

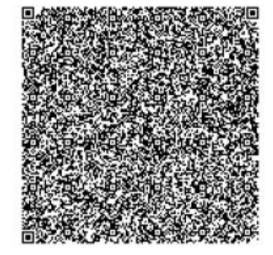


ભારત સરકાર Government of India

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ Unique Identification Authority of India

ศเมเรศ ธม ส่งขเ/ Enrolment No.: 0840/25004/03783

To સંદીપ વિનેદકુમાર પટેલ Sandip Vinodkumar Patel S/O Patel Vinodkumar 4-16-39 Bhatthi No Madh Salvi Vado Patan (Town) Patan Gujarat - 384265 9727192009



તમારો આધાર નંબર / Your Aadhaar No. :

9510 3287 5787 VID: 9112 5790 2026 9611

મારો <mark>આધાર</mark>, મારી ઓળખ



ssue Date: 15/12/2013

Government of India





સંદીપ વિનોદકુમાર પટેલ Sandip Vinodkumar Patel ਪਾਰਮ ਗ਼ਣੀਅ/DOB: 20/04/1986 yə⊌/ MALE

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મારો <mark>આધાર</mark>, મારી ઓળખ







નિર્દેશ

- આધાર ઓળખાણનું પ્રમાણ છે. નાગરીકતાનું નિહેં
- ઓળખ યકાસવા માટે સુરક્ષિત QR કોડ/ઑફલાઈન XML/ ઓનલાઇન પ્રમાણીકરણનો ઉપયોગ કરવો.
- આ ઈલેક્ટ્રોનિક પ્રક્રિયા દ્વારા બનાવેલા દસ્તાવેજ છે.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.
 - આધાર સમગ્ર દેશમાં માન્ય છે.
 - આધાર તમને વિવિધ સરકારી અને બિન-સરકારી સેવાઓને સરળતાથી મેળવવામાં મદદ કરે છે.
 - તમારા મોબાઈલ નંબર અને ઈમેઇલ આઈડીને આધારમાં અપડેટ કરો.
 - તમારા સ્માર્ટ ફોનમાં આધાર રાખો –એમઆધાર એપ્લિકેશનનો ઉપયોગ કરો.
 - Aadhaar is valid throughout the country.
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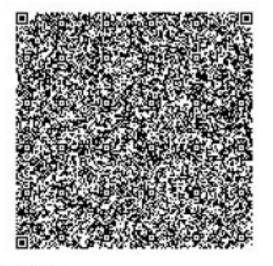
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S/O પટેલ વિનોદકુમાર, 4-16-39, ભઠીનો માઢ, સાલવી વાડો, પાટણ, પાટણ, ગુજરાત - 384265

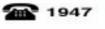
Address:

S/O Patel Vinodkumar, 4-16-39, Bhatthi No Madh, Salvi Vado, Patan (Town), Patan, Gujarat - 384265

