

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. SINGH GARIMA
EC NO.	125381
DESIGNATION	MARKETING
PLACE OF WORK	MUMBAI,RO MUMBAI NORTH
BIRTHDATE	30-03-1990
PROPOSED DATE OF HEALTH CHECKUP	12-06-2021
BOOKING REFERENCE NO.	21J125381100000544E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **31-05-2021** till **31-03-2022** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

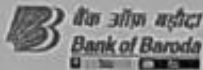
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

  
**ATHARVA DIAGNOSTIC CENTRE**  
Gr. Floor, Shop No. 5, Saiprasad Bldg.,  
F-Wing, Sion Kamgar CHS, Sion,  
Mumbai - 400 022.



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	BHAVIK CHOUDHURY
DATE OF BIRTH	03-12-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	12-06-2021
BOOKING REFERENCE NO.	21J125381100000530S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. SINGH GARIMA
EMPLOYEE EC NO.	125381
EMPLOYEE DESIGNATION	MARKETING
EMPLOYEE PLACE OF WORK	MUMBAI,RO MUMBAI NORTH
EMPLOYEE BIRTHDATE	30-03-1990

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **28-05-2021** till **31-03-2022**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

  
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Mumbai - 400 022.

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

**SUGGESTIVE LIST OF MEDICAL TESTS**


FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / <del>EFM</del>	2D/3D ECHO / <del>EFM</del>
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

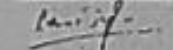


बैंक ऑफ बड़ौदा  
Bank of Baroda

नाम गरिमा सिंह  
Name GARIMA SINGH  
कर्मचारी कूट क्र.  
E.C. No. 125381




  
जारीकर्ता प्राधिकारी  
Issuing Authority

  
धारक के हस्ताक्षर  
Signature of Holder



**ATHARVA DIAGNOSTIC CENTRE**  
Gr. Floor, Shop No. 5, Saiprasad Bldg.,  
F-Wing, Sion Kamgar CHS, Sion,  
Mumbai - 400 022.

  
**DR. RUPALCHIRMADE**  
M.D.D.G.O.  
Gynaecologist & Obstetrician  
Reg. No. 2001/2428



# ATHARVA HOSPITAL & RESEARCH CENTRE

MATERNITY • SURGICAL • GENERAL ORTHOPEDIC • SUPER SPECIALITY

101, 1st Floor, Saiprasad Building, Sion Kamgar CHS Ltd., Opp. Croma Showroom,  
Sion (East), Mumbai - 400 022. • Email : [atharvahospital@gmail.com](mailto:atharvahospital@gmail.com)  
Tel. : 022-2401 6640 / 913609 6640 • Mobile : 98922 44833 / 98678 39996

Date : 05/06/21

MRS- Singh Gaoima

Age 32yrs | F


Booking Reference NO- 21J125381100000544E

- Dental Checkup.
- Physician consultation
- Eye check up consultation
- Skin/ENT consultation
- Gynaec consultation

NAD

## ATHARVA DIAGNOSTIC CENTRE

Gr. Floor, Shop No. 5, Saiprasad Bldg.,  
F-Wing, Sion Kamgar CHS, Sion,  
Mumbai - 400 022.

  
DR. RUPAL CHIRMADE

M.D.D.G.O.  
Gynaecologist & Obstetrician  
Reg. No. 2001/2428





# ATHARVA DIAGNOSTIC CENTRE

## FULLY AUTOMATED COMPUTERISED PATHOLOGY

### X-RAY, SONOGRAPHY, E.C.G. & 2D ECHO

Shop No. 6, Ground Floor, Sai Prasad Building, Sion Kamgar CHS. Ltd., Opp. Croma Showroom,  
Sion (E), Mumbai - 400 022. • Email : atharvahospital@ymail.com  
Ph.: 022-2401 6640 / 913609 6640 • Mob.: 98922 44833 / 98678 39996

*Patient's Name :- Mrs. Singh Garima.*

*Date: - 05 Jun 2021*

*Referred By :- Dr. Rupal Chirmade.*

*Age & Sex - 32 Yrs / F*

*Examination :- X-RAY CHEST P.A. VIEW*

**REPORT:-**

X-RAY CHEST

*Both lung fields are clear*


*Heart and aorta are normal.*

*Both C.P. angles are clear*

*Pleura, diaphragm and ribcage appear normal.*

**IMPRESSION:-**

➤ *Normal Radiogram*

  
DR. SANDEEP NYAYANIRGUNE  
MD DNB DMRE  
RADIOLOGIST & SONOLOGIST



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PATIENT NAME: Mrs. Singh Garima.

DATE: 05/06/2021

AGE: 32 YRS/F

**Measurements:**

LA : 29 mm

AO : 21 mm

LVID (d) : 45 mm

LVID (s) : 30 mm

IVS (d) : 11mm

LVPW (d): 11 mm

RA/RV : 28/29mm

LVEF : 60 %

**RWMA: NO RESTING RWMA**

**2 D Echo:**

Mitral valve- NORMAL

Aortic valve- NORMAL

PV/RVOT-NORMAL

IVS/IAS- intact

Left sided arch, no coarctation

IVC- NORMAL



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#### Doppler study

Mitral valve - TRIVIAL MR.

Aortic valve- NO AR, AV PG- 7 mm of Hg

Tricuspid valve -NO TR

PASP by TR jet velocity- 21 mm Hg

NO PAH

GRADE I LV DIASTOLIC DYSFUNCTION

#### Final Diagnosis

NORMAL CHAMBER DIMENSIONS

NO RESTING RWMA

NO PAH

E/O DIASTOLIC DYSFUNCTION

NORMAL LV SYSTOLIC FUNCTION

ADV- CLINICAL CORRELATION

DR. P. ABHAY

M.D. (MEDICINE)

DM (CARDIOLOGY)





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Ph.: 022-2401 6640 / 913609 6640 • Mob.: 98922 44833 / 98678 39996

NAME: - MRS. SINGH GARIMA. TEST: - PAP SMEAR DATE: - 05/06/21  
AGE: - 32 YRS. SEX: - FEMALE REFERRED BY: - DR RUPAL CHIRMADE

### PAP SMEAR

[DONE ON 05/06/21, REPORTED ON: - 07/06/21, LAB NO/HP; - 01/21]

Received 3 smears.

### MICROSCOPIC EXAMINATION:-

CELLULARITY: - Adequate

CELL TYPES: - Superficial cells: - ++ / Intermediate cells: - ++ / Metaplastic cells: - +  
/ End cervical cells: - +

BACKGROUP: - Polymorphs: - +++.

INFECTIVE AGENTS: - Altered bacterial flora present.

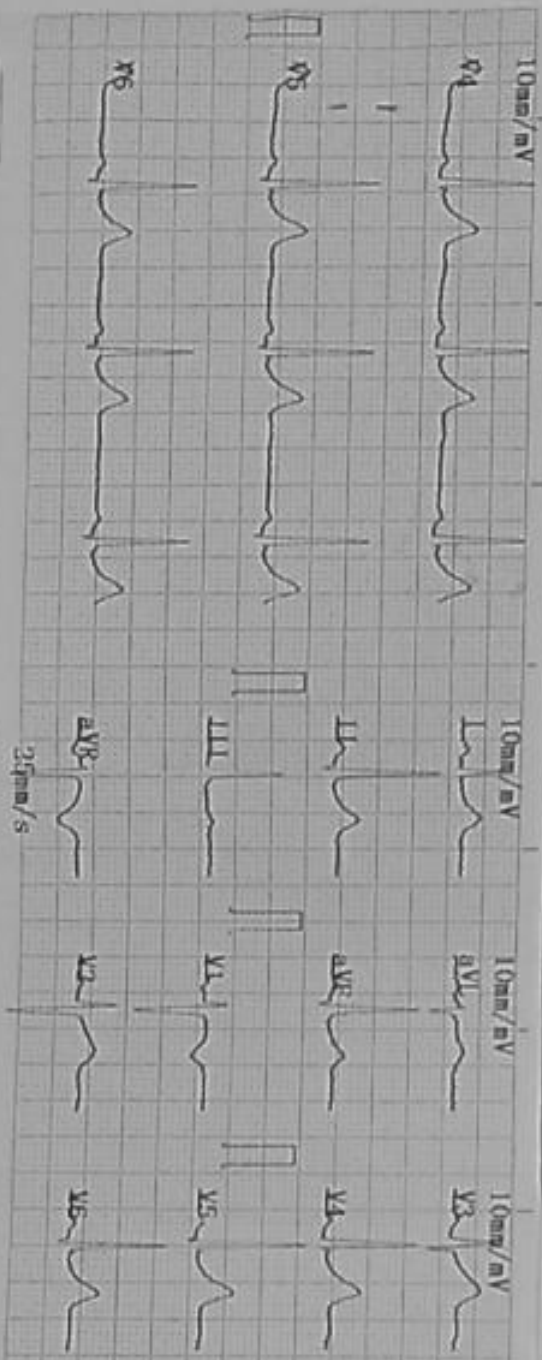
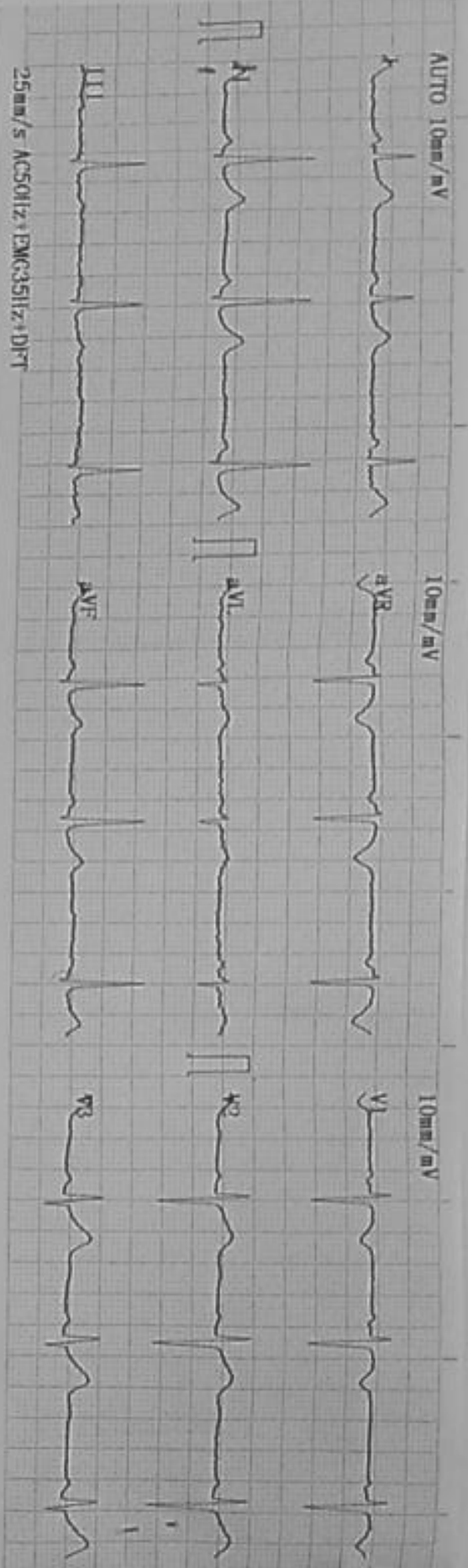
EPITHELIAL ABNORMALITIES / MALIGNANCY: - No evidence of

### IMPRESSION:-

NEGATIVE FOR IMTRAEPITHELIAL LESION / MALIGNANCY in these smears.

In view of inflammation repeat PAP smear after treating inflammation.  
Correlate clinically and with colposcopy findings.

Pathologist - : *Jain*  
Dr. Darshan Gohil (MD) Path  
Reg no - : 2008/09/3489



8  
2021-01  
ID  
Name  
Sex  
Height  
SYS  
DIA  
HR  
PR Inte  
P Durat  
QRS Dur  
T Durat  
QT/QTc  
P/ORS  
R(Y5)/S  
R(Y5)+S

**ATHARVA DIAGNOSTIC CENTRE**  
Gt. Floor, Shop No. 5, Sai Prasad Bldg.,  
F-Wing, Sion Kamgar CHS, Sion,  
Mumbai - 400 022.

*Rupal*  
**DR. RUPALCHIRMADE**  
M.D., D.O.  
Gynaecologist & Obstetrician  
Reg. No. 2001/2428

*Abhay*  
**Dr. Abhay Tidake**  
MD, D.M. Cardiology  
Reg. No. 2004/02/0618

Patient's Name: Mrs Singh Geetima

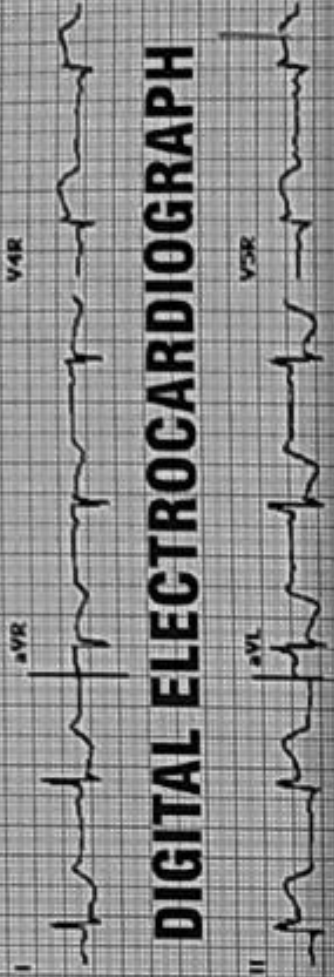
Age: \_\_\_\_\_ Sex:  M /  F

Date: 05/06/21 Receipt No.: \_\_\_\_\_

Referred by Dr.: \_\_\_\_\_

Conclusion: Normal

Probable Diagnosis: \_\_\_\_\_



# DIGITAL ELECTROCARDIOGRAPH



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X-RAY, SONOGRAPHY, E.C.G. & 2D ECHO

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# ATHARVA

MRS GARIMA SINGH 05062101 AGE 32 F CHEST,FRN P->A 05-Jun-21 10:46 AM  
ATHARVA HOSPITAL AND RESEARCH CENTRE PH: 24016640

