

Dear AXIA HEALTH ASST. PVT LTD

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

You confirm this booking? Yes No

Name : SHAKTI DHAR OJHA

Proposal No : 1988

Branch Code : 115

Contact Details : 9858985980

Location : Plot no 9, Niti Khand 3, Manoj Vihar, Indirapuram, Ghaziabad, Uttar Pradesh 201014

Appointment Date : 14-10-2024

Member Information

Booked Member Name Age Gender

SHAKTI DHAR OJHA 43 year Male

Included Test -

Complete Heamogram

HbA1c

Urine Analysis

Urine Cotinine

SBT-13 with Elisa Method HIV test

Computerised Tread Mill Test (TMT)

ECG

Thanks,

Medsave Team



To,
LIC of India
Branch Office

Date: 15/10/2024

Proposal No. 1988

Name of the Life to be assured SHAKTI DHAR OJHA

The Life to be assured was identified on the basis of Aadhar Card

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. PRADEEP KUMAR GUPTA
M.B.B.S. M.D. D.M.

Signature of the Pathologist/ Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Shakti Dhar Ojha
(Signature of the Life to be assured)

Name of life to be assured: SHAKTI DHAR OJHA

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	HbA1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		VCT

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD

Authorized Signature,



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. 1988

Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: SHAKTI DHAR OJHA
 Age/Sex : 39/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted on a folder.
- Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC c India.

Witness



Signature of Health Assistant of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at _____ on the day of 15/10 2004

Signature of L.A.

Signature of L.A. (Handwritten signature)

Dr. PRAVEEN KUMAR GUPTA
 M.B.B.S. M.D. D.M.
 Signature of the Cardiologist
 Name & Address
 Qualification Code No.



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
175	89	120/80	78

(B) Cardiovascular System

..... NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10 mm	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	78/nt	T-wave	Normal
Ventricular Rate	78/nt	Q-Wave	Normal
Rhythm	Sinus		—
Additional findings, if any.	None		—

Conclusion:

[Handwritten signature]



Dated at *Delhi* on the day of *15/10* 200*2*

[Handwritten signature]
 Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



LIFE INSURANCE CORPORATION OF INDIA

COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone

Division

Branch

Proposal No. 1988

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: SHAKTI DHAR Ojha

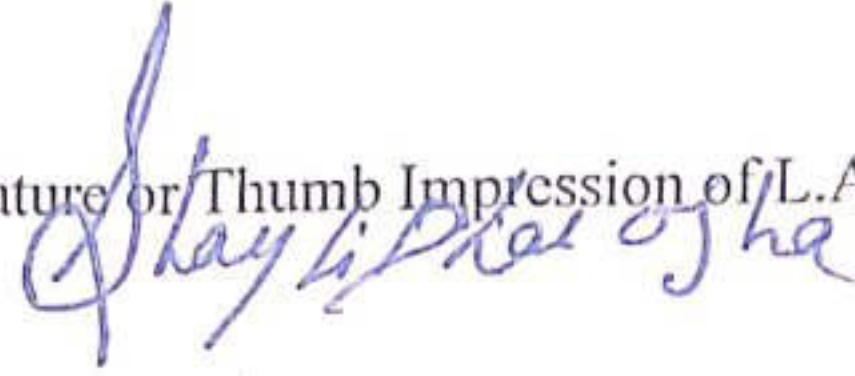
Age/Sex: 39/M

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.



Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?

N

2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease?

N

3. Have you ever had Chest X'Ray, ECG, Blood Sugar, Cholesterol or any other test done?

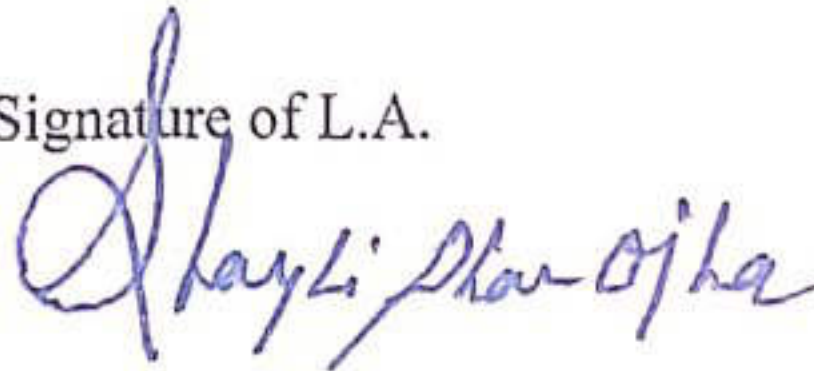
N

If the answer/s to any/all above questions is/are Yes, submit all relevant papers with this form.



Dated at July on the day of 15/10 2007

Signature of L.A.



Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. PRADEEP KUMAR GUPTA
M.B.B.S. M.D. D.M.
Reg. No. 38793



COMPUTERISED TREADMILL TEST

- (a) Pre-test: Supine
Standing
Hyperventilation
- (b) Exercise: Stage I 1
Stage II 1 1 minutes each
Stage III 1
peak exercise
- (c) Recovery: Recovery
Recovery
Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					75	126/74	24
	SITTING					75	125/70	25
	STANDING					88	128/75	112
	HYPERVENTILATION					126	131/80	170
	WARM UP					155	144/90	227
EXERCISE	STAGE 1	2.55	2.70	10.0	4.64	155	151/90	217
	STAGE 2	5.55	4.00	12.0	7.04	142	151/90	152
	STAGE 3	8.55	5.40	14.0	9.92	144	151/98	152
	STAGE 4		6.70	16.0	10.13	108	141/91	120
	PEAK EXERCISE	9.15			10.33	116	135/91	108
RECOVERY	RECOVERY	12:20	0.00	0.00	0.00	108	135/87	120
	RECOVERY	14.2	0.00	0.00	0.00	89	125/87	108
	RECOVERY	14.42				89	125/87	

The protocol used - BRUCE

Total Exercise Time - 9.6

Maximum Blood Pressure - 151/99

Maximum Workload - 10.13 METS

Maximum heart rate - 177 bpm Maximum predicted heart rate 96%

Reason for termination - achieved THR

Comments:



Signature of the C. A. [Signature]
Name & Address: [Name]
Qualification: [Qualification]
Reg. No. [Reg. No.]

Each stage should have 12 lead tracing with long lead II. Each lead should contain at least three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the I. A. to be obtained on the tracings)





Ministry of Health and Family Welfare
GOVERNMENT OF DELHI



Issue Date: 06/06/2015

श्रीधर लट मीन
Shayk Dhar Dha
जन्म तिथि / DOB : 01/06/1991
पुरुष / Male

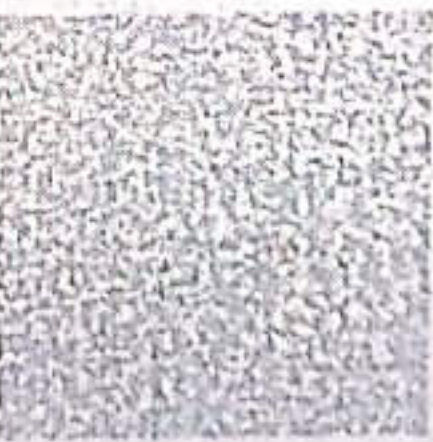
7303 9245 7501

मेरी आरंभ, मेरी पहचान



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

Print Date: 10/02/2022
पति: श्री/श्रीमती श्याम कान मीन, एन 82
खण्ड 33 इंदिरा अस्पताल, मेरी मेरी ट-1
इ-1, मेरी मर फ-1 (एन 82), मेरी मेरी
फ-1 एररेशन, इ-1 दिल्ली, पिन-110091
Address: S/O SHYAM KARAN OJHA, H 98
UNITED INDIA APARTMENT, MAYURR
VHAR PH-1 EXT., MAYUR Vihar PH-1
(EXTN), Mayur Vihar Ph-1 Extension, East
Delhi, Delhi, 110091



7303 9245 7501



1947



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PK
Dr. PRAVEEN KUMAR GUPTA
M.B.B.S. M.D. D.M.
Reg. No. 38793

HEALTH ASSIST CLINIC

SHAKTI DHAR OJHA
ID : 1988
DATE : 15-10-2024
AGE/SEX : 43 /M
HT/WT : 0 / 0
REF.BY : LIC OF INDIA

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY : FOR LIC PURPOSE,
INDICATION :
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					75	126 / 78	94	1.2	0.2	0.9	
STANDING					75	125 / 79	93	1.5	0.2	1	
HYPERVENT		1:6			88	128 / 76	112	1.6	0.2	1.2	
Stage 1	2:55	2:55	2.7	10	126	135 / 86	170	1.2	-0.5	0.5	4.67
Stage 2	5:55	2:55	4	12	155	144 / 92	223	1.8	-1.9	0.3	7.04
Stage 3	8:55	2:55	5.4	14	142	151 / 99	214	1.6	-0.9	1	9.92
PK-EXERCISE	9:15	0:15	6.7	16	144	151 / 99	217	0.5	-0.5	0.2	10.33
RECOVERY	12:20	2:55			108	141 / 91	152	-0.2	0.2	0	
RECOVERY	14:2	4:37			89	135 / 87	120	0.4	0.3	0.5	
RECOVERY	14:42	5:17			87	125 / 77	108	0.7	-0.1	0.6	

RESULTS

EXERCISE DURATION : 9:15 MAX WORK LOAD : 10.33 METS
MAX HEART RATE : 171 bpm 96 % of target heart rate 177 bpm
MAX BLOOD PRESSURE : 151 / 99 mm Hg
REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE :

IMPRESSIONS

Negative for Provocable myocardial ischemia



P. Kumar
Dr. PRAVEEN KUMAR GUPTA
M.B.B.S. MD. D.M.
Reg. No. 38793



Technician :

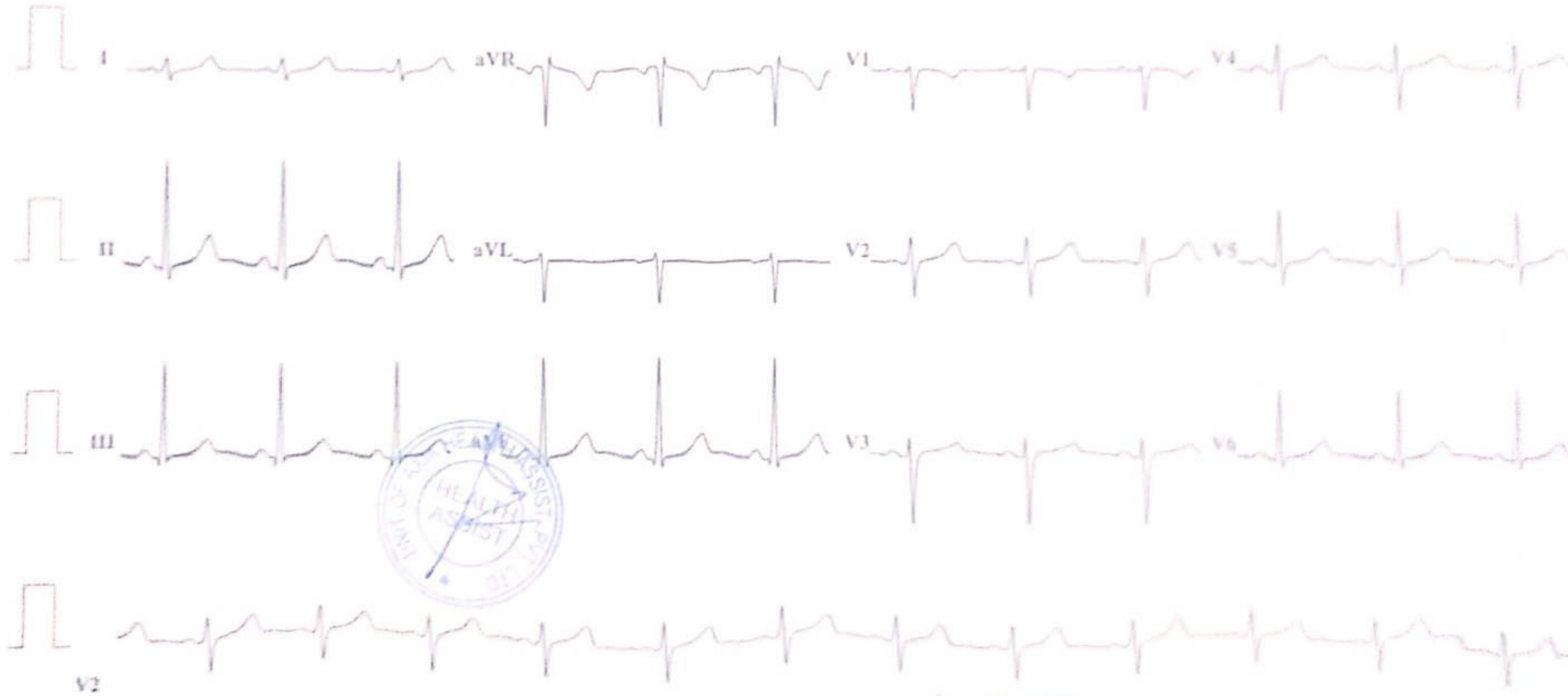
HEALTH ASSIST CLINIC

MR SHAKTI DEBAR GUHA
ID: 1902
AGE/SEX: 43 Yr / M
HT/WT: /
DATE: 15/10/2024 10:09:24 AM
REF BY: Dr. I.K. CHANDRA
MACHINE INTERPRETATION: Normal ECG.

HRATE	78 bpm	P Duration	99 ms
BP	N/A	PQ Duration	112 ms
P Axis	74 deg	QRS Duration	96 ms
QRS Axis	87 deg	QT Interval	375 ms
T Axis	97 deg	QTc Interval	407 ms

