



भारत सरकार  
Government of India

भारतीय विशिष्ट अंकक प्राधिकरण  
Unique Identification Authority of India

वीरता / Virata / Enrolment No.: 2906/08292/04166

To  
Rajni Singh  
South Plaza Achade  
South Garden, Bldg-2/Room-204, 3rd Floor  
Sector-5, Gurgaon  
Near Katar Sanyal Hall  
Old Farid  
Farid  
Gurgaon, Haryana - 122008  
8179862374



आधार / AADHAAR आंकक / Your Aadhaar No. :

XXXX XXXX 3314  
VID : 8148 1803 0811 8425

मार्ग / AADHAAR, मार्ग / AADHAAR



Rajni Singh  
South Plaza Achade  
UID AUTHORITY: 29/02/2018  
वीरता / VIRATA

XXXX XXXX 3314  
VID : 8148 1803 0811 8425

मार्ग / AADHAAR, मार्ग / AADHAAR



माहिती / INFORMATION

- आधार हा अद्वितीय प्रमाण आहे, नागरिकत्वाचा नाही
- आधार ऑनलाईन आणि ऑफलाईन आहे
- सुदृढ QR कोड, ऑनलाईन XML/ ऑनलाईन प्रमाणीकरण सादराने अद्वितीय प्रमाणित करे
- आधार कार्ड, पीपीवी कार्ड्स (आधार आणि mAadhaar सादर) आदराने सर्व प्रकारात मान्यता देऊ आहेत. 12 अंकी आधार अद्वितीय अंकक (VID) देखील कार्यासाठी वाटा येतो
- 10 वर्षांपूर्वी एकदा तरी आधार अद्यतन करे
- आधार प्रमाणित विविध सरकारी आणि नि-सरकारी लाभ/सेवांचे लाभ देण्यास मदत करतो
- आधारमध्ये त्रुटीचे उद्भव नसत आणि इमेल आधार अद्यतन देऊ
- आधार सेवांचे लाभ देण्यासाठी कार्यायोग्य mAadhaar शी सादरपत्र करे
- सुदृढित सुदृढित कार्यासाठी लॉक/अलॉक कार्यायोग्य, आधार 10 दिवसांचा काळ करे
- आधारची मागणी करताना घेऊन घ्यावी हाकती घेऊ घेऊन घ्यावे आहे
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



Rajni Singh  
South Plaza Achade  
UID AUTHORITY: 29/02/2018  
वीरता / VIRATA



XXXX XXXX 3314  
VID : 8148 1803 0811 8425



CLOUD 36 BILDING SHOP NO 8 PLOT  
NO 6 SEC11, Palm Beach Rd, Jijamata  
Nagar, Sector 11, Ghansoli, Navi  
Lat: 19.1192292  
Lon: 72.9935991  
09/12/2023 12:40:50 PM GMT+05:30

## MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

### PART I: GENERAL DETAILS

NAME OF THE PATIENT Mayur Akhade  
 DOB 07-03-1993 Age 30 Sex M Phone number 7917824825

### PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

#### A. PERSONAL HISTORY

##### 1. Previous history (if any)

Disease	Yes/No	Medicine & Surgery Details	Disease	Yes/No	Medicine & Surgery Details
Diabetes Mellitus	}		Cancer	}	
Hypertension			Tumor/Benign Genital urinary disorder		
IHD			Rheumatic joint diseases or symptoms		
Stroke			Asthma		
Surgeries			Pulmonary Disease		
Tuberculosis			Anemia	}	H10 - Pneumonitis in sept 2023
Congenital Disease		Bleeding disease or Disorder.			
Arrhythmia		Mental Stress			
Aids (HIV)					

##### 2. Habits:

Diet	<u>Mixed</u>	Alcohol	<u>NO</u>	Tobacco/Smoking	<u>NO</u>	Medicine	
------	--------------	---------	-----------	-----------------	-----------	----------	--

3. Major complaints/Relevant past history if any: NA

4. Previous Illness (Hospitalization Investigation, consultation) H10 - Pneumonitis in sept 2023.

5. Family history: NA

**B. MEDICAL EXAMINERS FINDING AND ASSESSMENT** (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assessed, about the results)

**1. Anthropometry:**

Height	177	Weight	80.95	BMI	
--------	-----	--------	-------	-----	--

**2. Vital Parameters:**

(i)

Respiratory Rate	21	Pulse Rate	80
------------------	----	------------	----

(ii) Blood Pressure (Three consecutive Reading):

Systolic	110		
Diastolic	80		
Further readings at 10 minute interval if the first reading exceeds 140/90			

**3. Skin**

Is there is any evidence of:

Chronic Ulcers:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Eczema	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe

Mouth Ulcer only after eating sweet

**EXAMINATION FINDINGS DETAILS**

4. Cardiovascular System: S1S2 ⊕

5. Genito-Urinary System:

6. Respiratory System: AEBE

7. Gastro-Entrology System:

(a) Oropharyngeal: *N/A*.

(b) Abdomen:

*Soft, Non-tender*



Evidence of Hernia, Hydrocele, Flusure, Fistula & piles.

