

 भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address:  
अर्धांगिनी: श्याम बाबू गुप्ता, W/O: Shyam Babu Gupta, 108,  
108, शेरपुर, बनुवाल शेरपुर, Bannuwal colony phase-3,  
कोलोनी फेस-3, बरेली, Bareilly, Bareilly,  
बरेली, Uttar Pradesh - 243122  
उत्तर प्रदेश - 243122

6487 8873 5709

1800 180 1807 help@uidai.gov.in www.uidai.gov.in PO. Box No. 1047  
Bareilly-243 001

 भारत सरकार  
GOVERNMENT OF INDIA

 रूपा गुप्ता  
Roopa Gupta  
जन्म तिथि/ DOB: 25/05/1969  
महिला / FEMALE

6487 8873 5709

आधार-आम आदमी का अधिकार

Roopa Gupta

Roopa Gupta 531F

Patient ID 0004 27/07/22  
Exam ID 3475  
NAME

Date 07/23/2022  
Time 11:39  
Exam Time 43:02

( VD = 13.75 mm )

*RG*  
MANIFEST  
SPH CYL AXS  
<R> 0.00 +1.00 130  
<L> +1.25 0.00 180  
<FAR VA>  
R R+L L

<ADD>  
R L  
+2.25 +2.25  
<NEAR VA>  
R R+L L

RM DATA  
SPH CYL AXS  
<R> -0.25 +1.25 130  
<L> +1.25 +0.25 52  
<FAR VA>  
R R+L L

FAR PD = 65.0 mm  
NEAR PD = 68.0 mm

TOPCON CV-5000

Roopa Gupta

27/07/22

53/f

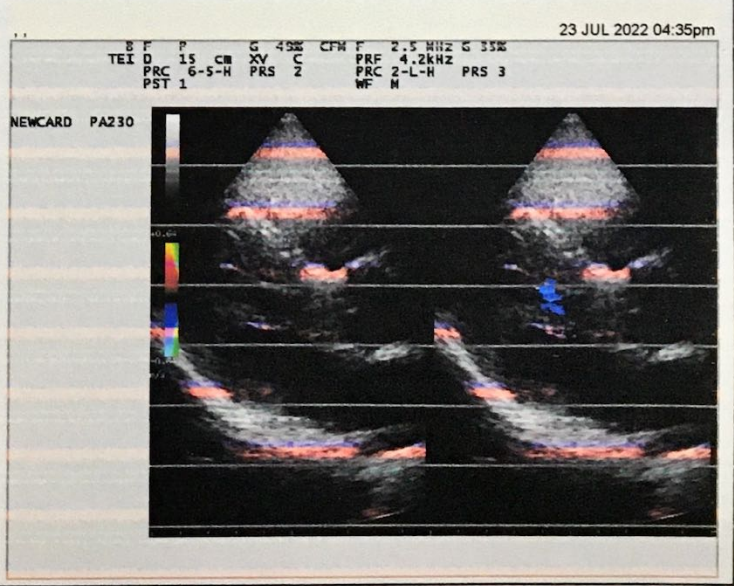
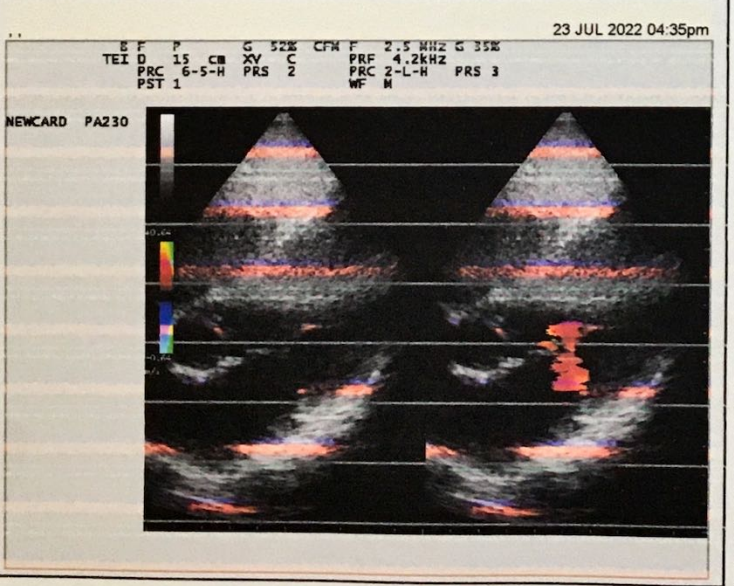
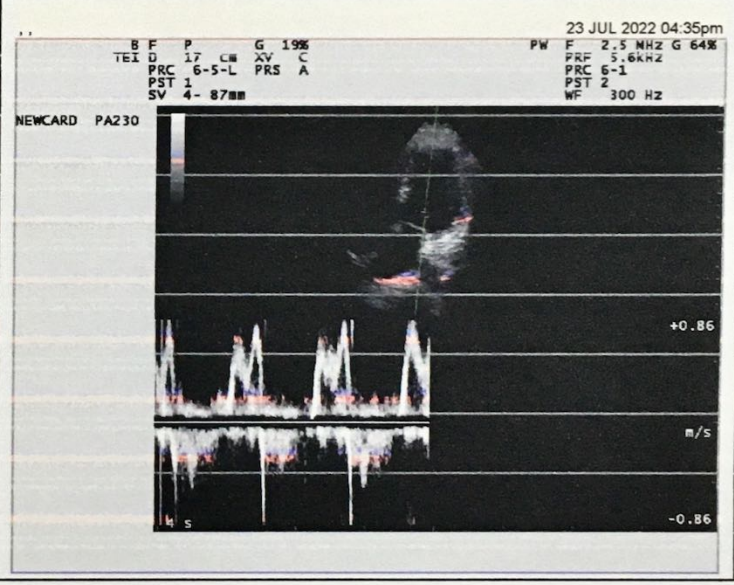
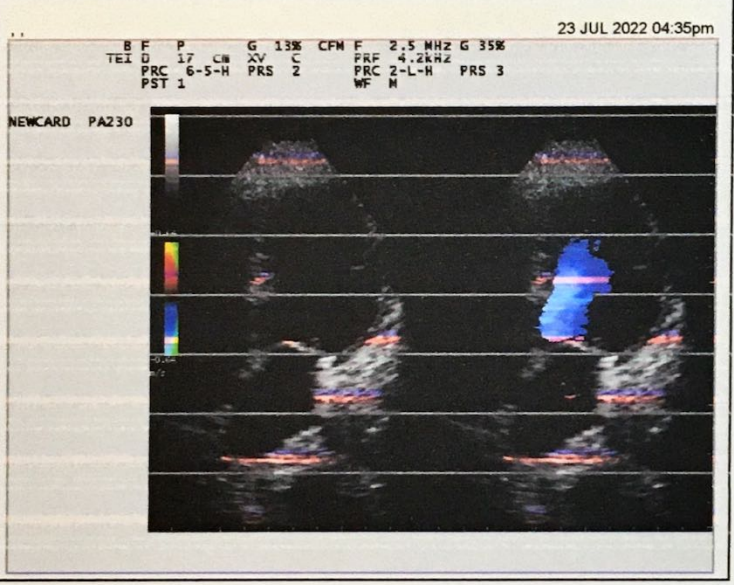
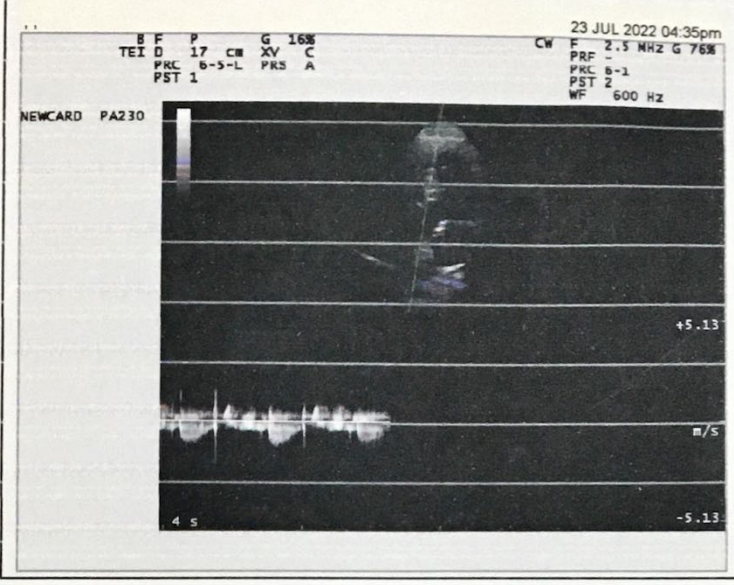
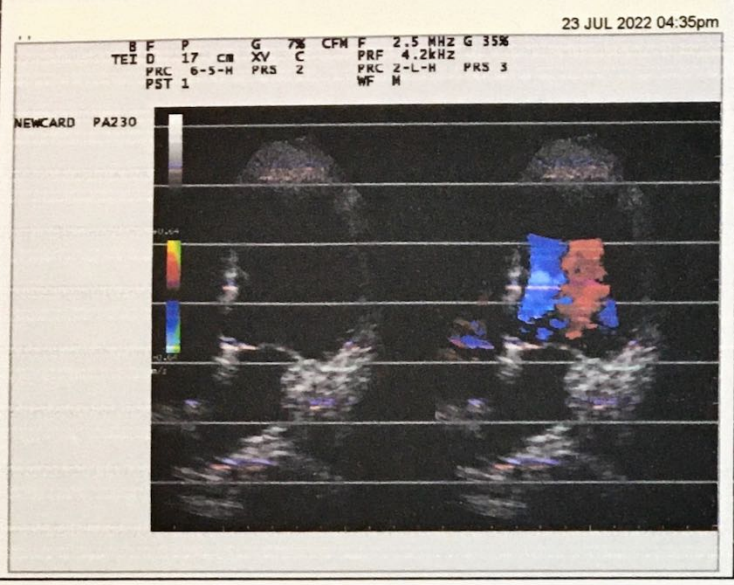
DVA  $\left\{ \begin{array}{l} 6/12 + 1.00 DC 130 - 6/6 \\ 6/18 + 1.25 MS - 6/6 \end{array} \right.$

