





FITNESS CERTIFICATE

| CANDIDATE | Name : Lycky Cujul. Date of Birth: 20105/1991. Age 31 Blood Group: B + VC Sex : Male Female Marital Status: Married Unmarried Address : Preshudush peus SOC, deshud. Any allergy / Disability / Pre-existing disease: 11201/1201/1201/1201/1201/1201/1201/120 | |
|-----------------------|--|--|
| CL-N-CAL F-ND-NGO | Height Weight Near L.E. & R.E. Hearing (-1.25) (-300) Left Ear Colour Vision: Distant L.E. & Right Ear. BP: 120 170 mm 1 m Pulse Rate: +6 mm Resp. Rate: 18 mm CVS: S1 S2 N RS: A&B& Clear Abdomen: S0 (4) Any other Findings: NO. O. O | |
| C E R T I F I C A T E | hereby certify that I have examined Mr./Ms.: Lucley Goycul on 20 103 12023 and find him FIT/ ENFIT for employment. Remarks if unfit: Dr. Jaydutt A. Patel M.B.S. M.D. Medicine Reg. No. G 25108 Signature & Seal Signature of Candidate Address/Tel No. | |

DECLARATIO

I declare that the above information is true and correct to the best of my knowledge and I am not suffering from any disease / illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer / appointment. In case of any discrepancy arising out of my declaration, I will undergo the medical check-up by the company's suggested doctor and their findings will be fully binding on me and action thereon towards my employment will be accepted by me.

Signature of Candidate

Date: 30 3 2 2







GOVERNMENT OF INDIA

लकी गोयल

Lucky Goyal जन्म तिथि/ DOB: 20/05/1991

जन्म तिथि/ DOB: 20/05 पुरुष / MALE





आधार-आम आदमी का अधिकार

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बैंक ऑफ़ बड़ोदा Bank of Baroda

Name

LUCKY GOYAL

E.C. No. 180779

जारीकर्ता प्राधिकारी Issuing Authority



Signature of Holder





1st Floor, Tower A, Eshantisira, Near Sitaram Super Market, Chhani Vadodara-391740

(3) +91 63596 22244

ECHOCARDIOGRAPHY REPORT

PATIENT NAME: MR LUCKY GOYAL

AGE /SEX : 31/M

DATE: 30 /03/2023

CONCLUSION:

- NORMAL CARDIAC CHAMBERS
- NORMAL LEFT VENTRICULAR SYSTOLIC **FUNCTION**
- LVEF 60%
- NO RWMA AT REST
- NO MR/MS
- NO TR, NO PAH (RVSP-15MMHG)
- NO AR/AS
- NORMAL DIASTOLIC FUNCTION OF LV
- NO CLOT OR VEGETATION
- NO PERICARDIAL EFFUSION
- NO ASD/VSD/CoA NOTED
- IVC -10MM SIZE WITH NORMALLY COLLAPSIVE

M:MODE

| AO: 25mm | LA: 37mm | IVS:10mm |
|-----------|-----------|----------|
| LVdd:45mm | LVds:28mm | PW:10mm |

DOPPLER STUDY

| MITRAL VAVLE | E: 1.06 | A:0.58 | |
|--------------|---------|--------|--|
| AORTI CVALVE | 1.23 | | |



Consultant Diabetelogist & General Physcian DR. KARSHIT JOSHI

1st Floor, Tower A, Eshantisira, Near Sitaram Super Market, Chhani Vadodara-391740

(3) +91 63596 22244

NAME: MR LUCKY GOYAL

AGE:31/MALE

DATE: 30/03/2023

USG FOR ABDOMEN

LIVER:

The echogenicity of the liver is normal.

There is no focal liver lesion.

There are no dilated intrahepatic biliary radicles.

GALL BLADDER:

Appears to be distended and shows no calculus or polyp in the lumen.

Wall thickness is normal.

SPLEEN:

The echogenicity of the spleen is normal.

There is no focal splenic lesion.

PANCREAS:

The echogenicity appears to be normal.

