

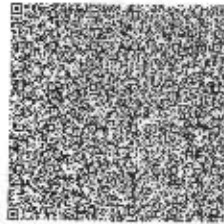


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2189/61679/00648

To
अमित शर्मा
Amit Sharma
S/O: Satish Chand Sharma,
Ward Number 6,
VTC: Gagret Khas (140),
PO: Gagret,
Sub District: Amb,
District: Una,
State: Himachal Pradesh,
PIN Code: 177201,
Mobile: 9926999302



Signature Not Verified
Digitally signed by S/O Satish Chand Sharma, DN: cn=S/O Satish Chand Sharma, o=Unique Identification Authority of India, email=S/O Satish Chand Sharma@uidai.gov.in, c=IN

आपका आधार क्रमांक / Your Aadhaar No. :

6474 0936 3973

VID : 9196 1511 9919 6294

मेरा आधार, मेरी पहचान



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Government of India



अमित शर्मा
Amit Sharma
जन्म तिथि/DOB: 28/05/1982
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन स्कांनिंग के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

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सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- 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 mAadhaar 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 mAadhaar app to avail of Aadhaar services.
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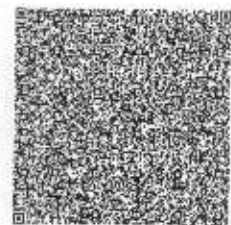


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पता:
S/O: सतीश चंद्र शर्मा, बॉर्ड नंबर 6, गगरेट खास (140),
गगरेट, जना,
हिमाचल प्रदेश - 177201

Address:
S/O: Satish Chand Sharma, Ward Number 6,
Gagret Khas (140), PO: Gagret, DIST: Una,
Himachal Pradesh - 177201



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AS

HP

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Near New Courts,
Civil Lines, Jalandhar



KAPIL HOSPITAL

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 Website: www.kapilhospitaljalandhar.com

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Page No.1

NAME	MR. AMIT SHARMA	DATE	09/04/2024
FATHER NAME	SATISH CHAND SHARMA		
AGE	41/Yrs	HOSPITAL ID	272/24
SEX	Male		
MARITAL STATUS	Married	EXAMINED BY	Dr. KAPIL GUPTA

PERSONAL HISTORY

HISTORY OF PRESENTING ILLNESS :	Nothing significant
PAST HISTORY	NIL.

DIET	Vegetarian	BOWELS	Normal
APPETITE	Good	MICTURITION	Normal
SLEEP	Normal	HABITS	SMOKING: Nil
ALLERGY	Nil		ALCOHOL: Nil

PHYSICAL EXAMINATION

HEIGHT	180cm	Vision	Use spectacle for near vision +1.25/B/E distance vision 6/6 B/E
WEIGHT	93 Kg	Chest:106/110cm	BMI: 29%
BP	130/70 mmhg	Abdomen:108cm	COLOUR VISION - Normal
PULSE	74/mint	Dental check up	Normal
RESP. RATE	18/mint	Spo2 : 99%	
TEMP	97.4° F		
SKIN	Normal		



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Page No.2

	JVP	Normal
	APEX BEAT	5 th ICS mid clavicular line
CVS	THRILLS	Absent
	HEART SOUNDS	Normal
	MURMURS	Absent

	TRACHEAL POSITION	Central
	SHAPE OF CHEST	Normal
RS	MOVEMENTS	Equal Bilateral
	BREATH SOUNDS	Vesicular
	ADVENTITIOUS SOUNDS	Absent

	TENDERNESS	Nil
	LIVER	Normal
ABDOMEN	SPLEEN	Not Palpable
	KIDNEY	Normal
	FREE FLUID	Absent
	BOWEL SOUND	Normal
	HERNIAL ORIFICES	Normal

	HIGHER MENTAL FUNCTION	Normal
	CRANIAL NERVES	Normal
CNS	SENSORY SYSTEMS	Normal
	MOTER SYSTEMS	No Abnormality
	REFLEXES	Normal

MUSCULOSKELETAL SYSTEM	Normal
------------------------	--------

IMPRESSION CLINICALLY AND INVESTIGATION WISE FIT

DOCTOR SIGNATURE & SEAL :


DR KAPIL GUPTA
MD
KAPIL HOSPITAL
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Civil Lines. Jalandhar



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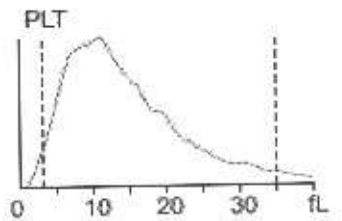
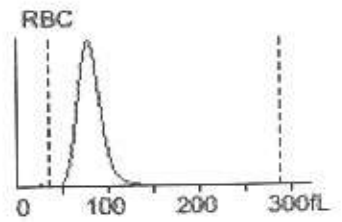
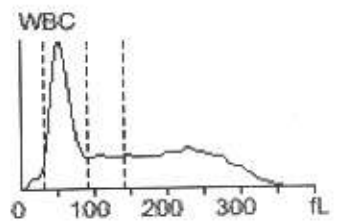
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Physical Exam