MVA  $\left\{ \begin{array}{l} 24 + 2.25 \\ 24 + 2.25 \end{array} \right\}$  Add. N/6

Colour vision - (M)

# APPLE CARDIAC CARE, BAREILLY

eSaote MyLib



<b>NAME</b>	Mrs. ROOPA GUPTA	<b>AGE/SEX</b>	52 YF
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	23/07/2022

## **ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY**

<b><u>MEASUREMENTS</u></b>	<b><u>VALUE</u></b>	<b><u>NORMAL DIMENSIONS</u></b>
LVID (d)	4.6 cm	( 3.7 –5.6 cm)
LVID (s)	2.6 cm	( 2.2 –3.9 cm)
RVID (d)	2.4 cm	( 0.7 –2.5 cm)
IVS (ed)	1.0 cm	( 0.6 –1.1 cm)
LVPW (ed)	1.0 cm	( 0.6 –1.1 cm)
AO	2.5 cm	( 2.2 –3.7 cm)
LA	3.0 cm	( 1.9 –4.0 cm)
<b><u>LV FUNCTION</u></b>		
EF	60 %	( 54 –76 % )
FS	30 %	( 25 –44 %)

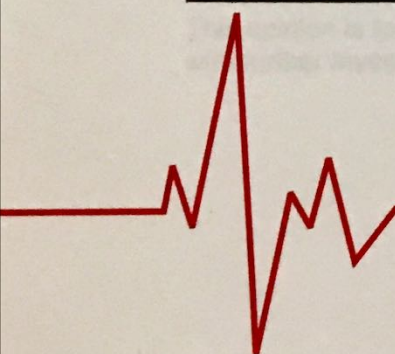
**LEFT VENTRICLE** : No regional wall motion abnormality  
 No concentric left Ventricle Hypertrophy

**MITRAL VALVE** : Thin, PML moves posteriorly during Diastole  
 No SAM, No Subvalvular pathology seen.  
 No mitral valve prolapse calcification .

**TRICUSPID VALVE** : Thin, opening wells. No calcification, No doming .  
 No Prolapse.  
 Tricuspid inflow velocity= 0.7 m/sec

**AORTIC VALVE** : Thin, tricuspid, opening well, central closer,  
 no flutter.  
 No calcification  
 Aortic velocity = 1.3 m/sec

**PULMONARY VALVE** : Thin, opening well, Pulmonary artery is normal  
 EF slope is normal.  
 Pulmonary Velocity = 0.9 m /sec



**ON DOPPLER INTERROGATION THERE WAS :**

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW

E= 0.6 m/sec

A= 0.8 m/sec

**ON COLOUR FLOW:**

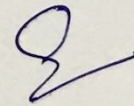
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

**COMMENTS:**

- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

**FINAL IMPRESSION**

- **NO REGIONAL WALL MOTION ABNORMALITY**
- **GRADE I LV DIASTOLIC DYSFUNCTION**
- **NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)**
- **NORMAL CARDIAC CHAMBER DIMENSIONS**
- **NORMAL VALVULAR COLOUR FLOW PATTERN**



**DR.NITIN AGARWAL**  
**DM (Cardiology)**  
**Consultant Cardiologist**

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.

## A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,  
(Opp. Care Hospital),  
Bareilly - 243 122 (U.P.) India  
Tel. : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
TRUSTED RESULT

Reg.NO. : 555  
NAME : **Mrs. ROOPA GUPTA**  
REFERRED BY : Dr.Nitin Agarwal (D M)  
SAMPLE : BLOOD

DATE : **23/07/2022**  
AGE : 52 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	<b>9.3</b>	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT	11,300	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	33	%	20-45
Eosinophils	02	%	01-08
TOTAL R.B.C. COUNT	4.14	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	<b>32.5</b>	%	35-54
M C V	78.5	fL	76-96
M C H	<b>22.5</b>	pg	27.00-32.00
M C H C	<b>28.6</b>	g/dl	30.50-34.50
PLATELET COUNT	2.34	lacs/mm <sup>3</sup>	1.50 - 4.50
GLYCOSYLATED HAEMOGLOBIN	5.6		

### EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

### \*ADA: American Diabetes Association

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

### BIOCHEMISTRY

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 SAMPLE : BLOOD

DATE : **23/07/2022**  
 AGE : 52 Yrs.  
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD SUGAR F.	97	mg/dl	60-100
Gamma Glutamyl Transferase (GGT)	26	U/L	

**NORMAL RANGE:****MALE: 7-32****FEMALE: 11-50****COMMENT:**

Gama glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in the kidneys. Elevated levels are found in hepatobiliary and pancreatic diseases, Chronic alcoholism, myocardial infarction with secondary liver damage, and diabetics.

BLOOD UREA	24	mg/dL.	10-40
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\* Low serum urea is usually associated with status of overhydration severe hepatic failure.

\* A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairement of renal function. In chronic renal failure , urea correlates better with the symptoms of uremia than does serum creatinine.

\* Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

SERUM CREATININE	1.0	mg/dL.	0.5-1.4
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CLINICAL SIGNIFICANCE : The amount of creatinine produced is fairly constant (Unlike urea) and it is removed from plasma by glomerular filtration and then excreted in urine without appreciable resorption by tubules. Therefore Creatinine is an useful indicator of renal function.

\* Elevated creatinine level in serum is usually associated with various renal disases.



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AGE : 52 Yrs.  
SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URIC ACID	<b>6.4</b>	mg/dl	0-6

### CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM SODIUM (Na)	136	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.8	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	8.6	mg/dl	8.5 - 10.5

### LIVER PROFILE

SERUM BILIRUBIN			
TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.5	Gm/dL	6.4 - 8.3
Albumin	3.6	Gm/dL	3.5 - 5.5
Globulin	2.9	Gm/dL	2.3 - 3.5
A : G Ratio	1.24		0.0-2.0
SGOT	34	IU/L	0-40
SGPT	31	IU/L	0-40
SERUM ALK.PHOSPHATASE	68	IU/L	00-115

### NORMAL RANGE : BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL    Premature infants. 1 to 2 days: <12 mg/dL    Adults: 0.3-1 mg/dL.

Premature infants. 3 to 5 days: <16 mg/dL    Neonates, 0 to 1 day: 1.4-8.7 mg/dL

Neonates, 1 to 2 days: 3.4-11.5 mg/dL    Neonates, 3 to 5 days: 1.5-12 mg/dL    Children 6 days to 18 years: 0.3-1.2 mg/dL

### COMMENTS-

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	194	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	111	mg/dl.	30 - 160
HDL CHOLESTEROL	51	mg/dL.	30-70
VLDL CHOLESTEROL	22.2	mg/dL.	15 - 40
LDL CHOLESTEROL	120.80	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	3.80	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.37	mg/dl	

### INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

### HAEMATOLOGY

#### BLOOD GROUP

Blood Group

B

Rh

POSITIVE

### URINE EXAMINATION

### BIOCHEMISTRY

**A Venture of Apple Cardiac Care**

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DATE : **23/07/2022**  
 AGE : 52 Yrs.  
 SEX : FEMALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
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**URINE EXAMINATION****URINE EXAMINATION REPORT****PHYSICAL EXAMINATION**

Volume	30	ml	
Colour	Light Yellow		
Appearance	Clear		Nil
Sediments	Nil		
Specific Gravity	1.020		1.015-1.025
Reaction	NIL		

**BIOCHEMICAL EXAMINATION**

UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil

**MICROSCOPIC EXAMINATION**

Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	NIL		NIL
Casts	NIL	/H.P.F.	
Bacteria	NIL		
Other	NIL		

**BIOCHEMISTRY**

BLOOD SUGAR P.P.	115	mg/dl	80-140
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SAMPLE : BLOOD

DATE : **23/07/2022**  
AGE : 52 Yrs.  
SEX : FEMALE

**TEST NAME**

**RESULTS**

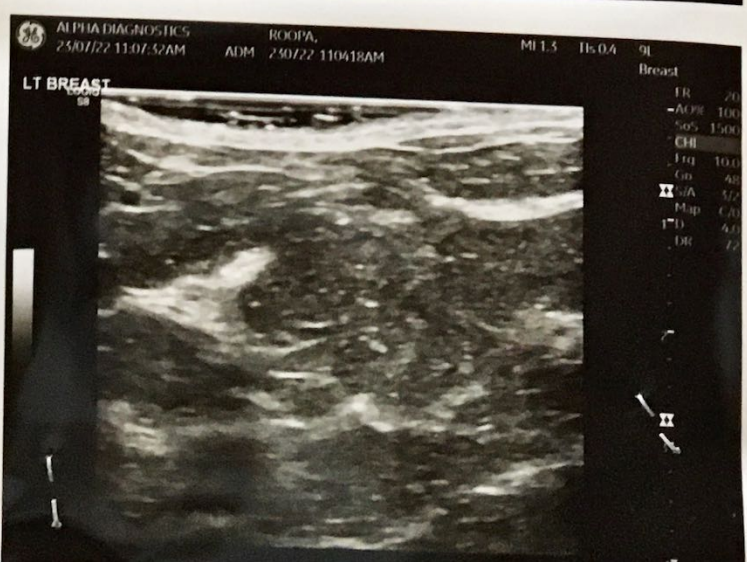
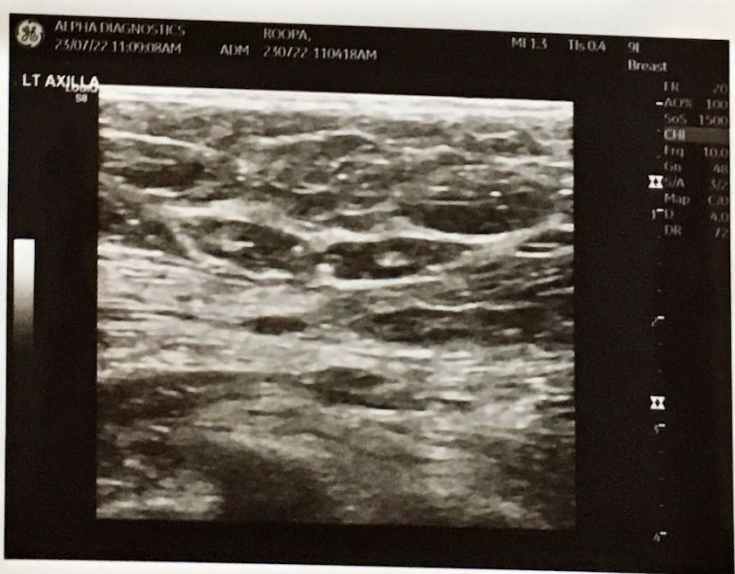
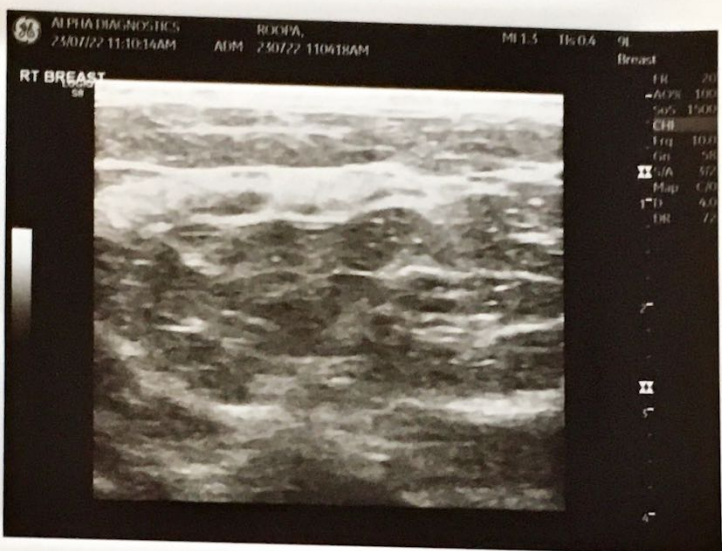
**UNITS**

**BIOLOGICAL REF. RANGE**

*Shweta*

--{End of Report}--

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)





**ALPHA**  
DIAGNOSTICS

115-D, Gulmohar Park, Near Delapeer  
Talaab, Rajendra Nagar, Bareilly (U.P.)  
+91 7642912345, 7642812345, 0581-4015223  
contact@alphadiagnostic.in,  
alphadiagnostic07@gmail.com  
www.alphadiagnostic.in



**Patient ID** 10228040  
**Name** Mrs. ROOPA GUPTA  
**Sex/Age** Female 53 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 23/07/2022 10:42:51  
**Reported On** 23/07/2022 11:13:17

### USG SONOMAMMOGRAPHY BOTH

Shows normal fibro-glandular tissue echogenicity in both breasts.

No evidence of calcification is seen.

No mass lesion is seen.


No evidence of abnormal axillary lymph node enlargement noted.

#### IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**
- ADV - PLEASE CORRELATE CLINICALLY.

\*\*\* End of Report \*\*\*

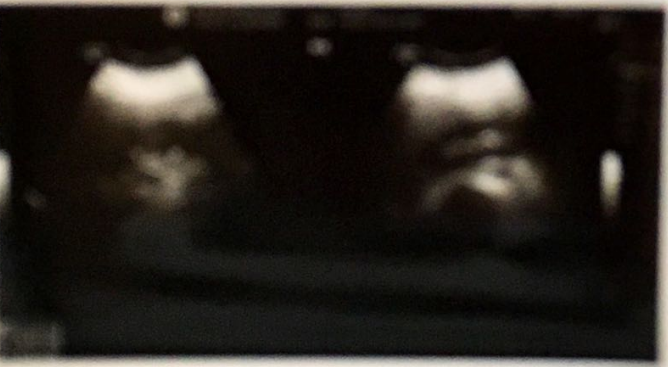


  
**DR KAMAL NAYAN GANGEY**  
DNB RADIOAIGNOSIS

Page No. 1 of 1



■ CT Scan(96 Slice) ■ 2D-Echo ■ Serology ■ Histopathology ■ Semen Wash For IUI  
■ 4D Ultrasound ■ Spirometry ■ Biochemistry ■ Microbiology ■ Complete Hematology  
■ Colour Doppler ■ Digital X-Ray ■ Cytology ■ Video Bronchoscopy ■ PCR For Covid-19 (Truenat)





**Patient ID** 10228040  
**Name** Mrs. ROOPA GUPTA  
**Sex/Age** Female 53 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 23/07/2022 10:42:51  
**Reported On** 23/07/2022 11:06:44

## USG WHOLE ABDOMEN

**Liver** - is normal in size **with diffuse fatty changes obscuring visualization of posterior region**. No IHBRD / focal SOL is seen. PV - normal. Porta hepatis - normal.

**Gall bladder** - Normal physiological distension. No calculus in lumen. Wall thickness is normal. CBD - normal.

**Pancreas** - is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

**Spleen** - is normal in size and normal echotexture.

**Both kidneys** - normal in size, outline and cortical echotexture. **Few calculi are seen on right side, largest measuring 5mm at mid calyx. A 3.5cms benign cortical cyst is seen at upper pole of left kidney.** Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal.

**Urinary bladder** - partially distended.

**Uterus** - is not visualized ( h/o hysterectomy ).

No ascites is seen.


### IMPRESSION:

- **RIGHT RENAL CALCULI AND LEFT RENAL BENIGN CORTICAL CYST.**
- **DIFFUSE FATTY CHANGES IN LIVER.**

ADV - PLEASE CORRELATE CLINICALLY.

\*\*\* End of Report \*\*\*



  
**DR KAMAL NAYYAN GANGEY**  
**DNB RADIOAIGNOSIS**

Page No. 1 of 1





# Dr. Nitin Agarwal

MD, DM (Cardiology)  
Consultant Interventional Cardiologist  
Cell : +91-94578 33777  
Formerly at :  
Escorts Heart Institute & Research Centre, Delhi  
Dr. Ram Manohar Lohia Hospital, Delhi



**APPLE**  
**CARDIAC CARE**  
DR. NITIN AGARWAL'S HEART CLINIC

Roop e unitz

23/12/22

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T STATIN 10

140/80

50/2

52

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Accidental GUR Unk.

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A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

**OPD Timings : 12.00 Noon to 04.00 pm, Sunday : 12.00 Noon to 3.00 pm**

**नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977**

**VALID FOR 5 DAYS.**

**पर्चा पाँच दिन के लिये मान्य**



**ALPHA**  
DIAGNOSTICS

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contact@alphadiagnostic.in,  
alphadiagnostic07@gmail.com  
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**Patient ID** 10228041  
**Name** Mrs. ROOPA GUPTA  
**Sex/Age** Female 53 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 23/07/2022 10:44:33  
**Reported On** 23/07/2022 11:14:56


**X-RAY CHEST PA VIEW**

Trachea is central in position.  
Bony cage is normal.  
Both hila are normal.  
No definite evidence of pleuro pulmonary pathology.  
Both CP angles are clear.  
**Cardio - thoracic ratio is increased.**  
Both diaphragms are normal in position and contour.

**ADV – PLEASE CORRELATE CLINICALLY.**

**\*\*\* End of Report \*\*\***



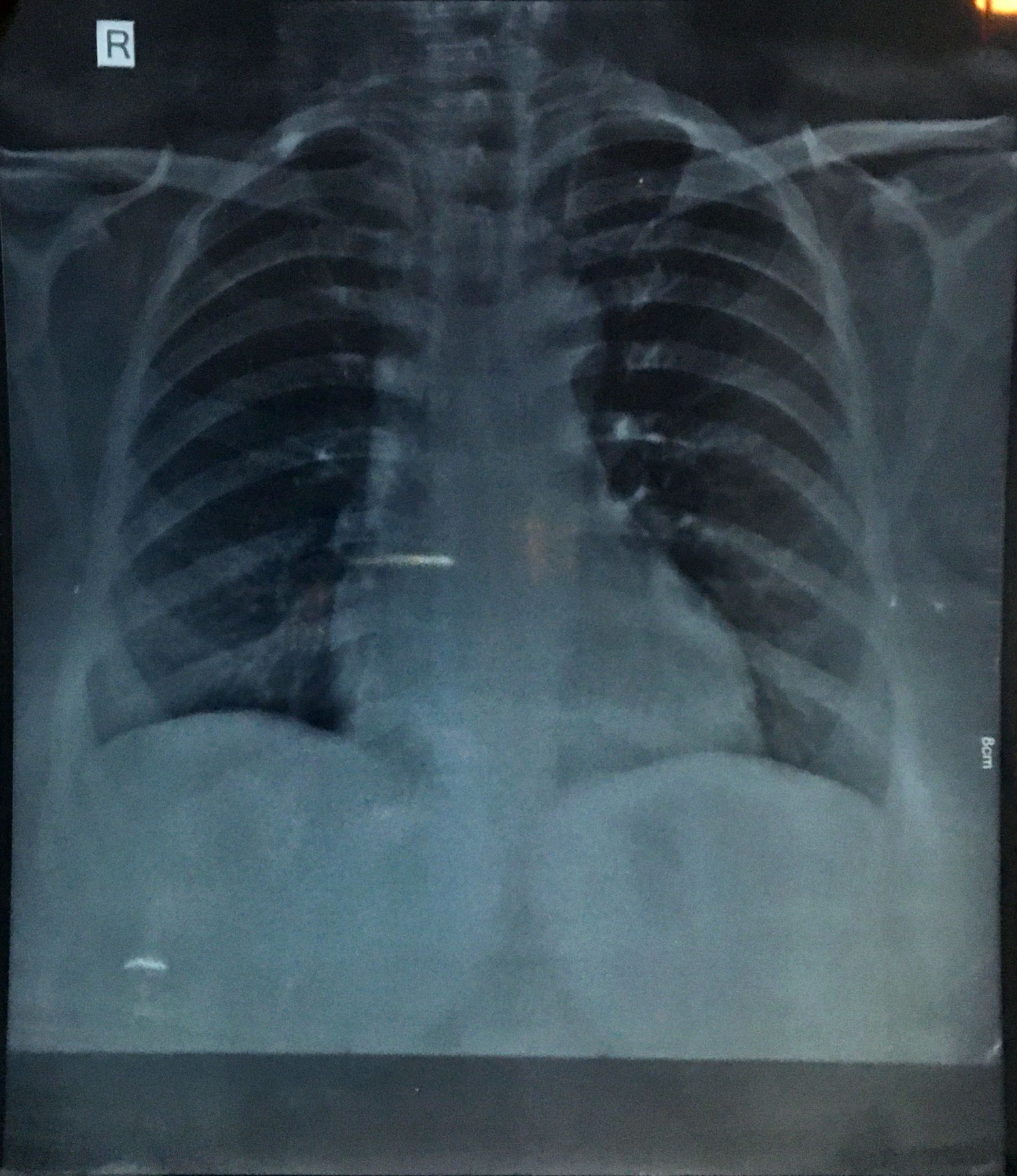
  
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R



Bcm

10mm/mV 25mm/sec  $\approx$  25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec  $\approx$  25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec

I

II

III

aVR

aVL



Pat. ID. *RooPa* *gupta*

Pat. ID.....

Pat. ID.....

CARDIART

CARDIART

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

aVF



10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

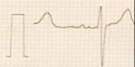
V1



V2



V3



Pat. ID.....



CARDIART

Pat. ID.....



CARDIART

Pat. ID.....



CARDIART

10mm/mV 25mm/sec 25Hz

BPL CARDIART 6108T

10mm/mV 25mm/sec 25Hz

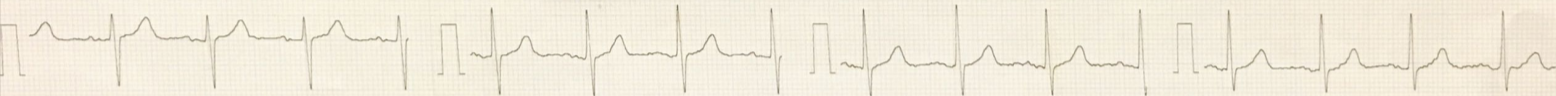
BPL CARDIART 6108T

V3

V4

V5

V6



Pat. ID. ....

Pat. ID. ....

CARDIART

CARDIART

Dr. Nitin Agarwal  
DNI (CARDIOLOGY)

NO ADMISSION WITHOUT  
PERMISSION  
BEFORE ENTERING  
SWITCHED OFF OR SILENCE  
YOUR CELL PHONE  
आवक के बिना अनुमति के  
आगे प्रवेश न करें  
आपका मोबाइल फोन  
बंद कर दें या सILENCE  
में रख दें

