

Certificate No: MO-5597

Patient Name : Mr.RAJARAM TRIMBAK SHIRKE	Collected : 27/Jul/2024 09:39AM
Age/Gender : 48 Y 6 M 0 D/M	Received : 27/Jul/2024 03:18PM
UHID/MR No : CKHA.0000075025	Reported : 27/Jul/2024 04:43PM
Visit ID : CKHAOPV116907	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E29749	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes+**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No Abnormal cells seen**



DR.Sanjay Ingle  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>12.8</b>	g/dL	13-17	Spectrophotometer
PCV	<b>39.10</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>6.25</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>62.6</b>	fL	83-101	Calculated
MCH	<b>20.6</b>	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>27.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,150	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	69	%	40-80	Electrical Impedence
LYMPHOCYTES	22.6	%	20-40	Electrical Impedence
EOSINOPHILS	1.6	%	1-6	Electrical Impedence
MONOCYTES	6.8	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5623.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1841.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	130.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	554.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.05		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	312000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	13	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC's Anisopoikilocytosis++, Microcytes++, Elliptocytes+				
WBC's are normal in number and morphology				
Platelets are Adequate				
No Abnormal cells seen				



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	110	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	115	mg/dL	70-140	HEXOKINASE

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	mg/dL		Calculated



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**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	127	mg/dL	<200	CHO-POD
TRIGLYCERIDES	103	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	<b>30</b>	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	97	mg/dL	<130	Calculated
LDL CHOLESTEROL	76.72	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.69	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.26		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.18</b>		<0.11	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.56	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.41	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32.06	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.4	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	73.27	U/L	30-120	IFCC
PROTEIN, TOTAL	7.74	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.62</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.  
 \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.83	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	22.06	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.36	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.92	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.24	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.62	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.39	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.74	g/dL	6.6-8.3	Biuret
ALBUMIN	4.12	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>3.62</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	40.26	U/L	<55	IFCC



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.86	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.13	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.370	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.420	ng/mL	0-4	CLIA



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.012		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0 - 1	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist





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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*

*Sneha Shah*  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist



**Name: Mr. RAJARAM TRIMBAK SHIRKE**

**Age/ Sex: 48 Yrs / M**

**Date: 27/07/2024**

**2D ECHO/COLOUR DOPPLER**

<b>M - Mode values</b>		<b>Doppler Values</b>	
AORTIC ROOT (mm)	<b>22</b>	PULMONARY VE(m/sec)	<b>0.9</b>
LEFT ATRIUM (mm)	<b>30</b>	PG (mmHg)	<b>3.6</b>
		AORTIC VEL (m/sec)	<b>1.3</b>
IVS – D (mm)	<b>10</b>	PG (mmHg)	<b>7.4</b>
LVIDD – D (mm)	<b>44</b>	MITRAL E WAVE(m/sec)	<b>0.5</b>
		A WAVE (m/sec)	<b>0.8</b>
LVPW – D (mm)	<b>10</b>		
EJECTION FRACTION (%)	<b>60%</b>		

**REPORT:**

Normal sized all cardiac chambers.  
 No regional wall motion abnormality.  
 Normal LV systolic function.  
 Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.  
 Aortic valve normal. No aortic regurgitation/No Aortic stenosis.  
 Normal Tricuspid & pulmonary valve.  
 No tricuspid regurgitation.. No pulmonary hypertension.  
 Intact IAS and IVS.  
 No clots, vegetations, pericardial effusion noted.  
 Aortic arch appears normal

**IMPRESSION:**

**Grade I Diastolic Dysfunction**

**Normal PA pressures.**

**Normal LV systolic function, No RWMA. LVEF 60%.**

*for*  
*Dr. Vikrant Khese*

**DR. VIKRANT KHESE**  
**MBBS, MD Medicine, DNB Medicine, DM Cardiology**  
**Consultant and interventional Cardiologist**  
**Reg No: MMC: 2015/02/0627**



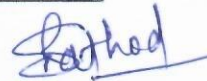
**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Rajaram Shirke on 29/07/24

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

	Tick
<ul style="list-style-type: none"> <li>Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>Currently Unfit. Review after: _____ recommended</li> </ul>	
<ul style="list-style-type: none"> <li>Unfit</li> </ul>	

  
**Dr. Shivaji Rathod**  
 MBBS General Physician  
 Dr. Reg. No.: 2015/08/4599  
 Medical Officer  
 Apollo Clinic, Kharadi

*This certificate is not meant for medico-legal purposes*

Date : 27-07-2024 Department : GENERAL 48 / M  
 MR NO : CKHA.0000075025 Doctor :  
 Name : Mr. RAJARAM TRIMBAK SHIRKE Registration No :  
 Age/ Gender : 48 Y / Male Qualification :

108

Consultation Timing: 09:06	Weight : 83.4	BMI : 28	Waist Circum : 99
Height : 170.3	Pulse : 75	Resp : 20	B.P : 143/97
Temp : 96.7			

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

# POWER PRESCRIPTION

NAME: Mr. Rajaram Shircke.

GENDER: M/F

DATE: 27/07/24.

AGE: 48 Yrs.

UHID:

## RIGHT EYE

## LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	+0.75	—		6/6.
NEAR	+2.50	—		NG

	SPH	CYL	AXIS	VISION
DISTANCE	+0.25	—		6/6
NEAR	+2.00	—		NG.

