


23511

भारत सरकार
Government of India

आधार
Aadhaar

Issue Date: 02/06/2013



अशोक कुमार
Ashok Kumar
जन्म तिथि / DOB : 10/06/1989
पुरुष / Male

6569 7075 1447

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

मेरा आधार, मेरी पहचान

Ashok
9785628630

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Print Date: 14/04/2013

पता: S/O: दारा सिंह, वॉर्ड नं. 24, चारण की
डाणी, परसरामपुरा, झुंझुन, राजस्थान, 333308
Address: S/O: Dara Singh, ward no. 24,
charan ki dhani, Parasrampura, Jhunjhunun,
Rajasthan, 333308



6569 7075 1447

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Rajasthani Diagnostic &
Medical Research Centre
Jhunjhunu



RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

- MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

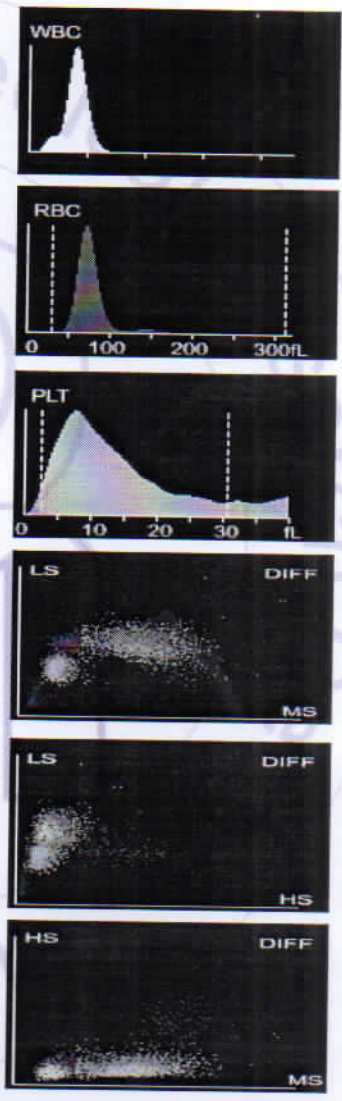
Hematology Analysis Report

First Name: ASHOK
Last Name:
Gender: Female
Age:

Sample Type:
Department:
Med Rec. No.:

Sample ID: 12
Test Time: 24/11/2023 12:42
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	5.93	4.00-10.00	10 ³ /uL
2 Neu%	53.5	50.0-70.0	%
3 Lym%	37.1	20.0-40.0	%
4 Mon%	5.1	3.0-12.0	%
5 Eos%	3.8	0.5-5.0	%
6 Bas%	0.5	0.0-1.0	%
7 Neu#	3.17	2.00-7.00	10 ³ /uL
8 Lym#	2.20	0.80-4.00	10 ³ /uL
9 Mon#	0.30	0.12-1.20	10 ³ /uL
10 Eos#	0.23	0.02-0.50	10 ³ /uL
11 Bas#	0.03	0.00-0.10	10 ³ /uL
12 RBC	4.44	3.50-5.50	10 ⁶ /uL
13 HGB	13.1	11.0-16.0	g/dL
14 HCT	35.2	L 37.0-54.0	%
15 MCV	79.3	L 80.0-100.0	fL
16 MCH	29.4	27.0-34.0	pg
17 MCHC	37.1	H 32.0-36.0	g/dL
18 RDW-CV	12.7	11.0-16.0	%
19 RDW-SD	40.8	35.0-56.0	fL
20 PLT	183	100-300	10 ³ /uL
21 MPV	9.0	6.5-12.0	fL
22 PDW	11.6	9.0-17.0	fL
23 PCT	0.165	0.108-0.282	%
24 P-LCR	30.8	11.0-45.0	%
25 P-LCC	56	30-90	10 ³ /uL



Mamta Khuteta
Dr. Mamta Khuteta
M D. (Path.)
RMC No : 4720/16260

Submitter: Operator: admin Approver:
Draw Time: 24/11/2023 12:42 Received Time: 24/11/2023 12:42 Validated Time:
Report Time: Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346



Laboratory Report



Name : ASHOK
Gender : MALE
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Sr. Number : 75158
Invoice Date : 24-11-2023 02:52 PM
Patient ID No.: 145
Sample On : 24-11-2023 02:52 PM
Report On : 25-11-2023 04:32 PM

HAEMATOLOGY

Test Name	Observed Values	Reference Intervals	Units
BLOOD GROUPING (ABO & Rh)	AB+ Positive		

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Reference Intervals	Units
HbA1c(Glycosylated hemoglobin)	6.00	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control	%
eAG (Estimated Average Glucose)	6.97		mmol/L
eAG (Estimated Average Glucose)	125.50		mg/dL

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-
Fully Automated (EM 200) ERBA MANNHEIM.

Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatment Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Anemia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/15260



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346



Laboratory Report



Name : ASHOK
Gender : MALE
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Sr. Number : 75158
Invoice Date : 24-11-2023 02:52 PM
Patient ID No.: 145
Sample On : 24-11-2023 02:52 PM
Report On : 25-11-2023 04:32 PM

BIO-CHEMISTRY

Test Name	Observed Values	Reference Intervals	Units
Blood Sugar Fasting	74.00	60--110	mg/dL
Blood Sugar PP	112.0	60 - 140	mg/dL

KIDNEY FUNCTION TEST

Test Name	Observed Values	Reference Intervals	Units
Blood Urea	26.0	13--45	mg/dL
Creatinine	0.89	0.4--1.4	mg/dL
Calcium	9.60	8.5--11	mg/dL
Uric Acid	4.90	2.4--7.2	mg/dL

Ashish sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/16260



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NABL CERTIFICATE NO.
MC-5346



Laboratory Report



Name : ASHOK
Gender : MALE
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Sr. Number : 75158
Invoice Date : 24-11-2023 02:52 PM
Patient ID No.: 145
Sample On : 24-11-2023 02:52 PM
Report On : 25-11-2023 04:32 PM

BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Reference Intervals	Units
SGOT/AST(Tech.:UV Kinetic)	35.0	5-40	U/L
SGPT/ALT(Tech.:UV Kinetic)	34.0	5-40	U/L
Bilirubin(Total)(Tech.:Jendrassik Grof)	0.90	0.1-1.1	mg/dL
Bilirubin(Direct)	0.20	0-0.3	mg/dL
Bilirubin(Indirect)	0.70	0.1-1.0	mg/dL
Total Protein(Tech.:Biuret)	7.20	6-8	gm/dL
Albumin(Tech.:BCG)	4.05	3.5-5	gm/dL
Globulin(CALCULATION)	3.15	2.5-4.5	gm/dL
A/G Ratio(Tech.:Calculated)	1.29	1.2 - 2.5	
Alkaline Phosphatase(Tech.:Pnp Amp Kinetic)	188.0	108-306	U/L

LIPID PROFILE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
Cholesterol	191.00	110-200	mg/dL
HDL Cholesterol	52.00	35-88	mg/dL
Triglycerides	163.00	40-165	mg/dL
LDL Cholesterol	H 106.40	0-100	mg/dL
VLDL Cholesterol	32.60	0-35	mg/dL
TC/HDL Cholesterol Ratio	3.67	2.5-5	Ratio
LDL/HDL Ratio	2.05	1.5-3.5	Ratio

LIPID PROFILE COMMENTS:

All above biological reference interval/sranges are in accordance to the recommendatons of The Natonal Cholesterol

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/16260



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346



Laboratory Report



Name : **ASHOK**
Gender : **MALE**
Ref. By Dr : **MEDI-WHEEL HEALTH CHECKUP**

Sr. Number : **75158**
Invoice Date : **24-11-2023 02:52 PM**
Patient ID No.: **145**
Sample On : **24-11-2023 02:52 PM**
Report On : **25-11-2023 04:32 PM**

Educator Program(N CEP) Adult Treatment Panel III (ATP III) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. Lipid level assessments must be made following 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Therapeutic target levels of lipids as per NCEP – ATP III recommendation:

Total Cholesterol (mg/dL) <200 - Desirable 200-239 -Borderline high <240 - High
HDL Cholesterol(mg/dL), <40 - Low >60 - High
LDL Cholesterol(mg/dL) <100 Optimal
 [Primary Target of Therapy] 100-129 Near optimal/above optimal
 130-159 Borderline high
 160-189 High
 >190 Very high

Serum Triglycerides (mg/dL) <150 Normal
 150-199 Borderline high
 200-499 High
 >500 Very high

NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain > 200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

Comparison of LDL Cholesterol and Non-HDL Cholesterol Goals for Three Risk Categories

Risk Category	LDL Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent	<100	<130
(10-year risk for CHD >20%)		
Multiple (2+) Risk Factors and	<130	<160
10-year risk <20%		
0-1 Risk Factor	<160	<190

Low HDL levels are an independent risk factor for occurrence of coronary artery disease. When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples.