There is no free fluid in the abdomen.

There are no enlarged retroperitoneal lymphnodes.

KIDNEY:

The kidneys are normal in position, size, shape and outline.

The parenchyma is normal. Right kidney measure 103*43 cm.

Left kidney measure 98*45 cm.

BLADDER:

Bladder is well distended and shows normal wall thickness. No evidence of intraluminal mass or calculi.

PROSTATE:

Prostate gland is normal in size. It has smooth outline reflectivity.

There is no evidence of ascites.

No evidence of any gross bowel mass seen.

No evidence of any aorto-caval or mesenteric root lymphadenopathy.

Appendix cannot be imaged. No mass or collection in right iliac fossa.

CHHANI TO CHHANI

DR. KUNAL VADWALA

MBBS DWRD, DNB

Consultant Radiologist

Reg. No. G-20511





| NAME | LUCKY GOYAL | AGE/SEX | 31/MALE | |
|---------|-----------------|---------|------------|--|
| REF. BY | CHHANI HOSPITAL | DATE | 30/03/2023 | |

X-RAY OF CHEST PA VIEW:

FINDING

BOTH LUNG FIELDS APPEAR CLEAR.

NO CONSOLIDATION OR MASS LESION IS SEEN.

BOTH CP ANGLES ARE CLEAR.

CARDIAC SIZE APPEARS WITHIN NORMAL LIMITS.

TRACHEA IS CENTRAL IN POSITION.

MEDIASTINAL SHADOW IS NORMAL.

BOTH DOMES OF DIAPHRAGM ARE NORMAL.

BONY THORAX UNDER VISION APPEARS NORMAL.

IMPRESSIONS: NO SIGNIFICANT ABNORMALITY DETECTED

DR.HIMANI VIRAPARA

Regn. No: G.28771

M.D. [Radiodiagnosis]

(CONSULTANT RADIOLOGIST)

CHHAMI CO CHARAS SO



: LUCKY GOYAL Pt. Name Registered On : 30 Mar, 2023 11:25 AM

Age/Gender: 31 Years Male Collected On : 30 Mar, 2023 11:28 AM

Patient ID : 452 Reported On : 30 Mar, 2023 03:50 PM

Ref. By : Dr. CHHANI HOSPITAL MO: 4569636936

Address

Complete Blood Count (CBC)

| Investigation | Observed Value | | Biological Reference Interval | Unit |
|---|-------------------|------|----------------------------------|-----------|
| HEMOGLOBIN | | | | |
| Hemoglobin (Hb) | 11.0 | Low | 13 - 17 | g/dL |
| Hemoglobin % | 64.71 | | 0 - 100 Based on 17=100% | % |
| Total RBC Count | 4.71 | | 4.5 - 5.5 | mill/cumm |
| BLOOD INDICES | | | | |
| Packed Cell Volume (PCV) | 36.3 | Low | 40.7 - 50.3 | % |
| Mean Corpuscular Volume(MCV) | 77.07 | Low | 78.2 - 97.90 | fL |
| Mean Corpuscular Hemoglobin (M <mark>C</mark> H) | 23.35 | Low | 27 - 33 | pg/cell |
| Mean Corpuscular Hemoglobin Conce <mark>ntration (MCHC)</mark> | 30.30 | Low | 33 - 36 | g/dL |
| Red cell <mark>Distribution</mark> Width (RDW) | 17.1 | High | 11.5 - 14 | % |
| WBC COUNT | | | | |
| Total WBC Count | 7100 | | 4000 - 11000 | cumm |
| DIFFERENTIAL WBC COUNT | | | | |
| Neutrophils | 72 | High | 40 - 70 | % |
| Lymphocytes | 23 | | 20 - 40 | |
| Eosinophils | 02 | | 1 - 6 | % |
| Monocytes | 03 | | 2 - 6 | % |
| Basophils | 00 | | 0 - 1 | % |
| Erythrocyte Sedimentation Rate (ESR) | 06 | | 0 - 22 | mm/hr |
| PLATELET COUNT | | | | |
| Platelet Count | 390000 | | 150000 - 450000 | /cumm |

