



भारत सरकार
Government of India

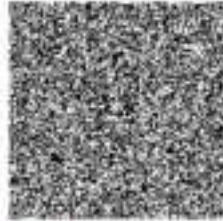
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00639/02417

Download Date: 19/01/2021

To
अथिषेक राज
Athishhek Raj
C/O Bhupendra Prasad Yadav
AT- Chakia
Ward No. 03
Post - Dhanchhoa
Police Station - Saur Bazar
Tiri
T. Dhanchhoa
Saharsa Bihar - 852121
8571681221

Issue Date: 01/06/2020



आपका **आधार** क्रमांक / Your **Aadhaar** No. :
4989 0766 7160
VID : 9123 4591 8078 4981
मेरा **आधार**, मेरी पहचान



भारत सरकार
Government of India



अथिषेक राज
Athishhek Raj
जन्म तिथि/DOB: 30/11/1995
पुरुष/ MALE

Issue Date: 01/06/2020

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सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- **आधार** देश भर में मान्य है।
- **आधार** कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- **आधार** में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- **आधार** को अपने स्मार्ट फोन पर रखें, **mAadhaar App** के साथ।

- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar App**.

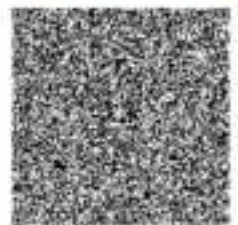


भारतीय विशिष्ट पहचान प्राधिकरण
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पता:
श्री भूपेन्द्र प्रसाद यादव, एट चकिया, वार्ड नं. 03, पुलिस स्टेशन
- सौर बाजार, पोस्ट - धनचोहा, तिरि, सहारसा,
बिहार - 852121

Address:
C/O Bhupendra Prasad Yadav, AT- Chakia,
Ward No. 03, Police Station - Saur Bazar,
Post - Dhanchhoa, Tiri, Saharsa,
Bihar - 852121



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



CLOUD 36 BILDING SHOP NO 8 PLOT
NO 6 SEC11, Palm Beach Rd, Jijamata
Nagar, Sector 11, Ghansoli, Navi
Lat: 19.1192115
Lon: 72.9936102
30/12/2023 09:19:26 AM GMT+05:30

MEDICAL EXAMINATION FORM

Confidential without Prejudice Report. To Be Filled In Strictly By the Physician/Diagnostic Center

PART I: GENERAL DETAILS

NAME OF THE PATIENT: Abhishek Raj
 D.O.B. 30/11/1995 Age 28 Sex M Phone number 8871681221

PART II: MEDICAL EXAMINATION REPORT (Strictly to be filled by Medical Examiner)

(Kindly tick wherever applicable)

A. PERSONAL HISTORY:

1. Previous history if any:

Disease	Yes/ No	Medicine & Surgery Details	Disease	Yes/ No	Medicine & Surgery Details
Diabetes Mellitus	NO		Cancer	NO	
Hypertension	NO		Tumor/Benign	NO	
IHD	NO		Genital urinary disorder	NO	
Stroke	NO		Rheumatic joint diseases or symptoms	NO	
Surgeries	NO		Asthma	NO	
Tuberculosis	NO		Pulmonary Disease	NO	
Congenital Disease	NO		Anemia	NO	
Arrhythmia	NO		Bleeding disease or Disorder.	NO	
Aids (HIV)	NO		Mental Stress	NO	

2. Habits:

Diet	Veg / Non Veg	Alcohol	occasionally	Tobacco/Smoking	NO	Medicine	NO
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3. Major complaints/Relevant past history if any: NO

4. Previous illness (Hospitalization Investigation, consultation) NO

5. Family history: NO

B. MEDICAL EXAMINERS FINDING AND ASSESSMENT: (Please answer each question and where appropriate provide particulars. You are asked not to give any information to the person, assessed, about the results)

1. Anthropometry:

Height	169 cm	Weight	77.15 kg	BMI	
--------	--------	--------	----------	-----	--

2. Vital Parameters:

(i)

Respiratory Rate	21 min	Pulse Rate	81 bpm
------------------	--------	------------	--------

(ii) Blood Pressure (Three consecutive Reading):

Systolic	120	130	120
Diastolic	80	70	70
Further readings at 10 minute interval if the first reading exceeds 140/90			

3. Skin

Is there is any evidence of:

Chronic Ulcer:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Eczema	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Swelling	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Varicose Veins	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Skin Discoloration	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Psoriasis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Any Other skin problem and specific location describe _____

EXAMINATION FINDINGS DETAILS

4. Cardiovascular System: $c, S_2 (N)$

5. Genito-Urinary System: NO

6. Respiratory System: AFBE clear

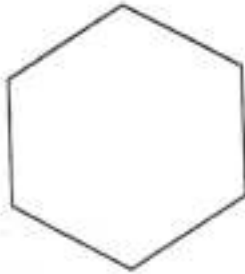
7. Gastro-Entrology System: **NO**

(a) Oropharyngeal:

NO

(b) Abdomen:

soft . Non-tender



Evidence of Hernia, Hydrocele, Fissure, Fistula & piles.