First Name: MR AMIT SHARMA Sample Type: Venous blood Sample ID: 2029
 Last Name: Department: Internal Medicine Run Time: 2024/04/09 14:26
 Gender: Male Med Rec. No.: Age: 42 Year
 Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	6.77	3.50-9.50	10 ³ /uL
2 Lym%	38.7	20.0-50.0	%
3 Gran%	48.8 ↓	50.0-70.0	%
4 Mid%	12.5 ↑	3.0-9.0	%
5 Lym#	2.62	1.10-3.20	10 ³ /uL
6 Gran#	3.30	2.00-7.00	10 ³ /uL
7 Mid#	0.85	0.10-0.90	10 ³ /uL
8 RBC	4.87	4.30-5.80	10 ⁶ /uL
9 HGB	12.5 ↓	13.0-17.5	g/dL
10 HCT	39.5 ↓	40.0-50.0	%
11 MCV	81.2 ↓	82.0-100.0	fL
12 MCH	25.6 ↓	27.0-34.0	pg
13 MCHC	31.6	31.6-35.4	g/dL
14 RDW-CV	13.4	11.5-14.5	%
15 RDW-SD	44.0	35.0-56.0	fL
16 PLT	258	125-350	10 ³ /uL
17 MPV	10.5	7.0-11.0	fL
18 PDW-SD	13.7	9.0-17.0	fL
19 PDW-CV	15.5	10.0-17.9	%
20 PCT	0.270	0.108-0.282	%
21 P-LCR	31.2	11.0-45.0	%
22 P-LCC	81	30-90	10 ³ /uL



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 M.D. (Pathology)
 Consultant Pathologist (Visiting)

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Patient Name:- Mr. Amit Sharma	Age/Sex:- 42 Yrs / Male
Date:- 09/04/2024	Incharge:- Dr.Kapil Gupta MD
Appli No:-	Sample ID:- 2029 / Fasting Sample

Test	Result	Normal Value
------	--------	--------------

Hematological Test

E.S.R (ERYTHROCYTE SEDIMENTATION RATE)	35.0 mm 1st hrs	0.0--20 mm1st hrs
--	-----------------------------------	-------------------------------------

An erythrocyte sedimentation rate (ESR) is a type of blood test that measures how quickly erythrocytes (red blood cells) settle at the bottom of a test tube that contains a blood sample. Normally, red blood cells settle relatively slowly. A faster-than-normal rate may indicate inflammation in the body. Inflammation is part of your immune response system. It can be a reaction to an infection or injury. Inflammation may also be a sign of a chronic disease, an immune disorder, or other medical condition.

Blood Group	A'B Positive
--------------------	---------------------

Biochemistry Test

Glucose Fasting HEXOKINASE	106.0 mg/dl	70--110 mg/dl
--------------------------------------	--------------------	----------------------

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 110 mg/dL is considered normal.
- A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

Renal Function Test

Blood Urea Urease Colorimetric	28 mg/dl	15--45 mg/dl
S. Creatinine Jaffe Kinetic	1.0 mg/dl	0.4--1.4 mg/dl
Bun Blood urca nitrogen	13.0 mg/dl	10--20 mg/dl

Interpretation:- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working. The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a come for increases in urea level. Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage

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Patient Name:- Mr. Amit Sharma	Age/Sex:- 42 Yrs / Male
Date:- 09/04/2024	Incharge:- Dr.Kapil Gupta MD
Appli No:-	Sample ID:- 2029 / Fasting Sample

Test	Result	Normal Value
<u>Liver Function Test</u>		
Bilirubin Total Diazotized Sulfanilic	0.8 mg/dL	0.2--1.0 mg/dL
Bilirubin Direct Diazotized Sulfanilic	0.3 mg/dL	0.0--0.4 mg/dL
Bilirubin Indirect Diazotized Sulfanilic	0.5 mg/dL	0.3--1.0 mg/dL
SGOT (AST) IFCC without pyridoxal phosphate	32 IU/L	5.0--40.0 IU/L
SGPT (ALT) IFCC without pyridoxal phosphate	27 IU/L	5.0--40.0 IU/L
Alkaline Phosphatase (ALP) IFCC	192 IU/L	43--240 IU/L
Protein Total Biuret	7.4 g/dL	6.0--8.0 g/dL
Albumin Bromo Cresol Green (BCG)	4.2 g/dL	3.2--5.0 g/dL
Globulin Calculated	3.2 g/dL	2.5--3.5 g/dL
S.G.G.T	49 IU/L	17--70 IU/L

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels. Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

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Patient Name:- Mr. Amit Sharma	Age/Sex:- 42 Yrs / Male
Date:- 09/04/2024	Incharge:- Dr.Kapil Gupta MD
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Test	Result	Normal Value
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Lipid Profile Test

Total Cholesterol	220 mg/dL	150--200 mg/dL Desirable <200 Borderline 200--239 High Risk >240
--------------------------	------------------	---

A complete TC test (also called a lipid profile) measures the amount of "good" and "bad" cholesterol and the level of triglycerides in the blood. Cholesterol is a fat-like substance that the body need to function properly. However, too much cholesterol can lead to heart disease, stroke and atherosclerosis (a clogging or hardening of your arteries). It is important to have your cholesterol levels (lipid profile or panel) checked routinely. High cholesterol by itself usually has no signs or symptoms. Hence the importance of screening test. The body makes most of the cholesterol in the liver. For this reason, cholesterol levels are largely determined by genetics. Eating food high in cholesterol, saturated fat, trans fats and high fat in the diet may also affect the cholesterol level. Most of the cholesterol in the diet comes from animal products like meats, dairy fats and egg yolks.

