

APOLLO SPECTRA HOSPITALS

14/138, Chunni Ganj, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992

www.apollospectra.com

MEDICAL EXAMINATION REPORT

Name: - Mr. SANJAY KUMAR SINGH

Age/Sex: 53Y/M

DOB: 01.01.1971

ADDRESS: **363-CHAKERI, KANPUR – 208021**He is not suffering from following disease.

1. DM-No

5. Eye Disorder-No

2. HTN -No

6. Paralysis -No

3. COPD -No

7. Epilepsy -No

4. TB -No

8. Dental -Normal

9. EAR: Normal B/E

BP: 130/80 mmhg

PR: 86 bpm

WEIGHT: 89 Kg

RR: 18 pm

Height: 178 cm

BMI: 28.1 kg/m2

Spo2: 98%

• Advice for low fat diet.

• Advice for consultation with an Endocrinologist due to high sugar levels.

Place: - Kanpur

Date: - 09.03.2024

Dr. Astrist Wehrotra
(M.D. Internal Medicine)
UPMC72562
Name of Doctor:



Dr. Ajay Pratap Singh

9453132429

ENT (Ear, Nose & Throat) Days: Monday to Friday

Timings: 02:00 PM to 3:00 PM

Emergency Mobile: +91 9935577550

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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE



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MR SANJON KUMAN SINGH/53/MAN.

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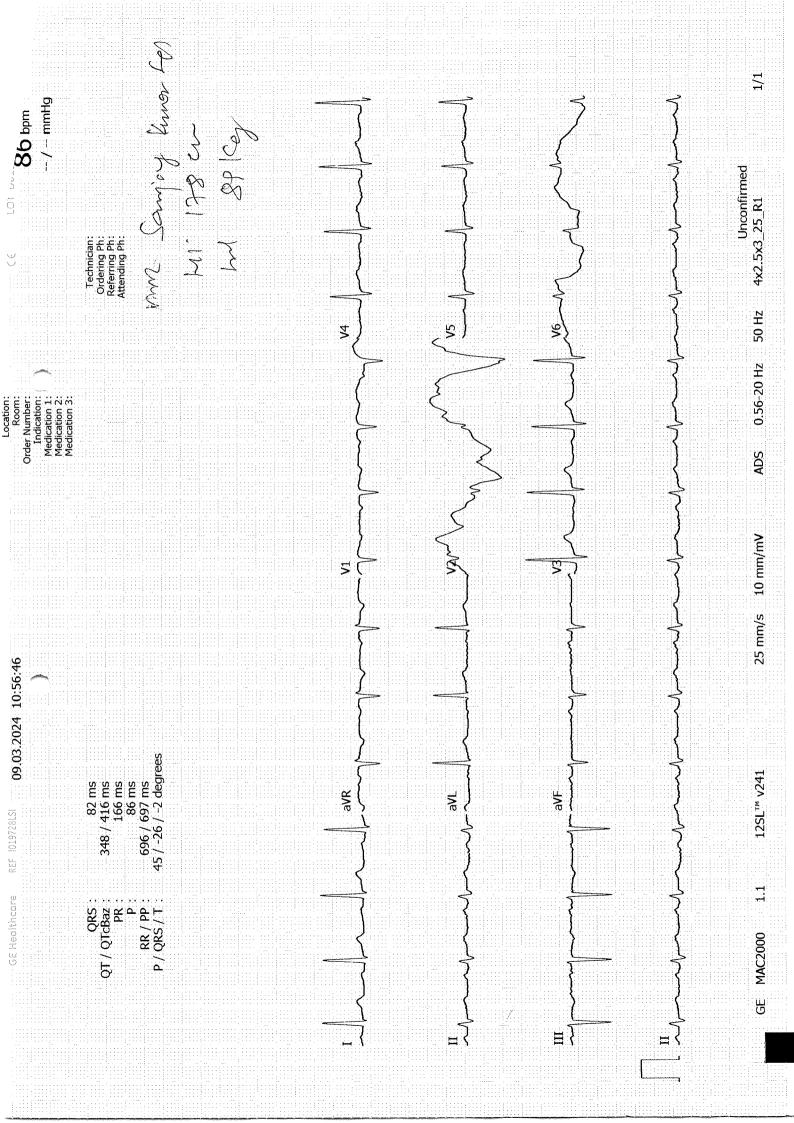
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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN- U85100TG2009PTC099414





Patient Name

: Mr. SANJAY KUMAR SINGH

UHID

: SKAN.0000133753

Reported on

: 09-03-2024 10:27

Adm/Consult Doctor

APOLLO SPECTRA HOSPITALS

14/138, Chunni Ganj, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992

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Age

: 53 Y M

OP Visit No

: SKANOPV163466

Printed on

: 09-03-2024 10:27

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

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

Printed on:09-03-2024 10:27

---End of the Report---

Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB Radiology

(Please correlate clinically)

Please Intimate us for any typing mistakes and send the report for correction within 7 days. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always the science of national continuous is based on the interpretation of various studiors produced by soft the foliation to reach the final diagnosis, conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose.