If yes, please describe *No.*

8. Nervous System *conscious, orient-ed.*

9. Eye Check-up

10. ENT

12. For Female Clients Only:

1. Is there any disease of breast? \_\_\_\_\_
2. (i) Is there any evidence of pregnancy? \_\_\_\_\_  
(ii) If Pregnant, are any complications to be expected? \_\_\_\_\_
3. Do you suspect any disease of uterus, cervix of ovaries? \_\_\_\_\_
4. Any menstrual complaints? \_\_\_\_\_

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

\_\_\_\_\_

\_\_\_\_\_

Advice:

\_\_\_\_\_

Conclusion on the fitness of the client:

Clinically & Medically Fit

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge,

1. Name of the Medical Examiner: DR. ANAND PRAKASH GAUR  
MBBS, CCMH, CCEBDM  
(Consulting Physician)

Signature of the Medical Examiner: *Anand*  
Reg. No. 2005/02/0965

Stamp of the Medical Examiner  
DR. ANAND PRAKASH GAUR  
MBBS, CCMH, CCEBDM  
(Consulting Physician)  
MMC Reg. No. 2005/02/0965

Registration Number \_\_\_\_\_

Date of medicals conducted: 09/12/23

Place: Chehawali

2. Name of the Client: Major Akhade

Signature of the Client: *Major Akhade*

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM

Akhade, Mayur

GC Healthcare REF 101072ELSI

09.12.2023 11:34:50  
CREDENCE HOSPITAL  
GHANSOLI  
NAVI MUMBAI

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

62 bpm  
-1 - mmHg

30 Years

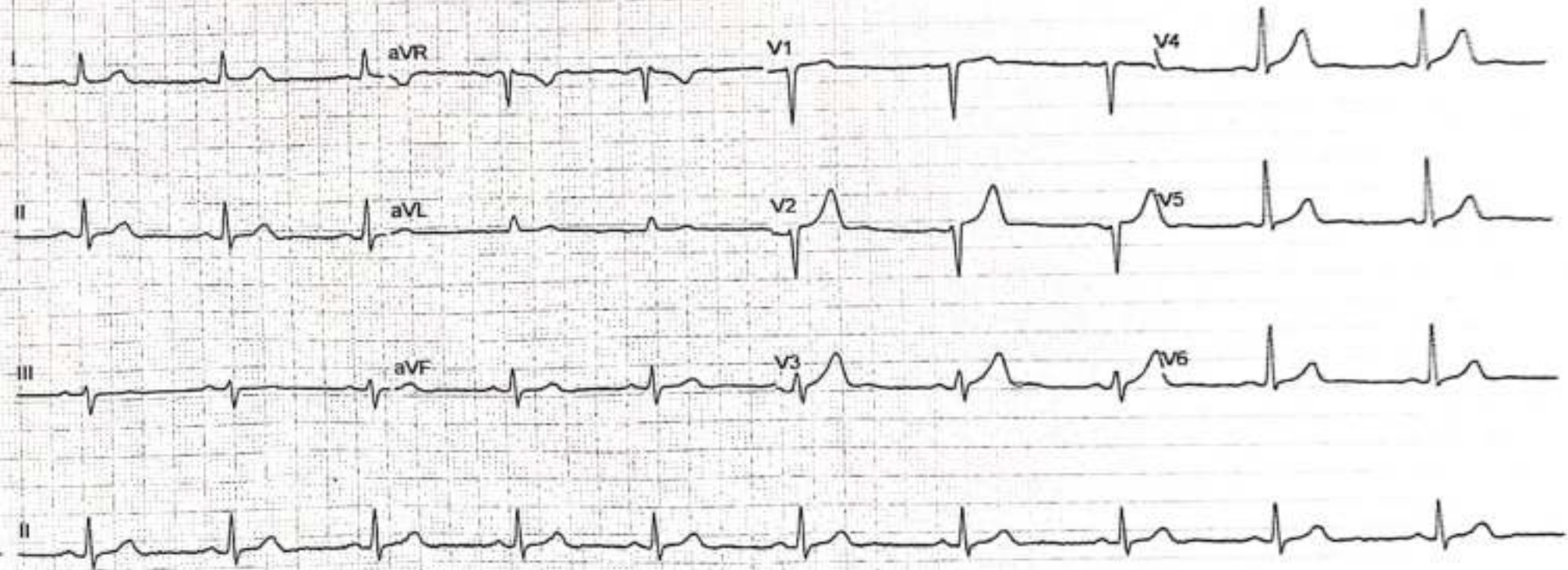
Male

QRS : 84 ms  
QT / QTcBaz : 398 / 403 ms  
PR : 144 ms  
P : 102 ms  
RR / PP : 972 / 967 ms  
P / QRS / T : 58 / 20 / 38 degrees

Normal sinus rhythm  
Normal ECG

Technical  
Ordering Ph  
Referring Ph  
Attending Ph

DR. ANAND PRAVESH GAUR  
MBBS, CCMC  
(Consulting)  
MMC R  
2005/02.





**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

PATIENT'S NAME	MR. MAYUR AKHADE	AGE :- 30y/M
REFERRED BY	CREDENCE CARE HOSPITAL	DATE :09/12/2023

**USG WHOLE ABDOMEN**

LIVER is normal in size, normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well-distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Urinary Bladder is minimally distended; no e/o wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape and echotexture.

