

**Booking Id** : 43E1152  
**Booking Patient Package Name** : Union Bank Executive Health Checkup Female  
**Proposal No** : 6265  
**Branch Code** : 310  
**Contact Details** : 9717355513  
**Booking Date** : 05-10-2024  
**New Appointment Date** : 11-10-2024  
**Preferred Time** : 09:00 AM - 09:30 AM  
**Booking Status** : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
MRS ANJU KALHAN	58 year	Female

Thanks,  
Medsave Team

Complete Heamogram  
 HBAIC  
 RUA  
 SBT-13  
 ECG  
 TMT  
 FMIR

**Medsave** <it@medsave.in>  
 To: healthcareshridurga@gmail.com  
 Cc: customercare@mediwheel.in

10 October 2024 at 12:31



011-41195959

Dear **Shri Durga Healthcare**,  
 We request you to take note that the following booking is rescheduled.

**Booking Id** : 43E1152  
**Booking Patient Package Name** : Union Bank Executive Health Checkup Female  
**Proposal No** : 6265  
**Branch Code** : 310  
**Contact Details** : 9717355513  
**Booking Date** : 05-10-2024  
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Member Information		
Booked Member Name	Age	Gender
MRS ANJU KALHAN	58 year	Female

Thanks,  
Medsave Team



Issue Date: 22/11/2013



भारत सरकार  
 Ministry of Health & Family Welfare  
 Government of India

श्री. कर्कर  
 Anju Karkar  
 जन्म तिथि / DOB: 25/12/1965  
 लिंग / Female

आरोग्य सेवा का अधिकार है, जिसे हमें सही ढंग से  
 उपयोग करना है। अधिक जानकारी के लिए  
 कृपया 8907 5946 9706 पर संपर्क करें।

8907 5946 9706

भेरा आधार, भेरी पहचान




*Registration*



Dr. PREETI DHIMAN  
*Preeti*  
 R.B.S





**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

310

Proposal No

6265

Name of Life to be assured:

Anish Kalhan

The Life to be assured was identified on the basis of:

Aadhar

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

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

Dated at

17/11/24

day of

24

at 9.20 a.m./p.m.

Signature of the Pathologist/Doctor  
(Name & Rubber stamp) Qualification:

Signature of the Cardiologist (if LA has undergone CTMT / ECG)  
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)  
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured  
Name.....

Anish Kalhan

Reports enclosed.

- 1..... FMR
- 2..... ECG
- 3.....
- 4..... SBT-13
- 5.....

RVA

HB AIC

CTMT

(6)  
(7)







8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <b>physical impairment</b> / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No No
18	Is there any <b>abnormality</b> of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV/AIDS/ Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	No



Dr. PREETI DHIMAN  
*Preeti*  
 M.B.B.S



For Female Proponents only		
i.	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NO
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	YES
---	-----

Declaration

You Mr/Ms Anjali Kalhan declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

*Anjali Kalhan*

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the \_\_\_ day of \_\_\_ 20\_\_\_ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:  
Date:  
Stamp:

MD  
17/10/24

Signature of Medical Examiner  
Name & Code No:

*Dr. P. K. SHARMA*  
Dr. P. K. SHARMA





**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_

Proposal No. \_\_\_\_\_

Agent/D.O. Code: \_\_\_\_\_

Full Name of Life to be assured: Anjukalhan

Age/Sex : 58/F

**ELECTROCARDIOGRAM**

**ANNEXURE- 1**

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. 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.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. 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 of India.

Witness \_\_\_\_\_

Signature or Thumb Impression of L.A. Anjukalhan

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

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

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

Dated at MD on the day of 11/01 2024

Signature of L.A. Anjukalhan

Signature of the Cardiologist Dr. RAJESH K. MISHRA

Name & Address  
Qualification

Code No. \_\_\_\_\_

Clinical findings  
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
167	52	110/72	78

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supin	P Wave	NL
Standardisation Imv	100	PR Interval	NL
Mechanism	NL	QRS Complexes	NL
Voltage	NL	Q-T Duration	NL
Electrical Axis	NL	S-T Segment	NL
Auricular Rate	60	T-wave	NL
Ventricular Rate	60	Q-Wave	NL
Rhythm	Sing		
Additional findings, if any.	No		

Conclusion:

WNL

Dated at

MJ 13/10/24  
on the day of 2024

Signature of the Cardiologist

Name & Address

Qualification

Code No.





