

To,

The Coordinator,
Mediwheel (Arcotemi 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 | NEELAM NANGIA |
| DATE OF BIRTH | 10-07-1973 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 09-07-2022 |
| BOOKING REFERENCE NO. | 22S50717100021596S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MR. NANGIA NARINDER KUMAR |
| EMPLOYEE EC NO. | 50717 |
| EMPLOYEE DESIGNATION | BRANCH OPERATIONS |
| EMPLOYEE PLACE OF WORK | CHAZIABAD, G T ROAD |
| EMPLOYEE BIRTHDATE | 07-09-1963 |

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 **07-07-2022** till **31-03-2023**. 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 (Arcotemi Healthcare Limited))

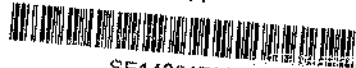


भारत सरकार
 Unique Identification Authority of India
 Government of India

नामांकन क्रम / Enrollment No 1047/90375/00676

To,
 नीलम नांगिया
 Neelam Nangia
 W/O: Narindra Kumar Nangia
 A-2
 RAZAPUR FLY OVER JEEVAN VIHAR SHASTRI NAGAR
 SECTOR-18
 Ghaziabad
 Kavi Nagar Ghaziabad Ghaziabad
 Uttar Pradesh 201002
 7599245445

Ref: 15 / 24S / 28710 / 28824 / P



SE142517836FT



आपका आधार क्रमांक / Your Aadhaar No. :

4577 9323 5944

आधार - आम आदमी का अधिकार



भारत सरकार
 Government of India



नीलम नांगिया
 Neelam Nangia
 जन्म तिथि / DOB : 10/07/1973
 महिला / Female



4577 9323 5944

आधार - आम आदमी का अधिकार



HCMCT

ManipalHospitals

LIFE'S ON



Name : MRS NEELAM NANGIA Age : 48 Yr(s) Sex :Female
Registration No : MH008904306 RefHosp No. : ghzb-0000128392 Lab No : 32220703172
Patient Episode : R03000040062 Collection Date : 09 Jul 2022 21:22
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 10 Jul 2022 08:29
Receiving Date : 09 Jul 2022 22:01

BIOCHEMISTRY

THYROID PROFILE, Serum

| | | | Non Pregnant Adult |
|-------------------------------------|-------------|----------|--------------------|
| T3 - Triiodothyronine (ECLIA) | 1.21 | ng/ml | [0.70-2.04] |
| T4 - Thyroxine (ECLIA) | 9.10 | micg/dl | [4.60-12.00] |
| Thyroid Stimulating Hormone (ECLIA) | 2.940 | µIU/mL | [0.340-4.250] |
| Pregnancy TSH:1st Trimester: | 0.6 - 3.4 | micIU/mL | |
| Pregnancy TSH:2nd Trimester: | 0.37 - 3.6 | micIU/mL | |
| Pregnancy TSH:3rd Trimester: | 0.38 - 4.04 | micIU/mL | |

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

Human Care Medical Charitable Trust

Adjoining MTNL Building, Main Road, Sector 6, Dwarka, New Delhi - 110075.

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H-2019-0640/09/06/2019-08/06/2022

MC/3228/04/09/2019-03/09/2021

E-2019-0026/27/07/2019-26/07/2021

N-2019-0113/27/07/2019-26/07/2021

IND18.6278/05/12/2018- 04/12/2019

NEELAM NANGIA

Reference:

VID: 220108000008539



PID NO: P1082200012548
Age: 49.0 Year(s) Sex: Female



Sample Collected At:
Manipal Hospital
NH-24, HAPUR ROAD, OPP. BAHMETA,
GHAZIABAD 201002
201002

Registered On:
09/07/2022 12:26 PM
Collected On:
09/07/2022 12:26PM
Reported On:
09/07/2022 02:00 PM