Visualised bowel loops appear normal. There is no free fluid seen.

**IMPRESSION -**

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CORRELATION BEFORE ANY APPLICATION.

**DR SAGAR GARGE**  
CONSULTANT RADIOLOGIST



## EXERCISE STRESS TEST REPORT

Patient Name: AKHADE, MAYUR  
Patient ID: 15912  
Height  
Weight

DOB: 07.03.1993  
Age: 30yrs  
Gender: Male  
Race: Asian

Study Date: 09.12.2023  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications: --

Medical History: --

Reason for Exercise Test:  
Screening for CAD

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	82	120/80	
	STANDING	00:16	0.00	0.00	77		
	HYPERV.	00:27	0.50	0.00	83		
EXERCISE	STAGE 1	03:00	1.70	10.00	104	120/80	
	STAGE 2	03:00	2.50	12.00	118	130/80	
	STAGE 3	02:09	3.40	14.00	148	130/80	
	STAGE 4	00:37	4.20	16.00	162		
RECOVERY		01:59	0.00	0.00	109	140/90	

The patient exercised according to the BRUCE for 8:45 mins, achieving a work level of Max. METS: 11.00. The resting heart rate of 81 bpm rose to a maximal heart rate of 162 bpm. This value represents 85% of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

TEST IS NEGATIVE FOR EXERCISE INDUCIBLE MYOCARDIAL ISCHEMIA.  
DR KUMAR RAJEEV,  
MD DNB CARDIOLOGY.

Physician

Technician

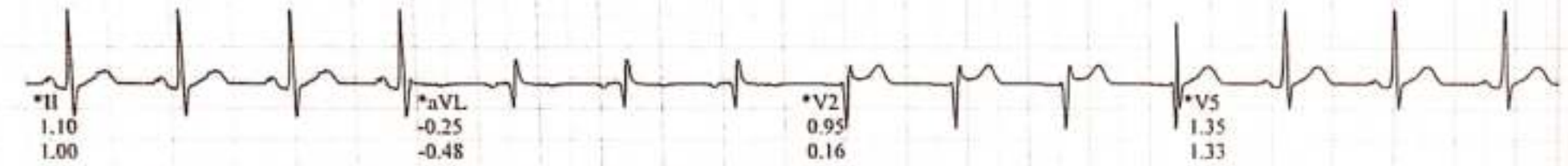
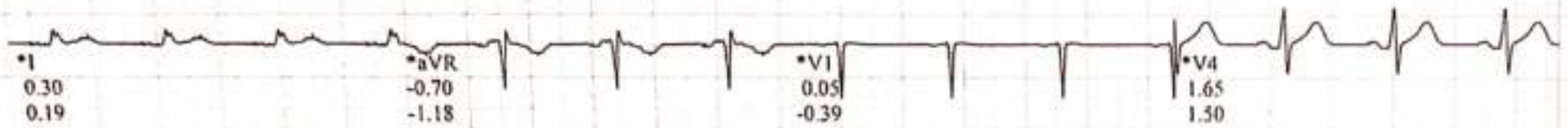


81 bpm  
120/80 mmHg

PRETEST  
SUPINE  
00:03

BRUCE  
0.0 mph  
0.0 %

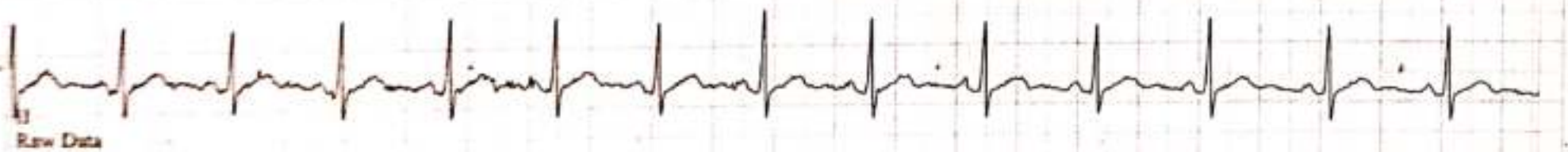
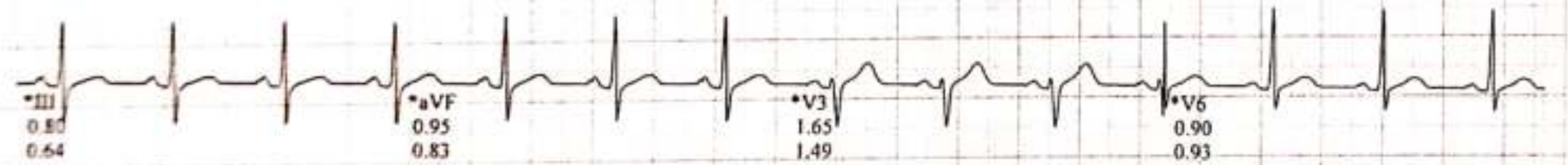
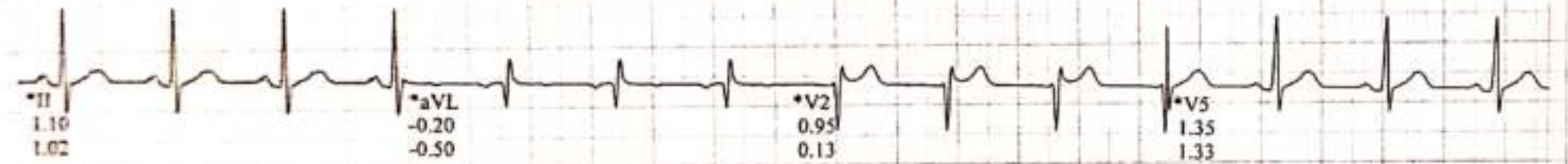
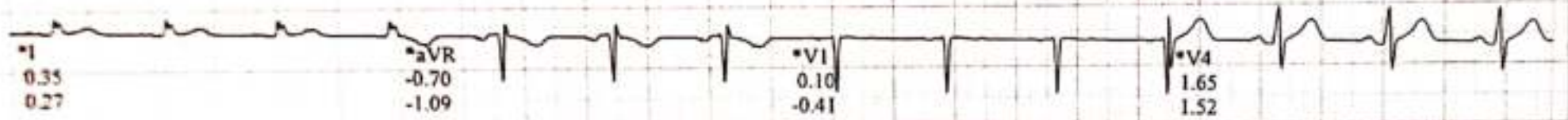
Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

