



## DIAGNOSTICS REPORT

Patient Name	: Mr. SHIV KUMAR	Order Date	: 14/04/2023 09:24
Age/Sex	: 37 Year(s)/Male	Report Date	: 14/04/2023 12:45
UHID	: NMHK.2308818	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: FLAT -7, SHREERUM ESTATE, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 9996370964

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 156 msec
QRS axis	: Normal ( 49 Degree)
QRS duration	: 84 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 389 msec
QT	: 342 msec

#### IMPRESSION:

- Sinus rhythm. Normal QRS axis.
  - Non specific ST-T changes.
- Clinical correlation please.

**Dr. MUNNA DAS, MD (MEDICINE), DM(CARDIOLOGY)**

Consultant Cardiologist

RegNo: 55696

SHIV KUMAR

230818

Male

37 years

kg

HR 77/min

Axis: 27°

SINUS RHYTHM  
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

Intervals:

RR 779 ms

P 92 ms

PR 156 ms

QRS 84 ms

QT 342 ms

QTc 389 ms  
(Bazett)

P 27°

QRS 49°

T 20°

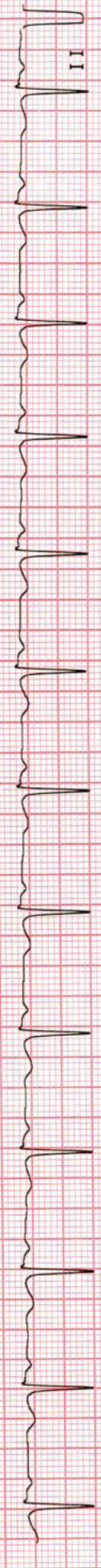
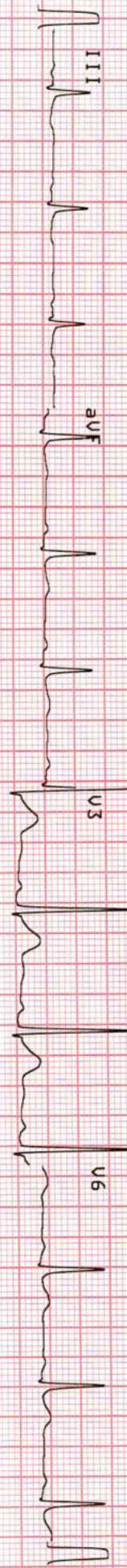
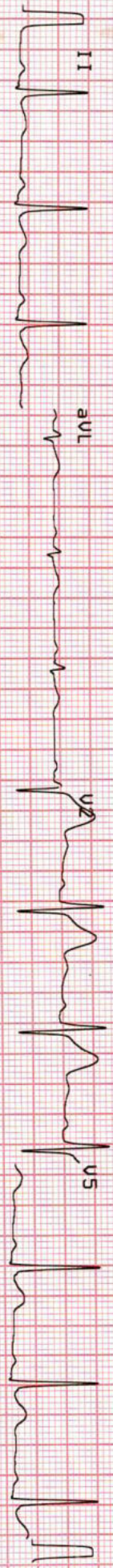
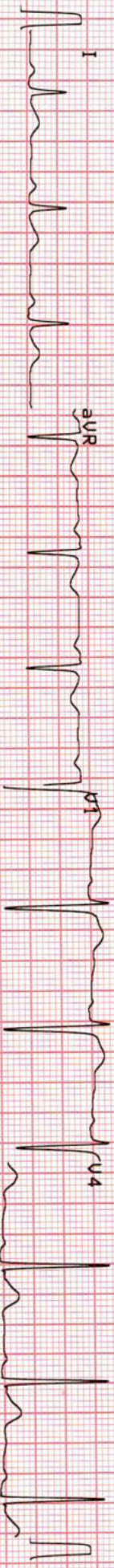
P (II) 0.10 mV

S (V1) -1.61 mV

R (V5) 1.68 mV

Sokol. 3.28 mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz FS0 SSF 585

14.04.2023

12:29:29

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.25 Ct 02100



## DIAGNOSTICS REPORT

Patient Name	: Mr. SHIV KUMAR	Order Date	: 14/04/2023 09:24
Age/Sex	: 37 Year(s)/Male	Report Date	: 14/04/2023 15:21
UHID	: NMHK.2308818	IP No	:
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### CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

No obvious bony abnormality is seen.

**Dr.Sayani Mahal ,**

MD Radiology (AIIMS), PDCC (AIIMS)

RegNo: 74369



## DIAGNOSTICS REPORT

Patient Name	: Mr. SHIV KUMAR	Order Date	: 14/04/2023 09:24
Age/Sex	: 37 Year(s)/Male	Report Date	: 14/04/2023 13:10
UHID	: NMHK.2308818	IP No	:
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 60%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Trivial TR, TR gradient = 18 mmHg.
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.
- \* IVC normal diameter & > 50% respiratory variation.
- \* No thrombus, mass, vegetation seen.