# SHRI DURGA HEALTH CARE

MR. ANJU KALLIAN

ID : 65

AGE/SEX : 58 Yr / F

HT/WT : /

DATE : 17-10-2024 09:40:50 AM

REF BY : Dr.

MACHINE INTERPRETATION : Normal ECG.

RATE : 79 bpm  
BP : N/A  
P Axis : 62 deg  
QRS Axis : 27 deg  
T Axis : 38 deg  
P Duration : 112 ms  
PR Duration : 113 ms  
QRS Duration : 89 ms  
QT Interval : 313 ms  
QTc Interval : 348 ms

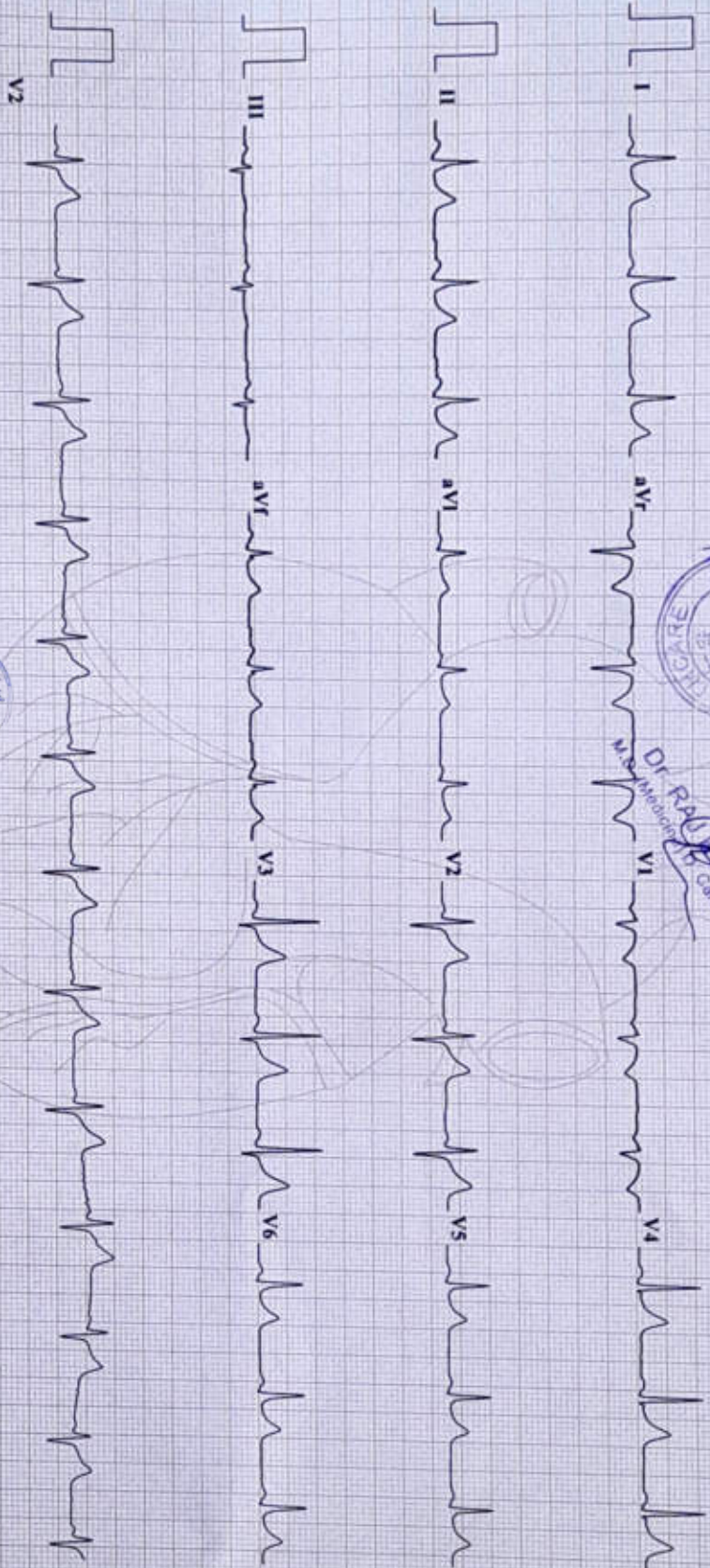
Speed : 25 mm/s  
Sensitivity : 10 mm/mV