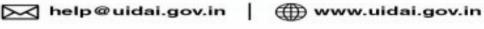


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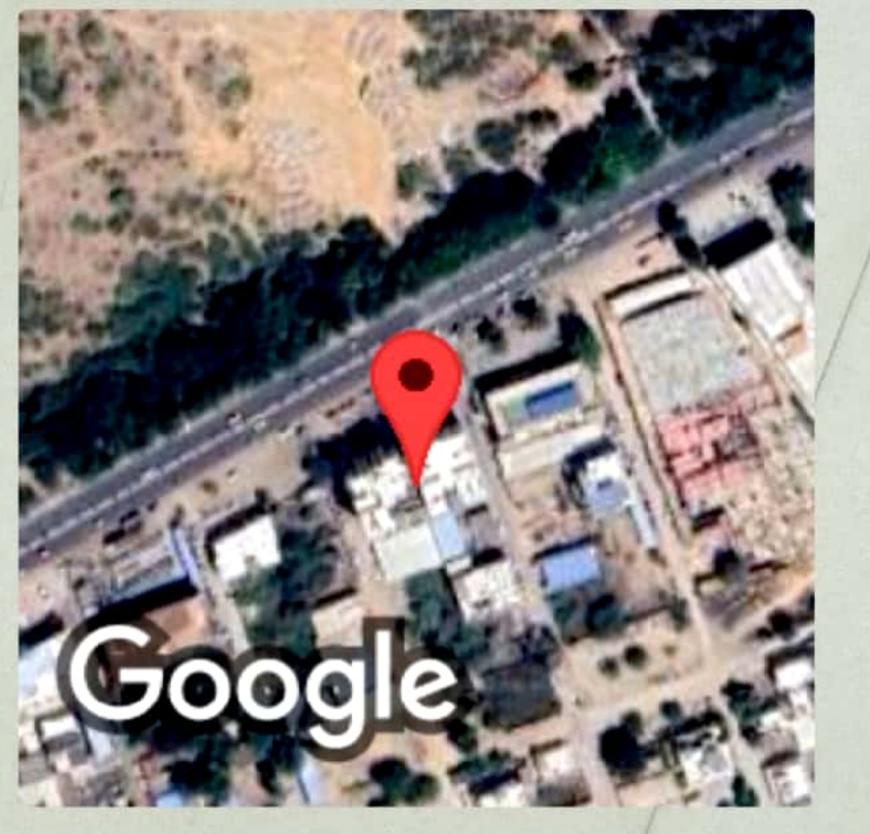
VID: 9112 5790 2026 9611











Bhuj, Gujarat, India 1041A, Jadavji Nagar, Bhuj, Gujarat 370020, India Lat 23.23511°

Long 69.650452°

29/04/24 09:42 AM GMT +05:30





LAB DIVISION

Patient ID	1224161	Collected On	29/04/2024 09:39:00
Patient Name	Mr. SANDIP VINODKUMAR PATEL	Received On	29/04/2024 09:39:01
Gender / Age	Male / 38 Yrs 10 Days	Released On	29/04/2024 12:58:36
Refd. By		Printed On	29/04/2024 14:11:46
Client	Apollo Health & Lifestyle Ltd		

Investigation Value Unit Biological Ref. Range

HAEMATOLOGY

Blood group Gel Technique

"B" Positive

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB. The test is performed by both forward as well as reverse grouping methods.

The report is of sample received. It is presumed that the sample belongs to the patient. In case of any discrepancy related to this report, contact lab.



Dr. Arun Kumar MBBS, MD (Pathology) Consultant Pathologist

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Gender / Age	Male / 38 Yrs 10 Days	Released On	29/04/2024 12:58:36
Refd. By		Printed On	29/04/2024 14:11:52
Client	Apollo Health & Lifestyle Ltd		

Investigation	V alue	Unit	Biological Ref. Range

BIOCHEMISTRY

Glucose (Fasting) mg/dL 102.00 70.00 - 115.00

Fasting Plasma Glucose (mg/dl)	2 hr plasma Glucose (mg/dl) Post Glucose load	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes



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Diagnostic Center Address: 1st Floor, Plot No. 04/11/111, Near US Pizza, College Road, V R Nagar, Bhuj, District Kutch - 370001, Gujarat. O +91 - 9310 9595 81 O 02832 - 230235 O info@rohahealthcare.com ● www.rohahealthcare.com

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LAB DIVISION

Patient ID	1224161	Collected On	29/04/2024 09:39:00
Patient Name	Mr. SANDIP VINODKUMAR PATEL	Received On	29/04/2024 09:39:01
Gender / Age	Male / 38 Yrs 10 Days	Released On	29/04/2024 12:58:36
Refd. By		Printed On	29/04/2024 14:11:57
Client	Apollo Health & Lifestyle Ltd		

Investigation	V alue	Unit	Biological Ref. Range
T. Cholesterol CHOD-PAP	192.00	mg/dL	Desirable < 200 Borderline 200 - 239 High Risk >= 240

Cholesterol level is determined by lipid metabolism, which is in turn influenced by heredity, diet, and liver, kidney, thyroid, and other endocrine organ functions.

Increased in - : Primary disorders: polygenic hypercholesterolemia, familial hypercholesterolemia (deficiency of LDL receptors), familia combined hyperlipidemia, familial dysbetalipoproteinemia.

