


Name : Mr. Velu V M	Age : 28Y 3M 21D	UHID : CELE.0000140548
Address : Electronics City Bangalore Karnataka INDIA 560100	sex : Male	 CELE.0000140548
Plan : ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT		OP No : CELEOPV381600 Bill No : CELE-OCR-61964 Date : Oct 1st, 2024, 9:03 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324		
✓ 1	COMPLETE URINE EXAMINATION -13	Clinical Pathology	<input type="checkbox"/>
✓ 2	BILIRUBIN, TOTAL - SERUM	Biochemistry	<input type="checkbox"/>
✓ 3	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	Biochemistry	<input type="checkbox"/>
✓ 4	FITNESS BY GENERAL PHYSICIAN -25	Consultation	<input type="checkbox"/>
✓ 5	X-RAY CHEST PA -09 ✓	X Ray Radiology	<input type="checkbox"/>
✓ 6	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
✓ 7	ECG -11 ✓	Cardiology	<input type="checkbox"/>
8	CREATININE, SERUM	Biochemistry	<input type="checkbox"/>
✓ 9	BUN/CREATININE RATIO	Biochemistry	<input type="checkbox"/>
10	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	<input type="checkbox"/>
✓ 11	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
✓ 12	OPHTHAL BY GENERAL PHYSICIAN -05 ✓	Consultation	<input type="checkbox"/>
✓ 13	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
✓ 14	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>

Audio - 03 - Dental - 15

Apollo Health and Lifestyle Limited

(CIN - URS110TG2000PLC1158119)
Regd. Office: #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad 500038, Telangana. |
www.apolloh.com | Email ID: enquiry@apolloh.com | Ph No: 040 4904 7777, Fax No: 4904 7244

APOLLO CLINICS NETWORK

Telangana: Hyderabad (As Rao Nagar | Chunchi Nagar | Kondapur | Malakunta | Nizampet | Madhura | Uppal) Andhra Pradesh: Vizag
(SreeDharma Peta) Karnataka: Bangalore (Banashankari | Bellandur | Electronics City | HSI Layout | Indira Nagar | JP Nagar | Koramangala | Sarjapur Road) Mysore (SV Mohan) Tamil Nadu: Chennai (Anna Nagar | Kotturam) | Coimbatore | Vellore
Maharashtra: Pune (Aundh) | Noida (Pratihar) | Varanasi (Kharadi) Uttar Pradesh: Ghaziabad (Indrapuram)

Online appointments: www.apolloclinic.com

GSTIN: 29AADCA0733E123

Address:
Door No: 123/100/123, Dattabhogu Sdaler,
Main Road Neeladri Nagar, Electronic City East,
Bangalore-560100

 **1860 500 7788**

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MR USW. VM on 2/10/2011

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>ALT LFT</u></p> <p>2.</p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ 	recommended
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Date: IST: 2024-10-01 10:15:00

Personal Details
UHID: 00XHEIPU6Z50SFW
PatientID: 140548
Name: Mr Velu V M
Age: 28
Gender: Male
Mobile: 6382073373

**Pre-Existing Medical-
Conditions**

Vitals

Measurements
HR: 85 BPM
PR: 169 ms
PD: 135 ms
QRSD: 106 ms
QRS Axis: 59 deg
QT/QTc: 333/396 ms

