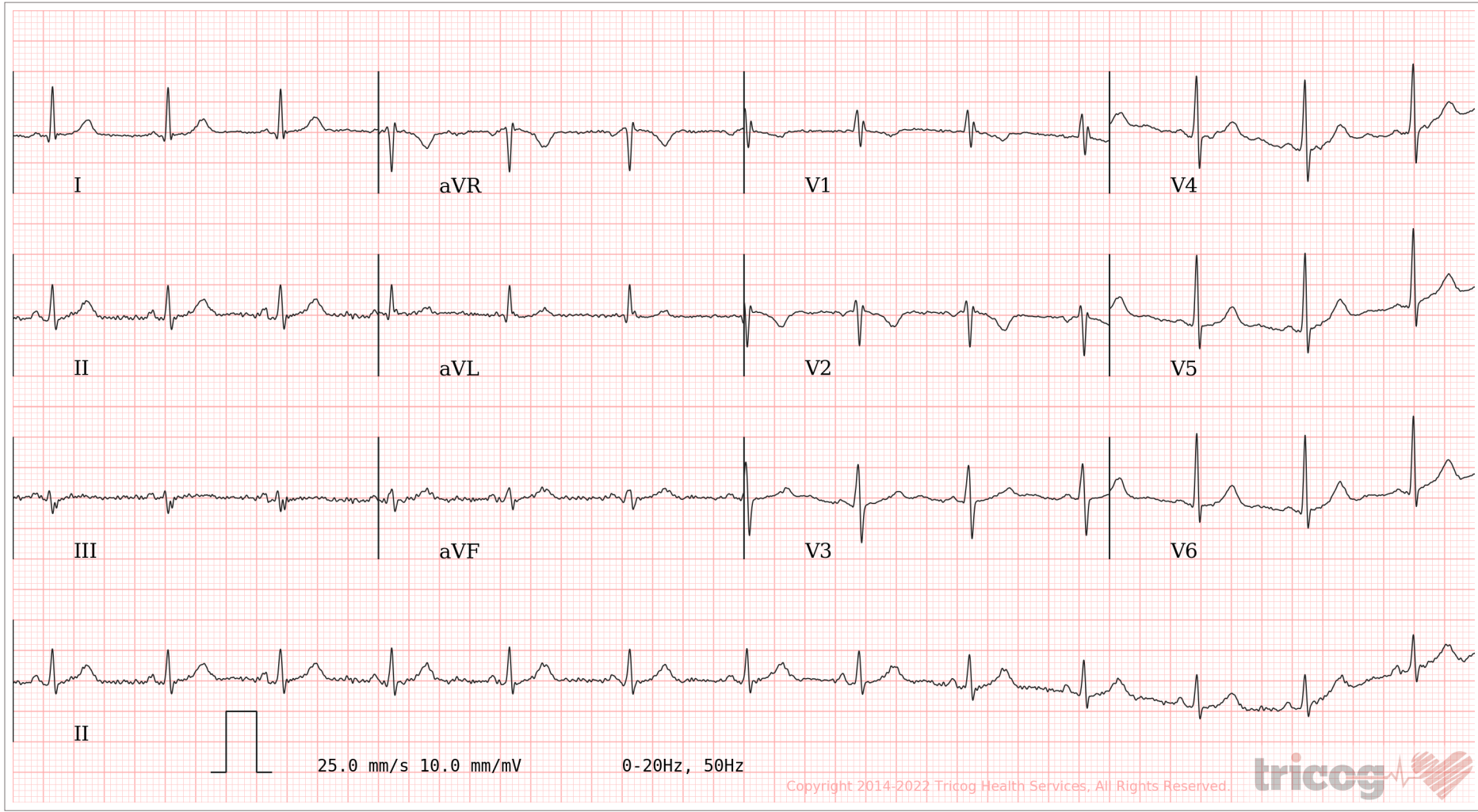




Age / Gender: 32/Female  
Patient ID: CVAR0103902122  
Patient Name: Mrs.IRAM FATMA-PKG10000238

Date and Time: 5th Feb 22 10:50 AM



AR: 81 bpm    VR: 81 bpm    QRSD: 78 ms    QT: 366 ms    QTc: 425 ms    PRI: 106 ms    P-R-T: 58° 14° 43°

Sinus Rhythm, Normal Axis, with Short PR. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr Kavitha A



# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:18
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 05/Feb/2022 10:16:16
UHID/MR NO	: CVAR.0000026151	Received	: 05/Feb/2022 10:24:07
Visit ID	: CVAR0103902122	Reported	: 05/Feb/2022 12:25:50
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O
Rh ( Anti-D)	POSITIVE

