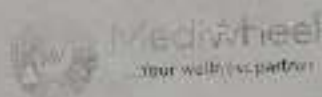


Health Check up Booking Confirmed Request(22S36997),Package Code-, Beneficiary Code-  
261066

Wed, 13 Nov, 2024 at 4:56 pm

Mediwheel kva: [inquiry@mediwheel.in](mailto:inquiry@mediwheel.in)  
To: [analyst.saket@gmail.com](mailto:analyst.saket@gmail.com)  
Cc: [customercare@mediwheel.in](mailto:customercare@mediwheel.in)



011-41195959

Dear Saket kumar,

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

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Amar Jyoti Hospital

Address of Diagnostic/Hospital : Sushil Nagar, Anushka pvt. ltd, Begusarai - 851134

City : Begusarai

State : Bihar

Pincode : 851134

Appointment Date : 14-11-2024

Confirmation Status : Booking Confirmed

Preferred Time : 10:00 AM - 10:30 AM

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Saket kumar	31 year	Female

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.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other fluids (except Water) in the morning.
- Bring urine sample in a container, if possible (containers are available at the Health Check center).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time  
In case of further assistance, Please reach out to Team Mediwheel

Thanks,  
Mediwheel Team  
Please Download Mediwheel App



You have received this email because you are a registered user of Accofem Healthcare Limited. This is a system-generated email please don't reply to this message.

For more information on our Terms & Conditions, please visit our website. [Click here to view website](#)

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भारत सरकार  
GOVERNMENT OF INDIA



सुनी कुमारी  
Sakshi Kumari  
जन्म तिथि DGB: 15/11/1992  
स्त्री / FEMALE

6727 0000 3662

मेरा आधार, मेरी पहचान

भारतीय विश्वविद्यालय प्रमाणित  
ONLINE IDENTIFICATION AUTHORITY OF INDIA

पता:  
श्रीमती सुनी कुमारी, बंगला-01,  
मिडल स्टेशन रोड, बरौली  
राज्य, बरौली  
(Barrigarh), Barrer,  
Bihar - 851128

Address  
W/O: Sakshi Kumar, Ward  
No-01, Middle Station  
Road, Barrer,  
(Barrigarh), Barrer,  
Bihar - 851128

6727 0000 3662



प्रति,

समन्वयक,

Med/Wheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	JULI KUMARI
जन्म की तारीख	15-11-1992
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	06-11-2024
बुकिंग संदर्भ सं.	24D166841100118716S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. KUMAR SAKET
कर्मचारी की क.कु संख्या	188841
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	MALPUR
कर्मचारी के जन्म की तारीख	15-03-1982

यह अनुमोदन पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 24-10-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय

हस्ता/-

(मुख्य महाप्रबंधक)

मा.स.प. एवं विपणन

बैंक ऑफ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेंट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Med/Wheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



To

The Coordinator,  
MediWheel (M/s. Aroofemi Healthcare Pvt. Ltd.)

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	JULI KUMARI
DATE OF BIRTH	15-11-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-11-2024
BOOKING REFERENCE NO.	24D166841100118716S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. KUMAR SAKET
EMPLOYEE EC NO.	166841
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	MALPUR
EMPLOYEE BIRTHDATE	05-03-1982

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 **24-10-2024** till **31-03-2025**. 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 & Marketing Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Aroofemi Healthcare Pvt. Ltd.)



**List of tests & consultations to be covered as part of Annual Health Check-up**

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	<b>General Tests</b>	<b>General Tests</b>
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynec Consultation
29	PSA (Male) (above 40 years)	Pap Smear (above 50 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

आयकर विभाग  
INCOME TAX DEPARTMENT

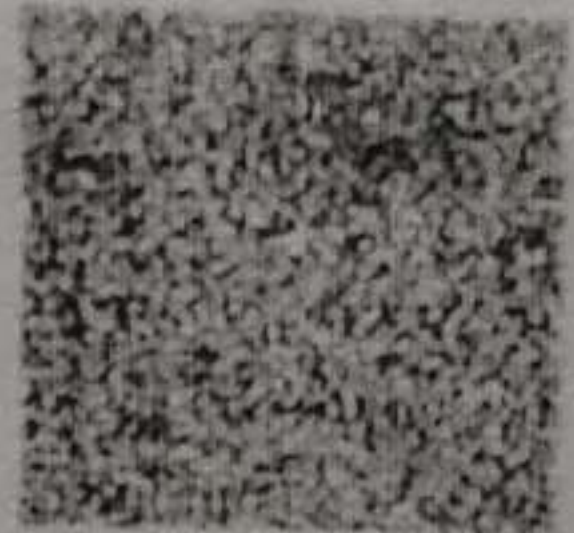


भारत सरकार  
GOVT. OF INDIA



ई-स्थायी खाता संख्या कार्ड  
e - Permanent Account Number Card

**JQMPPK2338L**



नाम / Name  
JULI KUMARI

पिता का नाम / Father's Name  
VIJAY SHANKAR CHAUDHARI

जन्म तिथि / Date of Birth  
15/11/1992

हस्ताक्षर / Signature



# AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

E-mail : amarjyotihospitalbgs@gmail.com

Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusarai (Bihar), Call : 8877770366, 8873831650

14/11/2024

Name :- Jyoti Kumari .

pt. Cam for G. health  
check up .  
Age/Sex :- 30 Y / F .

