



LABORATORY REPORT

Name : MR NAVEEN KUMAR
Registration No : MH010806178
Patient Episode : H18000002006
Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:01

Age : 32 Yr(s) Sex :Male
Lab No : 202403004239
Collection Date : 29 Mar 2024 10:01
Reporting Date : 29 Mar 2024 14:33

HAEMATOLOGY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---------------------------------------------------|---------------|----------------------------------|-------------------------------|
| COMPLETE BLOOD COUNT (AUTOMATED) | | SPECIMEN-EDTA Whole Blood | |
| RBC COUNT (IMPEDENCE) | 4.75 | millions/cumm | [4.50-5.50] |
| HEMOGLOBIN | 16.0 | g/dl | [13.0-17.0] |
| Method:cyanide free SLS-colorimetry | | | |
| HEMATOCRIT (CALCULATED) | 46.4 | % | [40.0-50.0] |
| MCV (DERIVED) | 97.7 | fL | [83.0-101.0] |
| MCH (CALCULATED) | 33.7 # | pg | [25.0-32.0] |
| MCHC (CALCULATED) | 34.5 | g/dl | [31.5-34.5] |
| RDW CV% (DERIVED) | 12.6 | % | [11.6-14.0] |
| Platelet count | 150 | x 10 ³ cells/cumm | [150-410] |
| Method: Electrical Impedance | | | |
| MPV (DERIVED) | 12.90 | fL | |
| WBC COUNT (TC) (IMPEDENCE) | 6.25 | x 10 ³ cells/cumm | [4.00-10.00] |
| DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY) | | | |
| Neutrophils | 46.0 | % | [40.0-80.0] |
| Lymphocytes | 41.0 # | % | [20.0-40.0] |
| Monocytes | 5.0 | % | [2.0-10.0] |
| Eosinophils | 8.0 # | % | [1.0-6.0] |
| Basophils | 0.0 | % | [0.0-2.0] |
| ESR | 7.0 | mm/1sthour | [0.0- |



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| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR NAVEEN KUMAR | Age | : 32 Yr(s) Sex :Male |
| Registration No | : MH010806178 | Lab No | : 202403004239 |
| Patient Episode | : H18000002006 | Collection Date | : 29 Mar 2024 12:13 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 29 Mar 2024 16:20 |
| Receiving Date | : 29 Mar 2024 12:13 | | |

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

| | | |
|------------------|-------------|------------------------|
| Colour | PALE YELLOW | (Pale Yellow - Yellow) |
| Appearance | CLEAR | |
| Reaction[pH] | 5.0 | (4.6-8.0) |
| Specific Gravity | 1.015 | (1.003-1.035) |

CHEMICAL EXAMINATION

| | | |
|-----------------|----------|------------|
| Protein/Albumin | Negative | (NEGATIVE) |
| Glucose | NIL | (NIL) |
| Ketone Bodies | Negative | (NEGATIVE) |
| Urobilinogen | Normal | (NORMAL) |

MICROSCOPIC EXAMINATION (Automated/Manual)

| | | |
|------------------|----------|-----------|
| Pus Cells | 2-3/hpf | (0-5/hpf) |
| RBC | NIL | (0-2/hpf) |
| Epithelial Cells | 1-2 /hpf | |
| CASTS | NIL | |
| Crystals | NIL | |
| Bacteria | NIL | |
| OTHERS | NIL | |



