


Patient Name : Mr.AHMED WASEEM	Collected : 20/Jan/2024 09:46AM
Age/Gender : 37 Y 7 M 10 D/M	Received : 20/Jan/2024 12:06PM
UHID/MR No : CCHA.0000175772	Reported : 20/Jan/2024 02:09PM
Visit ID : CCHAOPV320540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332845	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.2	g/dL	13-17	Spectrophotometer
PCV	43.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.78	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.5	fL	83-101	Calculated
MCH	31.7	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,120	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48	%	40-80	Electrical Impedance
LYMPHOCYTES	37	%	20-40	Electrical Impedance
EOSINOPHILS	07	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3417.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2634.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	498.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	569.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	7.12	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	241000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC - MILD EOSINOPHILIA
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist

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SIN No:BED240014296

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Age/Gender : 37 Y 7 M 10 D/M	Received : 20/Jan/2024 12:06PM
UHID/MR No : CCHA.0000175772	Reported : 20/Jan/2024 04:51PM
Visit ID : CCHAOPV320540	Status : Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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Age/Gender : 37 Y 7 M 10 D/M	Received : 20/Jan/2024 04:38PM
UHID/MR No : CCHA.0000175772	Reported : 20/Jan/2024 05:28PM
Visit ID : CCHAOPV320540	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	GOD - POD

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:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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)	132	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.



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SIN No:PLP1410185

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

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)



Dr. RAJESH BATTINA
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SIN No:EDT240006039

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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

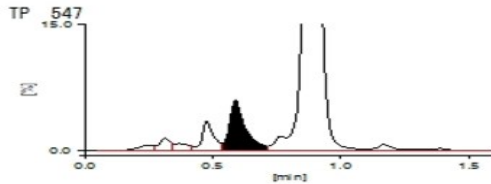
Chromatogram Report

HLC72368 V5.28 1 2024-01-20 13:08:01
 ID EDT240006039
 Sample No. 01200088 SL 0005 - 04
 Patient ID
 Name
 Comment

CALIB Y = 1.1689X + 0.6048			
Name	%	Time	Area
A1A	0.5	0.24	9.89
A1B	0.7	0.31	15.61
F	0.6	0.39	13.17
LA1C+	2.0	0.48	42.38
SA1C	6.0	0.59	98.42
AO	92.0	0.88	1922.69
H-V0			
H-V1			
H-V2			

Total Area 2102.16

HbA1c 6.0 % **IFCC 42 mmol/mol**
 HbA1 7.2 % HbF 0.6 %



20-01-2024 13:08:01 APOLLO

APOLLO DIAGNOSTICS GLOBAL
BALANAGER

1 / 1



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	227	mg/dL	<200	CHO-POD
TRIGLYCERIDES	170	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	179	mg/dL	<130	Calculated
LDL CHOLESTEROL	145	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.73		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.47	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	40	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	120.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.25	g/dL	6.6-8.3	Biuret
ALBUMIN	4.67	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.58	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		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.
- Bilirubin may be elevated.
- 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 diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:



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



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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.85	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	22.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.32	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.02	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.67	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	85.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.23	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.62	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.056	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
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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SIN No:SPL24009395

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Patient Name : Mr.AHMED WASEEM	Collected : 20/Jan/2024 09:46AM
Age/Gender : 37 Y 7 M 10 D/M	Received : 20/Jan/2024 02:09PM
UHID/MR No : CCHA.0000175772	Reported : 20/Jan/2024 04:07PM
Visit ID : CCHAOPV320540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332845	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	TRACE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-6	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


 Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

Page 16 of 17
CAP
 ACCREDITED
 COLLEGE of AMERICAN PATHOLOGISTS



SIN No:UR2265474

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.AHMED WASEEM	Collected : 20/Jan/2024 09:46AM
Age/Gender : 37 Y 7 M 10 D/M	Received : 20/Jan/2024 02:46PM
UHID/MR No : CCHA.0000175772	Reported : 20/Jan/2024 07:03PM
Visit ID : CCHAOPV320540	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 332845	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR

Dr. Srinivas N.S. Nori
Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF010244

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



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	MR. AHMED WASEEM
EC NO.	158838
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	YADGIR
BIRTHDATE	10-06-1986
PROPOSED DATE OF HEALTH CHECKUP	13-01-2024
BOOKING REFERENCE NO.	23M158838100079752E

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 **16-12-2023** till **31-03-2024**. 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

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



भारत सरकार
Government of India



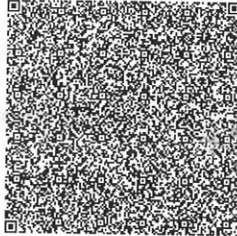
आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0648/04274/00978

