETONE) BILE SALTS BILE PIGMENTS UROBILINOGEN NITRITE	ABSENT ABSENT ABSENT ABSENT ABSENT NORMAL NEGATIVE		ABSENT ABSENT ABSENT ABSENT ABSENT NORMAL NEGATIVE						
MICROSCOPIC EXAMINATION									
RED BLOOD CELLS PUS CELLS (WBCs) EPITHELIAL CELLS CRYSTALS CAST AMORPHOUS DEPOSITS BACTERIA	NIL 1-2 0-1 ABSENT ABSENT ABSENT ABSENT	/hpf /hpf /hpf /hpf /hpf /hpf /hpf	0 - 2 0 - 5 0 - 5 ABSENT ABSENT ABSENT ABSENT						

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Date

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Name

Age

Mr. SNEHARAJ KALMADY

32Yrs

Sex

: Male

Ref By

DR.A.H.BALAJI

INVESTIGATION	OBSERVED VALUE	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR – Erythrocyte Sedimentation Rate (EDTA Whole Blood, Automated- Capillary photometry aggregation/ Manual – Westergrens method)	03	mm/hr	0-15

Method: Automated Westergren

Interpretation;

- 1. It indicates presence and intensity of an inflammatory process, never diagnosis of a specific disease, Chance are more significant than a single abnormal test.
- 2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
- 3. It is also increased in pregnancy, multiple myeloma, menstruation and hypothyroidism.

Remark: ESR Performed using capillary photometric aggregation (for automated analysis) Dr. VIDYA KUMARI westergrens (for manual testing). Reg.No. 10306





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Date

04/04/2023

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Name

Mr. SNEHARAJ KALMADY

Age

32Yrs

Sex

: Male

Ref By

DR.A.H.BALAJI

BIOCHEMISTRY

Investigation	Observed value	unit	biological reference interval
HbA1C-Glycated Haemoglobin (HPLC)	4.7	%	non-diabetic: <= 5.6 pre- diabetic: 5.7-6.4 Diabetic :>= 6.5
Estimated Average glucose (e AG)	88.19	mg/dl	

INTERPRETATION & REMARK:

- 1. HbA1c is used for monitoring diabetic control.it reflects the estimated average glucose. (eAG)
- 2. HbA1c has been endorsed by clinical group & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- 3. Trends in HbA1Care a better indicator of diabetic control than a solitary test.
- 4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases.clinical correlation suggested.
- estimate the eAG from the HbA1C value, the following equation used: 5. To eAG(mg/dl) = 28.7*A1c-46.7
- 6. Interference of heamogloblinopathies in HbA1c estimation.
- A. for HbF >25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring
 - C. Heterozygous state detected (D10/turbo is corrected for HbS & HbC trait)
- 7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6 to 7%, fair to good control -7 to 8%, unsatisfactory control -8 to 10 % and poor cofitrol -More than 10%





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LABORATORY REPORT

Reg. No

MA2304000031

Date: 04/04/2023

Name

Mr. SNEHARAJ KALMADY

Age

32Yrs

Sex: Male

Reference

1

Apollo Health and Lifestyle Limited

Ref By

DR. A.H. BALAJI

HAEMOTOLOGY

Blood Group & Rh Type

"O" POSITIVE





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Name

Mr. SNEHARAJ KALMADY

Age

32Yrs

Sex

: Male

Reference

Apollo Health and Lifestyle Limited

Ref By

DR. A.H. BALAJI

<u>Tests</u>	<u>Value</u>	<u>/Results</u>	<u>Units</u>	Reference Interval
BIO-CHEMISTRY				
Blood Sugar (F)	:	102	mg/dl	70-110
Blood Sugar (PPBS)	:	131	mg/dl	120-140





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Reg. No

: MA23040000031

Name

: Mr. SNEHARAJ KALMADY

(32/Male)

Reference

: Apollo Health and Lifestyle Limited

Ref. By

: DR.A.H.BALAJI

Reported On

: 04/04/2023

TEST <u>Value/Results</u> <u>Units</u> <u>REFERENCE INTERVAL</u>

RENAL FUNCTION TEST

Urea 23 mg/dL 15-40 Creatinine 0.6 mg/dL 0.2 - 1.2BUN 10 6-21 mg/dL Blood Uric Acid 5.6 mg/dL 4.7 - 6.1





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Age

32yrs

Sex

: Male

Reference

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APOLLO HEALTH AND LIFESTYLE LIMITED

Ref By

DR.A.H. BALAJI

Test Name	Result	Units	Ref.Interval
LIPID SCREEN, SERUM (Spectrophotometry)			
Cholesterol	188.00	mg/dL	(<200.00)
Triglycerides	104.00	mg/dL	(<150.00)
HDL Cholesterol	32.1	mg/dL	(<40.00)
LDL Cholesterol, Calculated	89.2	mg/dL	(<100.00)
VLDL Cholesterol, Calculated	20.8	mg/dL	(<30.00)

Note:

- 1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total cholesterol, Triglycerides, HDL & LDL Cholesterol.
- 2. ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- 3. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is <400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is >400 mg/dL.