NO

If yes, please describe

8. Nervous System:

conscious & oriented

9. Eye Check-up

10. ENT **(P)**

12. For Female Clients Only:

1. Is there any disease of breast? _____
2. (I) Is there any evidence of pregnancy? _____
- (II) If Pregnant, are any complications to be expected? _____
3. Do you suspect any disease of uterus, cervix of ovaries? _____
4. Any menstrual complaints? _____

C. SUMMARY of the examination findings:

Positive Findings if any: (Please Specify)

Advice:

Conclusion on the fitness of the client:

Clinically & Medically fit

D. DOCTOR'S DECLARATION:

I confirm that I have examined this CLIENT and the findings stated above are true and correct to the best of my knowledge.

DR. ANAND PRAKASH GAUR

MBBS, CCMH, CCEBDM

1. Name of the Medical Examiner:

(Consulting Physician)

MMC Reg. No.

Signature of the Medical Examiner:

2005/02/0965

Stamp of the Medical Examiner:

DR. ANAND PRAKASH GAUR

MBBS, CCMH, CCEBDM

Registration Number

(Consulting Physician)

MMC Reg. No.

Date of medicals conducted:

2005/02/0965

Place:

Chansoli

2. Name of the Client:

Abhishek Raj

Signature of the Client:

NOTE: NAME AND SIGNATURE OF MEDICAL EXAMINER AND THE CLIENT IS MANDATORY ON THIS FORM

25 Years

Male

QRS : 76 ms
 QT/QTcBaz : 364 / 384 ms
 PR : 136 ms
 P : 94 ms
 RR/PP : 894 / 895 ms
 P/ORS/T : 33 / 39 / 20 degrees

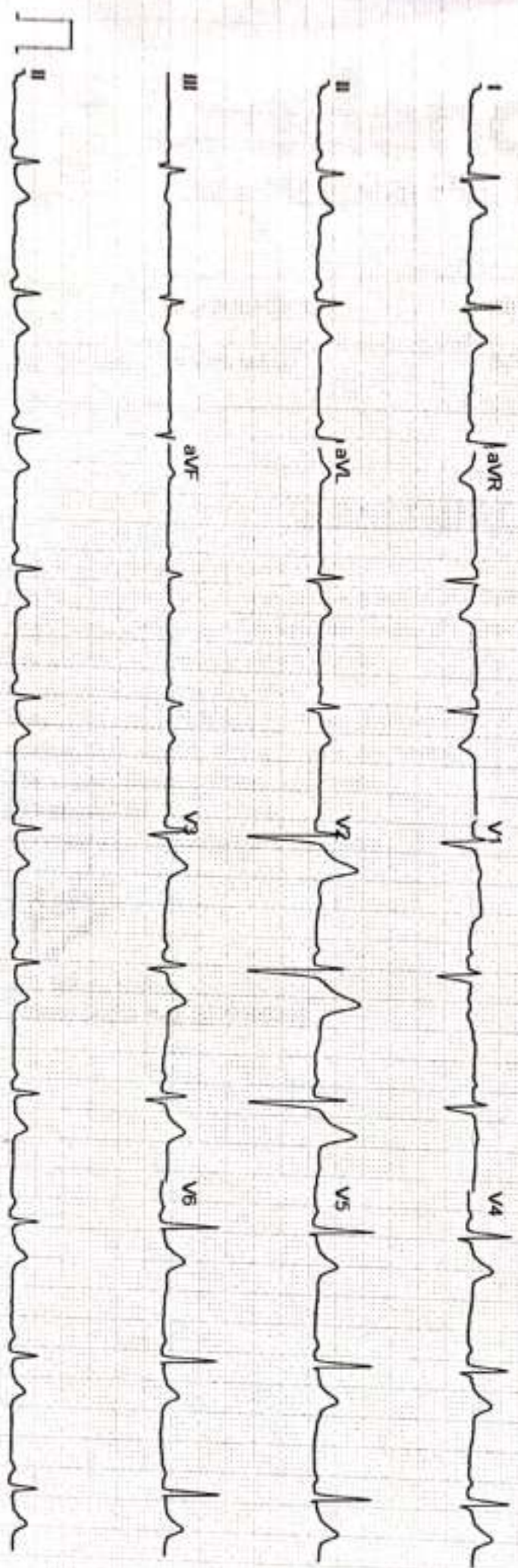
Normal sinus rhythm
Normal ECG

Location:
 Room:
 Order Number:
 Indication:
 Medication 1:
 Medication 2:
 Medication 3:

Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

67 bpm
- / - mmHg

DR. ANAND PRAKASH GAUR
 MBBS, PGDIP
 (Consultant Physician)
 Reg. No. 200602/0965



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 60 Hz 4x2.5x3_25_R1

Unconfirmed



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

Patient Name : MR.ABHISHEK RAJ

Patient ID: 2018

Age /Gender : 28 YRS/MALE

Date: 30/12/2023

X-RAY CHEST PA

Plain P.A. Radiograph of chest shows: -

The hilar shadows are normal in size, position and density.

Both Cardio phrenic and Costophrenic angles are clear.

The Cardiac silhouette is within normal limits. Aortic shadow is normal.

Rest of the visualized mediastinum shadows are normal. Both domes of diaphragms are normal.

The visualized bony thorax is normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED

DR. Nikunj Kothia

MBBS, DMRD Reg-2009093218





Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

PATIENT'S NAME	MR. ABHISHEK RAJ	AGE :-28 y/M
REFERRED BY	CREDENCE CARE HOSPITAL	DATE :30/12/2023

USG WHOLE ABDOMEN

LIVER is normal in size, normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well-distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Urinary Bladder is empty.

PROSTATE is normal in size, shape and echotexture.

Visualised bowel loops appear normal. There is no free fluid seen.

IMPRESSION -

- No significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CORRELATION BEFORE ANY APPLICATION.

DR SAGAR GARG
CONSULTANT RADIOLOGIST



Credence
Care Hospital Pvt. Ltd.



**RAMAN CT SCAN &
DIAGNOSTIC CENTER**

Name: Mr. Abhishek Raj

Age/Sex: 28Y/Male

Date: 30/12/2023

2 D Echocardiography & color Doppler Study

FINDINGS:

- No left ventricle regional wall motion abnormality.
- No left ventricle diastolic dysfunction.
- No left ventricle wall hypertrophy. No LV dilation.
- Normal left ventricle systolic function. LVEF approx-60%.
- No mitral regurgitation.
- No aortic regurgitation.
- No TR. No pulmonary hypertension.
- Cardiac valves are structurally normal.
- Normal size of cardiac chambers.
- Intact IAS & IVS.
- No LV clot/vegetation/pericardial effusion.
- Normal RV systolic function. No hepatic congestion.

Conclusion:

Normal 2D echo & color Doppler Study.

For
Abhishek
DR. KUMAR RAJEEV
M.D.(Med),DNB(Cardiology)



Name: Mr. Abhishek Raj

Age/Sex: 28Y/Male


Date: 30/12/2023

2D Measurements:

LA	35 mm
AORTIC ROOT	28 mm
EF SLOPE	90 mm/sec
LVIDD	40 mm
LVIDS	29 mm
IVS(D)	09 mm
PW(D)	09 mm
RVID	28 mm
LVEF	60%

Doppler study:

AV max -	1.1 m/sec	E vel	0.9 m/sec
PV max -	0.9 m/sec	A vel	0.7 m/sec
PASP		E/A	1.3

Patient Name : MR. ABHISHEK RAJ
Referral Doctor: HEALTH CHECKUP
Pt.Type / ID : OPD/  19703

Age / Gender : 28 Years / Male
Collection Date : 30/12/2023 09:52 AM
Reporting Date : 30/12/2023 04:52 PM

Complete Blood Count (CBC)


Test Description	Value(s)	Unit	Reference Range
Hemoglobin	14.3	gms/dl	13 - 16
RBC Count	4.69	mil./cmm	4.5 - 6.5
Haematocrit (HCT)	41.3	%	40 - 54
RBC Indices			
MCV	88.06	fL	80 - 100
MCH	30.49	pg	27 - 34
MCHC	34.62	gm/dl	32 - 36
RDW-CV	13.4	%	11 - 16
Total WBC Count	6100	/uL	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophil	57	%	40 - 70
Lymphocytes	38	%	20 - 40
Eosinophil	02	%	1 - 6
Monocytes	03	%	2 - 8
Basophils	00	%	0 - 1
Platelet Indices			
Platelet Count	239000	/cmm.	150000 - 450000
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within Normal Limits		
Platelet	Adequate on smear		