To
ವಸೀಮ್ ಅಹ್ಮದ್
Waseem Ahmed
VTC: Balichakra,
PO: Balichakra,
District: Yadgir,
State: Karnataka,
PIN Code: 585221,
Mobile: 9900789842



Signature valid

Digitally signed by
WASEEM AHMED
AUTHORITY: UIDAI
Date: 2024.09.10 16:31:57
GMT+05:30

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8764 8750 8798

VID : 9131 6577 3310 1677

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 01/04/2013



ವಸೀಮ್ ಅಹ್ಮದ್
Waseem Ahmed
ಜನ್ಮ ದಿನಾಂಕ/DOB: 10/06/1986
ಪುರುಷ/MALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

8764 8750 8798

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



भारत सरकार
Government of India



AADHAAR

ಮಾಹಿತಿ / INFORMATION

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಯುನೈಟೆಡ್ ಪ್ರಾಧಿಕಾರದ ವಿಧೇಯಕದಲ್ಲಿ ನಿರ್ದಿಷ್ಟಪಡಿಸಿರುವಂತೆ, ನಿವಾಸಿಗಳು ಒದಗಿಸಿದ ದಾಖಲೆಯ ಪುರಾವೆಯುನುಸಾರವಾಗಿ ಆಧಾರ್‌ನಲ್ಲಿ ಜನ್ಮದಿನಾಂಕವನ್ನು ದಾಖಲಿಸಲಾಗಿದೆ.
- ಈ ಆಧಾರ್ ಪತ್ರದ ಪರಿಶೀಲನೆಯನ್ನು ಆನ್‌ಲೈನ್‌ನಲ್ಲಿ ಯುನೈಟೆಡ್ ನೇಮಿಸಿದ ದೃಢೀಕರಣ ಸಂಸ್ಥೆ ಮೂಲಕ ಅಥವಾ ಅಧಿಕಾರಿಗಳ ಸ್ಕ್ರೋಂಗ್‌ನಲ್ಲಿ ಲಭ್ಯವಿರುವ mAadhaar ಮೂಲಕ ಅಥವಾ ಆಧಾರ್ QR ಸ್ಕ್ಯಾನರ್ ಅಧಿಕಾರಿಗಳ ಉಪಯೋಗಿಸಿ. ಅಥವಾ www.uidai.gov.in ನಲ್ಲಿ ಲಭ್ಯವಿರುವ ಸುರಕ್ಷಿತ QR ಕೋಡ್ ರೀಡರ್ ಅಧಿಕಾರಿಗಳ ಅನ್ನು ಬಳಸಿಕೊಂಡು QR ಕೋಡ್ ಸ್ಕ್ಯಾನ್ ಮಾಡಬಹುದು.
- ಆಧಾರ್ ವಿಶಿಷ್ಟವಾಗಿದೆ ಮತ್ತು ಸುರಕ್ಷಿತವಾಗಿದೆ.
- ಆಧಾರ್‌ಗೆ ದಾಖಲಾದ ದಿನಾಂಕದಿಂದ ಪ್ರತಿ 10 ವರ್ಷಗಳಿಗೊಮ್ಮೆ ಗುರುತು ಮತ್ತು ವಿಳಾಸವನ್ನು ಬೆಂಬಲಿಸುವ ದಾಖಲೆಗಳನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ಕಡ್ಡಾಯವಾಗಿ ನವೀಕರಿಸಬೇಕು.
- ವಿವಿಧ ಸರ್ಕಾರಿ ಮತ್ತು ಸರ್ಕಾರೇತರ ಪ್ರಯೋಜನಗಳನ್ನು / ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇಮೇಲ್ ಐಡಿಯನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ನವೀಕರಿಸಿ.
- ಆಧಾರ್ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು mAdhaar ಅಧಿಕಾರಿಗಳ ಡೌನ್‌ಲೋಡ್ ಮಾಡಿ.
- ಆಧಾರ್/ಬಯೋಮೆಟ್ರಿಕ್‌ಗಳನ್ನು ಬಳಸದೇ ಇರುವಾಗ ಭದ್ರತೆಯನ್ನು ಖಚಿತಪಡಿಸಿ ಕೊಳ್ಳಲು ಲಾಕ್/ಅನ್‌ಲಾಕ್ ಆಧಾರ್/ಬಯೋಮೆಟ್ರಿಕ್ ಸೌಲಭ್ಯವನ್ನು ಬಳಸಿ.
- ಆಧಾರ್ ಕೋಡ್‌ನ ಸಂಸ್ಥೆಗಳು ನಿಮ್ಮ ಒಪ್ಪಿಗೆ ಪಡೆಯಲು ಬದ್ಧವಾಗಿರುತ್ತವೆ.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAdhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAdhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