DR.ASHISH JAWARKAR M.D.(Pathology)





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Address :

HBA1C

| | 115/11 | | |
|------------------------------------|-------------------|---|-------|
| Investigation | Observed Value | Biological Reference Interval | Unit |
| Glycosylated Hemoglobin(GHb/HbA1c) | 6.2 | 5.7 - 6.4 <5.7 Non Diabetic 5.7-6.4 Borderline >6.4 Diabetic | % |
| Mean Blood Glucose | 131.24 | 90 - 210 90-120 Excellent Control 121-150 Good Control 151-180 Average Control 181-210 Action Suggested | mg/dL |

Comment

- 1. HbA1c is an indicator of glycemic control. HbA1c represents average Glycemia over the past six to eight weeks. Glycation of Hemoglobin occurs over the entire 120 day life span of the Red Blood Cell, but within this 120 days. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.
- 2. Mean Plasma Glucose mg/dL = 28.7 x A1C 46.7. Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from HbA1c or vice-versa is not "perfect" but gives a good working ballpark estimate.
- 3. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime Glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

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BLOOD GROUP

Blood Group, ABO & RH Typing

| Investigation | Observed Value | Biological Reference Interval | Unit |
|--------------------------|-------------------|----------------------------------|------|
| BLOOD GROUP, ABO & RH TY | PING | | |
| ABO Group | В | | |
| RH Factor | POSITIVE | | |

The test to determine your blood group is called ABO typing. Your blood sample is mixed with antibodies against type A and B blood. Then, the sample is checked to see whether or not the blood cells stick together. If blood cells stick together, it means the blood reacted with one of the antibodies.

Rhesus (Rh) factor is an inherited protein found on the surface of red blood cells. If your blood has the protein, you're Rh positive. If your blood lacks the protein, you're Rh negative.

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URINE ROUTINE

Urine Examination Routine

| Investigation | Observed Value | Biological Reference Interval | Unit |
|-------------------------|-------------------|----------------------------------|------|
| PHYSICAL EXAMINATION | | | |
| Quantity | 10ml | 10ml | |
| Colour | Pale Yellow | Pale yellow | |
| Appearance | Clear | whitish | |
| PH | 6.0 | | |
| Specitfic Gravity | 1.015 | | |
| Blood | Absent | | |
| CHEMICAL EXAMINATION | | | |
| Proteins | Absent | Nil A DC | |
| Glucose | Absent | Nil | |
| Ketones | Absent | Nil | |
| Bile Pigment | Absent | | |
| Bile salt | Absent | | |
| MICROSCOPIC EXAMINATION | | | |
| R.B.C. | Absent | | |
| Pus Cells | 1-2/hpf | | |
| Epithelial Cells | 1-2/hpf Squamous | | |
| Bacteria | Absent | | |

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LIPID PROFILE

Lipid Profile

| Investigation | Observed Value | | Biological Reference Interval | Unit |
|-----------------------------|-------------------|------|----------------------------------|-------|
| CHOLESTEROL | | | | |
| Total Cholesterol | 202 | High | 150 - 199 | mg/dL |
| Serum Triglycerides | 98 | | 0 - 150 | mg/dL |
| HDL Cholesterol | 45 | | 35 - 79 | mg/dL |
| LDL Cholesterol | 137.40 | High | 0 - 100 | mg/dL |
| VLDL Cholesterol | 19.60 | | 0 - 30 | mg/dL |
| Non-HDL cholesterol | 157.00 | High | - >130 Optimal | mg/dL |
| RATIO | | | | |
| LDL HDL Cholesterol Ratio | 3.05 | | 1.5 - 3.5 | |
| Total-HDL Cholesterol Ratio | 4.49 | | 3.5 - 5 | |
| Triglycerides HDL Ratio | 2.18 | | | |