INTERPRETATION	TOTAL CHOLESTEROL in mg/dL	Triglyceride in mg/dL	LDL CHOLESTEROL in mg/dL
Optimal	< 200	<150	<100
Above Optimal	- #X	: <u></u>	100-129
Boderline High	200-239	150-199	130-159
High	>=240	200-499	160-189
Very High	-	>=500	>=190



VIZAG

Balaji Medical Centre



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Name

: Mr. SNEHARAJ KALMADY

Age

: 32 yrs

Sex

: Male

Reference:

: Apollo Health and Lifestyle Limited

Ref By

: DR. A.H. BALAJI

LIVER FUNCTION TEST

TEST	PATIENT'S	<u>UNITS</u>	NORMAL	RANGE
	VALUES		FROM	<u>TO</u>
Serum Bilirubin (Total)	0.6	mg/dl	0.1	1.2
Serum Bilirubin (Direct)	0.1	mg/dl	-	< 0.3
Serum Bilirubin (Indirect)	0.5	mg/dl	0.1	1
S. Akaline Phosphatas	71.0	U/L	-	<150
Serum Gamma G.T.	17.0	U/L	4	40
Serum G. P. T.	30.0	U/L	10	40
Serum G. O. T.	27.0	U/L	10	42
Serum Total Proteins	7.4	gm/dl	6.0	7.8
Albumin	4.2	gm/dl	3.5	5.0
Globulin	3.2	gm/dl	2.6	3.5
Albumin: Globulin Ratio	1.3	1.	-	-

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Name

Mr. SNEHARAJ KALMADY

Age

VIZAG

:

32yrs

Sex

: Male

Ref By

DR.A.H. BALAJI

Test Name	Result	Units	Ref.Range	
THYROID PROFILE, TO	TAL,SERUM			
(CLIA)	A CONTRACTOR OF THE CONTRACTOR			
T3,Total	155.0	ng/dl	(70-204)	
T4,Total	8.05	ug/dL	(5.0-12.5)	
TSH	2.6	uIU/ml	(0.45-4.5)	

Reference Range for pregnancy:

TSH	REFERENCE RANGE IN Uiu/mL
Pregnancy	
1st Trimester	0.30-4.50
2 nd Trimester	0.50-4.60
3 rd Trimester	0.80-5.20

Note:1 TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m. and at a Minimum between 6-10pm. The variation is of the order of 50%, hence time of the day has Influence on the measured serum TSH concentrations.

- 2 Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3 Physiological rise in Total T3 /T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

- · Primary Hypothyroidism
- Hyperthroidism
- · Hypothalamic-Pituitary hypothyroidism
- Inappropriate TSH secretion
- · Non thyroidal illness
- · Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- · Thyroid dysfunction in infancy and early childhood





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Date: 04/04/2023 Reg. No : MA23040000031

TO WHOMSOEVER IT MAY CONCERN

This is to certify that I have examined Mr. SNEHARAJ KALMADY (32/M)

- SCALE-1 OFFICER for his Dental Condition. His Dental condition and oral

Hygiene are good

Dr. S. Naresh
BDS
Reg No: 11291





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DIGITAL RADIOGRAPH - CHEST PA- VIEW

Date

04/04/2023

Reg. No: MA23040000031

Name

Mr. SNEHARAJ KALMADY

Age

32yrs

Sex

Male

Ref By

DR.A.H.BALAJI

The cardio mediastinal silhouette is normal.

The lungs are well inflated. No focal mass lesion, lobar collapse or consolidation is seen.

No pleural effusion is detected.

The soft tissues and bones appear unremarkable.

Conclusion:

· Normal chest radiograph.





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ECG REPORT

Date

04/04/2023

Reg. No: MA23040000031

Name

Mr. SNEHARAJ KALMADY

Age

32yrs

Sex

Male

Ref By

DR. A. H. BALAJI

Impression:

Normal Sinus Rhythm.