: Secondary disorders: hypothyroidism, uncontrolled diabetes mellitus, nephrotic syndrome, biliary

obstruction,

anorexia nervosa, hepatocellular carcinoma, Cushing syndrome, acute intermittent porphyria.

: Drugs: corticosteroids.

Decreased in • Severe liver disease (acute hepatitis, cirrhosis, malignancy), hyperthyroidism, severe acute or chronic illness, malnutrition, malabsorption (eg, HIV), extensive burns, familial (Gaucher disease, Tangier disease), abetalipoproteinemia,

intestinallymphangiectasia.



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Gender / Age	Male / 38 Yrs 10 Days	Released On	29/04/2024 12:58:36
Refd. By		Printed On	29/04/2024 14:12:01
Client	Apollo Health & Lifestyle Ltd		

Investigation	V alue	Unit	Biological Ref. Range
Gultamic Pyruvic Transaminase (SGPT, ALT)	11.00	U/L	0.00 - 41.00

* Present in large concentrations in liver, kidney; in smaller amounts, in skeletal muscle and heart.

* Released with tissue damage, particularly liver injury. ALT is the preferred enzyme for evaluation of liver injury.

Increased in: Acute viral hepatitis (ALT > AST)

: Biliary tract obstruction (cholangitis, choledocholithiasis)

: Alcoholic hepatitis and cirrhosis (AST > ALT)

: Other conditions - liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart

failure,

ischemia or hypoxia, injury to liver ("shock liver"), extensive trauma. Drugs that cause cholestasis or

hepatotoxicity.

Decreased in: Pyridoxine (vitamin B₆) deficiency.



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Gender / Age	Male / 38 Yrs 10 Days	Released On	29/04/2024 12:58:36
Refd. By		Printed On	29/04/2024 14:12:05
Client	Apollo Health & Lifestyle Ltd		

Investigation	V alue	Unit	Biological Ref. Range
Creatinine Modified jaffe's	0.98	mg/dL	0.70 - 1.30

Endogenous creatinine is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR) For each 50% reduction in GFR, serum creatinine approximately

doubles.

Increased in: Acute or chronic renal failure, urinary tract obstruction, nephrotoxic drugs, hypothyroidism.

Decreased in: Reduced muscle mass.

Note

- * Serum creatinine levels frequently do not reflect decreased renal function because creatinine production rate is decreased with reduced lean body mass.
- * Increased intravascular volume and increased volume of distribution associated with anasarca may also mask decreased renal

function by reducing serum creatinine levels.

- * Patients with diabetic ketoacidosis may have spuriously elevated creatinine.
- * Cephalosporins may spuriously increase or decrease creatinine levels.
- * Increased bilirubin may spuriously decrease creatinine.



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Gender / Age	Male / 38 Yrs 10 Days	Released On	29/04/2024 12:58:36
Refd. By		Printed On	29/04/2024 14:12:08
Client	Apollo Health & Lifestyle Ltd		

Investigation	V alue	Unit	Biological Ref. Range
Urea, Serum Urease	20.00	mg/dL	13.00 - 43.00
Blood Urea Nitrogen Urease	9.35	mg/dL	7.00 - 21.00



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LAB DIVISION

29/04/2024 09:39:00 Patient ID Collected On 1224161 Received On 29/04/2024 09:39:01 Mr. SANDIP VINODKUMAR PATEL Patient Name 29/04/2024 12:58:36 Gender / Age Male / 38 Yrs 10 Days Released On 29/04/2024 14:12:11 Refd. By Printed On

Investigation Value Biological Ref. Range Unit

Urine Examination (Routine)

Physical Examination

Client

Volume 30 mL

Colour PALE YELLOW

Apollo Health & Lifestyle Ltd

Appearance Clear Clear pH 5.0 Acidic Specific Gravity 1.010 1.001-1.035

Chemical Examination

Urine Protein Nil Nil Urine Glucose Nil Nil

Ketone Negative Negative Nitrite Negative Negative Blood Nil Nil

Urobilinogen Not Increased

Not Increased Bilirubin Nil Nil Leukocyte esterase NIL NIL

Microscopic Examination.

