



PID NO. : CFA1371

Name : CHINTAN ASHOK THAKKAR

Sex / Age : Male / 37 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Reg. Date

28-Jun-2024 / 9:09 am

Coll Date

28-Jun-2024 / 9:14 am

Report Date

28-Jun-2024 / 3:05 pm

REPORT

BIOCHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Serum S.G.P.T. (Serum, Method- IFCC without/with PDP)	42.45	U/L	0 - 41
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.59	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.1	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.49	mg/dl	0.0 - 0.90
Serum Creatinine (Serum, Method- Kinetic Jaffe's)	0.72	mg/dl	0.62 - 1.17

Test Done on Fully Automated Mspa CXL PRO PLUS Biochemistry Analyser.

———— End of Report ————



MC - 8321

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

Proudly... Caring For You

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28-Jun-2024 / 9:11 am

Coll Date

28-Jun-2024 / 9:15 am

Report Date

28-Jun-2024 / 3:05 pm

REPORT

Biochemistry Report

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BUN (Blood Urea Nitrogen) Serum, Method: Urease	6.5	mg/dl	6.0 - 20.0
Creatinine Serum, Method-Kinetic Jaffes	0.72	mg / dL	0.62 - 1.17 mg/dl
BUN/Creatinine Ratio Calculated	9		10 - 20.1

———— End of Report ————



MC - 5321

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
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REPORT

BLOOD GLUCOSE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	93.35	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	100.72	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mipa CXL PRO PLUS Biochemistry Analyser.



MC - 5321

Priya

PRIYA PANDEY
Lab Technician



Ritesh

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



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28-Jun-2024 / 3:15 pm

REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
-------------	---------------	--------------	--------------------------------------

----- End of Report -----



MC - 8321

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

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HO- Sea Bird Medicare Centre (ISO 9001:2015) A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69, Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



PID NO. : CFA1371

Name : CHINTAN ASHOK THAKKAR

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Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

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REPORT

Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BLOOD GROUP			
ABO Group	"B"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

----- End of Report -----

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	14.1	gm/dl	13.0 - 17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	4.88	million / cumm	4.5 - 5.5
PCV	41.6	%	40 - 50
MCV	85.4	fL	83 - 101
MCH	28.8	pg	27 - 32
MCHC	33.8	gm / dl	31.5 - 34.5
RDW (CV)	12.9	%	11.6 - 14.0
Total W.B.C. Count	7230	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	68	%	40 - 80
Lymphocytes	28	%	20 - 40
Eosinophils	02	%	1 - 6



MC - 5321

Molly R
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



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28-Jun-2024 / 3:05 pm

REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	02	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	284000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology	Predominantly Normocytic and Normochromic.
WBC Morphology	Normal Morphology.
Platelets on Smear	Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method, Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

----- End of Report -----



MC - 6321

Molly R
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

Page 7 of 10

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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhcf.com | Email: seabird@seabirdhcf.com



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REPORT

Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	50	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

----- End of Report -----

PRIYA PANDEY
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.5		5.0 - 9.0
Specific Gravity	1.015		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)



MC - 5321

PRIYA PANDEY
Lab Technician



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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	2 - 3 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/oxidase reaction), Ketone(Rother's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----



MC - 8321

Priya

PRIYA PANDEY
Lab Technician



Ritesh

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680



SEA BIRD MEDICARE CENTRE

Report ID : CATM28610930 Reg. : 28-Jun-2024
Patient Name : Mr. CHINTAN A THAKKAR Report Date : 28-Jun-2024
Rank : Company Name : M/S. APOLLO HEALTH AND LIFESTYLE
Ref By : DR.PARAG ARVIND PRADHAN Age/Sex : 37 Year / Male

CHEST X RAY REPORT

X-Ray No : 3782

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.