#### COMPLETE BLOOD COUNT (CBC) \* , Blood

Haemoglobin	12.70	g/dl	Male- 13.5-17.5 g/dl Female-12.0-15.5 g/dl
TLC (WBC)	5,500	/Cu mm	4000-10000
<b>DLC</b>			
Polymorphs (Neutrophils )	60.00	%	55-70
Lymphocytes	36.00	%	25-40
Monocytes	2.00	%	3-5
Eosinophils	2.00	%	1-6
Basophils	0.00	%	< 1
<b>ESR</b>			
Observed	20.00	Mm for 1st hr.	
Corrected	10.00	Mm for 1st hr.	< 20
PCV (HCT)	39.40	cc %	40-54
<b>Platelet count</b>			
Platelet Count	1.0	LACS/cu mm	1.5-4.0
PDW (Platelet Distribution width)	nr	fL	9-17
P-LCR (Platelet Large Cell Ratio)	nr	%	35-60
PCT (Platelet Hematocrit)	nr	%	0.108-0.282
MPV (Mean Platelet Volume)	nr	fL	6.5-12.0
<b>RBC Count</b>			
RBC Count	4.47	Mill./cu mm	3.7-5.0
<b>Blood Indices (MCV, MCH, MCHC)</b>			
MCV	88.00	fl	80-100
MCH	28.50	pg	28-35
MCHC	32.30	%	30-38
RDW	12.00	%	11-16
RDW-CV	39.90	fL	35-60
Neutrophils Count	3,300.00	/cu mm	3000-7000
Eosinophils Count (AEC)	110.00	/cu mm	40-440



Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:19
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 05/Feb/2022 10:16:16
UHID/MR NO	: CVAR.0000026151	Received	: 05/Feb/2022 10:24:07
Visit ID	: CVAR0103902122	Reported	: 05/Feb/2022 12:39:01
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	86.90	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

Glucose PP	135.00	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (Hb-A1c)	32.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795, 0542-2223232  
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Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:19
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.







# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795,0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:19
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Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### BUN (Blood Urea Nitrogen)

Sample:Serum

13.40 mg/dL 7.0-23.0 CALCULATED

#### Creatinine

Sample:Serum

0.80 mg/dl 0.5-1.2 MODIFIED JAFFES

#### e-GFR (Estimated Glomerular Filtration Rate)

Sample:Serum

102.00 ml/min/1.73m<sup>2</sup> - 90-120 Normal  
- 60-89 Near Normal CALCULATED

#### Uric Acid

Sample:Serum

3.50 mg/dl 2.5-6.0 URICASE

#### L.F.T.(WITH GAMMA GT) \* , Serum

SGOT / Aspartate Aminotransferase (AST)

28.90 U/L < 35 IFCC WITHOUT P5P

SGPT / Alanine Aminotransferase (ALT)

23.70 U/L < 40 IFCC WITHOUT P5P

Gamma GT (GGT)

14.80 IU/L 11-50 OPTIMIZED SZAZING

Protein

7.00 gm/dl 6.2-8.0 BIRUET

Albumin

4.20 gm/dl 3.8-5.4 B.C.G.

Globulin

2.80 gm/dl 1.8-3.6 CALCULATED

A:G Ratio

1.50 1.1-2.0 CALCULATED

Alkaline Phosphatase (Total)

67.50 U/L 42.0-165.0 IFCC METHOD

Bilirubin (Total)

0.70 mg/dl 0.3-1.2 JENDRASSIK & GROF

Bilirubin (Direct)

0.20 mg/dl < 0.30 JENDRASSIK & GROF

Bilirubin (Indirect)

0.50 mg/dl < 0.8 JENDRASSIK & GROF

#### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)

181.00 mg/dl <200 Desirable CHOD-PAP  
200-239 Borderline High  
> 240 High

HDL Cholesterol (Good Cholesterol)

43.90 mg/dl 30-70 DIRECT ENZYMATIC

LDL Cholesterol (Bad Cholesterol)

114 mg/dl < 100 Optimal CALCULATED  
100-129 Nr.  
Optimal/Above Optimal  
130-159 Borderline High  
160-189 High  
> 190 Very High

23.52 mg/dl 10-33 CALCULATED

117.60 mg/dl < 150 Normal GPO-PAP

150-199 Borderline High

200-499 High

>500 Very High



S.N. Sinha  
Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:18
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 05/Feb/2022 15:29:56
UHID/MR NO	: CVAR.0000026151	Received	: 05/Feb/2022 15:31:02
Visit ID	: CVAR0103902122	Reported	: 05/Feb/2022 15:56:05
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.030			
Reaction PH	Acidic ( 6.5 )			DIPSTICK
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.2-2.81	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Urobilinogen(1:20 dilution)	ABSENT			
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	0-1/h.p.f			MICROSCOPIC EXAMINATION
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