Done on fully Automated cell counter-ERBA H360

Signature



Dr. Disha Sorde
 MD Pathologist
 Reg No. 2016/08/3416

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ESR (ERYTHROCYTE SEDIMENTATION RATE)


Test Description	Value(s)	Unit	Reference Range
Erythrocyte Sedimentation Rate Wintrobe method	07	mm/hr	< 15

Interpretation: It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Signature



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BLOOD GROUP (BG)

Test Description	Value(s)	Unit	Reference Range
Sample Type : WHOLE BLOOD EDTA			
Blood Group :	O Rh Positive		
METHOD : Monoclonal blood grouping (Agglutination test) by slide method			
KIT : Span diagnostics.			

Signature



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URINE ROUTINE REPORT

Test Description	Value(s)	Unit	Reference Range
Physical Examination			
Quantity	20	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Slightly Hazy		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
Microscopic Examination (/hpf)			
Pus Cell	2-4		Upto 5
Epithelial Cells	Occasional		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

Signature



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BLOOD GLUCOSE LEVEL (FASTING & POST PRANDIAL)


Test Description	Value(s)	Unit	Reference Range
Glucose Fasting (Plasma)	89.0	mg/dl	70 - 110
Glucose Urine	Absent		

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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GLYCOSYLATED HAEMOGLOBIN (GHB / HbA1c)


Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	5.2	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

Interpretation: Glycosylated Haemoglobin is accurate and true index of the " Mean Blood Glucose Level in the body for the previous 2-3 months. HbA1c is an indicator of glycemic control. HbA1c represent average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs the entire 120 days life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. 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 2-4.

Signature



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THYROID FUNCTION TEST (TFT)

Test Description	Value(s)	Unit	Reference Range
TOTAL TRIIODOTHYRONINE (T3) Competitive Chemi Luminescent Immuno Assay	132.0	ng/dl	60 - 181
TOTAL THYROXINE (T4) Competitive Chemi Luminescent Immuno Assay	5.98	µg/dL	4.5 - 12.6
THYROID STIMULATING HORMONE (TSH) SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	2.12	uIU/mL	0.3 - 5.5

SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY


Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6
FT3	1.5-5.3	1.6-5.2	1.6-5.1	1.8-4.8	2-4.5	2.1-4.4	2.3-4.4	2.3-4.3
FT4	0.84-2.08	0.85-1.98	0.85-1.89	0.89-1.62	0.89-1.48	0.85-1.46	0.84-1.45	0.84-1.45

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LIPID PROFILE

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	150.0	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	130.0	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : > 200
HDL Cholesterol	43.0	mg/dl	<35 Low >80 High
Non HDL Cholesterol	107.00	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : > 160
LDL Cholesterol	81.00	mg/dl	Low < 85 Optimal : <100 Near/Above Optimal : 101 - 129 Borderline High : 130 - 159 High : >160
VLDL Cholesterol	26.00	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.49	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	1.88	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

Signature



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LIVER FUNCTION TEST (LFT)


Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.73	mg/dL	0.3 - 1.5
Bilirubin Direct	0.34	mg/dL	0.0 - 0.5
Bilirubin Indirect	0.39	mg/dL	0.2 - 0.9
SGOT (AST)	23.0	U/L	0 - 45
SGPT (ALT)	28.0	U/L	0 - 45
Alkaline Phosphatase	163.0	U/L	80 - 306
Protein Total	6.9	g/dL	6 - 8
Albumin	3.8	g/dL	3.2 - 5.0
Globulin	3.1	g/dL	2.5 - 3.3
A/G Ratio	1.23	-	1.0 - 2.1

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GAMMA GT

Test Description	Value(s)	Unit	Reference Range
Gamma Glutaryl Trans Peptidase	24.0	U/L	5 - 40

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Age / Gender : 28 Years / Male
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URIC ACID

Test Description	Value(s)	Unit	Reference Range
Uric Acid	5.12	mg/dl	3.5 - 7.2

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BLOOD UREA NITROGEN

Test Description	Value(s)	Unit	Reference Range
BUN* Serum, Calculated	10.0	mg/dL	7 - 18.0

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CREATININE

Test Description	Value(s)	Unit	Reference Range
CREATININE Jaffe IDMS	0.8	mg/dl	0.7 - 1.4

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BUN/CREATININE RATIO

Test Description	Value(s)	Unit	Reference Range
BUN/CREATININE RATIO	12.5	Mg/dL	5 - 20

****END OF REPORT****

Signature



Dr. Disha Sorde
MD Pathologist
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