Dr. Jacob
Mathew MD

Proudly... Caring For You

HD- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46022704

Power: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website www.seabirdhf.com | Email seabird@seabirdhf.com

E. C. G. REPORT

RATE 72/1 Q. WAVE N

RHYTHM Rp QRS COMPLEX N

VOLTAGE N ST. SEGMENT N

P. WAVE N T. WAVE N

PR. INTERVAL N

REMARKS NSR/ no Rpn. ST-T changes



ELECTROCARDIOGRAPHIC REPORT



Sea Bird

Sea Bird Medicare Pvt Ltd.
(ISO: 9001 - 2008)

NAME Clinton. Thacker

AGE 37 DATE 28/06/2024

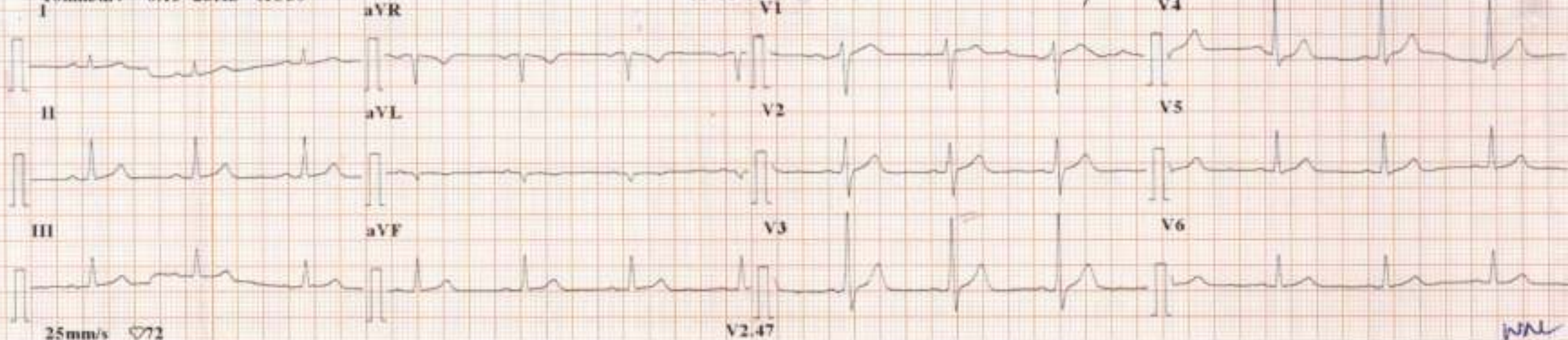
• 102, Heritage Plaza, Telli Cross Lane, Nr. Andheri (E) Stn., Andheri (East), Mumbai - 400 069.
Tel.: 2682 1823, 5578 3905 · Telefax : 2684 0345

• 102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens, Powai, Mumbai - 400076
Tel.: 2570 4157 · Telefax : 25797374

10mm/mV 0.15-25Hz AC50

08-06-2005 07:30:34

Chintan. Parkar / 324 Apollo / 28/6/2024.



25mm/s 72

V2.47

WNL
9

Annexure-2

Self-Health Declaration
(Please ✓ Mark Where Applicable)

PASTE YOUR RECENT
PASSPORT SIZE
PHOTOGRAPH

1 PERSONAL DETAILS:

Name: CHINTAN ASHOK THAKKAR
Address: 101, Plot no. 102, Deep Sunil CHS, Garodia
Nagar, Ghatkopar (E)
City: MUMBAI Pin: 400077
Birth Place: MUMBAI Birth Date: 09/12/1986 Religion: HINDU
(dd/mm/yyyy)
Post applied for: _____ Marital Status: Married / Unmarried Gender: M / F

2 PREVIOUS EMPLOYMENT: Yes / No If yes specify

Name	Nature of work	Duration
i) <u>Axiant Capital</u>	<u>Dealer (Insti)</u>	<u>6 months</u>
ii)		
iii)		

3 NAME OF FAMILY DOCTOR: Dr. Swaroop Hegde

Address: Gr. Floor, Aishwarya Bldg., Peston Sagar,
Road No. 4, Chembur (West), Mumbai-89.