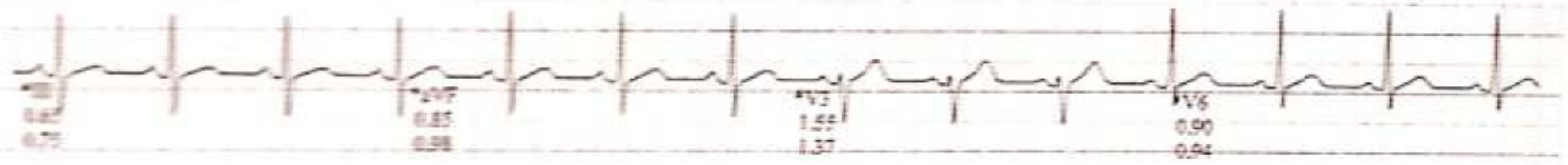
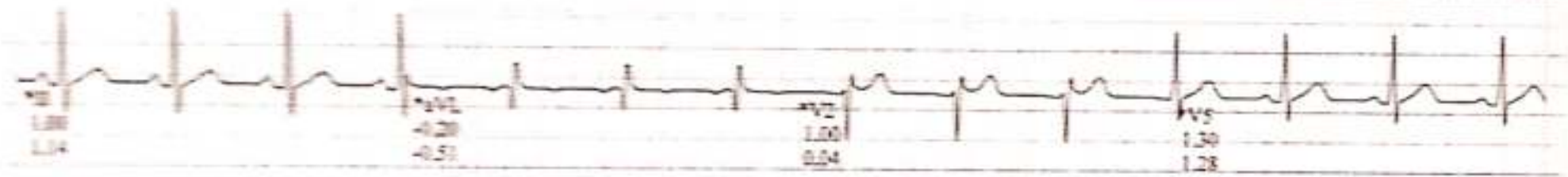
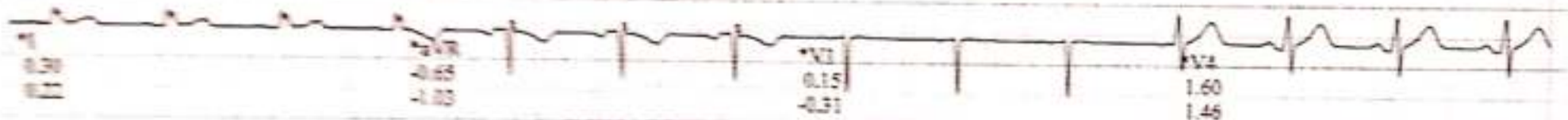
83 bpm  
120/80 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



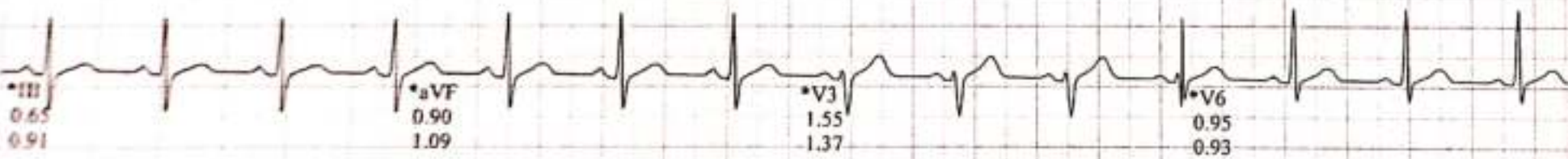
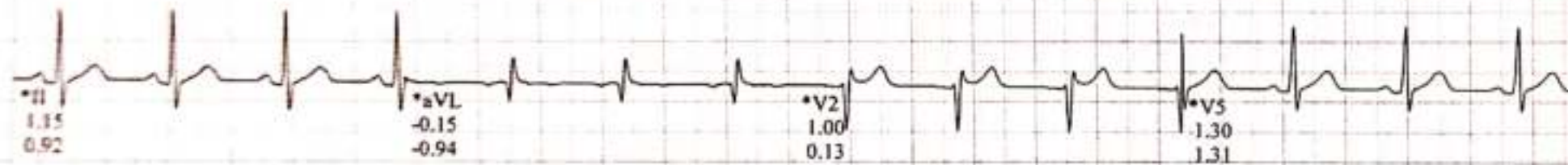
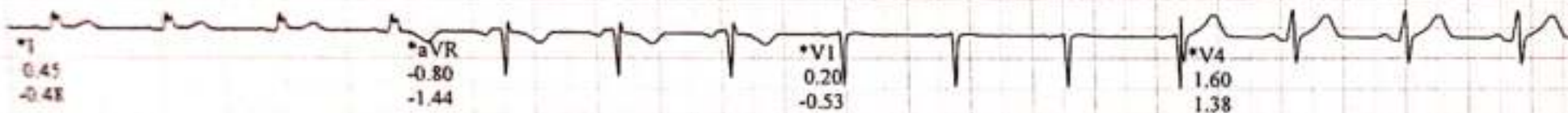
\*Computer Synthesized Rhythms