HbA1c Glycated Haemoglobin

(EDTA Whole Blood)


| Investigation | Observed Value | Unit | Biological Reference Interval |
|------------------------------------|----------------|-------|---|
| HbA1C- Glycated Haemoglobin (HPLC) | 5 | % | Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 |
| Estimated Average Glucose (eAG) \$ | 96.8 | mg/dL | |

Interpretation & Remark:

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

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

-- End of Report --


Dr. Mohit Jain
MD Pathology





HCMCT

ManipalHospitals

LIFE'S ON



Name : MR SUMIT KUMAR Age : 28 Yr(s) Sex : Male
Registration No : MH010246404 RefHosp No. : ghzb-0000175737 Lab No : 32220703797
Patient Episode : R03000040134 Collection Date : 11 Jul 2022 21:09
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 12 Jul 2022 09:32
Receiving Date : 11 Jul 2022 21:16

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.8

As per American Diabetes Association (ADA)
% [4.0-6.5] HbA1c in %
Non diabetic adults ≥ 18 years < 5.7
Prediabetes (At Risk) 5.7-6.4
Diagnosing Diabetes ≥ 6.5

Methodology Turbidimetric inhibition immunoassay (TINIA)

Estimated Average Glucose (eAG) 120 mg/dl

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

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

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Website : www.hcmct.in, delhi.manipalhospitals.com | Email : mailus@manipalhospitals.com | Phone: 011-49674967

Managed by Manipal Hospitals Dwarka Pvt. Ltd



HCMCT

ManipalHospitals

LIFE'S ON



Name : MR SUMIT KUMAR Age : 28 Yr(s) Sex :Male
Registration No : MH010246404 RefHosp No. : ghzb-0000175737 Lab No : 32220703797
Patient Episode : R03000040134 Collection Date : 11 Jul 2022 21:09
Referred By : MANIPAL HOSPITALS GHAZIABAD Reporting Date : 12 Jul 2022 09:32
Receiving Date : 11 Jul 2022 21:16

BIOCHEMISTRY

THYROID PROFILE, Serum

| | | | Adult > 20 yrs |
|-------------------------------------|-------|---------|----------------|
| T3 - Triiodothyronine (ECLIA) | 1.42 | ng/ml | [0.70-2.04] |
| T4 - Thyroxine (ECLIA) | 8.58 | micg/dl | [4.60-12.00] |
| Thyroid Stimulating Hormone (ECLIA) | 1.930 | µIU/mL | [0.340-4.250] |

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Page 1 of 1

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

Neelam Singal

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

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Website : www.hcmct.in, delhi.manipalhospitals.com | Email : mailus@manipalhospitals.com | Phone: 011-49674967

Managed by Manipal Hospitals Dwarka Pvt. Ltd

RADIOLOGY REPORT

| | | | |
|-------------------|------------------|---------------------|---------------------|
| Name | NEELAM NANGIA | Modality | US |
| Patient ID | GHZB-0000128392 | Accession No | 1115408 |
| Gender/Age | F / 48Y 11M | Scan Date | 09-07-2022 11:02:37 |
| Ref. Phys | Dr. Deepak Verma | Report Date | 09-07-2022 11:42:58 |

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: appears normal in size (measures 132 mm) and shape but shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 83 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9.2 mm.

COMMON BILE DUCT: Appears normal in size and measures 2.9 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 92 x 40 mm.

Left Kidney: measures 93 x 48 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

Uterus is anteverted and measures 69 x 41 x 25 mm. It shows postmenopausal atrophic changes.

Endometrial thickness measures 2.2 mm.

Cervix appears normal.