Red Blood Cells Nil /hpf Nil Pus Cells (WBC) 1-2 /hpf NIL Epithelial Cells 0-1 /hpf Nil Casts Nil /hpf Nil Crystals Nil Nil Bacteria Nil Nil Yeast Cell Nil Nil Mucous Nil Nil Trichomonas Nil Nil Amorphous Material Nil Nil



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Patient ID	1224161	Collected On	29/04/2024 09:39:00
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Gender / Age	Male / 38 Yrs 10 Days	Released On	29/04/2024 12:58:36
Refd. By		Printed On	29/04/2024 14:12:19
Client	Apollo Health & Lifestyle Ltd		

Biological Ref. Range Investigation Value Unit

STOOL Routine Examination

Physical Examination.

Colour	BROWN	
Form & Consistency	SOLID	
Mucus	NOT DETECTED	NOT DETECTED

Blood **ABSENT ABSENT** Reducing Sugar **NEGATIVE NEGATIVE**

Chemical Examination.

Reaction	ALKALINE	ALKALINE
Occult Blood	NOT DETECTED	NOT DETECTED

Microscopic Examination.			
Red Blood Cells	NIL	/hpf	NOT DETECTED
Pus Cells	NIL	/hpf	FEW
Cysts	NOT DETECT	ED	NOT DETECTED
Entamoeba Histolitica	NIL		NIL
Entamoeba Coli	ABSENT		ABSENT
Tricomonas Hominis	NIL		NIL
Ova	NOT DETECT	ED	NOT DETECTED
Yeast	NIL		NIL
Parasite	ABSENT		ABSENT
Larvae	ABSENT		ABSENT



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Refd. By		Printed On	29/04/2024 14:12:30
Client	Apollo Health & Lifestyle Ltd		

Investigation	V alue	Unit	Biological Ref. Range
Complete Blood Count+ESR			
Complete Blood Count			
Hemoglobin (Hb) Cynmeth Photometric Measurement	13.3	gm/dL	13.0 - 17.0
Erythrocyte RBC Count Electrical Impedance	4.58	millions/cu.mm	4.50 - 5.50
PCV/HCT Electrical Impedance	40.7	%	40.0 - 50.0
Mean Cell Volume (MCV) Electrical Impedance	88.7	fL	80.0 - 100.0
Mean Cell Haemoglobin (MCH) Electrical Impedance	28.9	pg	27.0 - 32.0
Mean Corpuscular Hb Concn. (MCHC) Electrical Impedance	32.6	gm/dL	32.0 - 35.0
Red Cell Distribution Width (RDW-CV) Electrical Impedance	12.9	%	11.5 - 15.0
Total Leukocyte Count (TLC) Electrical Impedance	4.5	X10^3/uL	4.0 - 11.0
Differential Leukocyte Count (DLC)			
Neutrophils Microscopy	55	%	40 - 80
Lymphocytes Microscopy	38	%	20 - 40
Eosinophils Microscopy	02	%	01 - 06
Monocytes Microscopy	05	%	02 - 08
Basophils Microscopy	00	%	00 - 02
Platelet Count Electrical Impedance, Calculated	236	x10^3/uL	150 - 450



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Refd. By		Printed On	29/04/2024 14:12:37
Client	Apollo Health & Lifestyle Ltd		

Investigation	V alue	Unit	Biological Ref. Range
Erythrocyte Sedimentation Rate (ESR) Westergren's	10	mm in 1hr	00 - 15

*** End of Report ***



Dr. Arun Kumar MBBS, MD (Pathology) Consultant Pathologist

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MER- MEDICAL EXAMINATION REPORT

Date of Examination	29/	04/2024	
NAME	Sandip	Vinodkuma	on Patel
AGE	36 7	Gender	Mule
HEIGHT(cm)	181 cm	WEIGHT (kg)	59.9 Kg
B.P.	-114/72	; Pulse:	- 66 min
ECG	· -		
X Ray	Nonn	ral	
Vision Checkup	Color Vision:	No Colows u	ision defected
	Far Vision Ra		
	Near Vision	Ratio: ゃん	
Present Ailments	7		
Details of Past ailments (If Any)			
Comments / Advice : She /He is Physically Fit	FIT		

Dr. Nausheenbanu Khatri

Reg. No.: G-68808

Signature with Stamp of Medical Examiner





CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

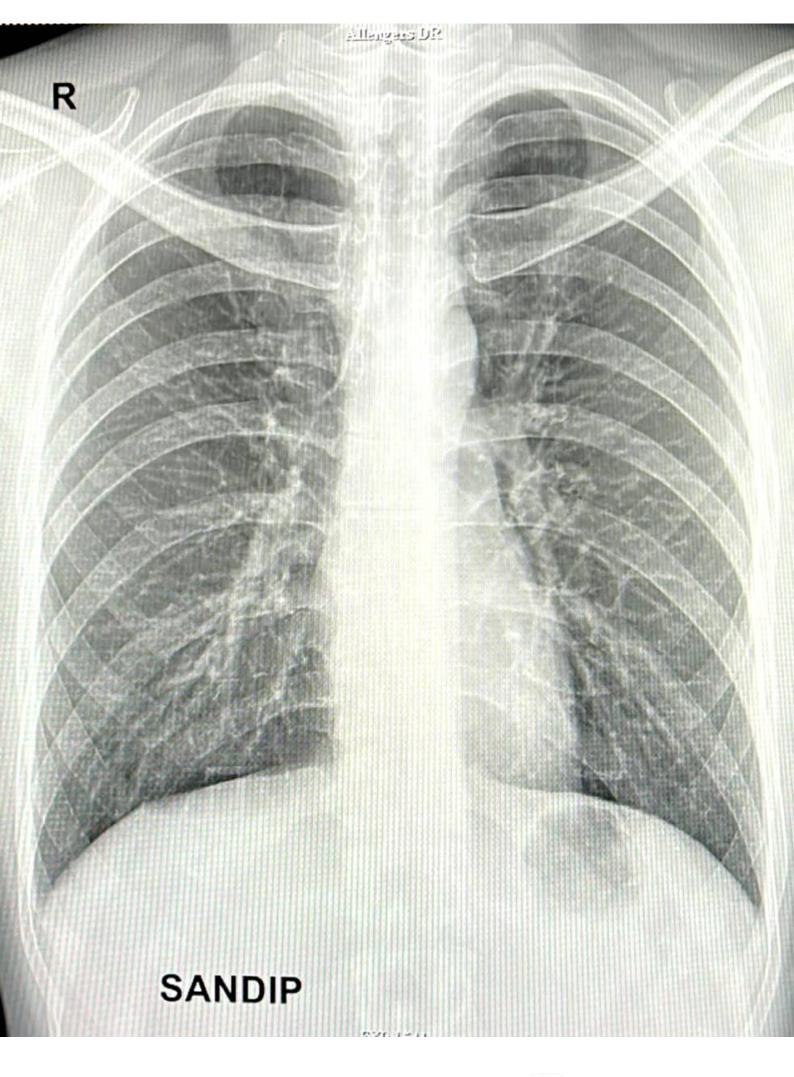
of Sundip Vinod Kyman Patel on 29/04/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

Medically Fit	,
Fit with restrictions/recommendations	t
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1	
2	
3	
However, the employee should follow the advice/medication that has been communicated to him/her.	
Review after	
Currently Unfit.	_
Review afterrecommended	
Infit	_

Dr. Medical Office heenbanu Khatri
The Apollo Clinic (Bhui) M.B.B.S.
Reg. No.: G-68808

This certificate is not meant for medico-legal purposes







LAB DIVISION

Patient ID Collected On 1224161 Mr. SANDIP VINODKUMAR PATEL Received On Patient Name Gender / Age Male / 38 Yrs 10 Days Released On 29/04/2024 14:11:41 29/04/2024 14:12:26 Refd. By Printed On Client Apollo Health & Lifestyle Ltd

X-RAY CHEST PA VIEW

Both the lung fields do not reveal any parenchymal abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragmappear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.



Dr. Dheeraj Bhagat MBBS, MD Consultant Radiologist.

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