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NAME : MR. SNEHARAJ KALMADY

MR. SNEHARAJ KALMADY AGE: 32YRS /M

STUDY DATE : 04/04/2023 REG.NO : MA23040000031

PNDT. REG. NO: 06/2018-19 REF. BY: APOLLO

USG COMPLETE ABDOMEN

LIVER:

Is Normal in size. Hepatic Parenchyma is intrinsically normal. No focal lesion seen in liver.

IHBR and CBD are normal in caliber. Portal vein is normal

Gall Bladder:

Is well distended and is normal. No calculus seen. No abnormal wall thickening.

Pancreas:

The head, tail and body of the pancreas are normal. No dilatation of pancreatic duct.

Spleen:

Is normal in size. No focal parenchymal lesions.

RT. Kidneys measures 9.2x4.1cms, normal in size. Cortico medullary differentiation is maintained. No calculus noted. Pelvicalyceal system is normal.

LT. Kidneys measures 9.0x4.2cms, normal in size. Cortico medullary differentiation is maintained. No calculus noted. Pelvicalyceal system is normal.

Urinary Bladder:

Is well distended and normal. No abnormal wall thickening. No intraluminal echoes/calculus.

Prostate:

Normal in size and measures 3.3x2.9x3.2cms (Volume~14.0cc). Seminal vesicles are normal.

No free fluid in abdomen.

No evidence of any significant lymphadenopathy seen.

Impression:

• Normal Study of Liver, Gall bladder ,Spleen, Pancreas, Right kidney, Left kidney, Urinary bladder and Prostate.

Balaji Medical Centre Mangalore



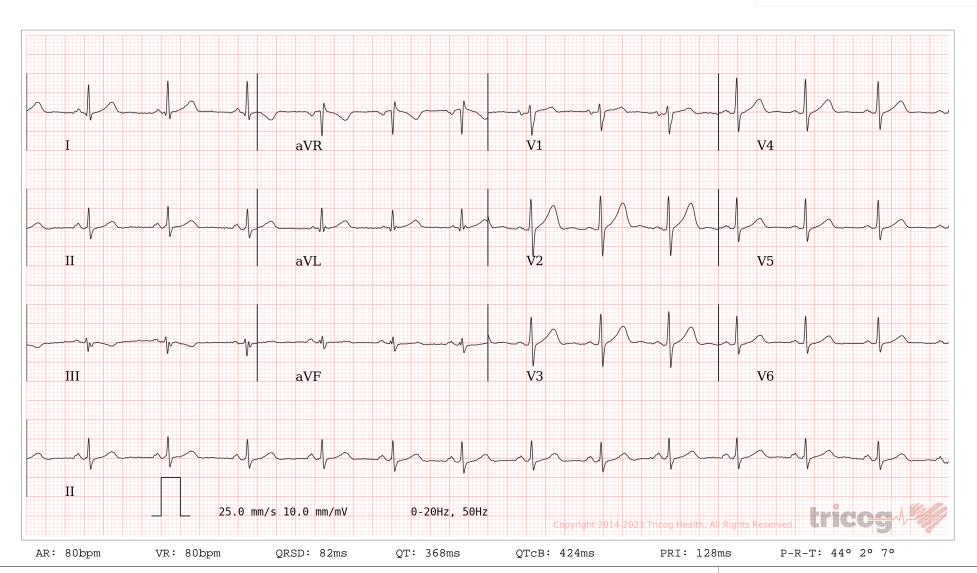
Age / Gender: 32/N

32/Male

Date and Time: 4th Apr 23 10:33 PM

Patient ID:

MA23040000031



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



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

Balaji Medical Centre Mangalore

Address: shree Heights building ,Shop no 5, Door no 1-65/31,Kulur-Kavoor,Airport Road Vivek Nagar Panjimogaru, Mangaluru 575013 Karnataka India

Echocardiography Report

PATIENT NAME AGE HEIGHT WEIGHT BSA DATE | TIME KALMADY SNEHARAJ 32 yrs 163 cm 69 kg $_{1.74 \text{ m}^2}$ 2023/04/04 | 17:11

PATIENT ID GENDER REFERRING PHYSICIAN REPORTED BY

MA23040000031 Male DR.VIDYA KUMARI DR. JEEVARATHINAM. N

PROCEDURE

An ECHO exam was performed including 2D, M-mode, Spectral, Color-flow.