LABORATORY REPORT

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| Registration No | : MH010806178 | Lab No | : 202403004239 |
| Patient Episode | : H18000002006 | Collection Date | : 29 Mar 2024 10:01 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 29 Mar 2024 14:05 |
| Receiving Date | : 29 Mar 2024 10:01 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--------------------------------------------------------------|---------|-------|------------------------------------------------------------------------|
| Serum LIPID PROFILE | | | |
| Serum TOTAL CHOLESTEROL Method:Oxidase,esterase, peroxide | 228 # | mg/dl | [<200] Moderate risk:200-239 High risk:>240 |
| TRIGLYCERIDES (GPO/POD) | 204 # | mg/dl | [<150] Borderline high:151-199 High: 200 - 499 Very high:>500 |
| HDL- CHOLESTEROL Method : Enzymatic Immunoimhibition | 60 | mg/dl | [35-65] |
| VLDL- CHOLESTEROL (Calculated) | 41 # | mg/dl | [0-35] |
| CHOLESTEROL, LDL, CALCULATED | 127.0 # | mg/dl | [<120.0] Near/ Borderline High:130-159 High Risk:160-189 |
| Above optimal-100-129 | | | <4.0 Optimal 4.0-5.0 Borderline >6 High Risk |
| T.Chol/HDL.Chol ratio(Calculated) | 3.8 | | <3 Optimal 3-4 Borderline >6 High Risk |
| LDL.CHOL/HDL.CHOL Ratio(Calculated) | 2.1 | | |

Note:
 Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases



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Lab No : 202403004239
Collection Date : 29 Mar 2024 10:01
Reporting Date : 29 Mar 2024 14:05

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---------------------------------------------------------------------|--------|-----------------|-------------------------------|
| KIDNEY PROFILE | | | |
| Specimen: Serum | | | |
| UREA <i>Method: GLDH, Kinatic assay</i> | 23.5 | mg/dl | [15.0-40.0] |
| BUN, BLOOD UREA NITROGEN <i>Method: Calculated</i> | 11.0 | mg/dl | [8.0-20.0] |
| CREATININE, SERUM <i>Method: Jaffe rate-IDMS Standardization</i> | 0.86 | mg/dl | [0.70-1.20] |
| URIC ACID <i>Method:uricase PAP</i> | 5.8 | mg/dl | [4.0-8.5] |
| SODIUM, SERUM | 138.90 | mmol/L | [136.00-144.00] |
| POTASSIUM, SERUM | 4.05 | mmol/L | [3.60-5.10] |
| SERUM CHLORIDE <i>Method: ISE Indirect</i> | 105.1 | mmol/L | [101.0-111.0] |
| eGFR (calculated) | 114.7 | ml/min/1.73sq.m | [>60.0] |

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.



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Referred By : HEALTH CHECK MGD
Receiving Date : 29 Mar 2024 10:01

Age : 32 Yr(s) Sex :Male
Lab No : 202403004239
Collection Date : 29 Mar 2024 10:01
Reporting Date : 29 Mar 2024 14:06

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---------------------------------------------------------------|----------------|------------|-------------------------------|
| LIVER FUNCTION TEST | | | |
| BILIRUBIN - TOTAL <i>Method: D P D</i> | 1.04 | mg/dl | [0.30-1.20] |
| BILIRUBIN - DIRECT <i>Method: DPD</i> | 0.15 | mg/dl | [0.00-0.30] |
| INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i> | 0.89 | mg/dl | [0.10-0.90] |
| TOTAL PROTEINS (SERUM) <i>Method: BIURET</i> | 7.20 | gm/dl | [6.60-8.70] |
| ALBUMIN (SERUM) <i>Method: BCG</i> | 4.74 | g/dl | [3.50-5.20] |
| GLOBULINS (SERUM) <i>Method: Calculation</i> | 2.50 | gm/dl | [1.80-3.40] |
| PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i> | 1.93 | | [1.00-2.50] |
| AST (SGOT) (SERUM) <i>Method: IFCC W/O P5P</i> | 43.00 # | U/L | [0.00-40.00] |
| ALT (SGPT) (SERUM) <i>Method: IFCC W/O P5P</i> | 62.90 | U/L | [17.00-63.00] |
| Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i> | 81.0 | IU/L | [32.0-91.0] |
| GGT | 33.0 | U/L | [7.0-50.0] |



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| Patient Episode | : H18000002006 | Collection Date | : 29 Mar 2024 10:01 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 29 Mar 2024 14:06 |
| Receiving Date | : 29 Mar 2024 10:01 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|------|--------|------|-------------------------------|
|------|--------|------|-------------------------------|

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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

Dr. Charu Agarwal
Consultant Pathologist



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR NAVEEN KUMAR | Age | : 32 Yr(s) Sex :Male |
| Registration No | : MH010806178 | Lab No | : 202403004240 |
| Patient Episode | : H18000002006 | Collection Date | : 29 Mar 2024 10:01 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 29 Mar 2024 14:06 |
| Receiving Date | : 29 Mar 2024 10:01 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|--------------------------------------------|--------|-------|-------------------------------|
| GLUCOSE-Fasting Specimen: Plasma | | | |
| GLUCOSE, FASTING (F) | 86.0 | mg/dl | [70.0-110.0] |
| Method: Hexokinase | | | |

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
 Drugs-
 insulin, ethanol, propranolol, sulfonyleureas, tobutamide, and other oral hypoglycemic agents.

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

Dr. Charu Agarwal
 Consultant Pathologist



LABORATORY REPORT

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR NAVEEN KUMAR | Age | : 32 Yr(s) Sex :Male |
| Registration No | : MH010806178 | Lab No | : 202403004241 |
| Patient Episode | : H18000002006 | Collection Date | : 29 Mar 2024 13:48 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 29 Mar 2024 16:03 |
| Receiving Date | : 29 Mar 2024 13:48 | | |

BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---------------------------------------------------------------------------------------------------------|--------|-------|-------------------------------|
| PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase | 132.0 | mg/dl | [80.0-140.0] |

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

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

Dr. Alka Dixit Vats
Consultant Pathologist

**LABORATORY REPORT**

| | | | |
|------------------------|---------------------|------------------------|----------------------|
| Name | : MR NAVEEN KUMAR | Age | : 32 Yr(s) Sex :Male |
| Registration No | : MH010806178 | Lab No | : 202403004239 |
| Patient Episode | : H18000002006 | Collection Date | : 29 Mar 2024 10:01 |
| Referred By | : HEALTH CHECK MGD | Reporting Date | : 29 Mar 2024 14:06 |
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BIOCHEMISTRY

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|-------------------------------|--------|--------|-------------------------------|
| THYROID PROFILE, Serum | | | Specimen Type : Serum |
| T3 - Triiodothyronine (ELFA) | 0.810 | ng/ml | [0.610-1.630] |
| T4 - Thyroxine (ELFA) | 6.610 | ug/ dl | [4.680-9.360] |
| Thyroid Stimulating Hormone | 2.760 | μIU/mL | [0.250-5.000] |

NOTE:

TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.

The TSH assay aids in diagnosing thyroid or hypophysial disorders.

The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism.

The test has been carried out in Fully Automated Immunoassay System VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

**LABORATORY REPORT**

Name : MR NAVEEN KUMAR Age : 32 Yr(s) Sex : Male
Registration No : MH010806178 Lab No : 202403004239
Patient Episode : H18000002006 Collection Date : 29 Mar 2024 10:01
Referred By : HEALTH CHECK MGD Reporting Date : 29 Mar 2024 16:37
Receiving Date : 29 Mar 2024 10:01

BLOOD BANK

| TEST | RESULT | UNIT | BIOLOGICAL REFERENCE INTERVAL |
|---------------------------------------------------------------|------------------|------|-------------------------------|
| Blood Group & Rh Typing (Agglutination by gel/tube technique) | | | Specimen-Blood |
| Blood Group & Rh typing | B Rh(D) Positive | | |

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

**RADIOLOGY REPORT**

| | | | |
|---------------|-------------------|--------------|--------------------|
| NAME | MR Naveen KUMAR | STUDY DATE | 29/03/2024 10:16AM |
| AGE / SEX | 32 y / M | HOSPITAL NO. | MH010806178 |
| ACCESSION NO. | R7143006 | MODALITY | CR |
| REPORTED ON | 29/03/2024 4:11PM | REFERRED BY | HEALTH CHECK MGD |

XR- CHEST PA VIEW**FINDINGS:**

LUNGS: Bronchovascular markings appear prominent.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields.
Recommend clinical correlation.

Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

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

**RADIOLOGY REPORT**

| | | | |
|---------------|--------------------|--------------|--------------------|
| NAME | MR Naveen KUMAR | STUDY DATE | 29/03/2024 11:03AM |
| AGE / SEX | 32 y / M | HOSPITAL NO. | MH010806178 |
| ACCESSION NO. | R7143007 | MODALITY | US |
| REPORTED ON | 29/03/2024 11:19AM | REFERRED BY | HEALTH CHECK MGD |

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: appears enlarged in size (measures 161 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is upper limit of normal in size (measures 119 mm), normal in shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 10.6 mm.

COMMON BILE DUCT: Appears normal in size and measures 3.6 mm.

IVC, HEPATIC VEINS: Normal.

BILIARY SYSTEM: Normal.

GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.

KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.

Right Kidney: measures 105 x 42 mm.

Left Kidney: measures 111 x 42 mm.

PELVI-CALYCEAL SYSTEMS: Compact.

NODES: Not enlarged.

FLUID: Nil significant.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 35 x 20 x 20 mm with volume 7 cc. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.

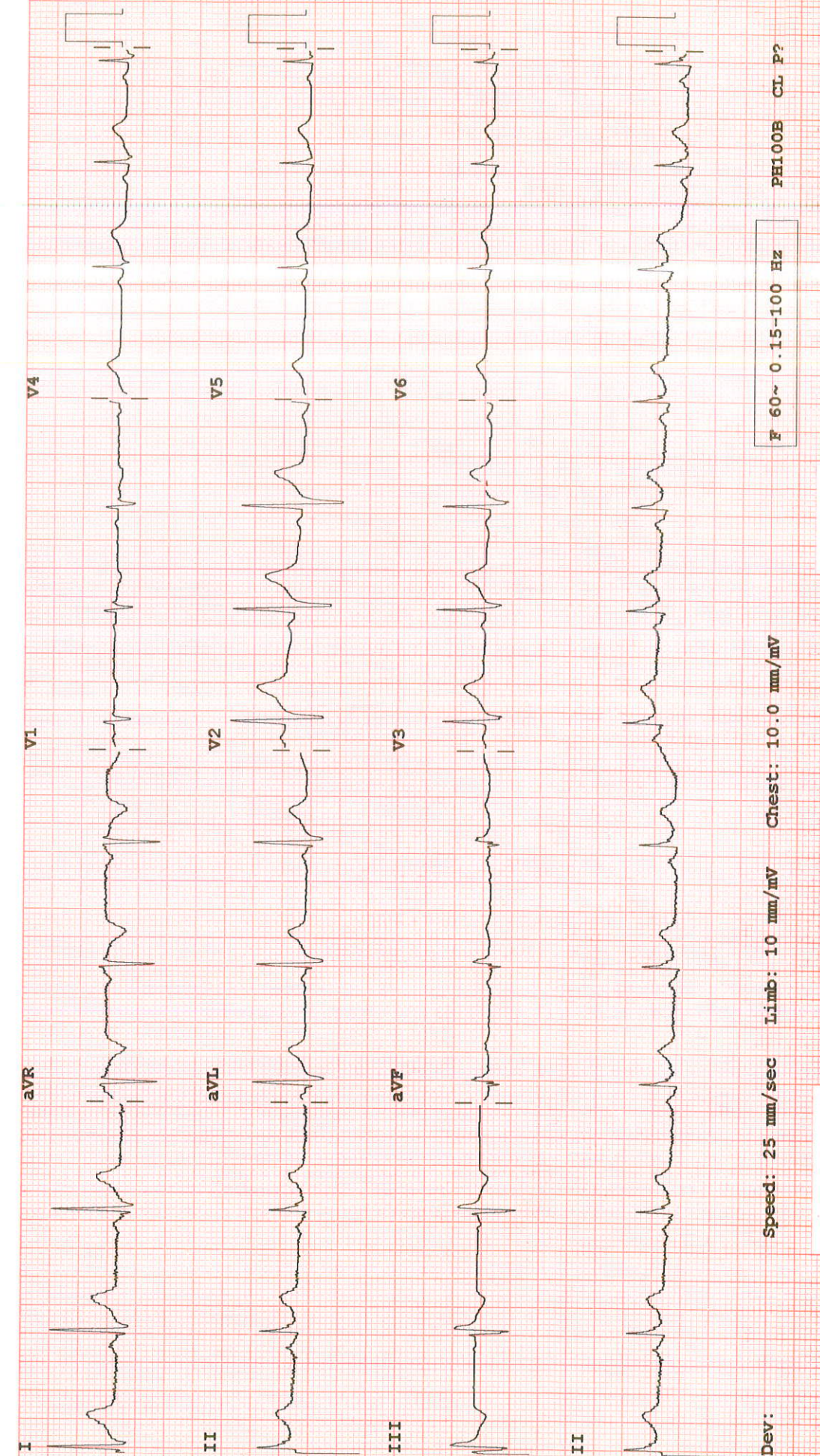


**Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST**

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

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



F 60~ 0.15-100 Hz PH100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Dev:



| | | | |
|--------------|----------------------|-------------|--------------------|
| Patient Name | MR NAVEEN KUMAR | Location | : Ghaziabad |
| Age/Sex | : 32Year(s)/male | Visit No | : V0000000001-GHZB |
| MRN No | MH010806178 | Order Date | : 29/03/2024 |
| Ref. Doctor | : DR BHUPENDRA SINGH | Report Date | : 29/03/2024 |

Protocol : Bruce **MPHR** : 188BPM
Duration of exercise : 8min 19sec **85% of MPHR** : 159BPM
Reason for termination : THR achieved **Peak HR Achieved** : 192BPM
Blood Pressure (mmHg) : Baseline BP : 120/80mmHg **% Target HR** : 102%
 Peak BP : 150/90mmHg **METS** : 10.1METS

| STAGE | TIME (min) | H.R (bpm) | BP (mmHg) | SYMPTOMS | ECG CHANGES | ARRHYTHMIA |
|-----------|------------|-----------|-----------|----------|--------------------|------------|
| PRE- EXC. | 0:00 | 99 | 120/80 | Nil | No ST changes seen | Nil |
| STAGE 1 | 3:00 | 150 | 120/80 | Nil | No ST changes seen | Nil |
| STAGE 2 | 3:00 | 163 | 140/90 | Nil | No ST changes seen | Nil |
| STAGE 3 | 2:19 | 186 | 150/90 | Nil | No ST changes seen | Nil |
| RECOVERY | 5:41 | 113 | 130/80 | Nil | No ST changes seen | Nil |

COMMENTS:

- No ST changes in base line ECG.
- No ST changes at peak stage.
- No ST changes in recovery.
- Normal chronotropic response.
- Normal blood pressure response.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY),MNAMS
Sr.Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

Mediwheel <wellness@mediwheel.in>

Sat 3/23/2024 10:54 AM

To:PHC [MH-Ghaziabad] <phc.ghaziabad@manipalhospitals.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>



Mediwheel
...Your wellness partner

011-41195959

Dear **Manipal Hospital**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : MR. KUMAR NAVEEN
Contact Details : 9634195398
Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Location : NH-24,Hapur Road,Oppo. Bahmeta Village,Near Lancraft Golf Links Aparment
Appointment Date : 26-03-2024

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| MR. KUMAR NAVEEN | 32 year | Male |

Tests included in this Package -

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,
Mediwheel Team
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भारत सरकार
भारत

नवीन कुमार
Naveen Kumar
जन्म तिथि/DOB: 29/06/1991
पुरुष/ MALE

Download Date: 12/08/2015

Issue Date: 07/01/2015

7439 6296 3644
VID : 9136 2003 1027 6884

मेरा आधार, मेरी पहचान

Chandra

भारत सरकार
भारत

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