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

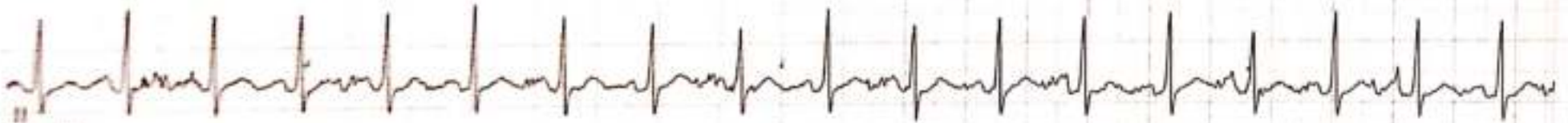
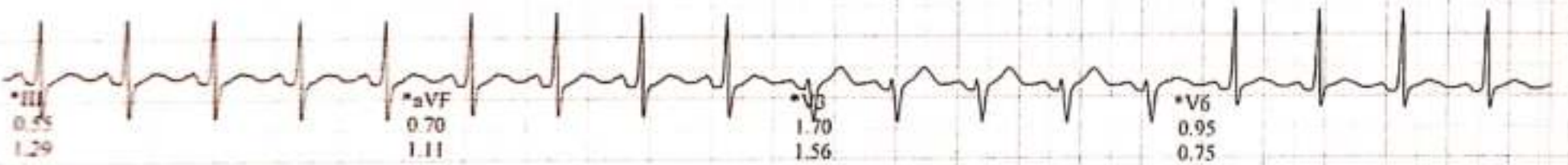
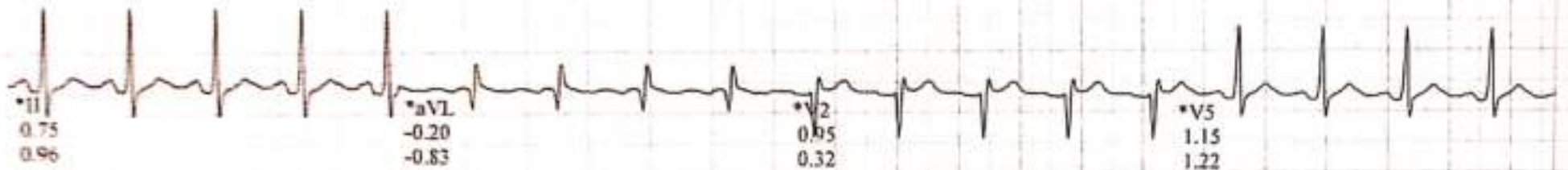
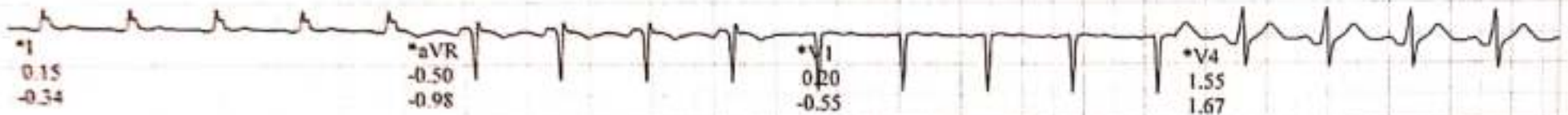
Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