SUMMARY

- Normal chambers size and shape
- Normal LV systolic function. LVEF 62 %
- No regional wall motion abnormality
- Normal LV diastolic filling pattern
- Normal valves
- Low probability of PASP
- Substandard apical views

LEFT VENTRICLE					
Measurement	Value	Reference	Measurement	Value	Reference
Systolic Function			Dimensions		
LVEF MOD BP (%)	62.70	(72-52)	LVIDd (cm)	4.48	(4.2-5.8)
SV MOD BP (ml)	54.42	(21-61)	LVIDd Index (cm/m2)	2.57	(2.2-3.0)
SI MOD BP (ml/m2)	31.28	(42-66)	LVIDs (cm)	2.80	(2.5-4.0)
LVEDV MOD BP (ml)	86.80	(62-150)	LVIDs Index (cm/m2)	1.61	(1.3-2.1)
LVEDVInd MOD BP (ml/m2)	49.89	(34-74)	IVSd (cm)	0.89	(0.6-1.0)
LVESV MOD BP (ml)	32.38	(21-61)	LVPWd (cm)	0.77	(0.6-1.0)
LVESVInd MOD BP (ml/m2)	18.61	(11-31)	LVd Mass (g)	118.38	(88-224)
Diastolic Function			LVd Mass Index (g/m2)	68.03	(49-115)
MV E Vel (m/s)	0.69	(0.6-0.8)	RWT (-)	0.34	(0.24-0.42)
MV A Vel (m/s)	0.39	(0.2-0.35)	LV Area		
MV E/A Ratio (-)	1.77	(>=0.8)	LV FAC A4C (%)	51.99	(>25)
			LVAd A4C (cm2)	29.97	(-)
			LVAs A4C (cm2)	14.39	(-)
			LV FAC A2C (%)	53.14	(-)
			LVAd A2C (cm2)	23.11	(-)
			LVAs A2C (cm2)	10.83	(-)

LEFT ATRIUM					
Measurement	Value	Reference	Measurement	Value	Reference
LA Diam (cm)	3.50	(2.0-4.0)	LAESV MOD A4C (ml)	24.67	(-)
LA/Ao (-)	1.13	(<1.3)	LAESVInd MOD A4C (ml/m2)	14.18	(16-34)

RIGHT ATRIUM					
Measurement	Value	Reference	Measurement	Value	Reference
RAAs A4C (cm2)	12.77	(<=18)	IVC (M-Mode)		
(0.112)	,	(10)	TVC (IVI-IVIOGE)		

RALs A4C (cm)	4.27	(-)	IVC Collaps Index (%)	54.96	(>50%)
			IVC Diam Ins (cm)	0.59	(-)
			IVC Diam Exp (cm)	1.31	(<2)
			RAP(MM) (mmHg)	3.00	(0-5)

AORTIC VALVE & AC	ORTA	
Measurement	Value	Reference
AV Outflow		
AV Vmax (m/s)	0.83	(<2.6)
AV maxPG (mmHg)	2.76	(<30)
LVOT/ Aorta		
Ao Diam (cm)	3.11	(<3.7)
Ao/LA	0.92	(-)

TRICUSPID VALVE		
Measurement	Value	Reference
TR Vmax (m/s)	1.63	(<2.8)
TR maxPG (mmHg)	10.63	(<35)
RVSP (mmHg)	13.63	(<36)

PULMONARY VALV	E AND PULMO	NARY ARTERY
Measurement	Value	Reference
Pulmonary Outflow		
PV Vmax (m/s)	0.76	(<1.9)
PV maxPG (mmHg)	2.31	(<36)

triccg Patient ID: MA23040000031 2023/04/04 2/5

OBSERVATIONS:

Left Ventricle LV geometry - Normal

LV Systolic function - Normal LV Diastolic Function - Normal

LV Regional Wall Motion All Left ventricular segments contract normally.

Left Atrium The left atrium is normal in size and function.

Right Ventricle The right ventricle is normal in size and function.

The right atrium is normal in size and function.

Aortic Valve The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.

Mitral Valve The mitral valve is normal.

Tricuspid Valve The tricuspid valve appears structurally normal.

Pulmonic Valve The pulmonic valve is normal.

IVC/Hepatic Veins* The inferior vena cava is normal.