Bp - 120 / 70 mm Hg

previous h/o . Hypochulestemia

ECG - T wave abnormality . No H/o any other illness .

H/o . LSCG (2)

- cpo . SOB . (4 - 2)
- pain BL L . L . L .
- chest - pain (-)

### Vitals

Chest - BL L . L . L . L .  
 L . L . L . L . L . L .  
 P . L . L . L . L . L . L .

Bp =  
 SpO<sub>2</sub> - 99 %  
 P - 80 bpm  
 Temp :- 97 °F

Routine Blood Investigations .  
L . L .

Sam  
 Dr. Ram  
 Reg - 11758/24



DR. SASHIBHUSHAN  
M.D. Pathologist (BHU)  
Reg. No.: 52269

JAMAR  
JYOTI  
PATHOLAB



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusaral, Bihar- 851134 Call : 8877770366, 8873831650

Patient name : JULI KUMARI Date : 14-11-2024  
Referred by Dr. : AMAR JYOTI HOSPITAL SEX : F Age : 31Y

**HAEMOGRAM**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	: 10.2	gm %	12.5 - 16.4

**WBC COUNT**

Total WBC Count : 4900 /cumm 4000 - 11000

**Differential Count**

Neutrophil	: 59	%	40-70
Lymphocyte	: 35	%	20-40
Eosinophil	: 03	%	01-06
Monocyte	: 03	%	01-09
Basophil	: 00	%	00-05

**RBC Indices**

R.B.C count	: 3.98	mil./cumm	3.9 - 5.6
Haematocrit(PCV)	: 29.7	%	36 - 47
MCV	: 74.6	fL	75 - 96
MCH	: 25.7	pg	27 - 32
MCHC	: 34.5	gm/dl	30 - 36

**Platelets Indices**

Platelet Count : 1,42,000 /cumm 150000-400000

E.S.R : 26 mm/1<sup>st</sup>.hr. 00 - 15

BLOOD GROUP : 'B'

Rh. : Positive

Signature.

Correlate clinically if abnormal found.



Patient name : JULI KUMARI

Date : 14-11-2024

Referred by Dr. : AMAR JYOTI HOSPITAL

SEX. : F Age : 31Y

**Report on Blood examination**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
<u>K.F.T</u>			
B. Urea	28.2	mg/dl	17-45
S. Creatinine	0.80	mg/dl	0.6-1.4
S. Uric Acid	4.9	mg/dl	2.5-7.0

**LIPID PROFILE**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S. Triglyceride	149	mg/dl	10-170
Total Cholesterol	153	mg/dl	130-230
H.D.L. Cholesterol	56	mg/dl	40-75
L.D.L. Cholesterol	67.2	mg/dl	80-120
TC/HDL Cholesterol	2.73	Ratio	3.0-5.0
LDL/HDL	1.20	Ratio	1.5-3.5
V.L.D.L. Cholesterol	29.8		07-30

Signature.

DR. SASHIBHUSHAN  
M.D. Pathologist (BHU)  
Reg. No.: 52269

AMAR  
JYOTI  
PATHOLAB



Address : Near Anushka Pvt. ITI, NH-31, Sushil Nagar, Begusaral, Bihar- 851134 Call : 8877770366, 8873831650

Patient name : JULI KUMARI  
Referred by Dr. : AMAR JYOTI HOSPITAL

Date : 14-11-2024  
SEX : F Age : 31Y

**LIVER FUNCTION TEST**

<u>TEST</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
S. Bilirubin			
Total	0.95	mg/dl	up to 1.2
Conjugate	0.31	mg/dl	up to 0.4
Unconjugate	0.64	mg/dl	up to 0.8
SGPT	48.8	U/L	up to 40
SGOT	37.9	U/L	up to 38
Alkaline Phosphatase	101	IU/L	37 - 167
S. Protein			
Total	7.0	gm%	6.0-8.0
Albumin	4.2	gm%	3.7-5.3
Globulin	2.8	gm%	1.5-3.5
A/G Ratio	1.5		1.0-2.0

Signature.

This report is not valid for medico legal purpose. Correlate clinically if abnormal found.



Patient name : JULI KUMARI Date : 14-11-2024  
Referred by Dr. : AMAR JYOTI HOSPITAL SEX. : F Age : 31Y

TEST	BLOOD GLUCOSE EXAMINATION		
	RESULTS	UNIT	REFERENCE RANGE
Fasting Blood Sugar	89.6	mg/dl	70-110
2Hrs After Lunch	118	mg/dl	80-140
HbA1c	5.0	%	Below 6.0
Average Blood Glucose(ABG)	96.8	mg/dl	90-120

TEST	Report on Blood examination		
	RESULTS	UNIT	REFERENCE RANG
THYROID PROFILE, TOTAL, SERUM Chemiluminescent Immunoassay			
T3	1.08	ng/mL	0.69-2.15
T4	84.9	ng/mL	52-127
TSH	2.06	uIU/mL	0.34 - 5.60

**Note**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction ( Free T4 /Free T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

  
Signature.