Contact Details: 9819011126

4 PERSONAL HABITS:

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol
- iv) Any other

5 MEDICAL HISTORY:

i) **ANY DISABILITY:** Yes / No If yes specify with disability %

N/A

ii) **PERSONAL HISTORY:**

Are you in good health and capable of full work
Have you ever suffered from job related disease or injury?
Have you ever been discharged or rejected on medical grounds?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Types of Previous Occupation (Pl. describe in brief about company, nature of work, duration in years)

I have been doing ^{Job} since last 15 years and above in Stock Market as I am a dealer since last 15 years and above

iii) Have you ever suffered from any of the following (Answer Yes or No. If yes, give details)

Y	N		Y	N	
	<input checked="" type="checkbox"/>	Hypertension		<input checked="" type="checkbox"/>	Hepatitis-B
	<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>	Cancer
	<input checked="" type="checkbox"/>	Heart disease		<input checked="" type="checkbox"/>	Stroke
	<input checked="" type="checkbox"/>	Kidney diseases		<input checked="" type="checkbox"/>	Bronchitis
	<input checked="" type="checkbox"/>	Tuberculosis		<input checked="" type="checkbox"/>	Any allergy
	<input checked="" type="checkbox"/>	Chronic lung disease (e.g. Pleurisy Pneumonia etc.)		<input checked="" type="checkbox"/>	Any chronic ear or hearing problem (e.g. sinusitis, rhinitis otitis etc.)
	<input checked="" type="checkbox"/>	Epilepsy, Fits, Fainting or Dizziness		<input checked="" type="checkbox"/>	Mental disorder of any kind
	<input checked="" type="checkbox"/>	Any major operation or injury		<input checked="" type="checkbox"/>	Any other illness

Details of the above if "Yes"

(For female candidates only)

Are you pregnant at present? Y N

Date of L.M.P. _____

iv) Immunization: Yes No

Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WSP [M1 @ Dora]

6 FAMILY HISTORY:

Has anyone of your parents suffered from any of the following: Yes / No

(If yes, Please ✓ Mark Where Applicable)

	Father	Mother
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Any other Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>ASTHMA</i>

	IF LIVING		IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH	CAUSE OF DEATH
Father			<i>52 yrs</i>	<i>Heart Attack</i>
Mother	<i>61 yrs</i>	<i>Fair</i>		
Spouse	<i>38 yrs</i>	<i>Good</i>		
Children-1	<i>10 yrs</i>	<i>Good</i>		
Children -2				

7 I declare that the above statements are true and complete to the best of my knowledge and belief. In case this information is found to be false by the company, then the company reserves the right to terminate my services without giving any notice. I agree that the results of this medical examination in general terms may be revealed to the company if required. I also fully understand that in case I am declared medically unfit due to any reason, I shall not be entitled for the employment in the company. However, the decision taken by recruitment committee about my medical fitness will be final and binding to me.

Date: *28/06/2024*

Chintan
(Signature of Candidate)

MER-MEDICAL EXAMINATION REPORT

Date of Examination	23/06/24	
NAME	CHINTAN A. THAKKAR	
AGE 3	37	Gender MALE
HEIGHT(cm) 5'8"	WEIGHT (kg)	66
B.P.	120/80	
ECG	WNL	
X Ray	NAD	
Vision Checkup	Color Vision : N Far Vision Ratio : 6/6 Near Vision Ratio : N5	
Present Ailments	Nil	
Details of Past ailments (If Any)	Nil	
Comments / Advice : Nil / He is Physically Fit		



Signature with Stamp of Medical Examiner

Dr. FARAG A. PRADHAN
 MBBS
 Approved By DG Shipping (GOI)
 Reg. No. (MNC) 61284
 102-103-104, Gateway Plaza, Central
 Avenue Road, Hiranandani Gardens,
 Powai, Mumbai-400076
 SGA BIRD MEDICARE CENTRE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Chintan Thakker on 29/6/24

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.....</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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medical purposes

DR. PRADEEP PRADHAN
 MBBS
 Approved By DG Shipping (GOI)
 Reg. No. (MMC) 61264
 102-103-104, Gateway Plaza, Central
 Avenue Road, Hiranandani Gardens,
 Powai, Mumbai-400076
 SEA BIRD MEDICARE CENTRE



भारत सरकार
GOVERNMENT OF INDIA



चिंतन अशोक ठक्कर
Chintan Ashok Thakkar
DOB: 09-12-1986
Gender: Male



6532 5868 3756

आधार - आम आदमी का अधिकार

Chintan