

APOLLO SPECTRA HOSPITALS

14/138, Chunni Ganj, Mall Road, Kanpur-208 001 Helpline No.: +91 99355 77550 Ph. No.: 0512 - 255 5991, 255 5992 www.apollospectra.com

MEDICAL EXAMINATION REPORT

NAME: MRS. RAJ LAXMI

AGE/SEX: 38Y/FEMALE

DATE OF BIRTH: 01/01/1986

ADDRESS: VISHNUPURI COLONY, NAWABGANJ – KANPUR – 208002

OBSERVATIONS

1. DIABETES MELLITUS: NO

3. C.O.P.D.: NO

AMIN'T INJUST

5. EYE DISORDER: NO

> EPILEPSY: NO MEDICAL EX

9. E.N.T.: NORMAL

2. HYPERTENSION: NO

4. TUBERCULOSIS: NO

6. PARALYSIS: NO

8. DENTAL: NORMAL

BLOOD PRESSURE: 130/80 mmhg

RESPIRATORY RATE: 19/m 设压制的无理 经销产目 建加加拉油法

PULSE: 88 bpm HEIGHT: 141 cm

WEIGHT: 47 kg

BMI: 23.6 Kg/m²

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PLACE, Kanpures MELLYTUS: NO DATE: 29/10/2024

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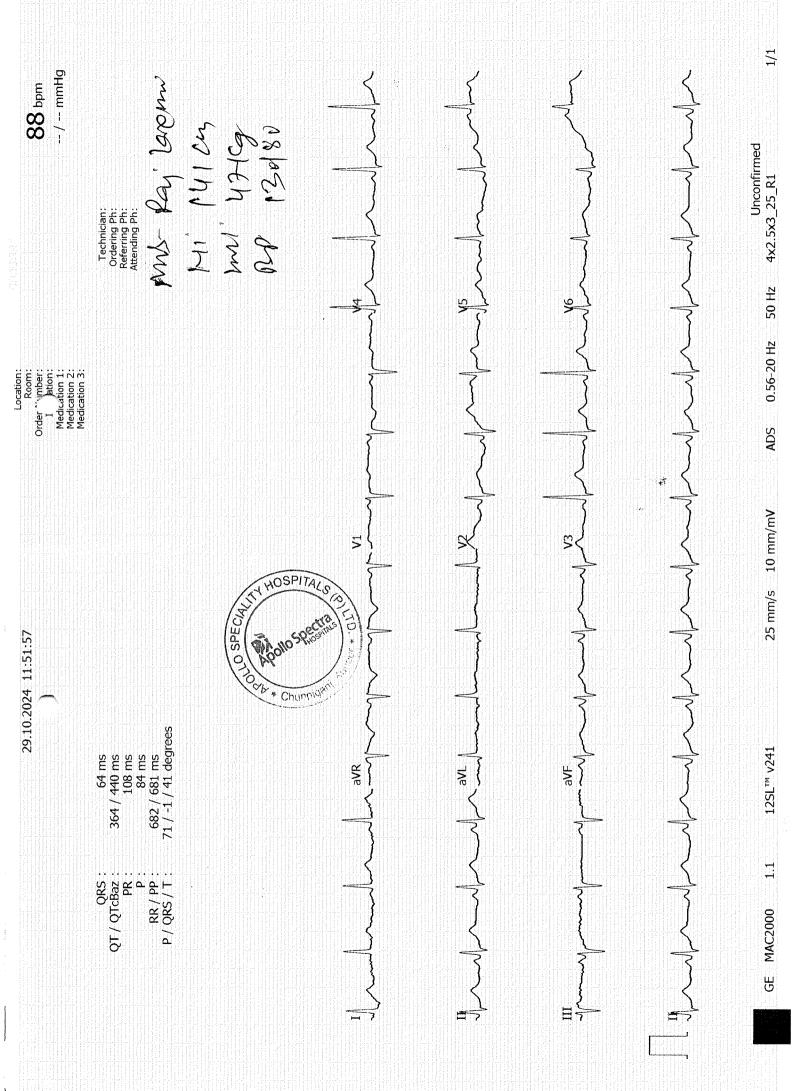
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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.

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Alliance Dental Care Limited GSTIN: 36AAECA1118N1ZR

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www.apollospectra.com

Patient Name

: Mrs. RAJ LAXMI

UHID

: SKAN.0000140383

Reported on

: 29-10-2024 14:57

Adm/Consult Doctor

Age

: 38 Y F

OP Visit No.