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| nvestigation | Observed Value | Biologica Interval | Biological Reference Unit | |
|--------------------------------------|----------------------------|--|--|--|
| Total Cholesterol (mg/dL) | HDL Cholesterol (mg/dL) | LDL Cholesterol (mg/dL) | Triglycerides (mg/dL) | |
| Desirable <200 | Low <40 | Optimal <100 Near Optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 | Normal <150 Borderline High 150-199 High 200-499 Very High >500 | |
| Borderline High 200-239 High >240 | High <60 | ARC | | |
| | | -PATH L | ABS- | |

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Liver Function Test (LFT)

| Investigation | Observed Value | | Biological Reference Interval | Unit |
|----------------------|-------------------|------|----------------------------------|-------|
| BILLIRUBIN | | | | |
| Total Bilirubin | 1.66 | High | 0 - 1.2 | mg/dL |
| Direct Bilirubin | 0.78 | High | 0.0 - 0.25 | mg/dL |
| Indirect Bilirubin | 0.88 | | 0.2 - 1 | mg/dL |
| LIVER ENZYMES | | | | |
| SGPT (ALT) | 34 | | 0 - 40 | IU/L |
| SGOT (AST) | 30 | | 0 - 37 | U/L |
| Alkaline Phosphatase | 98 | | 60 - 320 | U/L |
| SERUM PROTEINS | | | | |
| Total Serum Protein | 6.9 | | 6.3 - 7.9 | g/dL |
| Serum Albumin | 4.0 | | 3.5 - 5.5 | g/dL |
| Serum Globulin | 2.90 | | 2.5 - 3.5 | g/dL |
| A/G Ratio | 1.38 | | 1.1 - 2.1 | |

Clinical Information:

Liver function tests, also known as liver chemistries, help determine the health of your liver by measuring the levels of proteins, liver enzymes, and bilirubin in your blood. Having abnormal results on any of these liver tests typically requires follow up to determine the cause of the abnormalities. Even mildly elevated results can be associated with liver disease. However, these enzymes can also be found in other places besides the liver.

Talk to your doctor about the results of your liver function test and what they may mean for you.

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THYROID SERUM HORMONS

Thyroid Function Test (TFT)

| Investigation | Observed Value | Biological Reference Interval | Unit |
|-----------------------------------|-------------------|----------------------------------|--------|
| THYROID SERUM HORMONS | | | |
| Serum Triiodothyronine (T3) | 1.03 | 0.6 - 1.81 | ng/mL |
| Serum thyroxine (T4) | 4.23 | 3.2 - 12.6 | ug/dL |
| Thyroid Stimulating Hormone (TSH) | 2.16 | 0.55 - 4.78 | μIU/mL |

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FASTING BLOOD SUGAR

FBS PP2BS

| Investigation | Observed Value | | Biological Reference Interval | Unit |
|---------------|-------------------|------|----------------------------------|-------|
| FBS PP2BS | | | | |
| Fbs | 93 | | 70 - 110 | mg/dL |
| PP2BS | 145 | High | 80 - 140 | mg/dL |







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| Investigation | Observed Value | Biological Reference Interval | Unit |
|------------------|-------------------|----------------------------------|-------|
| | URE | A | |
| Urea | 19 | 15 - 40 | mg/dL |
| | SERUM CRE | ATININE | |
| Serum Creatinine | 0.89 | 0.6 - 1.30 | mg/dL |
| | | | |

Note: 1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

3) Monitoring renal transplant recipients.

URIC ACID

Serum Uric Acid 4.03 3.5 - 7.2 mg/dL

Most uric acid is synthesized in the liver and mainly excreted by kidney. It is an end product of purine catabolism. Levels are labile and show day to day and seasonal

variation in same person. Levels are also increased by emotional stress, total fasting and increased body weight. Mainly used for monitoring treatment of gout and

chemotherapeutic treatment of neoplasm. Levels are increased in renal failure, gout, certain neoplastic condition (Increased cell turn over), Hemolytic anemia, toxemia of pregnancy.

BUN

BUN 8.87 7.0 - 20.0 mg/dL

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

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