108 bpm  
120/80 mmHg

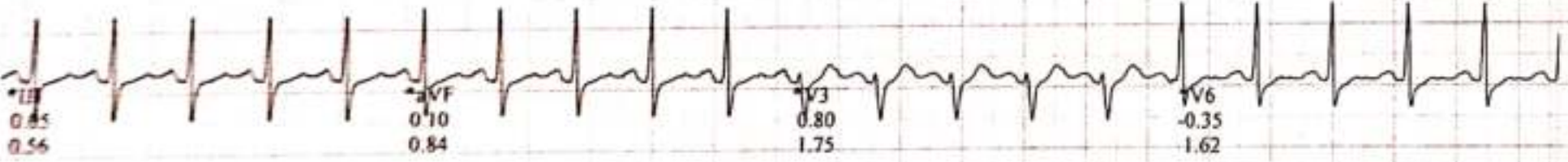
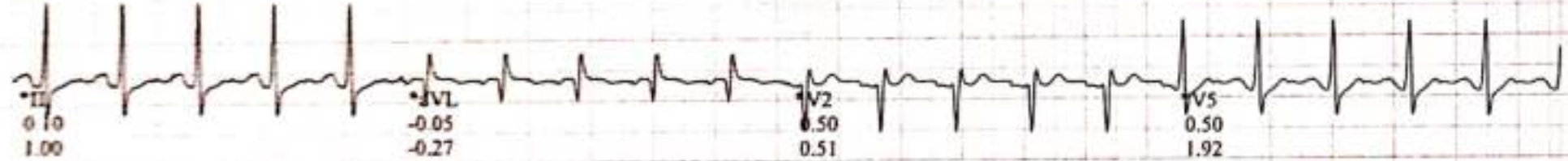
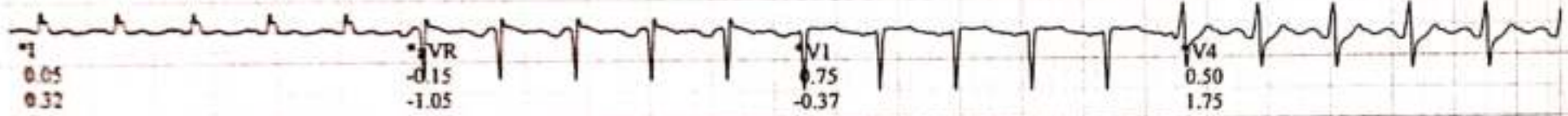
Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

121 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

150 bpm

EXERCISE

STAGE 4

08:18

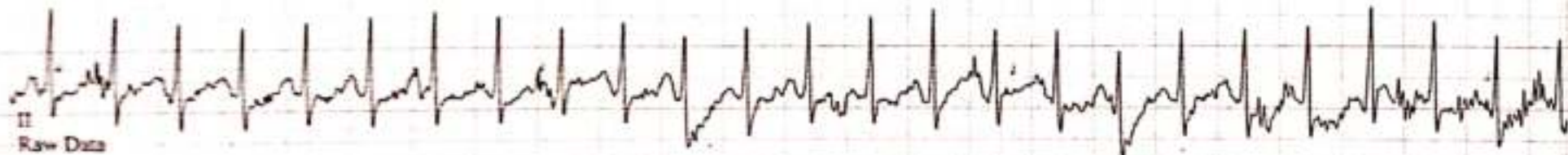
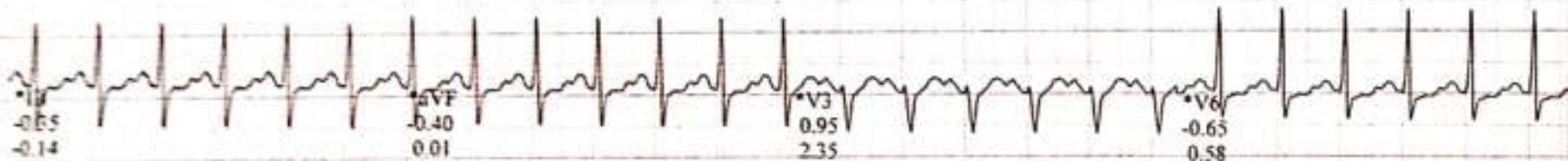
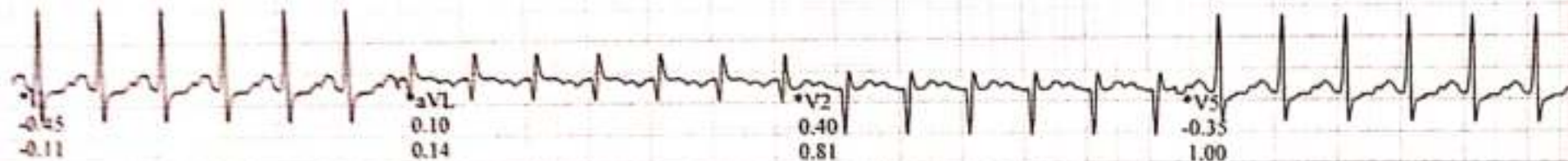
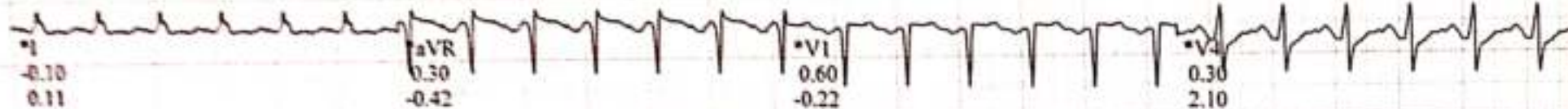
Linked Medians

BRUCE

4.2 mph

16.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms



162 bpm

Linked Medians ( PEAK EXERCISE )