(+)	< 0.5
(++)	0.5-1.0
(+++)	1-2
(++++)	> 2





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:18
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 05/Feb/2022 15:29:56
UHID/MR NO	: CVAR.0000026151	Received	: 05/Feb/2022 15:31:02
Visit ID	: CVAR0103902122	Reported	: 05/Feb/2022 15:56:05
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



S.N. Sinha

Dr.S.N. Sinha (MD Path)





# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:18
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: 05/Feb/2022 10:16:16
UHID/MR NO	: CVAR.0000026151	Received	: 05/Feb/2022 12:53:58
Visit ID	: CVAR0103902122	Reported	: 05/Feb/2022 12:54:38
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	103.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	6.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.70	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



S.N. Sinha  
Dr.S.N. Sinha (MD Path)







# CHANDAN DIAGNOSTIC CENTRE

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi  
Ph: 9235447795, 0542-2223232  
CIN : U85110DL2003PLC308206



Patient Name	: Mrs.IRAM FATMA-PKG10000238	Registered On	: 05/Feb/2022 09:48:19
Age/Gender	: 32 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CVAR.0000026151	Received	: N/A
Visit ID	: CVAR0103902122	Reported	: 07/Feb/2022 11:17:06
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### X-RAY REPORT

#### (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) CHEST P-A VIEW

- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlate clinically.

\*\*\* End Of Report \*\*\*

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, ECG / EKG, ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)



Dr Raveesh Chandra Roy (MD-Radio)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location







## CHANDAN DIAGNOSTIC CENTRE

Name of Company: Medi'w heel  
Name of Executive: Iram Fatma  
Date of Birth: 10.07.1989  
Sex: Female  
Height: 159  
Weight: 60.59  
BMI (Body Mass Index): 23.3  
Chest (Expiration / Inspiration) 87/85  
Abdomen: 75  
Blood Pressure: 110/76  
Pulse: 78 regular  
RR: 18  
Ident Mark: Modi on neck  
Any Allergies:  
Vertigo: NO  
Any Medications: NO  
Any Surgical History: NO  
Habits of alcoholism/smoking/tobacco: NO  
Chief Complaints if any: NO  
Lab Investigation Reports: Reports Att.  
Eye Check up vision & Color vision: Normal  
Left eye: Normal  
Right eye: Normal  
Near vision: Normal





## CHANDAN DIAGNOSTIC CENTRE

Far vision : *Normal*  
Dental check up : *Normal*  
ENT Check up : *Normal*  
Eye Checkup : *Normal*

### Final impression

Certified that I examined *Manu Patna* S/o or D/o \_\_\_\_\_  
is presently in good health and free from any cardio-respiratory/communicable  
ailment, he/she is fit / Unfit to join any organization.

  
Client Signature :-

  
Signature of Medical Examiner

Name & Qualification *Dr. R.C. Roy, MBBS, MD*

Date *05-2-22* Place *Varanasi*

**Dr. R.C. ROY**  
MBBS., MD. (Radio Diagnosis)  
Reg. No.-26918





104 Surya Complex, Phase-II, Opp. Apollo  
Hospital, Near Akashwani,, Mahmoorganj,  
Varanasi - 221 010, Mahmoorganj  
Road, Mahmoorganj, Shivaji Nagar Colony,  
Mahmoorganj, Varanasi, Uttar Pradesh  
221010, India

Latitude

25.304586°

Longitude

82.978804°

LOCAL 10:36:17

GMT 05:06:17

SATURDAY 02.05.2022

ALTITUDE 0 FEET





आपका **आधार** क्रमांक / Your **Aadhaar** No. :

**6855 4428 4009**

VID : 9146 8426 6466 1928

**मेरा आधार, मेरी पहचान**



भारत सरकार

Government of India



इरम फातमा

Iram Fatma

जन्म तिथि/DOB: 10/07/1989

महिला/ FEMALE

Issue Date: 05/01/2016

**6855 4428 4009**

VID : 9146 8426 6466 1928

**मेरा आधार, मेरी पहचान**

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भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

आसना: अतिकुर्रहमान खान, मकान संख्या 109, गली संख्या 1/2, नौबदी पुलिस स्टेशन के पास, राम बाग कॉलोनी, मेरठ, उत्तर प्रदेश - 250002

Address:

D/O: Abqurrehman Khan, House Number 109, Gali Number 1/2, Near Naudhandi Police Station, Ram Bagh Colony, Meerut, Uttar Pradesh - 250002

Download Date: 04/01/2022

**6855 4428 4009**

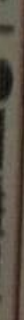
VID : 9146 8426 6466 1928



1947



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