Linked Median

Speed: 25 mm/s
Sensitivity: 10 mm/mV



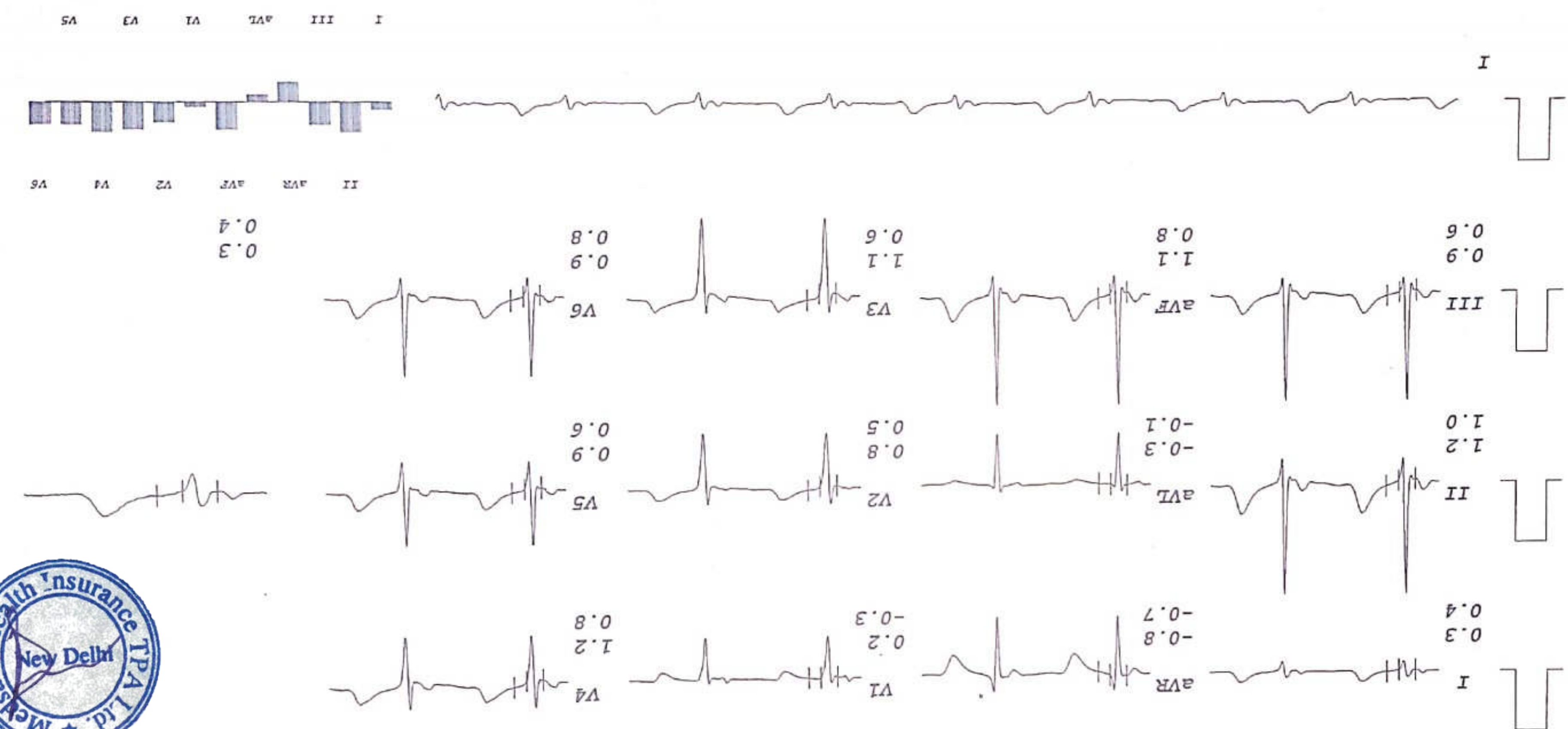
Dr. Prayon Kumar
Dr. PRAVEEN KUMAR
MBBS, MD
Reg No. 38793



Filtered (35 Cycle) And Base Corrected

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Dr.



LINKED MEDIAN

Mag. X 2

I



ST @ 10mm/mV
80ms PostJ

PRETEST
SUPINE

RATE 75bpm
B.P. 126/78

SHAKTI DHAR OJHA
I.D. 1988
Age 43/M
Date 15-10-2024

HEALTH ASSIST CLINIC

HEALTH ASSIST CLINIC

SHAKTI DHAR OJHA
 I.D. 1988
 Age 43/M
 Date 15-10-2024

RATE 75bpm
 B.P. 125/79

PRETEST
 STANDING

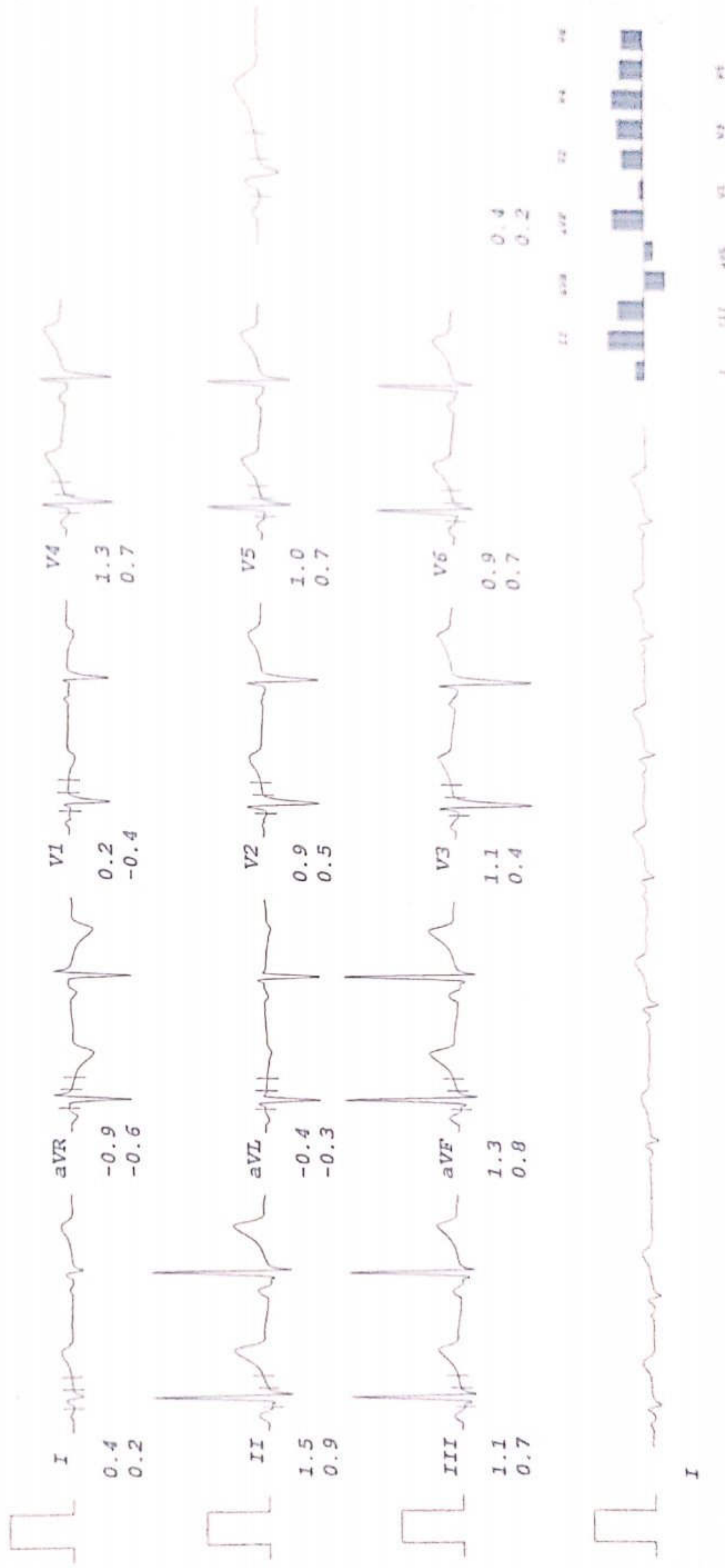
ST 10mm/mV
 80ms PostJ

LINKED MEDIAN



Mag. X 2

I



HEALTH ASSIST CLINIC



HEALTH ASSIST CLINIC

Bruce
RECOVERY
TOTAL TIME 14:42
ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

SHAKTI DHAR OJHA

RATE 87bpm

SHAKTI DHAR OJHA
I.D. 1988
Age 43/M
Date 15-10-2024

RATE 126bpm
B.P. 135/86

HEALTH ASSIST CLINIC

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55
ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN



SHAKTI DHAR OJHA
 I.D. 1988
 Age 43/M
 Date 15-10-2024

RATE 126bpm
 B.P. 135/86

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

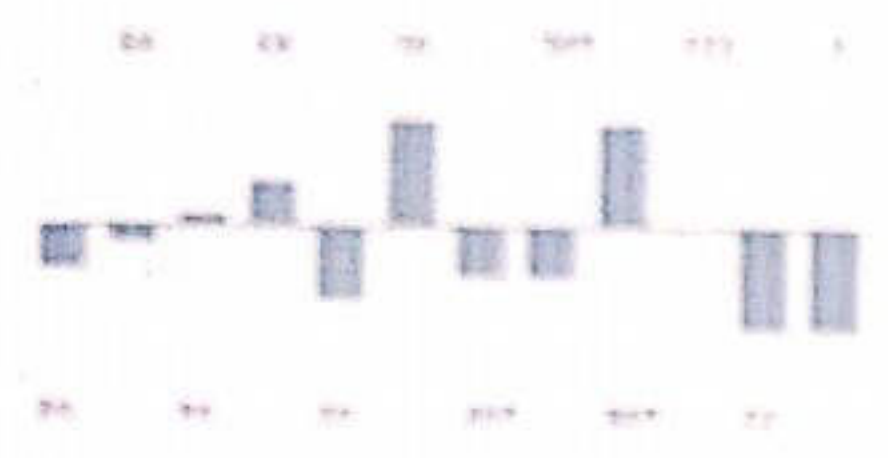
ST @ 10mm/mV
 80ms postJ
 Speed 2.7 km/hr
 SLOPE 10 %

HEALTH ASSIST CLINIC

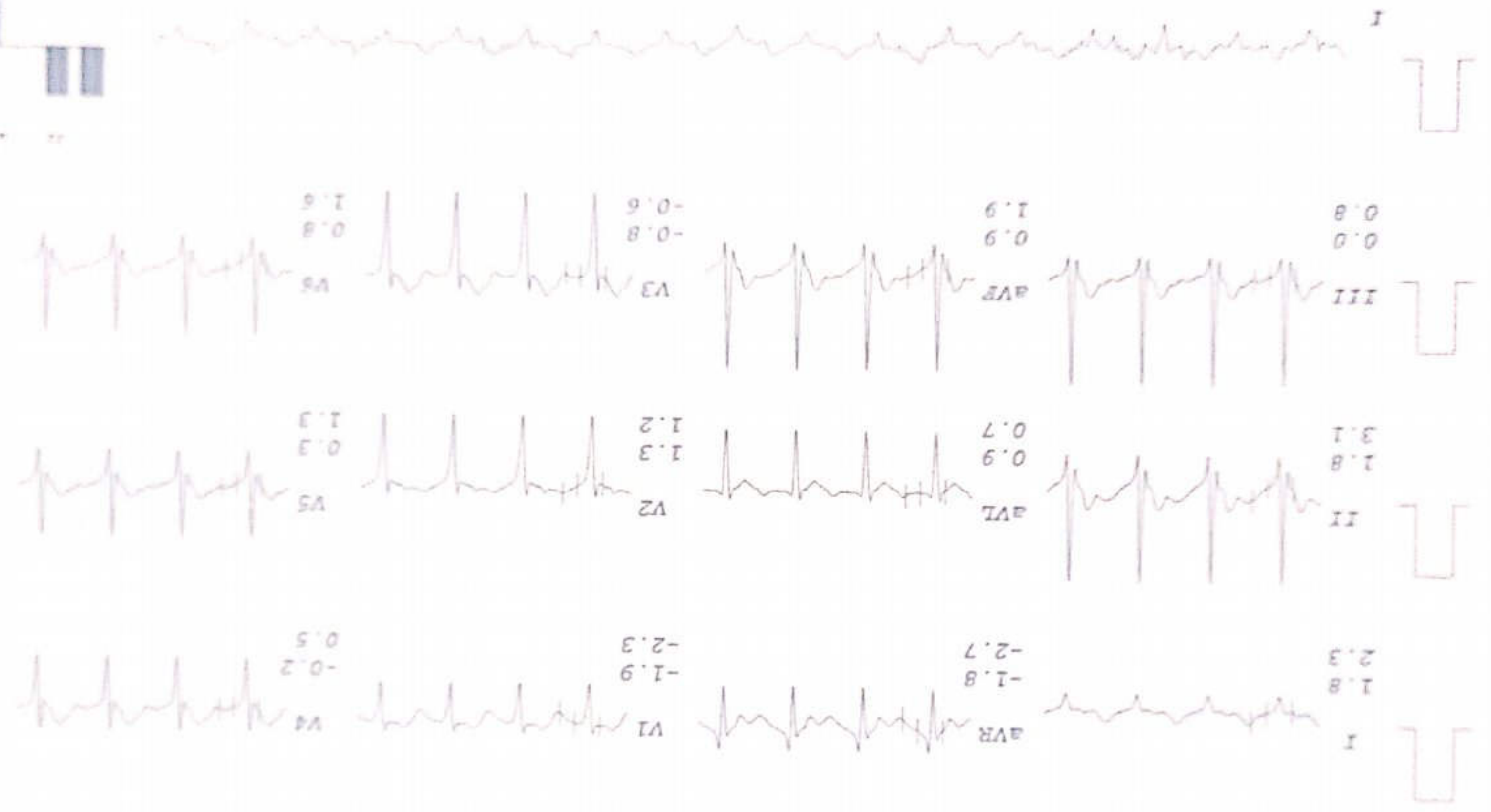
LINKED MEDIAN

Mag. X 2
 V1





PR 160
QR 160
QT 380
QTc 40



I 0.8
II 0.0
III 0.9
aVR 1.9
aVL 0.8
aVF 1.9
V1 1.6
V2 0.8
V3 1.9
V4 0.8
V5 1.9
V6 1.9

I 3.1
II 1.8
III 0.7
aVR 0.9
aVL 1.3
aVF 1.2
V1 1.3
V2 0.3
V3 1.3
V4 1.3
V5 1.3
V6 1.3

I 1.8
II 2.3
III -1.8
aVR -2.7
aVL -1.9
aVF -2.3
V1 -0.2
V2 0.5
V3 -0.2
V4 0.5
V5 0.5
V6 0.5

V1

May 2

SHAKTI DHAR OJHA
I.D. 1988
Age 43/M
Date 15-10-2024

Rate 155bpm
B.P. 144/92

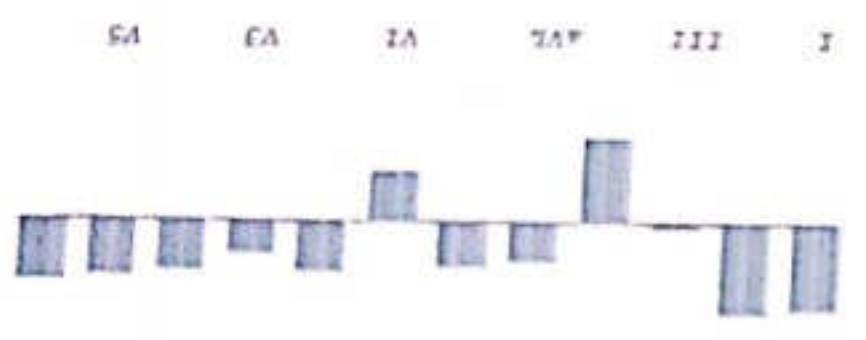
Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST 9 10mm/mV
80ms postJ
Speed 4 km/hr
SLOPE 12 8

HEALTH ASSIST CLINIC

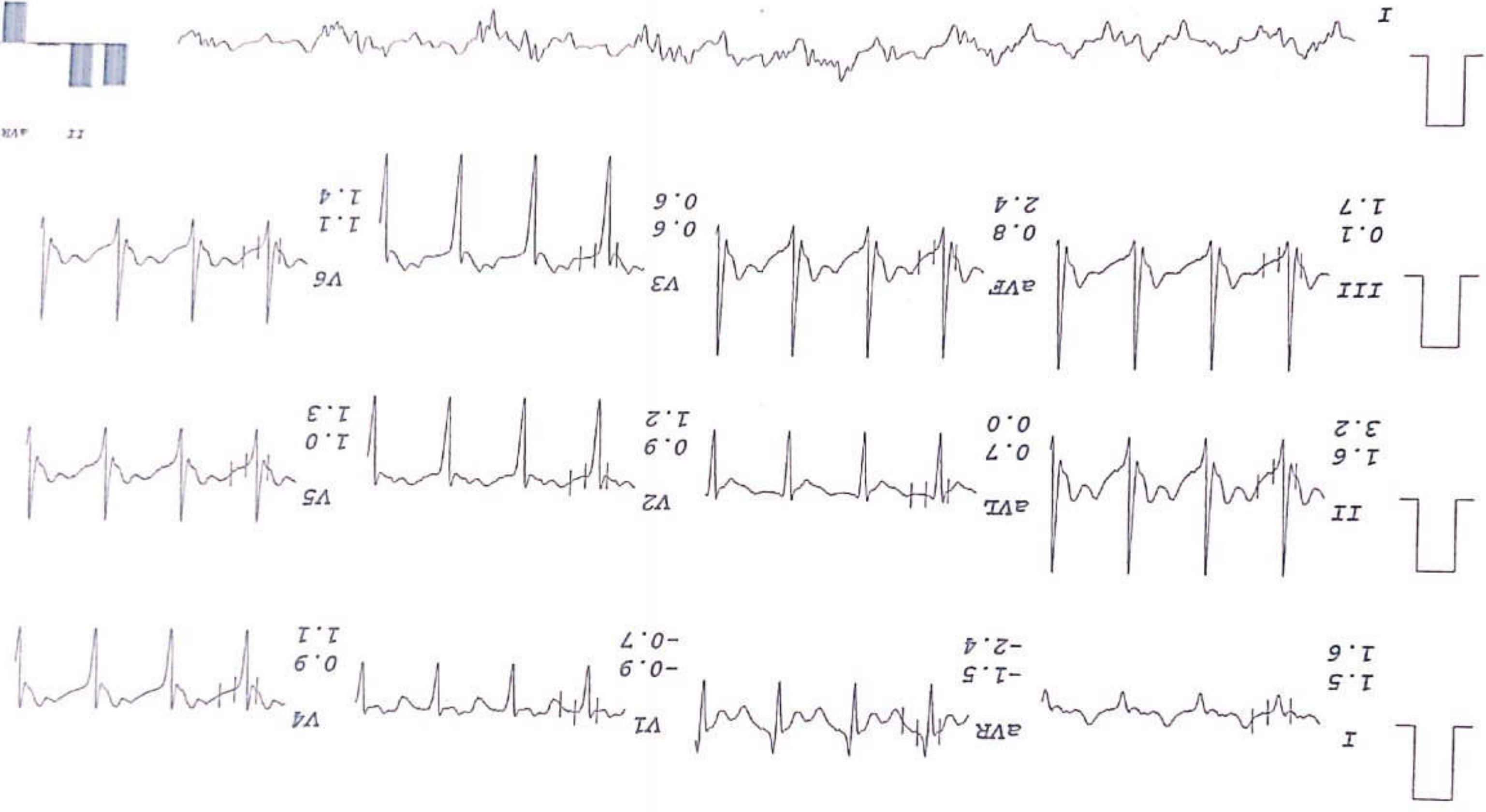
LINKED MEDIAN





I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

-0.7
-0.9



V1

Mag. X 2



SHAKTI DHAR OJHA
I.D. 1988
Age 43/M
Date 15-10-2024

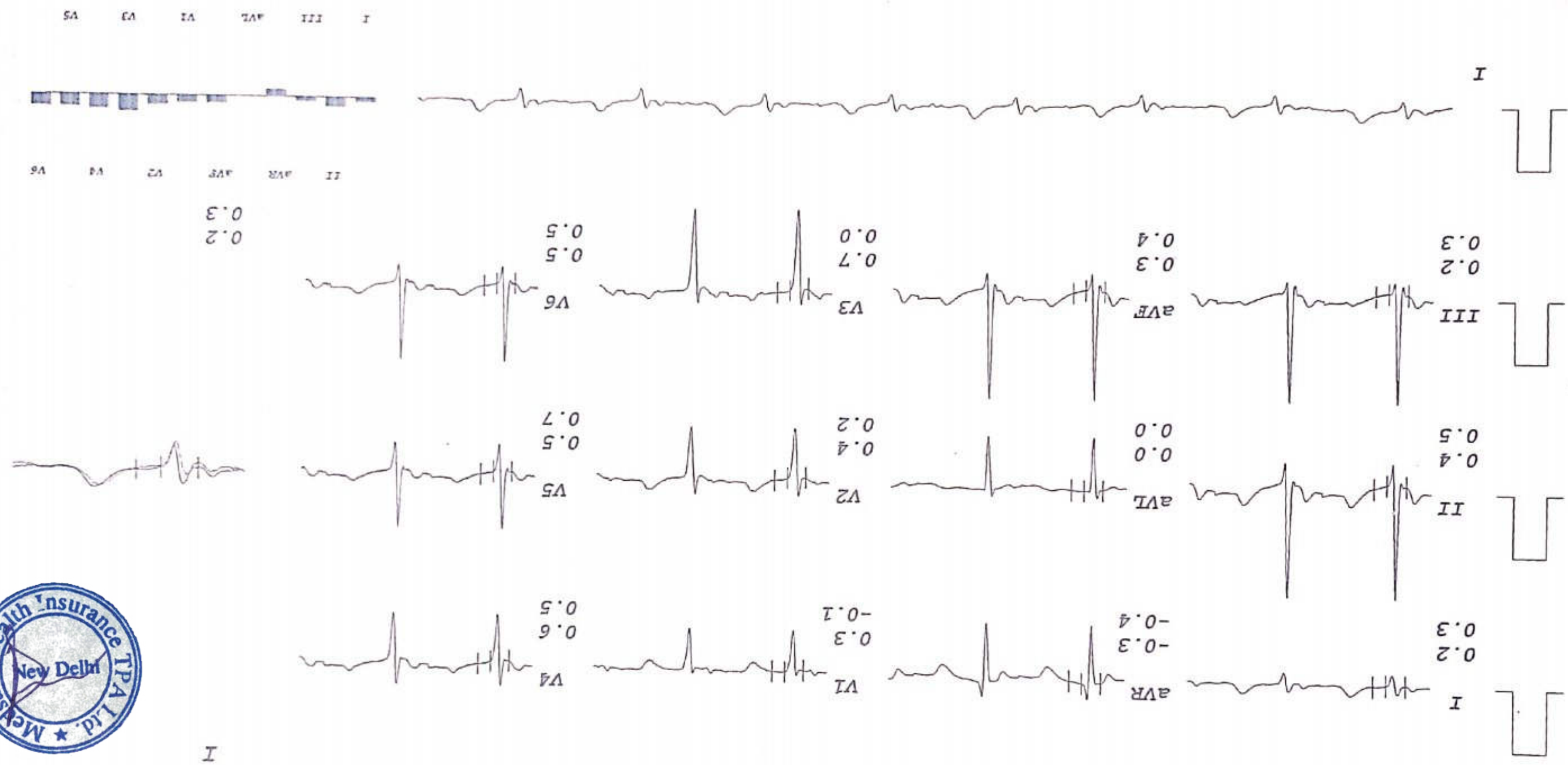
RATE 142bpm
B.P. 151/99

Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

HEALTH ASSISTANT CLINIC

LINKED MEDIAN



I
Mag. X 2

SHAKTI DHAR OJHA
I.D. 1988
Age 43/M
Date 15-10-2024

RATE 89bpm
B.P. 135/87

BRUCE
RECOVERY
TOTAL TIME 14:02
PHASE TIME 4:37

ST @ 10mm/mV
80ms PostJ

HEALTH ASSISTANT CLINIC

LINKED MEDIAN

LINKED MEDIAN

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

HEALTH ASSIST CLINIC

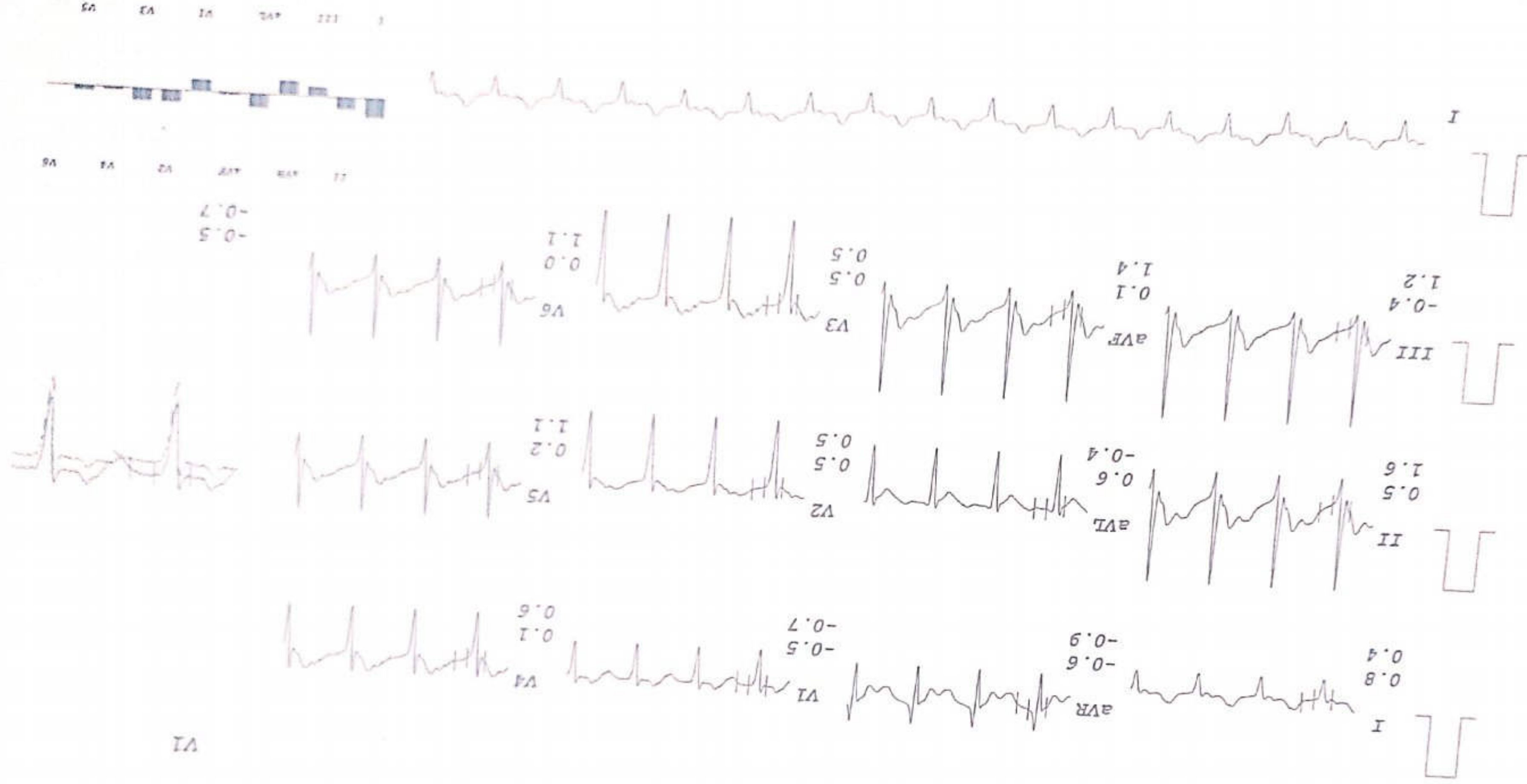
Bruce
PR-EXERCISE
TOTAL TIME 9:15
PHASE TIME 0:15

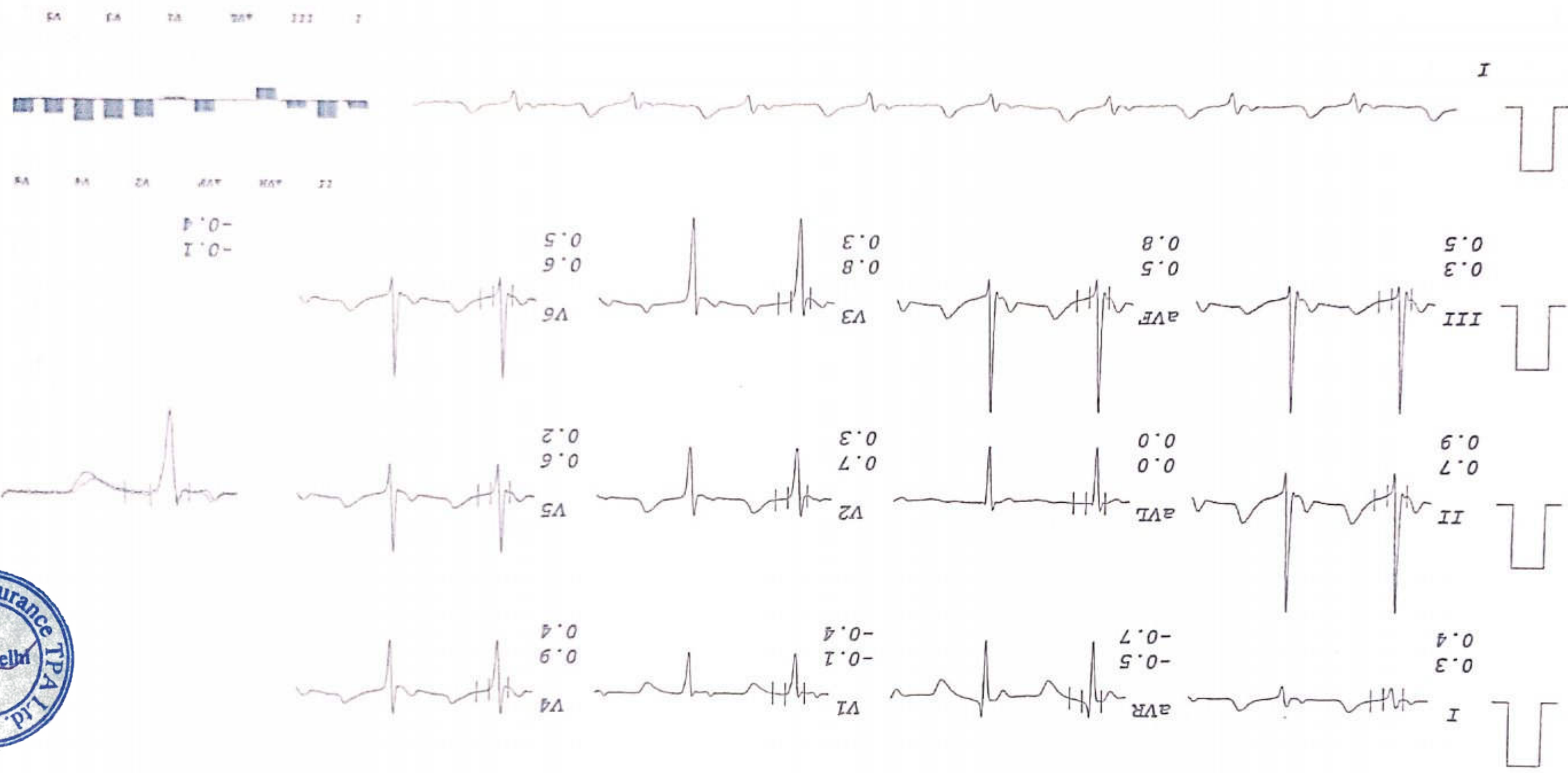
RATE 144bpm
B.P. 151/99

SHAKTI DHAR OJHA
I.D. 1988
Age 43/M
Date 15-10-2024

Mag. X 2

V1





VI
Mag. X 2



LINKED MEDIAN

HEALTH ASSIST CLINIC
 Bruce
 RECOVERY
 TOTAL TIME 14:42
 PHASE TIME 5:17
 ST @ 10mm/mV
 80ms Post

SHAKTI DHAR OJHA
 I.D. 1988
 Age 43/M
 Date 15-10-2024
 RATE 87bpm
 B.P. 125/77

SHAKTI DHAR OJHA
 I.D. 1988
 Age 43/M
 Date 15-10-2024

RATE 108bpm
 B.P. 141/91

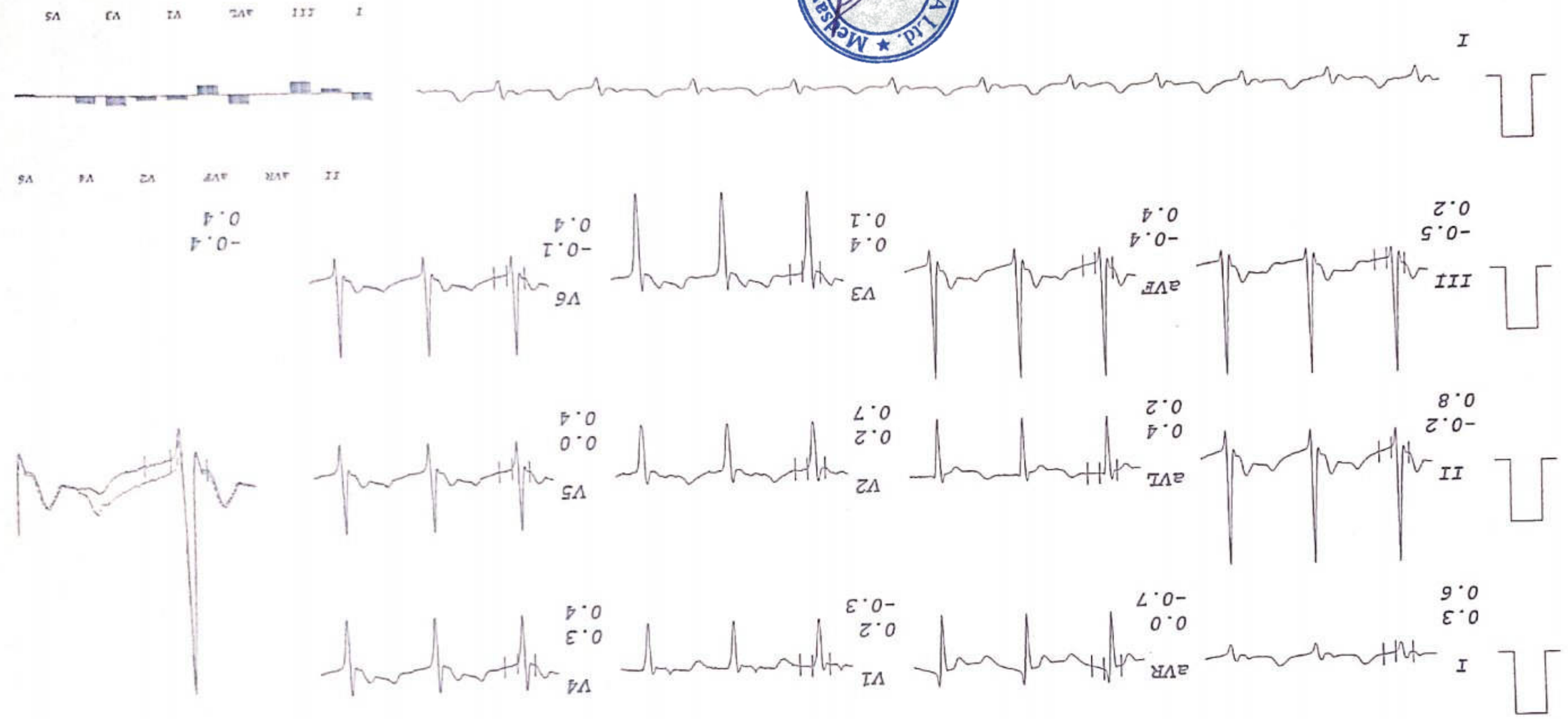
Bruce
 RECOVERY
 TOTAL TIME 12:20
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms Post

HEALTH ASSIST CLINIC

LINKED MEDIAN

Mag. X 2
 aVF





HEALTH ASSIST

CIN No. U85100HR2021PTC097531
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ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMISCAL TESTS -I3 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone Division Branch DATE /TIME 15/10/2024 10:45 AM
Proposal No. 1988
Agent/D.O. Code: Introduced by: (name & signature)
Full Name of Life to be assured: MR . SHAKTI DHAR OJHA
Age/Sex :43/M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	84.3	60-110 MG/DL
2	TOTAL CHOLESTEROL	160.3	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	39.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	138.7	00-150 MG/DL
3	TRIGLYCERIDES	158.8	25-160 MG/DL
4	CREATININE	0.98	0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)	19.7	6.0-21.0 MG/DL
6	S PROTEINE	7.90	6.5-8.5 MG/DL
	(A) ALBUMIN	4.55	3.5-6.0 MG/DL
	(B) GLOBULINE	3.35	1.8-2.5 MG/DL
	(C) AG RATIO	1.05	
7	S. BILIRUBIN		
	(A) DIRECT	0.32	0.0-02 MG/DL
	(B) INDIRECT	0.60	0.2-0.8 GM/DL
	(C) TOTAL	0.92	0.2-1.0 MG/DL
8	SGOT (AST)	37.3	04-45 IU/DL
9	SGPT (ALT)	34.5	00-40IU/DL
10	GGTP (GGT)	44.9	11-50IU/DL
11	S. ALKANINE PHOSPATASE	101.3	15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)	NEGATIVE	NEGATIVE
13	ELISA FOR HIV	NEGATIVE	NEGATIVE



Dr. NITIN KUMAR DUMEER
M.B.B.S. M.D. (Path)

SIGNATURE OF PATHOLOGIST

PATHOLOGIST'S NAME & ADDRESS ALIFICATION

Plot no 09, Nitikhand -3 indirapuram, GHAZIABAD

880012732. 0120 - 4267281





HEALTH ASSIST

Call No. 085100HR2021PTC097541
www.thehealthassist.co

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA

Zone Division Branch DATE / TIME 15/10/2024 10:45 AM

Proposal No. 1988 Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: MR . SHAKTI DHAR OJHA Age/Sex :43/M

HEAMETOLOGY

Test	Result	Unit	%
HbA1C	5.1		

Non Diabetic: < 6.0
Pre diabetic: 5.7-6.9
Diabetic: >= 6.9

Mean Plasma Glucose levels

Guidance For Known Diabetics
Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

N. Kumar

Dr. NITIN KUMAR DUMREER
M.B.B.S. M.D. (Path)
Pathologist's Name & Address
Res. Qualification:

LIC Code No. :



Axia Health Assist private limited
Plot no 09, NitiKhand -3 Indirapuram, GHAZIABAD
880012732. 0120 - 4267281



HEALTH ASSIST

DN No. U85100HR2021PTC037
www.thehealthassist.co

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA
Special Medical Report

Form No. LIC03 - 009

Zone AM Division Branch DATE / TIME 15/10/2024 10:45

Proposal No. 1988

Agent/D.O. Code:

Full Name of Life to be assured: MR. SHAKTI DHAR OJHA

Age/Sex :43/M

Introduced by: (name & signature)

URINE EXAMINATION REPORT

TEST	RESULT	UNIT	REF VALUE
------	--------	------	-----------

CHEMICAL EXAMINATION

URINE FOR COTININE TEST : NEGATIVE

(Signature)
 Signature of the Pathologist
 Pathologist's name & Address
 Qualification :
 LICI Code No. :



ANNEXURE II - 8

Axia Health Assist private limited

Plot no 09, Nitikhand Jindrapuram, CHAZIABAD

880012732. 0120 - 4267281



HEALTH ASSISTANT

CIN No. U85100HR2021PTC097

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ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone	Division	Branch	DATE /TIME
	15/10/2024 10:45 AM		

Proposal No. 1988

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR. SHAKTI DHAR OJHA

Age/Sex :43/M

1. Physical Examination

(i) Colour	: YELLOW	(ii) Sediment:	NIL
(iii) Transparency	: CLEAR	(iv) Reaction:	ACIDIC

2. Chemical Examination

(i) Protein	: NIL	(ii) Sugar	:NIL
(iii) Bile salt	: NIL	(iv) Bile pigments	:NIL

3. Microscopic Examination

(i) Red Blood Cells:	NIL	(ii) Epithelial Cells	:01-02 /HPF
(iii) Crystals	: NIL	(iv) Pus Cells	: 01-02 /HPF
(v) Casts	: NIL	(vi) Deposits	: NIL
(VII) Bacterias	:NIL		

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

Signature of the Pathologist

Pathologist's name & Address

Qualification: **DR. NITIKHAND JUNEER**

LICI Code No: **MMR/1988/09**

Dr. Nitikhand Juneer

Reg. No. **301709**



Axia Health Assist private limited

Plot no 09, Nitikhand Jindirapuram, GHAZIABAD

880012732. 0120 - 4267281





HEALTH ASSIST

CIN No. U85100HR2021PTC097

www.thehealthassist.co

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

Zone Division Branch DATE/TIME 15/10/2024 10:45 AM
 Proposal No. 2125
 Agent/D.O. Code: Introduced by: (name & signature)
 Full Name of Life to be assured: MR. SUKANT DEV
 Age/Sex :39/M

Test Name	Value	Unit	Normal value
-----------	-------	------	--------------

COMPLETE HEAMOGRAM

HAEMOGLOBINE(HB)	12.8	gm/dl	13.5-18.0
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TOTAL LEUCOCYTE COUNT (TLC)	8,200	cumm	4000-11000
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DIFFRENTIAL LEUCOCYTE COUNT (DLC)

NEUTROPHIL	68	%	40-70
LYMPHOCTE	22	%	20-45
EOSINOPHILE	7	%	01 -06
MONOCYTE	3	%	02 -10
BASOPHILE	0	%	0-0

R B C COUNT	4.8	Millions/cmm	
P C V /HAEMATOCRIT	36.4	%	40-50
M C V	77.8	fl,	80-100
M C H	29.7	picogram	27.0-31.0
M C H C	33.2	gm/dl	33-37
PLATELET COUNT	2.07	lakh /cmm	1.50-4.50



N.K.
DR. NITIN KUMAR DUMREER
 M.B.B.S. M.D. (Peds)
 Reg. No. 30700


Axia Health Assist private limited

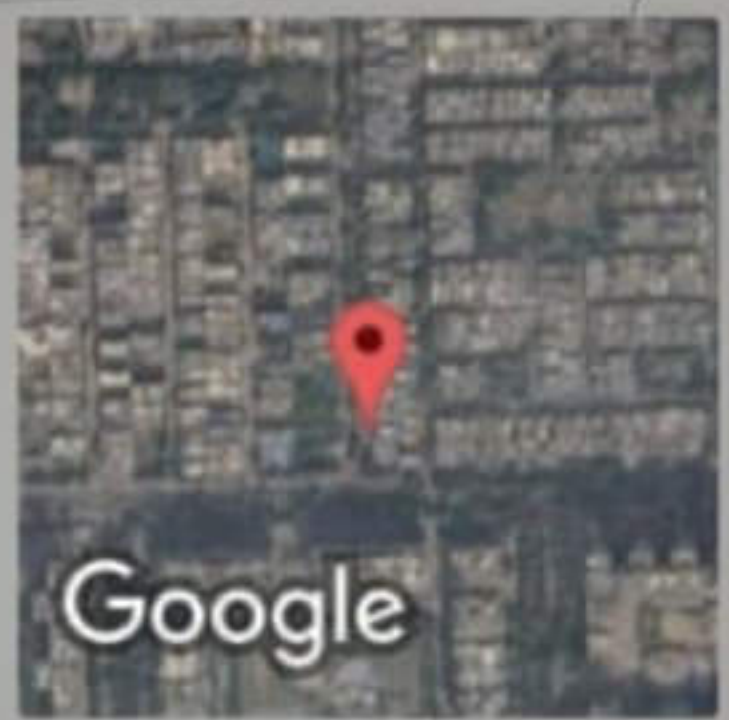
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 **GPS Map Camera**



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Lat 28.642286°
Long 77.374518°
15/10/24 10:33 AM GMT +05:30