Linked Median



Dr. RAJESH K. MAR  
M.D. (Medicine)  
Card. FNC

6547



Filtered(35 Cycle) And Base Corrected



LINE-EM, Indore 3rd +91-71-4010015, Fax: +91-71-4011180, E-Mail: em@shridurgahc.com, Web: www.shridurgahc.com, ECG Ver: 4.0.1

Dr.



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	ANJU KALHAN	Sex:	FEMALE
Lab. No:	202401001	Age:	58
Date:	17/10/2024	Ref. By	LIC

## Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	13.6	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,600	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	70	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	03	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.53	million/cmm	3.5 - 5.5
PCV	40.8	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	2.82	Lac/cmm	1.5 - 4.5

\*\*\*\*\*End of Report\*\*\*\*\*



# SDHC

D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049  
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)





# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	ANJU KALHAN	Sex:	FEMALE
Lab. No:	202401001	Age:	58
Date:	17/10/2024	Ref. By:	LIC

Test Name	SBT13	Unit	Normal Value
FBS	91	mg/dl	70 - 110
Total Cholesterol	160	mg/dl	120 - 220
High Density Lipid (HDL)	38	mg/dl	35-70
Low Density Lipid (LDL)	97	mg/dl	50 - 150
S. Triglycerides	125	mg/dl	25 - 160
S.Creatinine	0.8	mg/dl	0.7 - 1.4
Blood Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	7.5	g/dl	6.4 - 8.2
Albumin	4.2	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.2	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	30	IU/L	5 - 40
SGPT(ALT)	37	IU/L	5 - 45
GGTP(GGT)	26	IU/L	11 - 50
S.Alkaline Phosphatase	105	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE



## SDHC

D-63, Ground Floor , South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	ANJU KALHAN	Sex:	FEMALE
Lab. No:	202401001	Age:	58
Date:	17/10/2024	Ref. By	LIC

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.025	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

Pus Cells	2-2	0-5 /HPF
Epithelial Cells	2-3	0-5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



# SDHC

D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)





# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	ANJU KALHAN	Sex:	FEMALE
Lab. No:	202401001	Age:	58
Date:	17/10/2024	Ref. By:	LIC

## HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.4%

### Reference Range:

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

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE

\*\*\*\*\*End of Report\*\*\*\*\*



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049  
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)

**LIFE INSURANCE CORPORATION OF INDIA**

Zone

Division

Branch

Proposal No.

Agent/D.O. Code:

Full Name of Life to be assured:

Anju Kalhan

Age/Sex

58/F

**COMPUTERISED TREADMILL TEST**

**ANNEXURE-2**

LIC03-003

**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.**

Anjulahan

**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?  Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease?  Y/N
3. 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 -Yes-, submit all relevant papers with this form.

Dated at

17/10/24  
24

Signature of L.A.

Anjulahan.



Signature of the Cardiologist

Name & Address

Qualification

Code No.

Signature of Cardiologist  
M.D. (Medicine) F.M.C.