Dr. Jill Kaman

14.11.2024 12:17:02

75 bpm  
- / - / - normaly

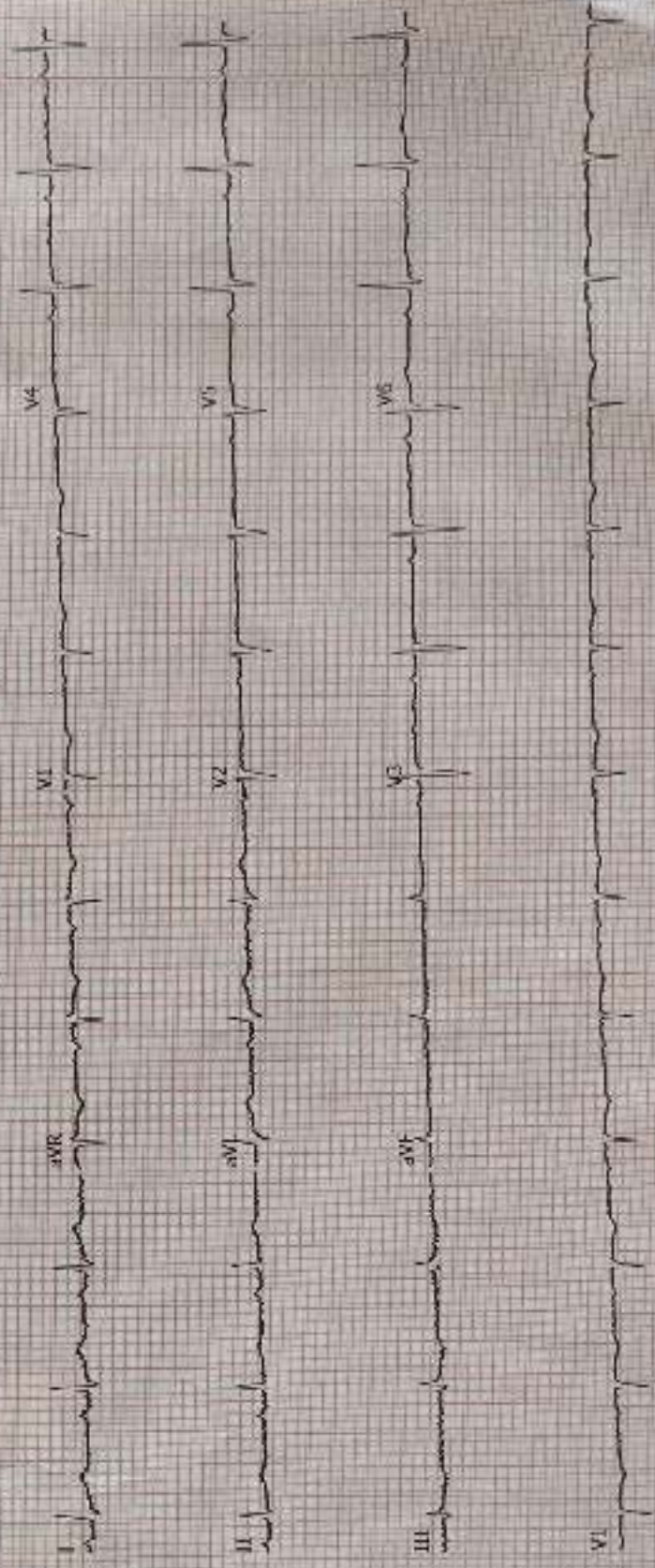
Series:

Location:  
Order Number:  
V4:  
2nd cabinet  
Med cabinet 1  
Med cabinet 2  
Med cabinet 3

Technical:  
Operator: Bk  
Reference: Bk  
Reference: Bk

Normal sinus rhythm  
Non-specific T wave abnormality  
Abnormal ECG

QRS : 84 ms  
QT/QTc: 368 / 410 ms  
PR : 182 ms  
P : 82 ms  
RR / PP : 602 / 600 ms  
P / QRS / T : 25 / 39 / - 3 degrees



Right

Left



July kumari 711 30y. CHEST,FRN P->A 14/11/24  
AMAR JYOTI HOSPITAL,SUSHIL NAGAR,BEGUSARAI.



Cash Receipt

Mob. : 8877770366, 8873831650

# AMAR JYOTI HOSPITAL

A Multi Speciality Hospital Modern ICU, HDU, OT, Dialysis Facility

Add. : NH-31, Sushil Nagar, Begusarai (Bihar),

Web. : amarjyotihospital.com

No. : 824

Reg. No. :

Date : 14/11/24

Received with thanks from Juli Kumari

CBC, ESR, Blood group, FBS PP, urine sugar PP,

sum of Rupees stool routine lipid profile, LFT, urea

by for creatinine uric acid, HBA1C, T3 T4 TSH

Rs.

4600/-

Rakesh  
Received by: