



PID NO. : CDA0833

Name : TUSHAR PANSARI

Sex / Age : Male / 30 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Reg. Date

20-Apr-2024 / 10:22 am

Coll Date

20-Apr-2024 / 10:27 am

Report Date

20-Apr-2024 / 4:39 pm

REPORT

BIOCHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Serum S.G.P.T. (Serum, Method- IFCC without/with PDP)	61.82	U/L	0 - 41
Bilirubin (Total) (Serum, Method-Diazo- End point)	0.31	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum, Method-Diazo-End point)	0.18	mg/dl	0.0 - 0.30
Bilirubin (Indirect) Calculated	0.13	mg/dl	0.0 - 0.90
Serum Creatinine (Serum, Method- Kinetic Jaffe's)	0.92	mg/dl	0.62 - 1.17
BUN (Blood Urea Nitrogen), serum Method: Urease	12.11	mg/dl	6.0 - 20.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----



MC - 5321

LATHA SONAWANE
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680

CONDITIONS OF REPORTING

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B. Enquiry and Home Visit Booking

022 25701053 / 9324924370 or
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REPORT

Biochemistry Report

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BUN (Blood Urea Nitrogen) Serum, Method: Urease	12.11	mg/dl	6.0 - 20.0
Creatinine Serum, Method-Kinetic Jaffes	0.92	mg / dL	0.62 - 1.17 mg/dl
BUN/Creatinine Ratio Calculated	13.16		10 - 20.1

----- End of Report -----



MC - 5321

LATHA SONAWANE
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680

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REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	100.37	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	112.83	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispac CXL PRO PLUS Biochemistry Analyser.

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No. 2006031680



MC - 5321



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BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
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----- End of Report -----



MC - 5321

LATHA SONAWANE
Lab Technician



DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
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REPORT

Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BLOOD GROUP			
ABO Group	"B"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

----- End of Report -----

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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	14.1	gm/dl	13.0 - 17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	4.83	million / cumm	4.5- 5.5
PCV	42.7	%	40- 50
MCV	88.4	fL	83 - 101
MCH	29.2	pg	27 - 32
MCHC	33.1	gm / dl	31.5 - 34.5
RDW (CV)	12.5	%	11.6- 14.0
Total W.B.C. Count	8260	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	51	%	40 - 80
Lymphocytes	40	%	20 - 40
Eosinophils	05	%	1 - 6

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Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	211000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Normal Morphology.

Platelets on Smear Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

----- End of Report -----

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704
Powai: 022-25701053 / 25704157

Kochi 0484- 2322022 / 4032022

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Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	30	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

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10. All dispute / claims concerning to this report are subject to Mumbai jurisdiction only.

A. SEA BIRD MEDICARE CENTRE

Corporate Office: B-401, Heritage Plaza, Teli Cross Lane, Andheri East (Nr Station) Mumbai 400069
Central Laboratory: 102-103-104 Gateway Plaza, Central Avenue Road, Hiranandani Gardens Powai, Mumbai 400076, India

B. Enquiry and Home Visit Booking

022 25701053 / 9324924370 or
admin@seabirdhf.com

C. Sea Bird Medicare services are also available at:

Powai (Mumbai), Andheri East (Mumbai), Kochi (Kerala)

www.seabirdhf.com



PID NO. : CDA0833

Name : TUSHAR PANSARI

Sex / Age : Male / 30 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani Gardens, Powai, Mumbai-400076

Reg. Date

20-Apr-2024 / 10:22 am

Coll Date

20-Apr-2024 / 10:27 am

Report Date

20-Apr-2024 / 4:39 pm

REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MC Reg No. 2006031680



MC - 5321



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CONDITIONS OF REPORTING

SEA BIRD MEDICARE CENTRE (DIVISION OF SEA BIRD MEDICARE PVT LTD)

1. Individual Laboratory Investigation should not be considered as conclusive and should be used along with other relevant clinical examination to achieve the final diagnosis. The reported results are for the information of the referring doctors only.
2. The test results relate only to the item/ items in our laboratory.
3. The values of a laboratory investigation are dependent on the quality of sample as well as the assay procedure used.
4. For test performed on specimens received from other locations (within and outside Mumbai), it is presumed that the specimen belongs to the patient named or identified, such verification having been carried out at the point of generation of the said specimen(s).
5. Electronic images in the report are created by electronic processing. Sea Bird Medicare Centre makes no expressed or implied warranties or representations with respects to it and takes no responsibility for the authenticity, quality and size of the image, affected possibly due to a computer virus or other contamination.
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PID NO. : CDA0833

Name : TUSHAR PANSARI

Sex / Age : Male / 30 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare
105-107 Gateway Plaza, Central Avenue, Hiranandani
Gardens, Powai, Mumbai-400076

Reg. Date

20-Apr-2024 / 10:22 am

Coll Date

20-Apr-2024 / 10:27 am

Report Date

20-Apr-2024 / 4:39 pm

REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



MC - 5321



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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

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Sea Bird
Sea Bird Medicare Centre

Report ID : **TPM204114619** Reg. : **20-Apr-2024**
Patient Name : **Mr. TUSHAR PANSARI** Report Date : **20-Apr-2024**
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **30 Year / Male**

CHEST X RAY REPORT

X-Ray No : 2418

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.

Dr. Jacob
Mathew MD



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Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com

Annexure-2

Self-Health Declaration
(Please ✓ Mark Where Applicable)

PASTE YOUR RECENT
PASSPORT SIZE
PHOTOGRAPH

1 PERSONAL DETAILS:

Name: First Name Middle Name Surname
TUSHAR RANJARI

Address: MAHAVIR CLASSIK, SAKI VIKHAR ROAD

City: MUMBAI Pin: 400072

Birth Place: BAYGARRH Birth Date: 31/07/1993 Religion: HINDU
(dd/mm/yyyy)

Post applied for: _____ Marital Status: Married / Unmarried Gender: M / F

2 PREVIOUS EMPLOYMENT: Yes / No If yes specify

Name	Nature of work	Duration
i) <u>IP MOKARV</u>	<u>ASSOCIATE</u>	<u>2.5 years</u>
ii) <u>JSCB</u>	<u>ANALYST</u>	<u>2.5 years</u>
iii)		

3 NAME OF FAMILY DOCTOR:

Address:

Contact Details:

4 PERSONAL HABITS:

- i) Smoking
- ii) Tobacco chewing
- iii) Alcohol
- iv) Any other

5 MEDICAL HISTORY:

i) **ANY DISABILITY:** Yes / No If yes specify with disability %

ii) **PERSONAL HISTORY:**

Are you in good health and capable of full work

Have you ever suffered from job related disease or injury?

Have you ever been discharged or rejected on medical grounds?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Types of Previous Occupation (Pl. describe in brief about company, nature of work, duration in years)

GLOBAL BANK

iii) Have you ever suffered from any of the following (Answer Yes or No. if yes, give details)

Y	N		Y	N	
	<input checked="" type="checkbox"/>	Hypertension		<input checked="" type="checkbox"/>	Hepatitis-B
	<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>	Cancer
	<input checked="" type="checkbox"/>	Heart disease		<input checked="" type="checkbox"/>	Stroke
	<input checked="" type="checkbox"/>	Kidney diseases		<input checked="" type="checkbox"/>	Bronchitis
	<input checked="" type="checkbox"/>	Tuberculosis		<input checked="" type="checkbox"/>	Any allergy
	<input checked="" type="checkbox"/>	Chronic lung disease (e.g. Pleurisy Pneumonia etc.)		<input checked="" type="checkbox"/>	Any chronic ear or hearing problem (e.g. sinusitis, rhinitis otitis etc.)
	<input checked="" type="checkbox"/>	Epilepsy, Fits, Fainting or Dizziness		<input checked="" type="checkbox"/>	Mental disorder of any kind
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Any major operation or injury		<input checked="" type="checkbox"/>	Any other illness

Details of the above if "Yes"

EAR OPERATION [Ear drum] in

July 2022.

(For female candidates only)

Are you pregnant at present? Y N

Date of L.M.P. _____

iv) Immunization: Yes No

Tetanus Toxoid

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Hepatitis B

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Others

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

vacid taken [2 doses].