Ashish sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/18268



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MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346



Laboratory Report



Name : ASHOK
Gender : MALE
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP

Sr. Number : 75158
Invoice Date : 24-11-2023 02:52 PM
Patient ID No.: 145
Sample On : 24-11-2023 02:52 PM
Report On : 25-11-2023 04:32 PM

URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Reference Intervals	Units
-----------	-----------------	---------------------	-------

PHYSICAL

Quantity	15		ml
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.015		
PH	6.00	4.5-6.5	

CHEMICAL

Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		

MICROSCOPIC

Red Blood Cells	Nil		/h.p.f.
Pus Cells	2-3		/h.p.f.
Epithelial Cells	2-3		/h.p.f.
Crystals	Nil		/h.p.f.
Casts	Nil		/h.p.f.
Bacteria	Nil		/h.p.f.
Others	Nil		/h.p.f.

Test Name	Observed Values	Reference Intervals	Units
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

Ashish sethi

Dr. Ashish Sethi
Consultant Biochemist



Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/16260



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977

Name: Ashok Kumar -
Patient ID: Bob

Date of birth: 10.06.1989
Gender: Male
Height: 183 cm
Weight: 104 kg
Ethnicity: Undefined
Patientmaker: Unknown

Visit ID:
Room: I
Medication:
Order ID:
Ord. prov.:
Ord. prot.:

24.11.2023 03:13:54
Standard 12-Lead

HR 92 bpm
P axis 58°
QRS axis 40°
T axis 20°

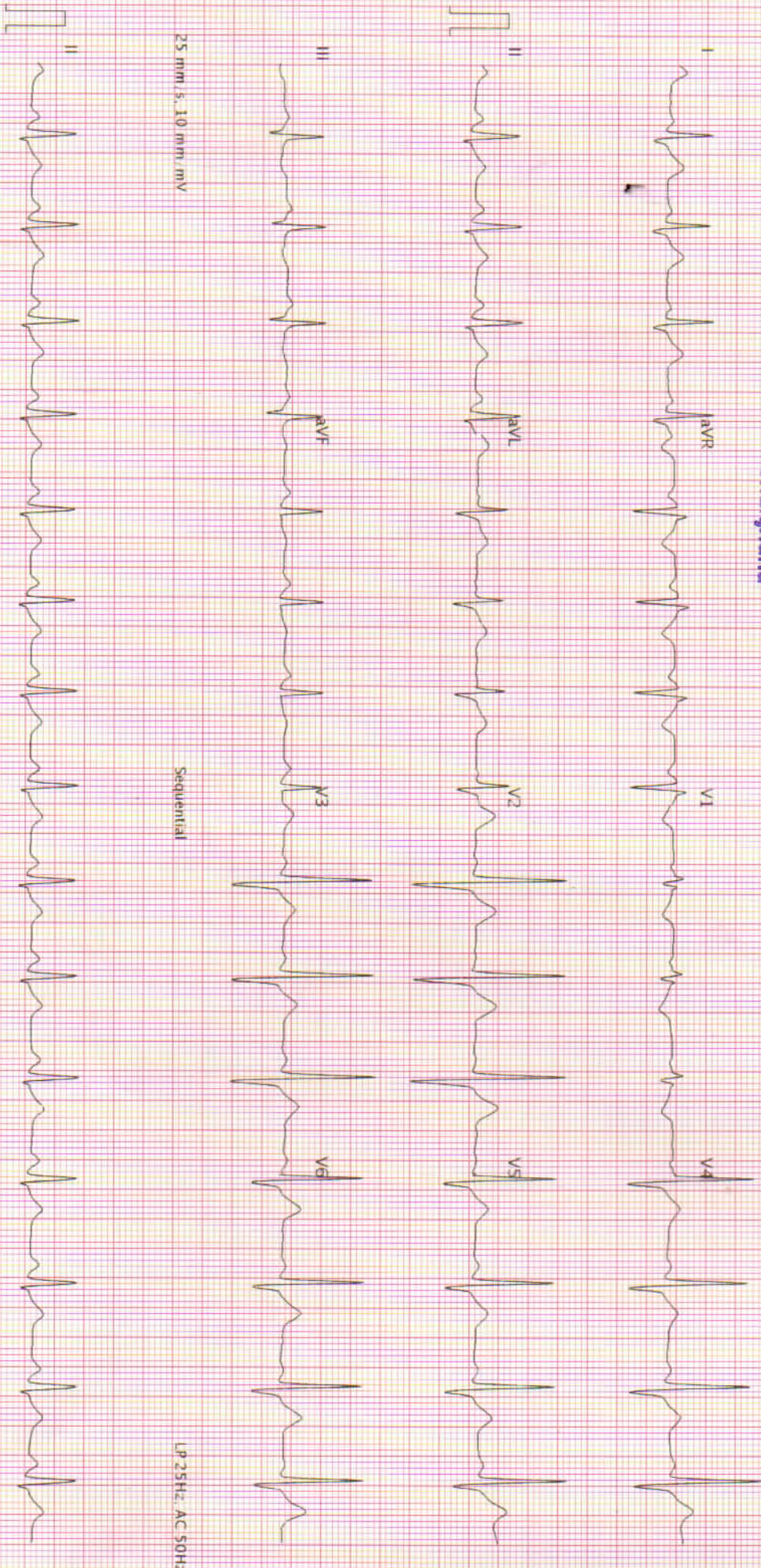
RR 653 ms
PR 138 ms
QRS 95 ms
QT 340 ms
QTcB 421 ms

Rajasthan Diagnostic & MR Centre
B-110, Subhash Marg, Indira Nagar, Mandawa, Mod
Jhunjhunu (Raj.)

Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report

Rajasthan Diagnostic & Medical Research Centre
Jhunjhunu

Normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz



RAJASTHANI DIAGNOSTIC & MRI CENTRE



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MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

NAME : ASHOK KUMAR	AGE 34 /SEX M
REF. BY : BOB HEALTH CHECK UP	DATE: 24.11.2023

X-RAY CHEST PA

- Both lung fields appear normal in under view
- No e/o consolidation or cavitations is seen.
- Both costo-phrenic angles appear clear.
- Cardiac size is within normal limits.
- Both domes of diaphragm appear normal.
- Bony thoracic cage & soft tissue shadow appear normal.

IMPRESSION :- NORMAL X-RAY CHEST (PA)

DR. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMC -38742/25457

Dr. Anusha Mahalawat
MD (Radiodiagnosis)
(RMC. 38742/25457)



आपातकालीन सेवाएं

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RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	ASHOK KUMAR	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECK-UP	DATE	24-Nov-23

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and mild bright echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

Gall bladder: is normal in size, shape, location with echo free lumen. Wall thickness is normal. No echogenic shadow suggestive of calculus is seen. No focal mass or lesion is seen.

Pancreas: is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

Rt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus /hydronephrosis is seen

Lt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/hydronephrosis is seen.

Spleen: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

Urinary Bladder: is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Prostate: is normal in size, regular in shape and outline. Capsule is intact.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen.

IMPRESSION:

- ❖ Fatty liver grade 1

Advised: clinicopathological correlation

U.S.
DR. UMMED SINGH RATHORE
MD RADIODIAGNOSIS

Dr. Ummad Singh
MD (Radiodiagnosis)
(RMC.34498/24812)




THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



Patient Report

Name :- Mr. ASHOK
Sex / Age :- Male
Doctor :-
Client Name :- MEDI WHEEL HEALTH CHECK UP
Sample Type :- Serum

Patient ID / CCL No :- 102340933
Sample Collected :- 25/11/2023 11:41:00
Sample Received on: 25-11-2023 11:41:16
Report Released on: 25-11-2023 15:40:11
Barcode 

<u>TEST NAME</u>	<u>VALUE</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
TFT			
T3 (TOTAL TRIODOTHYRONINE) (Tech.:- Chemiluminescence Immunoassay)	132.00	ng/dl	100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192 : 13-20 Yrs. 70 - 204 : Adults
T4 (TOTAL THYROXINE) (Tech.:- Chemiluminescence Immunoassay)	8.46	ug/dl	11.80 - 22.60 < 1 Week 9.80 - 16.60 1-4 Wks. 5.50 - 12.10 : 2-12 Yrs. 5.50 - 11.10 : 13-20 Yrs. 4.60 - 12.50 Adults
TSH. (Ultra Sensitive) (Tech.:- Chemiluminescence Immunoassay)	2.28	uIU/ml	0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mnt - 5 Yrs. 0.35 - 5.50 : Adults

INTERPRETATION

1. Remark - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.


2. Remark - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3. Total T3 may decrease by <25 percent in healthy older individuals.


3. Remark - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g: Iodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

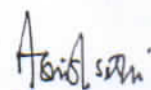
- End of Report



Technologist


 DR. NIDA FAHMI
 M.D.S., (Path.)
 Reg.No.A-4048


 DR. Mani Agarwal
 MD. (Path.)
 RMC No.5167/15233


 DR. ASHISH SETHI
 Consultant Biochemist



MAHAVIR HOSPITAL

Health & Hygiene

Tel. : 01592-232361
9680960962



D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)

MAHAVIR HOSPITAL

Name	:ASHOK KUMAR	Father/Husband	:DARA SINGH	IPD/OPD status	:OPD
Age/Sex	:34 Y/Male	Reg. No.	:OutSide	Category	:
Consultant	:M. S. MEEL	Accession No.	:20231124032	Bed No.	:-
		BILL.NO	:2301562724	Date	:24/11/2023 3:58:38 PM

TRANSTHORACIC ECHO-DOPPLER TEST REPORT

MITRAL VALVE-

Morphology **AMI**-Normal/Thickening/Calcification/Flutter/Restricted mobility/SAM/Doming.

PML-Normal/Thickening/Calcification/Prolapse/Fixed/Restricted Mobility/Flutter.

Doppler- Normal/Abnormal Mitral E/A Velocity=77/73 (cm/sec).

Mitral Regurgitation Absent/Trace/Mild/Moderate/Severe.
Mitral Stenosis Absent/Present.

TRICUSPID VALVE-

Morphology -Normal/Atresia/Thickening/Calcification/Prolapse/Doming.

Doppler- Normal/Abnormal

Tricuspid Regurgitation Absent/Trace/Mild/Moderate/Severe.
Tricuspid Stenosis Absent/Present.

PULMONARY VALVE-

Morphology -Normal/Atresia/Thickening/Doming/Vegetation.

Doppler- Normal/Abnormal Pulmonary Velocity = 79 (cm/sec)

Pulmonary Regurgitation Absent/Trace/Mild/Moderate/Severe.
Pulmonary Stenosis Absent/Present.

AORTIC VALVE-

Morphology -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

No of Cusps- 1/2/3.

Doppler- Normal/Abnormal

Aortic Velocity = 106 (cm/sec)

Aortic Regurgitation Absent/Trace/Mild/Moderate/Severe.
Aortic Stenosis Absent/Present.

Aorta = 2.6cm (2.0 – 3.7cm) Left Atrium = 4.5 cm (1.9 – 4.0 cm)

LV measurement	Diastole	Systole
IVS	0.7 cm (0.6-1.1cm)	0.9 cm
LVID	5.4 cm (3.7-5.6cm)	3.5 cm (2.2 – 4.0 cm)
LVPW	1.06 cm (0.6-1.1cm)	1.09 cm

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy.
Contraction Normal/Reduced.

Regional wall motion abnormality : Present/Absent.

LANormal/Enlarged/Clear/Thrombus.

RANormal/Enlarged/Clear/Thrombus.

RVNormal/Enlarged/Clear/Thrombus.



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भूत पिता पीसण करणा व करकला पण्डनीय अपराध है
इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है

MAHAVIR HOSPITAL

Health & Hygiene

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)



Tel. : 01592-232361
9680960962

MAHAVIR HOSPITAL

COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

No regional wall motion abnormality seen, LVEF=55%.

Normal cardiac chamber dimensions seen.

Mild MR, trace TR, no PAH.

Normal systolic function.

Normal diastolic function.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

han
Dr. M.S. MEEL

MD (Medicine)

Reg. No. 7937/2635

Senior Physician
Mahavir Hospital, Jhunjhunu

Dr M S Meel

MD Medicine

Senior Physician

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