: SKANOPV178602

Printed on

: 29-10-2024 14:59

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

<u>Liver</u> appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

<u>Pancreas</u> appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

<u>Urinary Bladder</u> is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

<u>Uterus</u> appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected. Suggest – clinical correlation. Chunnigani Lagrand

(The sonography findings should always be considered in correlation with the clinical and other investigation

Page 1 of 2



Patient Name

: Mrs. RAJ LAXMI

UHID

: SKAN.0000140383

Reported on

: 29-10-2024 14:57

Adm/Consult Doctor

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Age

: 38 Y F

OP Visit No

: SKANOPV178602

Printed on

: 29-10-2024 14:57

Ref Doctor

: SELF

finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:29-10-2024 14:57

---End of the Report---

Chunnigan

Page 2 of 2

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)



Package Name

DEPARTMENT OF LABORATORY SERVICES **Patient Name**

Age / Gender : 38Y/Female

UHID/MR No. : SKAN.0000140383 **OP Visit No** : SKANOPV178602 Sample Collected on: 29-10-2024 11:40

Reported on : 29-10-2024 13:16 LRN# : LAB13687787 Specimen : Blood(EDTA)

Ref Doctor : SELF : ARCOFEMI - MEDIWHEEL - FULL BODY HC

STARTER FEMALE - PAN INDIA - FY2324 Emp/Auth/TPA ID : 35ES7705 Adm/Consult Doctor:

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

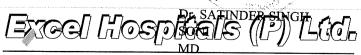
DEPARTMENT OF LABORATORY MEDICINE

TEST NAME HEMOGRAM + PERIPHERAL SMEAR	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
rlemoglobin Method: Cyanide Photometric	13.5	11.5 - 15	g/dL
RBC Count Method: Electrical Impedance	4.54	3.8 - 4.8	millions/cu
Haematocrit Method: Calculated	39.8	36 - 46	mm %
MCV Method: Calculated	87.7	83 - 101	fl
MCH Method: Calculated	29.7	27 - 32	pg
MCHC Method: Calculated	33.9	31.5 - 34.5	g/dl
RDW	13.0	11.6 - 14	%
Platelet Count : thod: Electrical Impedance	2.21	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	7900	4000 - 11000	cells/cumm

Results are to be correlated clinically

Lab Technician / Technologist

KNOTEEHAL Pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



Path 18g Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 Email: excelhospitals@gmail.com Emergency No. 9935577550

HOSP/



DEPARTMENT OF LABORATORY SERVICES **Patient Name**

Age / Gender UHID/MR No.

: 38Y/Female : SKAN.0000140383 OP Visit No

: SKANOPV178602 Sample Collected on: 29-10-2024 11:40 Reported on : 29-10-2024 13:16 LRN# : LAB13687787

Specimen : Blood(EDTA) Ref Doctor : SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY HC

Package Name STARTER FEMALE - PAN INDIA - FY2324

Emp/Auth/TPA ID : 35ES7705 Adm/Consult Doctor :

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils 60 40 - 80 Lymphocytes 35 20 - 40

Monocytes 02 2 - 10 %

Eosinophils 03 1-6 % Basophils 00 0-2

Erythrocyte Sedimentation Rate (ESR) 15 0 - 20

Method: Westergrens Method. mm/hr

TEST NAME BIOLOGICAL REFERENCE RESULT INTERVALS BLOOD GROUP ABO AND RH FACTOR

ABO Α

Method: Microplate Hemagglutination

Rh (D) Type: **POSITIVE**

Method: Microplate Hemagglutination

End of the report

Results are to be correlated clinically

Lab Technician / Technologist

KAN EHPLOOI NOTE: All pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



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UNITS



DEPARTMENT OF LABORATORY SERVICES

Patient Name

: Mrs. RAJ LAXMI

UHID/MR No.

: SKAN.0000140383

Sample Collected on: 29-10-2024 11:40

LRN#

: LAB13687787

Ref Doctor

: SELF

Emp/Auth/TPA ID : 35ES7705

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Age / Gender

: 38Y/Female

OP Visit No

: SKANOPV178602

Reported on

: 29-10-2024 18:12

Specimen

: Blood(EDTA)

Adm/Consult Doctor:

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology

RBC

WBC

Platelets

Parasites

IMPRESSION Note/Comment Microscopic

Normocytic Normochromic

within normal limits. DLC is (P 60 L 35 M 02 E 03 B 00)

Adequate in Number

No Haemoparasites seen

Normocytic normochromic blood picture

Please Correlate clinically

End of the report

Results are to be correlated clinically

Lab Technician / Technologist

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Package Name

DEPARTMENT OF LABORATORY SERVICES

Patient Name Age / Gender UHID/MR No.