Page 1 of 1

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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TOUCHING LIVES-

APOLLO SPECTRA HOSPITALS

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Patient Name

: Mr. SANJAY KUMAR SINGH

UHID

: SKAN.0000133753

Reported on

Adm/Consult Doctor

. 09-03-2024 12:19

Age

: 53 Y M

OP Visit No

: SKANOPV163466

Printed on

: 09-03-2024 12:24

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver- Mild hepatomegaly with dIffuse grade I Fatty liver No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.

'I Bladder- Normal in distension and wall thickness. No sizeable calculus or mass lesion.

CBD normal in course, caliber & clear in visualized region.

Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion. Main Pancreatic duct not dilated.

Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber.

Retroperitoneum -obscured by bowel gas.

Bilateral Kidney -Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved.

Pelvicalyceal system not dilated. No calculus or mass lesion. Bilateral ureter not dilated.

Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.

Prostate – Grade I prostatomegaly (29 gram)

No evidence of ascites.

IMPRESSION:

Mild hepatomegaly with dIffuse grade I Fatty liver Grade I prostatomegaly

Suggest - clinical correlation.

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.

Printed on:09-03-2024 12:19

---End of the Report---

Dr. DUSHYANT KUMAR VARSHNE

MD, DNB Radiology

Page 1 of 2

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414



TOUCHING LIVES-

Patient Name

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: Mr. SANJAY KUMAR SINGH

SKAN.0000133753

Age

: 53 Y/M

Conducted By:

UHID

OP Visit No

: SKANOPV163466 : 09-03-2024 16:14

Referred By

SELF

Conducted Date

HEART STATION ECHO REPORT

PROCEDURES:	MEASUREMENTS:			B.S.A. M ² Normal	
	M-MOD	E/2D/DOPPLER	COLOR/CO	NTRAST	
Aortic root diameter		2.2			2.0-3.7 cm < 2.2 cm
Aortic valve opening		23			1.5-2.6 cm
Right ventricular dimension		4.2			0.7 - $2.6 \text{ cm} < 1.4 \text{ cm} / \text{M}^2$
Right atrial dimension		4.1			0.5-2.9 cm
Left atrial dimension		4.2			$1.9-4.0 \text{ cm} < 2.2 \text{ cm} / \text{M}^2$
Left-ventricular ED dii sion	4.3				$3.7-5.6 \text{ cm} < 3.2 \text{ cm} / \text{M}^2$
Left ventricular ES dimension		2.9	***************************************		2.2-4.0 cm
Interventricular septal thickness	ED	1.0	ES	1.6	2.2-4.0 cm
Left vent PW thickness	ED	1.1	ES	1.7	0.5-1.0 cm
INDICES OF LEFT VENTRICLE	FUNCTION				
LV Ejection Fraction	60-62%			%	
DOPPLER	-			<u> </u>	11 / / / / / / / / / / / / / / / / / /
MV	80	Cm/sec		MR	Nil
AoV	80	Cm/sec		AI	Nil
TV	95	Cm/sec		TR	Nil
PV	80 Cm/sec PI		Nil		

FINAL DIAGNOSIS:

Normal LV contractility.

No regional wall motion abnormality.

LVEF =60%.

Di blic dysfunction of LV.

Normal cardiac chambers.

Normal valves and flows.

No evidence of pericardial effusion.

No evidence of RHD/ASD/VSD/PDA.

No LA/LV, Clot/Vegetation.

(Kindly correlate clinically and further investigation)

DR MOHD SHÁHÌD MD (Med), DMRD

Please correlate clinically Kindly Note

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: SKAN.0000133753

OP Visit No

: SKANOPV163466

Sample Collected on: 09-03-2024 10:47

Reported on

: 09-03-2024 15:42

LRN#

: LAB13385609

Specimen

: Blood(EDTA)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO -

PAN INDIA - FY2324

Emp/Auth/TPA 1D : bobE13535

Adm/Consult Doctor :

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	13.0	13 - 17	g/dL
RBC Count Method: Electrical Impedance	5.17	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	40.8	40 - 50	%
MCV Method: Calculated	78.9*	83 - 101	fl
MCH Method: Calculated	25.1*	27 - 32	pg
MCHC Method: Calculated	31.9	31.5 - 34.5	g/dl
RDW	13.0	11.6 - 14	%
Platelet Count Method: Electrical Impedance	2.23	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	5200	4000 - 11000 WOSPITA	cells/cumm

Results are to be correlated clinically

NOTE: All pathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical nathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeal—firvestigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



FINDER SINGH Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MDEmail: excelhospitals@gmail.com Pathology Emergency No. 9935577550



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Differential Leucocyte Count(Fluorescence Flow

Cytometry / VCS Technology)

Neutrophils	63	40 - 80	%
Lymphocytes	30	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	05	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	12	0 - 14	mm/hr

TEST NAME

RESULT

BIOLOGICAL REFERENCE INTERVALS

UNITS

RLOOD GROUP ABO AND RH FACTOR

ABO

Method: Microplate Hemagglutination

Rh (D) Type:

Method: Microplate Hemagglutination

В

POSITIVE

End of the report



Results are to be correlated clinically

NOTE: All pathological test have technical limitations which may, at times cause interpretative errors. Collaporative clinical pathological co-relation is necessary. Collaborative clinical pathological to-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

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P4/156 CHNIDE BOS RNOGH - 208001 SONI Ph. 0512-2555991, 2555992 MD = 11. 0012-200991, 2555992 ❖ Emergency No. 9935577550 Pathology



Patient Name

: Mr. SANJAY KUMAR SINGH

: SKAN.0000133753

Age / Gender

: 53Y/Male

UHID/MR No.

OP Visit No

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Sample Collected on: 09-03-2024 10:47

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: 09-03-2024 15:43

LRN#

: LAB13385609

Specimen

: Blood(EDTA)

Ref Doctor

: SELF

Emp/Auth/TPA ID : bobE13535

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology

Microscopic

RBC

Normocytic Normochromic

WBC

within normal limits. DLC is as mentioned.

Platelets

Adequate in Number

Parasites

No Haemoparasites seen

IMPRESSION Note/Comment

Normocytic normochromic blood picture Please Correlate clinically

End of the report



Results are to be correlated clinically

Note Technician of Technologist technical limitations Which 馬切 aloumes cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

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38, Chunniganj, Kanpur - 208001 14/138, Chunnigani, Kanpa. ____ Pathology. 0512-2555991, 2555992 Email: excelhospitals@gmail.com Emergency No. 9935577550



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OP Visit No Reported on : SKANOPV163466

Sample Collected on: 09-03-2024 10:47 LRN#

: 09-03-2024 17:24

: LAB13385609

Specimen

: Serum

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO -

PAN INDIA - FY2324

Emp/Auth/TPA ID

: bobE13535

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE			
CHOLESTEROL Method: CHOD-End Point POD (Enzymatic)	250*	<200 - Desirable 200-239 - Borderline High >=240 - High	mg/dL
HDL Method: Direct Measure PEG	49	<40 - Low >=60 - High	mg/dL
LDL. Method: Calculation Friedewald's Formula	157	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	e
TRIGLYCERIDES Method: Enzymatic GPO/POD/End Point	220*	Normal: <150 Border High: 150 - 199 High: 200 - 499 Very High: >= 500 Note: Overnight fasting of 10-12h is recommended to avoid fluctuations in Lipid Profile.	mg/dl nrs
VLDL Method: Calculated	44*	10-40	mg/dL
RENAL PROFILE/RENAL FUNCTION TEST	Γ (RFT/KFT)		_
CREATININE - SERUM / PLASMA	0.8	0.7 - 1.3	ong/dl

Results are to be correlated clinically

NOTE: All pathological test have technical limitations which contagicate the characteristic errors. Rollahorative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

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\$14/138, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MDEmail: excelhospitals@gmail.com Pathologamergency No. 9935577550

Chunnig'arti



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: ARCOFEMI HEALTHCARE LIMITED Sponsor Name

Method: Jaffe's Kinetic			
URIC ACID - SERUM	4.3	3.5 – 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	18*	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	9.3	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	8.39*	9-20	mg/dl
PHOSPOHORUS Method: Phosphomolybdate -UV	2.4*	2.5 - 4.5	mg/dl
ELECTROLYTES (Na) Method: ISE-Direct	138	135 - 145	meq/L
ELECTROLYTES (K) Method: ISE-Direct	4.3	3.5 - 5.1	meq/L
GLUCOSE, FASTING			. / 11
FASTING SUGAR 1ethod: GOD-PAP	290*	70 - 110	mg/dl
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	S (POST MEAL)		
GLUCOSE - SERUM / PLASMA (POST	420*	70 - 140	mg/dl

Method: Glucose Oxidase-Peroxidase LIVER FUNCTION TEST (LFT)

PRANDIAL)



Results are to be correlated clinically

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Ph. 0512-2555991, 2555992 Mp Pn. ub12-200001, 2001 Pathologylergency No. 9935577550



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	, Billia i Bay		
BILIRUBIN TOTAL Method: Azobilirubin/dyphylline	0.91	0.2 - 1.3	mg/dL
BILIRUBIN (DIRECT) Method: Dual Wavelength Spectrophotometric	0.30	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
BILIRUBIN UNCONJUGATED(INDIRECT) Method: Dual Wavelength Spectrophotometric	0.61	0.0 - 1.1	mg/dL
ALBUMIN Method: Bromocresol Green dye binding	4.4	3.0 - 5.0	g/dL
PROTEIN TOTAL Method: Biuret Reaction	7.3	6.0 - 8.2	g/dL
AST (SGOT) Method: Kinetic (Leuco dye) with P 5 P	22	14 - 36	U/L
GLOBULINN Method: Calculation	2.9	2.8 - 4.5	g/dL
ALT(SGPT)	31	9 - 52	U/L
GAMMA GLUTAMYL TRANFERASE (GGT)			
AMMA GT Method: Kinetic Photometric	27	< 55	U/L

End of the report



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P4/154 EHNING BASING H - 208001 SONI Ph. 0512-2555991, 2555992 MD Email: excelhospitals@gmail.com ❖ Emergency No. 9935577550 Pathology



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Specimen

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Ref Doctor

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DEPARTMENT OF LABORATORY MEDICINE

BIOLOGICAL REFERENCE TEST NAME RESULT **UNITS** INTERVALS HbA1c, GLYCATED HEMOGLOBIN HbA1c, GLYCATED HEMOGLOBIN 10.9* <=5.6:Non-Diabetic % Method:HPLC 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat

eAG (estimated Average Glucose)

266.13

mg/dL

Method: Calculated

End of the report



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test(ADA Guidelines 2015)

Standard Render of Standard Rend



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Specimen

: Urine

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
COMPLETE URINE EXAMINATION Color:	Straw	Pale Yellow	
Specific Gravity Method: Indicator Method	1.025	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein: Method: Indicator Method	Traces	Nil	
Glucose: Method: Glucose Oxidase	++++	Nil	
pH Method: Indicator Method	5.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	1-2	2-3 LY HOSPITALS	/hpf

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: ARCOFEMI HEALTHCARE LIMITED

Nil

0 - 2

/hpf

Crystals:

Nil

Casts:

RBC

Nil

/hpf

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Excel Hospi

15/038 Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 Memail: excelhospitals@gmail.com Pathologyergency No. 9935577550



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph.: 0512-2219667, 8858154254

e-mail: sonidiagnostics01@gmail.com

Patient Name: MR. SANJAY KUMAR SINGH

Age / Gender: 53 years / Male

Patient ID: 46526

Method: CLIA Interpretation

Source: Excel Hospital

Referral: SELF

Collection Time: 09/03/2024, 03:04 p.m.

Reporting Time: 09/03/2024, 08:21 p.m.

Sample ID:

Unit(s)

Test Description	Value(s)	Reference Range	Unit(s)
<u>T3,T4,TSH</u>			
SAMPLE TYPE : SERUM T3	1.23	0.79 - 1.58	ng/mL
Method : CLIA T4	9.84	5.2-12.7	μg/dL
Method : CLIA TSH	3.95	0.3-4.5	μIU/mL

TSH	T4	Т3	INTERPRETATION
нієн	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
Low	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTYHROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

END OF REPORT

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient the lab immediately for a recheck.

Dr. S.S.Soni M.D. (PATHOLOGY)



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph.: 0512-2219667, 8858154254 e-mail: sonidiagnostics01@gmail.com

Patient Name: MR. SANJAY KUMAR SINGH

Age / Gender: 53 years / Male

Patient ID: 46526

Source: Excel Hospital

Referral: SELF

Collection Time: 09/03/2024, 03:04 p.m.

Reporting Time: 09/03/2024, 08:21 p.m.

Sample ID:

240690041

Test Description

Value(s)

Reference Range

Unit(s)

PSA

Sample type : Serum

PSA

0.341

0 - 4

ng/mL

Method : CLIA
Interpretation :

Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia or inflammatory condition of other adjacent genitourinary tissues.PSA has been demonstrated to be accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti androgen therapy.

END OF REPORT

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni M.D. (PATHOLOGY)





भारत सरकार

Government of India



संजय कुमार सिंह Sanjay Kumar Singh जन्म तिथि/DOB: 01/01/1971 पुरुष/ MALE

3599 8826 7664 VID: 91604312 9232 0488 अगध्यार, मेरी पहचान



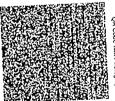


भारतीय विशिष्ट पहचान प्राधिकरण

Unique identification Authority of India

पता: आत्मज, जयनाथ सिंह, 363/1, चन्द्र विहार कॉलोनी, चकेरी, चकेरी रेलवे स्टेशन के पास, कानपुर, कानपुर नगर, उत्तर प्रदेश - 208021

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