Both ovaries are not seen probably atrophied. Bilateral adnexa is clear.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,
Consultant Radiologist, Reg No MCI 11 10887

RADIOLOGY REPORT

| | | | |
|---------------------|------------------|---------------------|---------------------|
| Name | NEELAM NANGIA | Modality | US |
| Patient ID | GHZB-0000128392 | Accession No | 1115408 |
| Gender / Age | F / 48Y 11M | Scan Date | 09-07-2022 11:02:37 |
| Ref. Phys | Dr. Deepak Verma | Report Date | 09-07-2022 11:42:58 |

RADIOLOGY REPORT

| | | | |
|---------------------|------------------|---------------------|---------------------|
| Name | NEELAM NANGIA | Modality | DX |
| Patient ID | GHZB-0000128392 | Accession No | 1115409 |
| Gender / Age | F / 48Y 11M | Scan Date | 09-07-2022 10:35:54 |
| Ref. Phys | Dr. Deepak Verma | Report Date | 09-07-2022 15:39:00 |

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bilateral upper zone fibrotic opacities seen. Otherwise normal
 TRACHEA: Normal.
 PLEURA: Normal.
 HEART: Normal.
 PULMONARY HILA: Normal.
 AORTA: Normal.
 OTHER VISUALIZED BONES: Normal.
 VISUALIZED SOFT TISSUES: Normal.
 DIAPHRAGM: Normal.
 VISUALIZED ABDOMEN: Normal.

IMPRESSION:

XR- CHEST PA VIEW

Bilateral upper zone fibrotic opacities seen

Clinical correlation is recommended and further evaluation, as clinically indicated.



Dr. Prakash Naik, MBBS, DMRD, FRCR [UK],

Consultant Radiologist, Reg No 63755

LABORATORY REPORT

| | | | | | |
|-------------|-----------------|--------------|--------------------|-------------|--------------------|
| Name | NEELAM NANGIA | Age | 48y 11m 30d | Gender | FEMALE |
| MRN | GHZB-0000128392 | Visit No | V0000000004-GHZB | | |
| Lab No | G000322166 | Collected On | 09/07/2022 10:12AM | Received On | 09/07/2022 10:19AM |
| Referred By | Deepak Verma | Reported On | 09/07/2022 12:49PM | | |

| Test Name | Result | Criticality Factor | Biological Reference Interval | Test Method |
|---|----------|--------------------|-------------------------------|-------------|
| GLUCOSE, FASTING (F) (Serum Fasting) | 92 mg/dl | | 70 - 110 mg/dl | |

***** END OF REPORT *****

Processed by :- SHAHRUKH KHAN

Charu
Registration No: 45422
DR CHARU AGARWAL
CONSULTANT PATHOLOGIST
Pathologist

Report Printed On: 12/7/2022 12:25PM

Page 1 of 1

LABORATORY REPORT

| | | | | | |
|-------------|-----------------|--------------|--------------------|-------------|--------------------|
| Name | NEELAM NANGIA | Age | 48y 11m 30d | Gender | FEMALE |
| MRN | GHZB-0000128392 | Visit No | V0000000004-GHZB | | |
| Lab No | G000322194 | Collected On | 09/07/2022 11:19AM | Received On | 09/07/2022 11:19AM |
| Referred By | Deepak Verma | Reported On | 09/07/2022 3:08PM | | |

| Test Name | Result | Criticality Factor | Biological Reference Interval |
|-----------|--------|--------------------|-------------------------------|
|-----------|--------|--------------------|-------------------------------|

URINE EXAMINATION, ROUTINE (Urine)

PHYSICAL EXAMINATION

| | |
|------------------|-----------|
| Colour | P. YELLOW |
| Appearance | CLEAR |
| pH | 5.0 |
| Specific gravity | 1.005 |

CHEMICAL EXAMINATION

| | |
|---------------|--------|
| Glucose | Nil |
| Protein | Absent |
| Ketone bodies | Absent |
| Urobilinogen | Absent |

MICROSCOPIC EXAMINATION

| | |
|------------------|---------|
| Leukocytes | 4-6/HPF |
| Erythrocytes | NIL |
| Epithelial Cells | 6-8/HPF |
| Casts | NIL |
| Crystals | NIL |
| Others | NIL |

***** END OF REPORT *****

Processed by :- robin DHIRANIYA

Alka
mcy-39093
DR ALKA DIXIT VATS
 CONSULTANT PATHOLOGIST
 PATHOLOGIST

Report Printed On: 12/7/2022 12:26PM

Page 1 of 1

LABORATORY REPORT

| | | | | | |
|-------------|-----------------|--------------|-------------------|-------------|-------------------|
| Name | NEELAM NANGIA | Age | 48y 11m 30d | Gender | FEMALE |
| MRN | GHZB-0000128392 | Visit No | V0000000004-GHZB | | |
| Lab No | G000322224 | Collected On | 09/07/2022 2:37PM | Received On | 09/07/2022 2:38PM |
| Referred By | Deepak Verma | Reported On | 09/07/2022 4:36PM | | |

| Test Name | Result | Criticality Factor | Biological Reference Interval | Test Method |
|--|-----------|--------------------|-------------------------------|-------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS (Serum Post Prandial) | 107 mg/dl | | 80 -140 mg/dl | |

***** END OF REPORT *****

Processed by :- SHAHRUKH KHAN

Alka
mct-39093
DR ALKA DIXIT VATS
CONSULTANT PATHOLOGIST
PATHOLOGIST

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Page 1 of 1

LABORATORY REPORT

| | | | | | |
|-------------|-----------------|--------------|--------------------|-------------|--------------------|
| Name | NEELAM NANGIA | Age | 48y 11m 30d | Gender | FEMALE |
| MRN | GHZB-0000128392 | Visit No | V0000000004-GHZB | | |
| Lab No | G000322167 | Collected On | 09/07/2022 10:12AM | Received On | 09/07/2022 10:19AM |
| Referred By | Deepak Verma | Reported On | 09/07/2022 5:28PM | | |

| Test Name | Result | Criticality Factor | Biological Reference Interval |
|--|----------|--------------------|-------------------------------|
| BLOOD GROUP (A, B, O) AND RH FACTOR WITH REVERSE GROUPING (Whole Blood) | | | |
| BLOOD GROUPING | "B" | | |
| RH TYPING | POSITIVE | | |

***** END OF REPORT *****

Processed by :- SHAHRUKH KHAN

mcT-39093
DR ALKA DIXIT VATS
CONSULTANT PATHOLOGIST
PATHOLOGIST

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Page 1 of 4

LABORATORY REPORT

| | | | | | |
|-------------|-----------------|--------------|--------------------|-------------|--------------------|
| Name | NEELAM NANGIA | Age | 49y | Gender | FEMALE |
| MRN | GHZB-0000128392 | Visit No | V0000000004-GHZB | | |
| Lab No | G000322290 | Collected On | 10/07/2022 11:42AM | Received On | 10/07/2022 11:50AM |
| Referred By | Deepak Verma | Reported On | 11/07/2022 5:58PM | | |

| Test Name | Result | Criticality Factor | Biological Reference Interval |
|-----------|--------|--------------------|-------------------------------|
|-----------|--------|--------------------|-------------------------------|

STOOL EXAMINATION, ROUTINE, STOOL, R/E (Stool)

PHYSICAL EXAMINATION

| | |
|-------------|------------|
| Colour | BROWNISH |
| Consistency | SEMI SOLID |
| Mucus | NEGATIVE |

CHEMICAL EXAMINATION


| | |
|--------------|----------|
| Occult Blood | NEGATIVE |
|--------------|----------|

MICROSCOPIC EXAMINATION

| | |
|--------------|----------|
| Cyst | NOT SEEN |
| Erythrocytes | NOT SEEN |
| Pus cells | NOT SEEN |
| Ova | NOT SEEN |

***** END OF REPORT *****

Processed by :- robin DHIRANIYA


 MCT-39093
DR ALKA DIXIT VATS
 CONSULTANT PATHOLOGIST
 PATHOLOGIST

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Page 1 of 1

12 LEAD REPORT

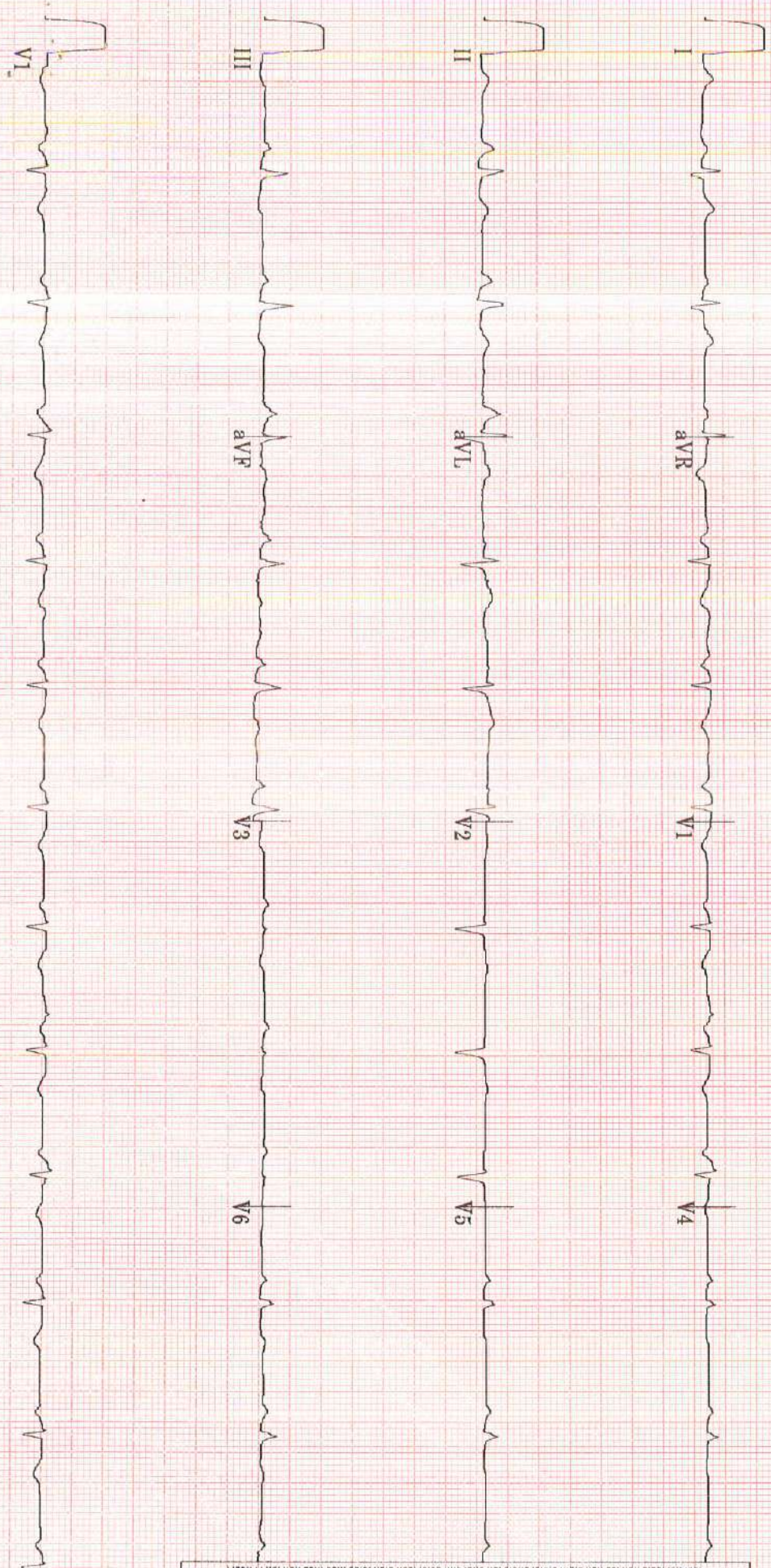
Manipal Hospitals, Ghaziabad

neelam nangia
ID: 000128392
9-Jul-2022
15:04:03

78bpm

PRETEST
SUPINE
4:00

BRUCE
**mph
**%



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46 4 by 2.5s + 1 rhy6hm 1d MAC55 009C