INSTRUCTIONS: Glass vision within Normal Accommodation

SIGNATURE

GE MAC1200 ST

RAJARAM, SHIRKE, APOLLO CLINIC KHARADI

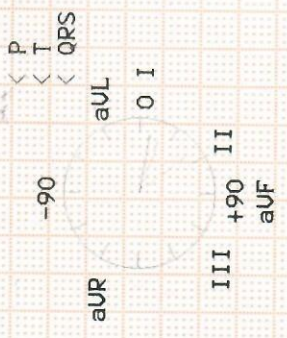
HR 77 bpm

AGE: 48

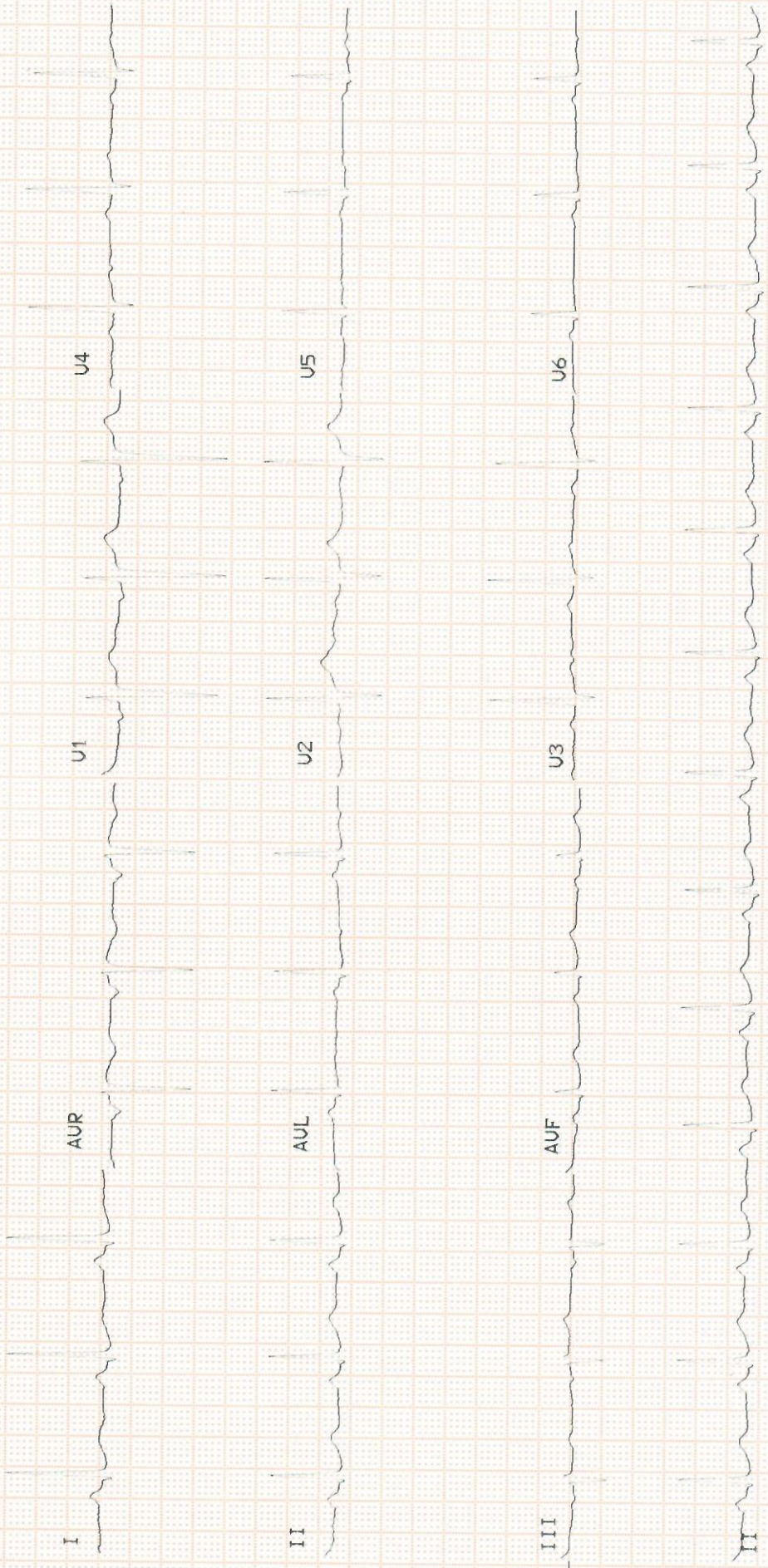
Measurement Results:

QRS : 386 / 86 ms  
 QT/QTcB : 441 ms  
 PR : 160 ms  
 P : 110 ms  
 RR/PP : 766 / 780 ms  
 P/QRS/T : 20/ 10/ 50 degrees  
 QTd/QTcBD : 36 / 41 ms  
 Sokolow : 2.5 mV  
 NK : 11

Interpretation:



Unconfirmed report.



Patient Name : Mr. RAJARAM TRIMBAK SHIRKE Age : 48 Y M  
UHID : CKHA.0000075025 OP Visit No : CKHAOPV116907  
Reported on : 27-07-2024 16:19 Printed on : 27-07-2024 18:52  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

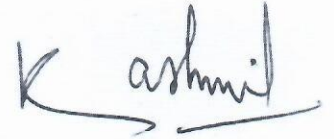
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:27-07-2024 16:19

---End of the Report---



**Dr. SANKET KASLIWAL**  
**MBBS DMRE**  
Radiology

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

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

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



## Kharadi Apollo Clinic

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**From:** noreply@apolloclinics.info  
**Sent:** 23 July 2024 02:05 PM  
**To:** rajaramshirke4@gmail.com  
**Cc:** Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M  
**Subject:** Your appointment is confirmed



**Dear SHIRKE RAJARAM TRIMBAK,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KHARADI clinic** on **2024-07-27** at **08:00-08:15**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

**Instructions to be followed for a health check:**