Dr.INDIRA BANERJEE , MD,DNB,FNB,M  
RCPCH (UK)

Board Certified Comprehensive  
Echocardiographer (USA)

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. SHIV KUMAR	<b>Age/Sex</b> : 37 Year(s) / Male
<b>UHID</b> : NMHK.2308818	<b>Order Date</b> : 14/04/2023 09:24
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9996370964
	<b>DOB</b> : 01/01/1986
<b>Address</b> : FLAT -7, SHREERUM ESTATE , BEHALA ,Kolkata, West Bengal ,700008	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0111537	Collection Date : 14/04/23 09:36	Ack Date : 14/04/2023 10:58	Report Date : 14/04/23 13:06
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#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP 'O'

Method - Agglutination forward & Reverse

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3	1.38	ng/ml	0.6 - 1.8
Method - ECLIA			
T4	9.06	ug/dL	5.4 - 11.7
Method - ECLIA			
TSH	1.69	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5
Method - ECLIA			

##### Interpretations:

- For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
- The assay is unaffected by icterus (Bilirubin < 701 µmol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (< 102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
- There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
- TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
- The assay is unaffected by icterus (bilirubin < 633 µmol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerid es < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599 µmol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).



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West Bengal ,700008

**Age/Sex** : 37 Year(s) / Male

**Order Date** : 14/04/2023 09:24

**Mobile No** : 9996370964

**DOB** : 01/01/1986

**Facility** : NARAYAN MEMORIAL HOSPITAL

End of Report

**Dr.S. Chatterjee**  
MD, MBBS, FAACC  
(CONSULTANT BIOCHEMIST)

Checked By

**Dr.ANGKITA K. GHOSH**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)

RegNo: 82734



## LABORATORY INVESTIGATION REPORT

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<b>Address</b> : FLAT -7, SHREERUM ESTATE , BEHALA ,Kolkata, West Bengal ,700008	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111537	Collection Date : 14/04/23 09:36	Ack Date : 14/04/2023 11:15	Report Date : 14/04/23 19:14

#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE	0.9	mg/dl	0.7 - 1.2
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Method - Jaffe Gen2 Compensated

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.4	mg/dl	0 - 1.1
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Method - Diazo Method

DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
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Method - Diazo Method

INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
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Method - Calculated

SGPT (ALT)	43 ▲	U/L	0 - 34
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Method - IFCC Without Pyridoxal Phosphate

SGOT (AST)	26	U/L	0 - 31
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Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	98	U/L	53 - 128
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Method - IFCC

TOTAL PROTEIN	7.6	g/dl	6.4 - 8.2
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Method - Biuret

ALBUMIN	5.1	gm/dl	3.5 - 5.2
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Method - Bromocresol Green

GLOBULIN	2.5	g/dl	2 - 3.5
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Method - Calculated

ALBUMIN:GLOBULIN	2.0	-	1.1 - 2.5
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Method - Calculated

GGT	34	U/L	8 - 61
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West Bengal ,700008

**Age/Sex** : 37 Year(s) / Male  
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**Mobile No** : 9996370964  
**DOB** : 01/01/1986  
**Facility** : NARAYAN MEMORIAL HOSPITAL

Method - Enzymatic colorimetric assay

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 09 mg/dl 6 - 20

Method - Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 246 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 35 ▼ mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 181 mg/dl Optimal < 100 |  
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 30 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 7.03 -

LDL-HDL RATIO 5.17 -

TRIGLYCERIDES 121 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 5.9 mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

### BUN / CREATINE RATIO<sup>a</sup>

#### SAMPLE : SERUM

BUN / CREATINE RATIO 10.0

Sample No : 07H0111537A Collection Date : 14/04/23 09:36 Ack Date : 14/04/2023 15:14 Report Date : 14/04/23 19:14

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)





## LABORATORY INVESTIGATION REPORT

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<b>Episode</b> : OP	<b>Mobile No</b> : 9996370964
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1986
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### SAMPLE : EDTA BLOOD

HBA1C 5.4

#### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.  
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.  
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.  
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycemc control :

Excellent Control - 6 - 7 %,  
Fair to Good Control - 7 - 8 %,  
Unsatisfactory Control - 8 - 10 %  
Poor Control - > 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

Sample No : 07H0111537B Collection Date : 14/04/23 09:36 Ack Date : 14/04/2023 11:16 Report Date : 14/04/23 19:14

### BLOOD SUGAR(F)

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING 86 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0111537B Collection Date : 14/04/23 12:52 Ack Date : 14/04/2023 13:29 Report Date : 14/04/23 19:14

### BLOOD SUGAR(PP)

#### SAMPLE : PLASMA

BLOOD SUGAR PP 109 mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report



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<b>Address</b> : FLAT -7, SHREERUM ESTATE , BEHALA ,Kolkata, West Bengal ,700008	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111537	Collection Date : 14/04/23 09:36	Ack Date : 14/04/2023 10:58	Report Date : 14/04/23 14:28

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	16.2	gm/dl	13 - 17
RBC COUNT <i>Method - Electrical Impedance Method</i>	5.4	x10 <sup>6</sup> /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	6.7	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	245	10 <sup>3</sup> /cmm	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	48	%	40 - 50
MCV <i>Method - calculated</i>	88	fl	83 - 101
MCH <i>Method - Calculated</i>	30	pg	27 - 32
MCHC <i>Method - Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	04	%	0 - 10
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Method - Microscopy</i>	60	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	35	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	02	%	2 - 10



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EOSINOPHILS 03 % 1 - 6

Method - Microscopy

BASOPHILS 00 % 0 - 2

Method - Microscopy

### PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic

WBC Within normal limits

PLATELET Adequate

End of Report

*Angkita K. Ghosh*

**Dr. ANGKITA K. GHOSH**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By



## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111537	Collection Date : 14/04/23 09:36	Ack Date : 14/04/2023 13:00	Report Date : 14/04/23 19:34

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.0)		

##### CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

##### MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

#### URINE FOR SUGAR FASTING<sup>a</sup>

##### SAMPLE : URINE

RESULT	ABSENT
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Sample No : 07H0111576	Collection Date : 14/04/23 12:52	Ack Date : 14/04/2023 16:37	Report Date : 14/04/23 19:15
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#### URINE FOR SUGAR PP



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### SAMPLE : URINE

RESULT

ABSENT

End of Report

**Dr.S. Chatterjee**  
MD, MBBS, FAACC  
(CONSULTANT BIOCHEMIST)

**Dr.MAINAK CHAKRABORTY**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)

Checked By



## DIAGNOSTICS REPORT

Patient Name	: Mr. SHIV KUMAR	Order Date	: 14/04/2023 09:24
Age/Sex	: 37 Year(s)/Male	Report Date	: 14/04/2023 16:28
UHID	: NMHK.2308818	IP No	:
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Address	: FLAT -7, SHREERUM ESTATE, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 9996370964

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

**LIVER** : Liver is normal in size and parenchymal echogenicity is mildly raised. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

**PORTA :PV** : Normal. PV measures 0.87 cm.

**CD** : Normal. CD measures 0.4 cm.

**GALL BLADDER** : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

**PANCREAS** : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

**SPLEEN** : Spleen is not enlarged and parenchyma shows normal homogeneous pattern.

**KIDNEYS** : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation maintained. No evidence of any calculus/mass / hydronephrosis is seen. Right kidney measures : 9.2 cm & Left kidney measures : 9.6 cm.

**URINARY BLADDER** : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.

**POST VOID BLADDER** : No significant residual urine is seen.



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**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.1 cm x 3.8 cm x 3.0 cm. It weight approx 15 gm.

**PERITONEUM** : : No free fluid is noted.

**RETROPERITONEUM** : IVC and aorta appear normal. No lymphadenopathy is seen.

**IMPRESSION** : Mild fatty changes in liver (Grade I).

**Dr.MADHUSHREE RAY NASKAR , MBBS  
,DMRD**

Consultant Radiologist

RegNo: 57032

### CHECK LIST

NAME		PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	179 cm	EYE/ DENTAL
WT	75	GP CONSULTATION
BP	130/80 mm/Hg	DIETITION
PULSE	68	CARDIOLOGIST
WAIST	90	GYNECOLOGIST
HIP	99.5	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	96.5	
CHEST (EXHALE)	92.5	
ABDOMEN	88	

SpO2 100 %.





भारत सरकार  
Government of India



शिव कुमार  
Shiv Kumar  
जन्म तिथि/ DOB: 30/12/1985  
पुरुष / MALE



6548 1879 2536

मेरा आधार, मेरी पहचान

*Shiv Kumar*



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O: गोपाल दास, 1817/11, मोती  
नगर, अम्बाला सिटी, अम्बाला,  
हरयाणा - 134003

Address:  
S/O: Gopal Dass, 1817/11, Moti  
Nagar, Ambala City, Ambala,  
Haryana - 134003

6548 1879 2536



1947



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