: 38Y/Female : SKAN.0000140383

OP Visit No

: SKANOPV178602 Sample Collected on: 29-10-2024 11:40 Reported on : 29-10-2024 18:14

LRN# : LAB13687787 Specimen : Serum **Ref Doctor**

: SELF : ARCOFEMI - MEDIWHEEL - FULL BODY HC

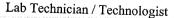
STARTER FEMALE - PAN INDIA - FY2324 Emp/Auth/TPA ID : 35ES7705 Adm/Consult Doctor:

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNITS
GAMMA GLUTAMYL TRANFERASE (GGT)		INTERVALS	
GAMMA GT Method: Kinetic Photometric	31	<38	U/L
RENAL PROFILE/RENAL FUNCTION TEST ((RFT/KFT)		
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	0.8	0.55 - 1.02	mg/dl
URIC ACID - SERUM Method: Modified Uricase	4.8	2.6 - 6.0	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	29	Female: 15 - 36	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	9.2	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	13.52	7-17	mg/dl
PHOSPOHORUS Method: Phosphomolybdate -UV	5.6*	2.5 - 4.5	mg/dl
ELECTROLYTES (Na) Method: ISE-Direct	140	135 - 145	meq/L
ELECTROLYTES (K)	4.5	3.5 - 5.1	meq/L

Results are to be correlated clinically



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Emergency No. 9935577550



DEPARTMENT OF LABORATORY SERVICES

Patient Name Age / Gender : 38Y/Female

UHID/MR No. : SKAN.0000140383 **OP Visit No** : SKANOPV178602

Sample Collected on: 29-10-2024 11:40 Reported on : 29-10-2024 18:14 LRN#

: LAB13687787 Specimen : Serum **Ref Doctor** : SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY HC Package Name STARTER FEMALE - PAN INDIA - FY2324

Emp/Auth/TPA ID : 35ES7705 Adm/Consult Doctor:

Sponsor Name : ARCOFEMI HEALTHCARE I IMITED

. ARCOFEMI HEALTHCARE	LIMITED		
Method: ISE-Direct			
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL Method: Azobilirubin/dyphylline	1.24	0.2 - 1.3	mg/dL
BILIRUBIN (DIRECT) Method: Dual Wavelength Spectrophotometric	0.37	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
BILIRUBIN UNCONJUGATED(INDIRECT) Method: Dual Wavelength Spectrophotometric	0.87	0.0 - 1.1	mg/dL
ALBUMIN Method: Bromocresol Green dye binding	4.4	3.0 - 5.0	g/dL
PROTEIN TOTAL Method: Biuret Reaction	7.2	6.0 - 8.2	g/dL
AST (SGOT) Method: Kinetic (Leuco dye) with P 5 P	23	14 - 36	U/L
GLOBULINN Method: Calculation	2.8	2.8 - 4.5	g/dL
ALT(SGPT)	21	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL Method: CHOD-End Point POD (Enzymatic)	161	<200 - Desirable 200-239 - Borderline High >=240 - High	mg/dL
HDL	57	<40 - Low	mg/dL

Results are to be correlated clinically

Lab Technician / Technologist

NOTEAN ENERGY all test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



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Package Name

DEPARTMENT OF LABORATORY SERVICES

Patient Name Age / Gender : 38Y/Female

UHID/MR No. : SKAN.0000140383 **OP Visit No** : SKANOPV178602

Sample Collected on: 29-10-2024 11:40 Reported on : 29-10-2024 18:14

LRN# : LAB13687787 Specimen : Serum

Ref Doctor : SELF : ARCOFEMI - MEDIWHEEL - FULL BODY HC

STARTER FEMALE - PAN INDIA - FY2324 Emp/Auth/TPA ID : 35ES7705

Adm/Consult Doctor :

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Method: Direct Measure PEG >=60 - High LDL. 86.4 < 100 - Optimal

Method: Calculation Friedewald's Formula 100-129 - Near Optimal & Above

Optimal

TRIGLYCERIDES 88 Normal: <150

Method: Enzymatic GPO/POD/End Point Border High: 150 - 199

High: 200 - 499 Very High : >= 500

Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations

in Lipid Profile. **VLDL**

Method: Calculated HbA1c, GLYCATED HEMOGLOBIN

17.6

HbA1c, GLYCATED HEMOGLOBIN

5.0 <=5.6:Non-Diabetic % Method:HPLC 5.7-6.4: Prediabetes (Increased Risk

for Diabetes) >=6.5: Diabetes Mellitus

> Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result

10-40

mg/dl

mg/dL

should be confirmed by repeat test(ADA Guidelines 2015)

eAG (estimated Average Glucose) 96.8 mg/dL

Results are to be correlated clinically

Lab Technician / Technologist

NOTE A NUL ELECTRON BLOOM Lest have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



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DEPARTMENT OF LABORATORY SERVICES

Patient Name

Age / Gender

: 38Y/Female

UHID/MR No.