Interpretation

Normal sinus rhythm
Normal axis
Early repolarization

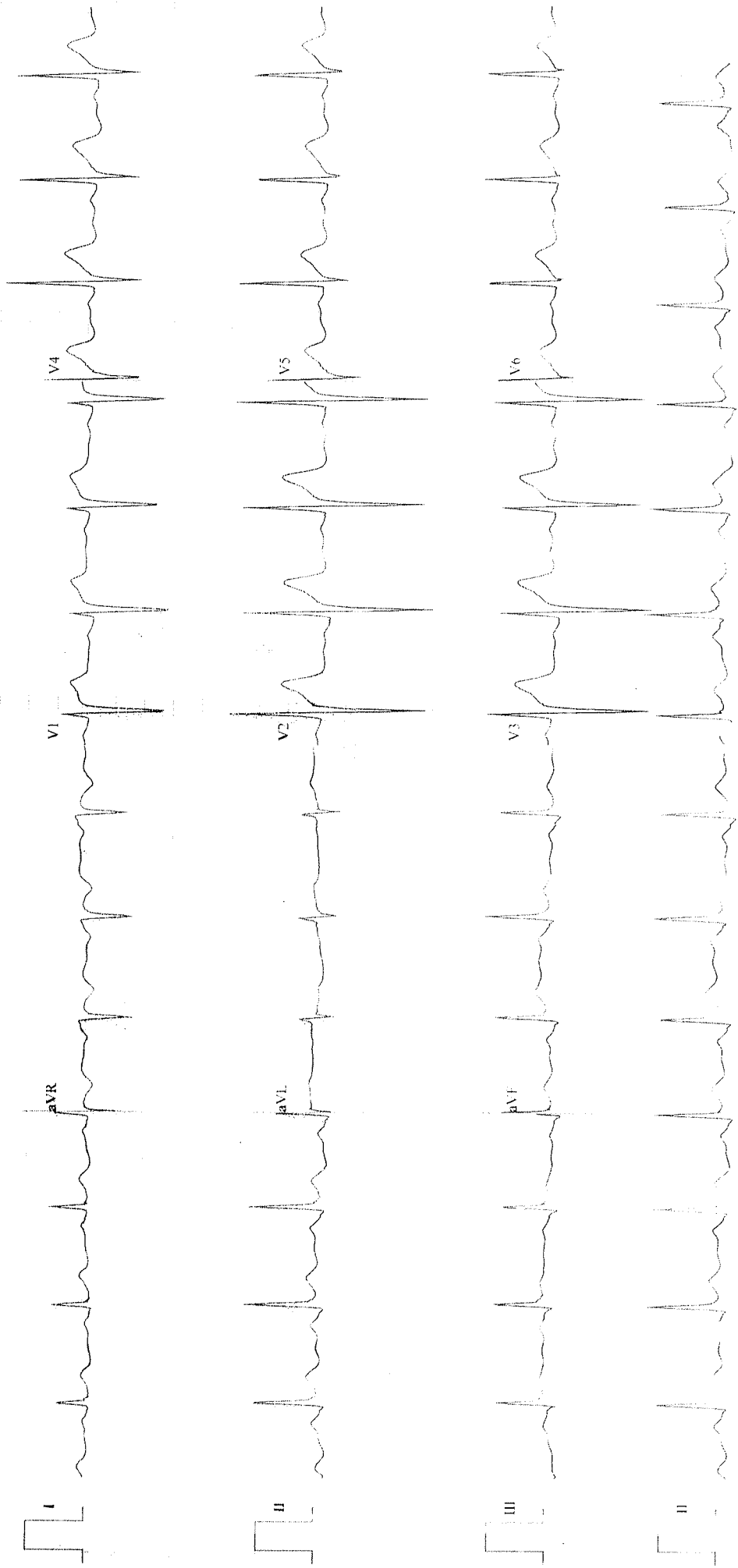
Report ID: AHLLP_00XHEIPU6Z50SFW_V6Z50SH0



Authorized by
Yogesh

Dr. Yogesh Kothari
MD, DNB, FESC, FEP
Reg No- KMC 44065

This trace is generated by: *Anti-fakeScreen, Clinic-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRYX*



Speed 25 mm/sec F 10.05 - 40 Hz Limb 10 mm/mV Chest 10 mm/mV
This report is for informational purposes only. It is not intended for medical diagnosis or treatment. The interpretation is based on the data provided and may not be accurate. The user should consult a qualified physician for a final diagnosis.

Patient Name	: Mr. Velu V M	Age	: 28Yrs 3Mths 21Days
UHID	: CELE.0000140548	OP Visit No.	: CELEOPV381600
Printed On	: 01-10-2024 06:40 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 320711		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---

Dr.VIGNESH K
MBBS, MD Radio-Diagnosis
TMN 20170001180 KTK
Radiology

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

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**

OPHTHAL CHECKUP

NAME: *Velu.V.M*
AGE: *28 y*
MAJOR COMPLAINT:
OCULAR HISTORY:

DATE: *11/10/24*

PREVIOUS GLASS PRESCRIPTION

	SPH	CYL	AXIS	ADD	VA
RIGHT EYE					
LEFT EYE					

NEW PRESCRIPTION SPECTACLE

	SPH	CYL	AXIS	ADD	VA
RIGHT EYE	<i>-0.50</i>	<i>—————</i>	<i>—————</i>		<i>6/6</i>
LEFT EYE	<i>—————</i>	<i>—————</i>	<i>—————</i>		<i>6/6</i>

PD:

COLOUR VISION: *Normal* *(BB)*

LENS RECOMMENDATION: *None*

OPTOMETRIST

Patient Name	: Mr.VELU VM	Collected	: 01/Oct/2024 09:12AM
Age/Gender	: 28 Y 3 M 20 D/M	Received	: 01/Oct/2024 12:05PM
UHID/MR No	: CELE.0000140548	Reported	: 01/Oct/2024 01:03PM
Visit ID	: CELEOPV381600	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320711		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	47.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.4	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.5	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	46.2	%	40-80	Electrical Impedance
LYMPHOCYTES	43.5	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	8.7	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3234	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3045	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	56	Cells/cu.mm	20-500	Calculated
MONOCYTES	609	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.06		0.78- 3.53	Calculated
PLATELET COUNT	228000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				



Dr. Anusha B M
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Patient Name	: Mr.VELU VM	Collected	: 01/Oct/2024 09:12AM
Age/Gender	: 28 Y 3 M 20 D/M	Received	: 01/Oct/2024 12:05PM
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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

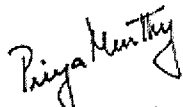
HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

Page 2 of 7



Dr. Anusha B M
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name	: Mr.VELU VM	Collected	: 01/Oct/2024 09:12AM
Age/Gender	: 28 Y 3 M 20 D/M	Received	: 01/Oct/2024 12:05PM
UHID/MR No	: CELE.0000140548	Reported	: 01/Oct/2024 01:55PM
Visit ID	: CELEOPV381600	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320711		

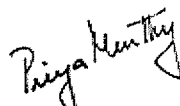
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Dr. Anusha B M
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name	: Mr.VELU VM	Collected	: 01/Oct/2024 11:21AM
Age/Gender	: 28 Y 3 M 20 D/M	Received	: 01/Oct/2024 04:25PM
UHID/MR No	: CELE.0000140548	Reported	: 01/Oct/2024 04:51PM
Visit ID	: CELEOPV381600	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320711		

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

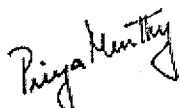
Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Patient Name	: Mr.VELU VM	Collected	: 01/Oct/2024 09:12AM
Age/Gender	: 28 Y 3 M 20 D/M	Received	: 01/Oct/2024 12:10PM
UHID/MR No	: CELE.0000140548	Reported	: 01/Oct/2024 01:27PM
Visit ID	: CELEOPV381600	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320711		

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	147	U/L	<50	IFCC


Comment:

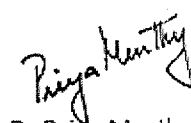
ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes. ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear. The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL, SERUM	1.45	mg/dL	0.3-1.2	DPD

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO, SERUM				
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.91	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
BUN / CREATININE RATIO	7.19			Calculated

Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE, SERUM	0.91	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic


Dr. Govinda Raju N L
MSc, PhD (Biochemistry)
Consultant Biochemistry


Dr Priya Murthy
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Patient Name : Mr.VELU VM
 Age/Gender : 28 Y 3 M 20 D/M
 UHID/MR No : CELE.0000140548
 Visit ID : CELEOPV381600
 Ref Doctor : Self
 Emp/Auth/TPA ID : 320711

Collected : 01/Oct/2024 09:12AM
 Received : 01/Oct/2024 12:40PM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	Clear		CLEAR	Scattering of light
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

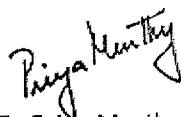
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 6 of 7



Dr. Vidya Aniket Gore
 M. B. B. S, M. D (Pathology)
 Consultant Pathologist



Dr Priya Murthy
 M. B. B. S, M. D (Pathology)
 Consultant Pathologist





MC-6146

Patient Name	: Mr.VELU VM	Collected	: 01/Oct/2024 09:12AM
Age/Gender	: 28 Y 3 M 20 D/M	Received	: 01/Oct/2024 12:40PM
UHID/MR No	: CELE.0000140548	Reported	: 01/Oct/2024 01:53PM
Visit ID	: CELEOPV381600	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 320711		

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Result/s to Follow:
PERIPHERAL SMEAR

Page 7 of 7

Dr. Vidya Aniket Gore
M.B.B.S, M.D(Pathology)