EXERCISE

STAGE 4

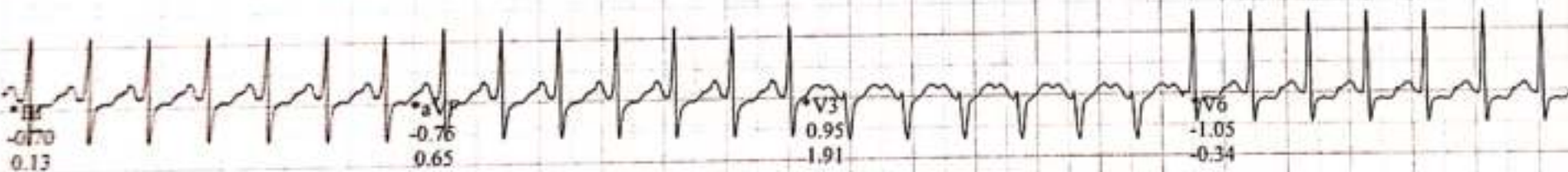
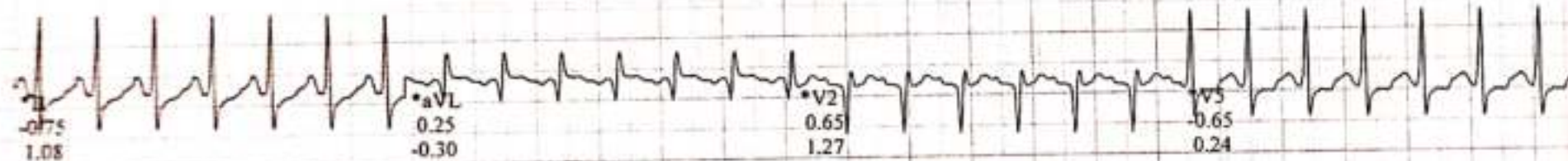
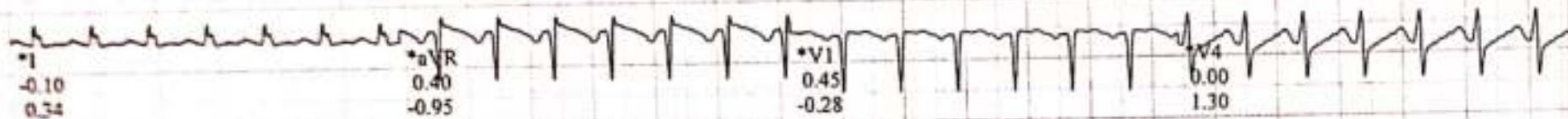
08:45

BRUCE

4.2 mph

16.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



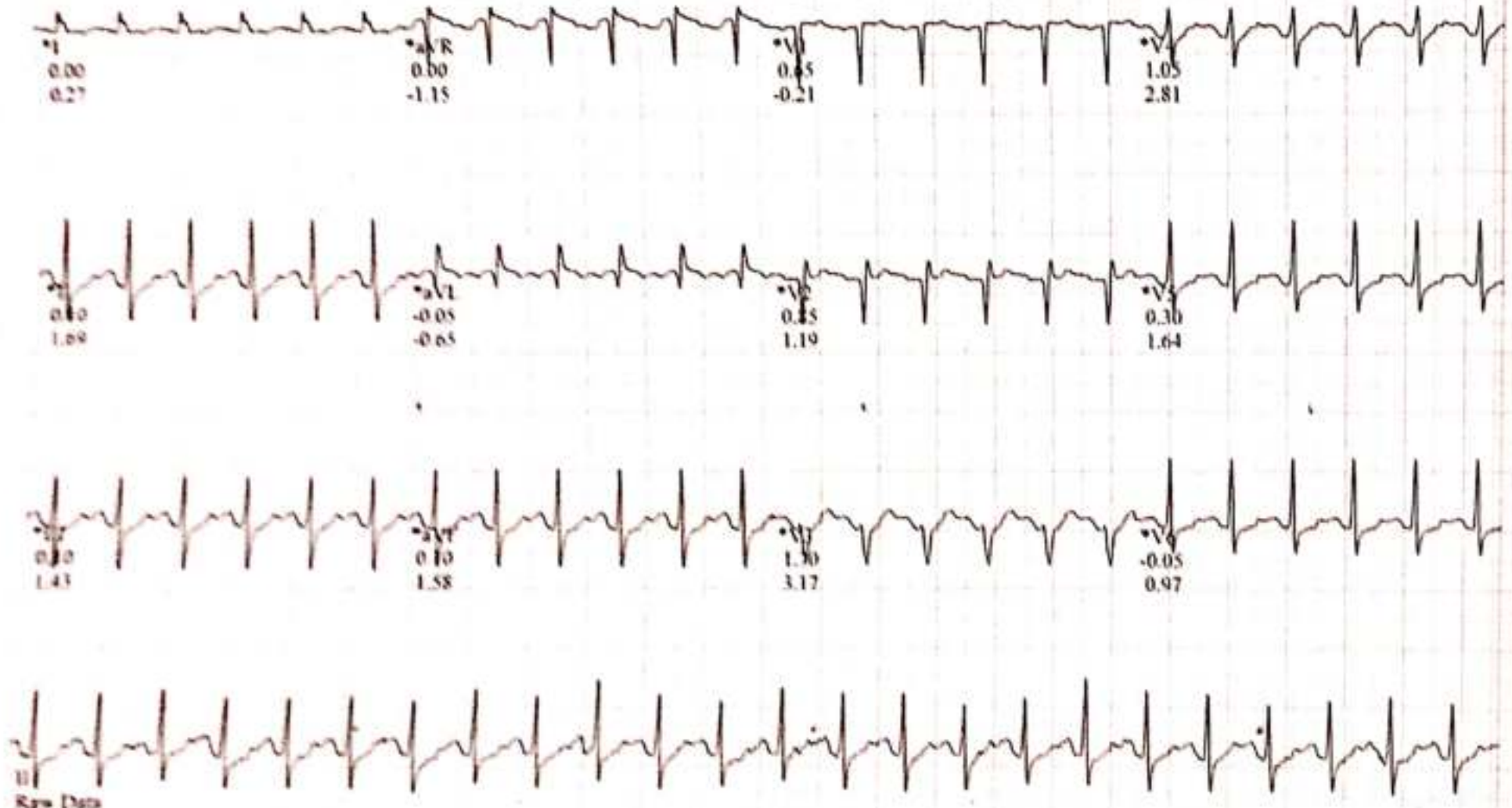
\*Computer Synthesized Rhythms

144 bpm  
140/90 mmHg

RECOVERY  
#1  
00:29

BRUCE  
1.5 mph  
0.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)

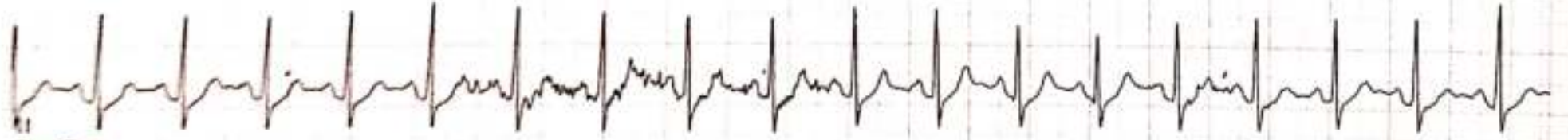
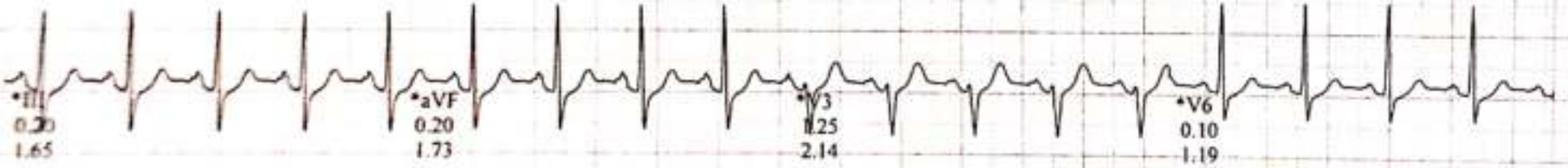
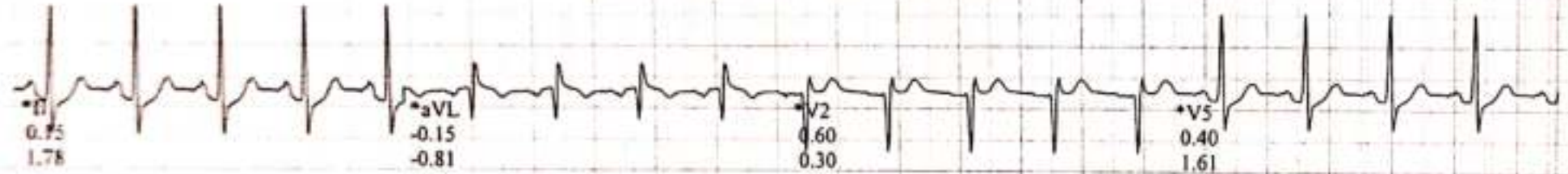
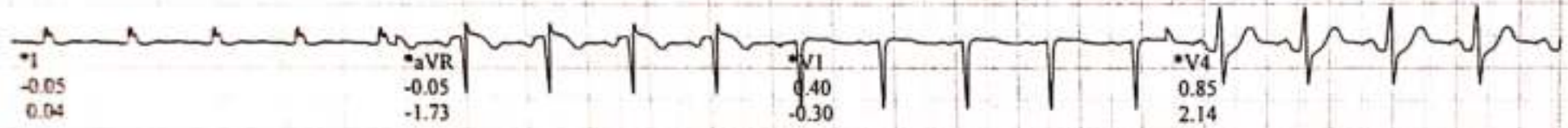


Raw Data

\*Computer Synthesized Rhythms

112 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



**Credence**  
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &  
DIAGNOSTIC CENTER**

Patient Name : MAYUR AKHADE

Patient ID:19048

Age /Gender :30yrs/MALE

Date :09/12/2023

### X-RAY CHEST PA

Plain P.A. Radiograph of chest shows :-

The hilar shadows are normal in size, position and density.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhouette is within normal limits.

Aortic shadow is normal.

Rest of the visualized mediastinum shadows are normal. Both domes of diaphragms are normal.

The visualised bony thorax is normal.

**CONCLUSION :**

**NO SIGNIFICANT ABNORMALITY DETECTED**

DR. Nikunj Kothia

MBBS, DMRD Reg-2009093218