Pulmonary Hypertension No pulmonary hypertension

Heart Failure No evidence of Heart Failure with Preserved Ejection Fraction

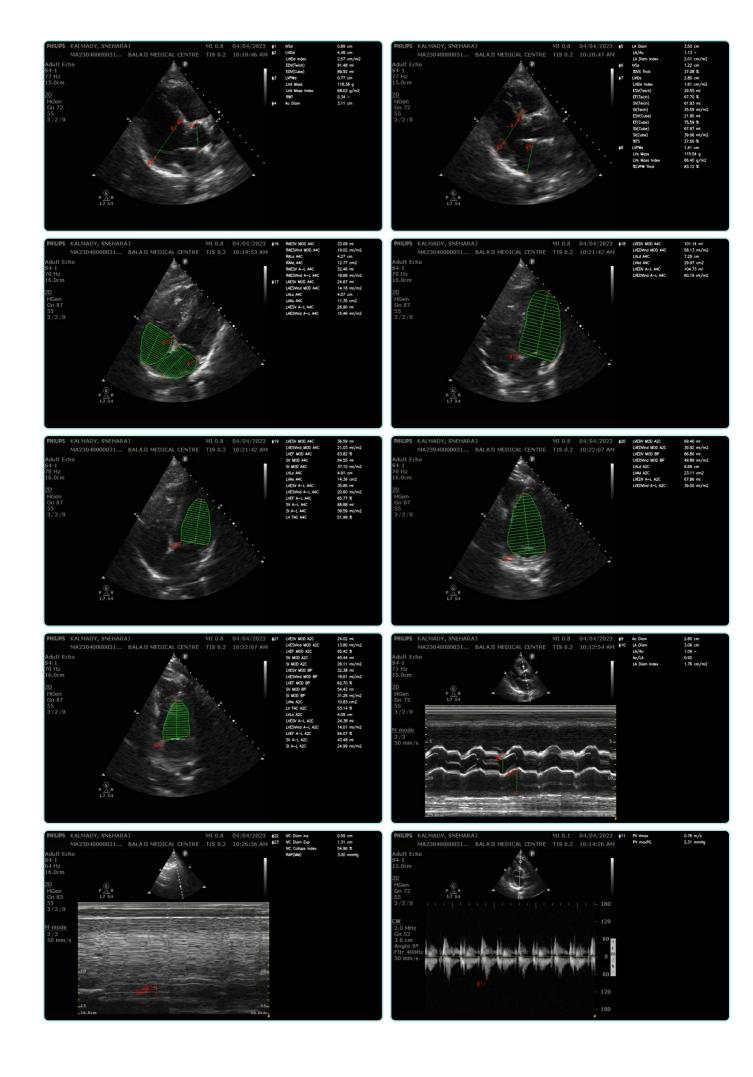
Disclaimer: This report is generated based on the review of Echocardiography images transmitted and does not consider the patient's current symptoms or medical history. The quality or accuracy of the report is dependent on the quality and accuracy of the Echo images transmitted. The report is not meant or valid for any medico legal purposes

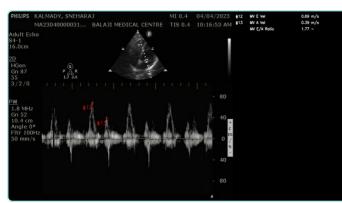


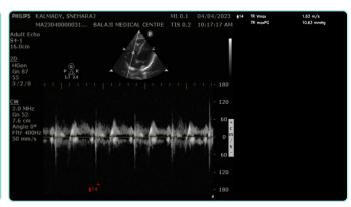
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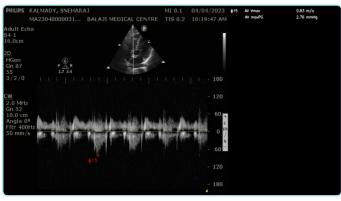
DR. JEEVARATHINAM. N Clinical Cardiologist















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ನೋಂದಣೆ ಸಂಖ್ಯೆ/ Enrolment No.: 2086/12087/55188

To ਟੂੰਗੋਹਣਲ ਡਰਦੂਲੇ Sneharaj Kalmady S/O: Rajendra Kalmady 10-520 chri ram vihar 1-10-630 shri ram vihar angadi gudda Mangalore Dakshina Kannada Karnataka - 575006 9513722111





ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9763 1212 1453 VID: 9177 0445 6320 0551 ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ Government of India





ಸ್ಥೆಹರಾಜ ಕಾಲ್ಪಡಿ Sneharaj Kalmady ಜನ್ನ ದಿಸಾಂಕ/DOB: 07/08/1990 ಪ್ರರುಷ/ MALE

9763 1212 1453

VID: 9177 0445 6320 0551 ಆಧಾರ್, ನನ್ನ ಗುರುತು