Th Consultant Pathologist

Dr Priya Murthy
M.B.B.S, M.D(Pathology)
Consultant Pathologist

AND LIFESTYLE LIMITED- RRL BANGALORE



Patient Name : Mr.VELU VM
Age/Gender : 28 Y 3 M 20 D/M
UHID/MR No : CELE.0000140548
Visit ID : CELEOPV381600
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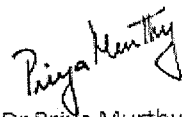
Collected : 01/Oct/2024 09:12AM
Received : 01/Oct/2024 12:40PM
Reported : 01/Oct/2024 01:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist

AND LIFESTYLE LIMITED- RRL BANGALORE

Address:
323/100/323, Doddathangur Village, Neeladri Main Road,



MEDICAL FITNESS CERTIFICATE

DATE:

NAME: Mr Vela V **AGE/SEX:** M 28y/M **UHID:**

CHIEF COMPLAINTS:

NAD

PAST/FAMILY HISTORY:-

NAD -

ALLERGIES:-

NAD -

GENERAL EXAMINATION:-

PULSE: 86b/min	BP: 128/84	TEMP: 37.0	RR: 22/min
HT: 168cm	WT: 74kg	WAIST:	BMI: 26.2

SYSTEMIC EXAMINATION: -

NAD -

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>			
<u>NEAR</u>			
<u>COLOUR</u>			

Chest:

CVS:

P/A:

NAD -

IMPRESSION:-

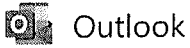
ALT LFT -

FINAL RECOMMENDATIONS:-

FIT

DR. SOMIA MOHAN
12398
CLINIC CITY

GENERAL PHYSICIAN



Fwd: Health Check up Booking Confirmed Request(36E2083),Package Code-PKG10000488, Beneficiary Code-320711

From V M Velu <vmvelu1996@gmail.com>
Date Tue 2024-10-01 8:57 AM
To Electronic City <ecity@apolloclinic.com>

Pfa

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>
Date: Sat, Sep 28, 2024, 4:05 PM
Subject: Health Check up Booking Confirmed Request(36E2083),Package Code-PKG10000488, Beneficiary Code-320711
To: <vmvelu1996@gmail.com>
Cc: <customercare@mediwheel.in>

011-41195959

Dear **Velu V M**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Pre-employment Health Checkup H

Name of Diagnostic/Hospital : Apollo Clinic - Electronic City

Address of Diagnostic/Hospital- Apollo Clinic, 323/100, Opp.Ajmera infinity Apartment, Neeladri Nagar, Electronic city Phase -1, Electronic city - 560100

City : Bangalore

State : Karnataka

Pincode : 560100

Appointment Date : 01-10-2024

Confirmation Status : Booking Confirmed

Preferred Time : 09:00 AM - 09:30 AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Velu V M	28 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.



सत्यमेव जयते
भारत सरकार



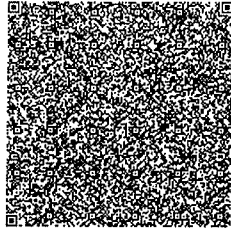
आधार

இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 2192/50346/67863

To
வேலு வெ மு
Velu V M
S/O: Murugan,
D NO 1/133-1,
VENKATESAPURAM,
VENKATESAPURAM,
HOSUR,
VTC: Venkatesapuram,
PO: Venkatesapuram,
Sub District: Hosur,
District: Krishnagiri,
State: Tamil Nadu,
PIN Code: 635109,
Mobile: 6382073373



உங்கள் ஆதார் எண் / Your Aadhaar No. :

9115 8469 5407

VID : 9180 1658 1068 8066

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



ஆதார்

Aadhaar no. issued: 281112013



வேலு வெ மு
Velu V M
பிறந்த நாள்/DOB: 11/06/1996
ஆண்/ MALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்க்கப்படும் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை, ஸ்கேனர் செயல்நல-ஆஃப்லைன் XML)
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9115 8469 5407

எனது ஆதார், எனது அடையாளம்



सत्यमेव जयते
Government of India



AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீட்டர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

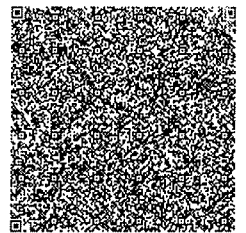
Unique Identification Authority of India



ஆதார்

முகவரி:
S/O: முருகன், காண் 1/133-4,
வெங்கடேசபுரம், வெங்கடேசபுரம், ஓசூர்,
வெங்கடேசபுரம்; வெங்கடேசபுரம்,
கிருஷ்ணகிரி,
தமிழ் நாடு - 635109

Address:
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