6 FAMILY HISTORY:

Has anyone of your parents suffered from any of the following: Yes / No

(If yes, Please ✓ Mark Where Applicable)

	Father	Mother
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Any other Disease	<input type="checkbox"/>	<input type="checkbox"/>

	IF LIVING		IF DEAD	
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH	CAUSE OF DEATH
Father	63	Good	/	
Mother	57	Good		
Spouse	31	Good		
Children-1				
Children -2				

7 I declare that the above statements are true and complete to the best of my knowledge and belief. In case this information is found to be false by the company, then the company reserves the right to terminate my services without giving any notice. I agree that the results of this medical examination in general terms may be revealed to the company if required. I also fully understand that in case I am declared medically unfit due to any reason, I shall not be entitled for the employment in the company. However, the decision taken by recruitment committee about my medical fitness will be final and binding to me.

Date: 20/4/24

(Signature of Candidate)

MER- MEDICAL EXAMINATION REPORT

Date of Examination	20/11/2024.	
NAME TUSHAR PANSARI		
AGE 30	Gender	M
HEIGHT(cm) 5' 9.5"	WEIGHT (kg)	77 kg
B.P.	130/80 mmHg	
ECG	NVL	
X Ray	NAD	
Vision Checkup	Color Vision : (2)	
	Far Vision Ratio : 6/6 (2)	
	Near Vision Ratio : 20/30 (2)	
Present Ailments	myopia	
Details of Past ailments (If Any)	otd tympanoplasty optd tympanic rupture July 2022	
Comments / Advice : She / He is Physically Fit		

Signature with Stamp of Medical Examiner

Dr. PARAG A. PRADHAN
 MBBS
 Approved By DG Shipping (GOI)
 Reg. No. (MMC) 61254
 102-103-104, Gateway Plaza, Central
 Avenue Road, Hiranandani Gardens,
 Powai, Mumbai-400076
 SEA BIRD MEDICARE CENTRE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Prakash Parthasarthy on 20/11/2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
Medical Officer
The Apollo Clinic, (Location)

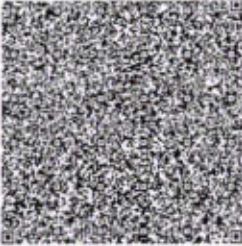
This certificate is not meant for medico-legal purposes

Dr. PARAG A. PRADHAN
 MBBS
 Approved By DG Shipping (Govt)
 Reg. No. (MMC) 61264
 102-103-104, Gateway Plaza, Central
 Avenue Road, Hiranandani Gardens,
 Powai, Mumbai-400076
 SEA BIRD MEDICARE CENTRE

Handwritten signature in blue ink.

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

5804 3540 9355
VID : 9126 9433 4315 7950



Address: S/O: Bijay Kumar Pansari, MAIN ROAD, WARD NO-06, Bargarh, Odisha - 768028
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Download Date: 01/04/2022

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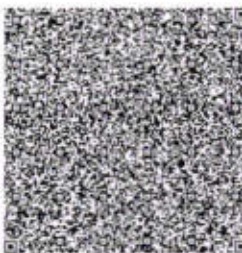
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- ଆଧାର ଚିତ୍ରଣ ପ୍ରମାଣ ଅଟେ, ନାଗରିକତା ପ୍ରମାଣ ନୁହେଁ।
- ଆଧାର ଚିତ୍ରଣ ବ୍ୟବହାର କରନ୍ତୁ, ନାଗରିକତା ପ୍ରମାଣ ନୁହେଁ।
- ଆଧାର ଚିତ୍ରଣ ବ୍ୟବହାର କରନ୍ତୁ, ନାଗରିକତା ପ୍ରମାଣ ନୁହେଁ।

ଭାରତୀୟ ଚିତ୍ରଣ ପ୍ରାଧିକାରଣ
Unique Identification Authority of India

E. C. G. REPORT

37k

Q. WAVE

N

QRS COMPLEX

N

ST. SEGMENT

N

T. WAVE

N

INTERVAL

N

MARKS

NR/NO sign. ST-7 changes

ELECTROCARDIOGRAPHIC REPORT



Sea Bird

Sea Bird Medicare Pvt Ltd.

(ISO: 9001 - 2015)

NAME

Anshu. Pansari

AGE

30

DATE

20/4/2024.

• 101-102, Heritage Plaza, Telli Cross Lane, Nr. Andheri (E) Stn., Andheri (East), Mumbai - 400 069.

Tel: 2682 1823, 5578 3905

• 102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens, Powai, Mumbai - 400076

Tel: 2570 4157

10mm/mV 0.15-25Hz AC50

08-06-2005 07:24:29

304# / urshol - panialo / spello / 20/4/24