Triglycerides	180 mg/dL	35--160 mg/dL
----------------------	------------------	----------------------

Triglycerides are blood lipids by esterification of glycerol and free fatty acids and are carried by the serum lipoproteins. The intestine processes the Triglycerides from dietary fatty acid and they are transported in the blood stream as chylomicrons. A function of Triglycerides is to provide energy to heart and skeletal muscles. Triglycerides are major contributors to arterial diseases. As the concentration of Triglycerides increases, so will the VLDL increases. A peak concentration of chylomicron associated Triglycerides occurs within 3-6 hrs after ingestion of fat rich meal. Alcohol intake also causes transient increase of serum TG level. If TG is more than 400 mg/dL, VLDL can not be calculated. Conditions associated with increased TG levels: Hyperlipoproteinemia, stress, high intake of carbohydrates or fatty diet, Acute MI, Hypertension, Cerebral thrombosis, hypothyroidism, uncontrolled diabetes, hypothyroidism, Pancreatitis, Pregnancy etc. Conditions associated with decreased TG levels: Hyperparathyroidism, Lipoproteinemia, Protein malnutrition, exercise etc. People with increased levels are advised to undergo lipid profile at regular intervals.

HDL Cholesterol	52 mg/dL	40--67 mg/dL (< 40)
LDL Cholesterol	132 mg/dL up to 100 mg/dL (Friedewald Formula)	
Calculated		

LDL Cholesterol, or low-density Lipoprotein, is also known as "bad" Cholesterol due to the proven relationship between high LDL levels and heart disease. The main goal of any Cholesterol treatment program is to lower the LDL Cholesterol.

- **LDL Cholesterol Levels (mg/dL)**
- **70 or below: lowest risk**
- **100 or below: lower risk**
- **101 to 129: moderate risk**
- **130 or above: high risk**

V.L.D.L.	36 mg/dL	5.0--23 mg/dL
Calculated		

Cholesterol/HDL Ratio	4.2 Ratio	Low Risk <4.0 Ratio
Calculated		

Average Risk 4.4-7.1
Moderate Risk 7.1-11.0
High Risk >11.0

LDL/HDL Ratio	2.5 mg/dL	0.1--3.0 mg/dL
Calculated		

ALERT: 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

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Patient Name:- Mr. Amit Sharma	Age/Sex:- 42 Yrs / Male
Date:- 09/04/2024	Incharge:- Dr.Kapil Gupta MD
Appli No:-	Sample ID:- 2029 / Fasting Sample

Investigation	Result	Normal Range
---------------	--------	--------------

PRELIMINARY INVESTIGATION

Urinalysis

Quantity	: 30 ml	
Color	: Pale Yellow	
Ph	: 6.0	4.7--7.5
Urine Micro Albumin	: 10.40 mg/dL	<30
Appi.	: Clear	
Sugar	: Nil	
Albumin	: Nil	
Protein	: Nil	
Sp.Gravity	: Q.N.S (1.003 to 1.035)	
Bile Salts	: Negative	Negative
Bile Pigments	: Negative	Negative

Microscopic Examination/HPF

Leucocytes/Pus Cell's	: 2-4
Epithelial Cell's	: 1-3
Rbc's	: Nil
Casts	: Nil
Significant Crystals	: INSIGNIFICANT
Any Other	: Nil

➤ Collected Sample Received

**** - Drink More Water - ****

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<i>Clients Name: Mr. Amit Sharma</i>	<i>Age/Sex:41Yrs/Male</i>
<i>Date: 09/04/2024</i>	<i>Dr.Incharge:Dr.Kapil Gupta MD</i>
<i>Medical</i>	

X-RAY CHEST PA VIEW REPORT

REPORT:

- *Trachea is centrally placed.*
- *Heart size is normal along with all normal .*
- *Both costo – phrenic and cardio – phrenic angles are clear.*
- *Both lungs clear and no parenchymal destruction or lesion seen.*
- *No any Retro – sternal or mediastinal soft tissue abnormality seen.*
- *Both domes of diaphragms are normal with well delineated cupulae and margins.*
- *Normal sub – diaphragmatic stomach shadow noticed.*
- *Broncho – vascular shadows are normal both side.*
- *Hilar region both side normal.*

IMPRESSION:- *No cardiopulmonary lesion seen.*

KJ
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Please Correlate clinically and with related investigation may be more informative

Disclaimer: In case of any discrepancy due to typing error or machinery error please get it rectified immediately. Not for medico legal purpose