: SKAN.0000140383

OP Visit No

: SKANOPV178602

Sample Collected on: 29-10-2024 11:40

Reported on

: 29-10-2024 18:14

LRN#

: LAB13687787

Specimen

: Serum

Ref Doctor

: SELF

Package Name

: ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Emp/Auth/TPA ID : 35ES7705

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Method: Calculated

GLUCOSE, FASTING

Glucose - Plasma Method: GOD-PAP

97*

Fasting

mg/dL

- Normal: < 100mg/dL

- Prediabetes: 100 - 125 mg/dL Diabetes: 126 mg/dL or higher

End of the report

Results are to be correlated clinically

Lab Technician / Technologist

NOTEANUE HANDER limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

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DEPARTMENT OF LABORATORY SERVICES

Age / Gender

Patient Name

Age / Gender

: 38Y/Female

UHID/MR No.

: SKAN.0000140383

OP Visit No

: SKANOPV178602

Sample Collected on: 29-10-2024 11:40

Reported on

: 29-10-2024 18:16

LRN#

: LAB13687787

Specimen

: Urine

Ref Doctor

: SELF

Package Name

: ARCOFEMI - MEDIWHEEL - FULL BODY HC

STARTER FEMALE - PAN INDIA - FY2324

Emp/Auth/TPA ID

: 35ES7705

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME COMPLETE URINE EXAMINATION	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
Color:	Straw	Pale Yellow	
Specific Gravity Method: Indicator Method	1.020	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein: Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	5.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent	•	
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	2-4	2-3	/hpf

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DEPARTMENT OF LABORATORY SERVICES

Mrs. RAJ LAXMI

Age / Gender

Patient Name

Age / Gender

: 38Y/Female

UHID/MR No.

: SKAN.0000140383

OP Visit No

: SKANOPV178602

Sample Collected on: 29-10-2024 11:40

Reported on

: 29-10-2024 18:16

LRN#

: LAB13687787

Specimen

: Urine

Ref Doctor

: SELF

Package Name

: ARCOFEMI - MEDIWHEEL - FULL BODY HC

STARTER FEMALE - PAN INDIA - FY2324

Emp/Auth/TPA ID

: 35ES7705

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

RBC

Nil

0 - 2

/hpf

Crystals:

Nil

Casts:

Nil

/hpf

End of the report



Results are to be correlated clinically

Lab Technician / Technologist

NOTE AN EXPLOSION test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

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SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph.: 8858154254, 9918123109

e-mail: sonidiagnostics01@gmail.com

Patient Name: MRS. RAJ LAXMI

Age / Gender: 38 years / Female

Patient ID: 59411

Source: Excel Hospital

Referral: Dr. HEALTH CHECKUP

Collection Time: 29/10/2024, 02:46 p.m.

Reporting Time: 30/10/2024, 02:13 p.m.

Sample ID:

PAP Smear Cytology

Reference Number:

SD 308/24

ype of sample

Conventional

Specimen Adequacy

Smears are adequate and satisfactory for evaluation. Transformation zone component is not identified.

Interpretation

Negative for intraepithelial lesion/malignancy (NILM).

END OF REPORT

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni

All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical corelation and further relevant investigations advised if warranted. Any discrepencies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.





भारत सरकार Unique Identification Authority of India **Government of India**

, नामांकन क्रम / Enrollment No.: 1088/39024/00521

To

राज लक्ष्मी

Raj Laxmi

W/O: Uma Shankar

15/10 Vishnupuri Labour Colony

Kanpur Nagar

Katarijiyora Nawab Gani

Kheora

Kanpur Kanpur Nagar

. Uttar Pradesh 208002

8601920414

MD145594219FH



आपका आधार क्रमांक / Your Aadhaar No. :

4890 5332 5726

मेरा आधार, मेरी पहचान



ं भारत सरकार

Government of India

राज लक्ष्मी

Raj Laxmi

जन्म तिथि / DOB : 01/01/1986

महिला / Female





4890 5332 5726

मेरा आधार, मेरी पहचान

Submitted for H/C.

St. St.