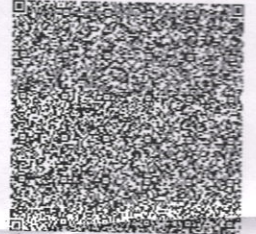


ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

Details as on: 10/09/2024

ವಿಳಾಸ:
ಬಳಿಚಕ್ರ, ಬಳಿಚಕ್ರ, ಯಾದಗಿರಿ,
ಕರ್ನಾಟಕ - 585221

Address:
Balichakra, PO: Balichakra, DIST: Yadgir,
Karnataka - 585221



8764 8750 8798

VID : 9131 6577 3310 1677

1947 | help@uidai.gov.in | www.uidai.gov.in

Patient Name : Mr. AHMED WASEEM

Age/Gender : 37 Y/M

UHID/MR No. : CCHA.0000175772

OP Visit No : CCHAOPV320540

Sample Collected on :

Reported on : 20-01-2024 19:16

LRN# : RAD2212583

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 332845

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

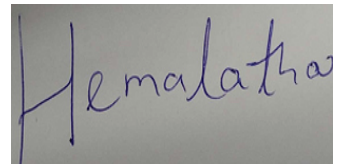
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. G HEMALATHA
MBBS,DNB
Radiology

Patient Name	: Mr. AHMED WASEEM	Age/Gender	: 37 Y/M
UHID/MR No.	: CCHA.0000175772	OP Visit No	: CCHAOPV320540
Sample Collected on	:	Reported on	: 20-01-2024 13:07
LRN#	: RAD2212583	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 332845		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size. **Increased Echogenicity**. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals. **Liver measures : 14.01 cm.**

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen is normal. No focal lesion seen. Splenic vein is normal. **Spleen measures : 9 cm.**

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side. **Right kidney measures : 100 x 40 mm . , Left kidney measures : 97 x 45 mm.**

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate Enlarged in size . Normal echo texture. No evidence of necrosis/calcification seen. **Prostate volume = 24 cc.**

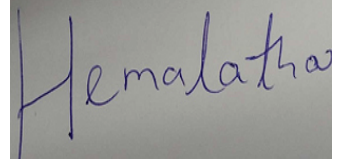
IMPRESSION:-

- 1. GRADE - I FATTY LIVER .**
- 2. GRADE - I PROSTATOMEGALY .**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Patient Name : Mr. AHMED WASEEM

Age/Gender : 37 Y/M



Dr. G HEMALATHA
MBBS, DNB
Radiology

Patient Name	: Mr. AHMED WASEEM	Age	: 37 Y/M
UHID	: CCHA.0000175772	OP Visit No	: CCHAOPV320540
Reported By:	: Dr. A RAVINDRA	Conducted Date	: 20-01-2024 14:23
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 91beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

Impression:

NORMAL RESTING ECG.

----- END OF THE REPORT -----



Dr. A RAVINDRA

Patient Name : Mr. AHMED WASEEM Age : 37 Y/M
UHID : CCHA.0000175772 OP Visit No : CCHAOPV320540
Conducted By: : Dr. A RAVINDRA Conducted Date : 20-01-2024 15:19
Referred By : SELF

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (ed)	2.7 CM
LA (es)	2.4 CM
LVID (ed)	4.0 CM
LVID (es)	2.8 CM
IVS (Ed)	1.0 CM
LVPW (Ed)	1.0 CM
EF	68.00%
%FD	34.00%
MITRAL VALVE :	NORMAL
AML	NORMAL
PML	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	NORMAL
INTER VENTRICULAR SEPTUM	NORMAL
AORTA	NORMAL
RIGHT ATRIUM	NORMAL
LEFT ATRIUM	NORMAL
Pulmonary Valve	NORMAL
PERICARDIUM	NO EFFUSION
LEFT VENTRICLE: NO RWMA	

Patient Name	: Mr. AHMED WASEEM	Age	: 37 Y/M
UHID	: CCHA.0000175772	OP Visit No	: CCHAOPV320540
Conducted By:	: Dr. A RAVINDRA	Conducted Date	: 20-01-2024 15:19
Referred By	: SELF		

COLOUR AND DOPPLER STUDIES: NO MR/ TR/ AR/ PR

PWD: E>A AT MITRAL INFLOW

E/A-E: 0.9m/sec A: 0.7m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO
1.1m/sec

VELOCITY ACROSS THE AV UPTO 1.1m/sec

IMPRESSION:-

NORMAL CARDIAC CHAMBERS,

NO RWMA,

GOOD LV FUNCTION,

NO MR/ TR/ AR/ PR,

NO /PE/CLOT/VEGS.

Ravindra A,