- (a) Pre-test: Supine  
Standing  
Hyperventilation
- (b) Exercise: Stage I )  
Stage II )

3 minutes each





(c) Recovery: Stage III  
 peak exercise  
 Recovery  
 Recovery  
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					77	110/72	84
	SITTING							
	STANDING					77	110/72	84
	HYPERVENTILATION					77	110/72	84
	WARM UP							
EXERCISE	STAGE 1	2:55	10	4.67	4.67	129	110/72	141
	STAGE 2	2:55	12	7.04	7.04	148	144/94	213
	STAGE 3							
	PEAK EXERCISE	1:12	14	8.26	8.26	162	162/100	263
RECOVERY	RECOVERY	0:29				146	162/100	238
	RECOVERY	2:55				100	138/90	138
	RECOVERY	5:25				90	126/86	113

The protocol used - BRUCE

Total Exercise Time -

Maximum Blood Pressure - 7.12 162/100

Maximum Workload - 8.26

Maximum heart rate 162 Maximum predicted heart rate 100 %

Reason for termination - 162

Comments: *Algorithm for RMI*  
 Signature of the Cardiologist

Name & Address  
 Qualification Code 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 L.A.. to be obtained on the tracings)













ANJU KALHAN

I.D. 88

Age 58/F

Date 17/10/2024

Rate 77bpm

B.P. 110/72

# SHRI DURGA HEALTH CARE

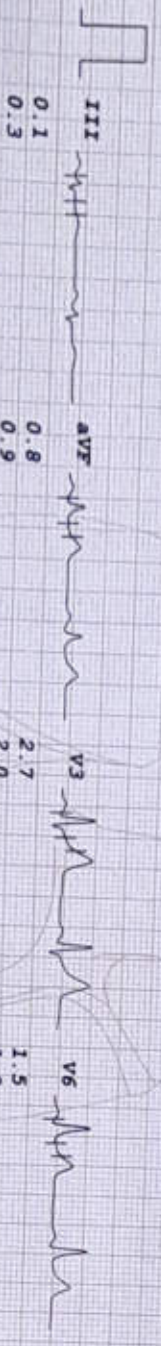
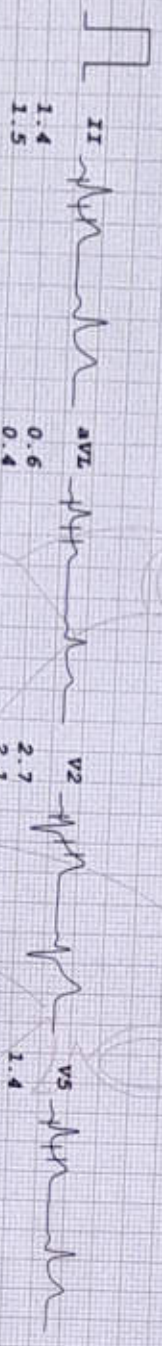
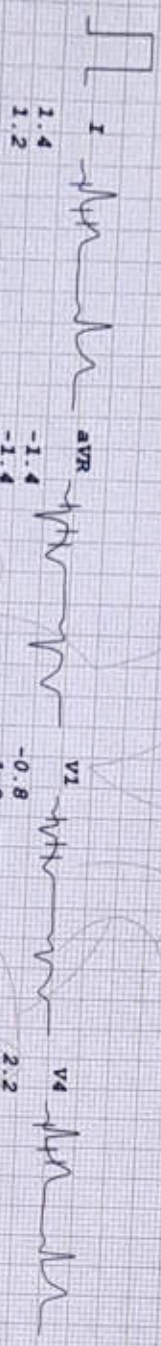
PRETEST  
STANDING

ST @ 10mm/mv  
80ms Post

LINKED MEDIAN

Mag. X 2

VI



**DR. RAJ KUMAR**  
 MBBS, MD, DM (CC), FICP  
 Director, Cardiac Care



# SHRI DURGA HEALTH CARE

**ANUJ KALSIAN**  
**I.D. 88**  
**Age 58/F**  
**Date 17/10/2024**

**Rate 77bpm**  
**S.P. 110/72**

**PRETEST**  
**HYPERTENT**

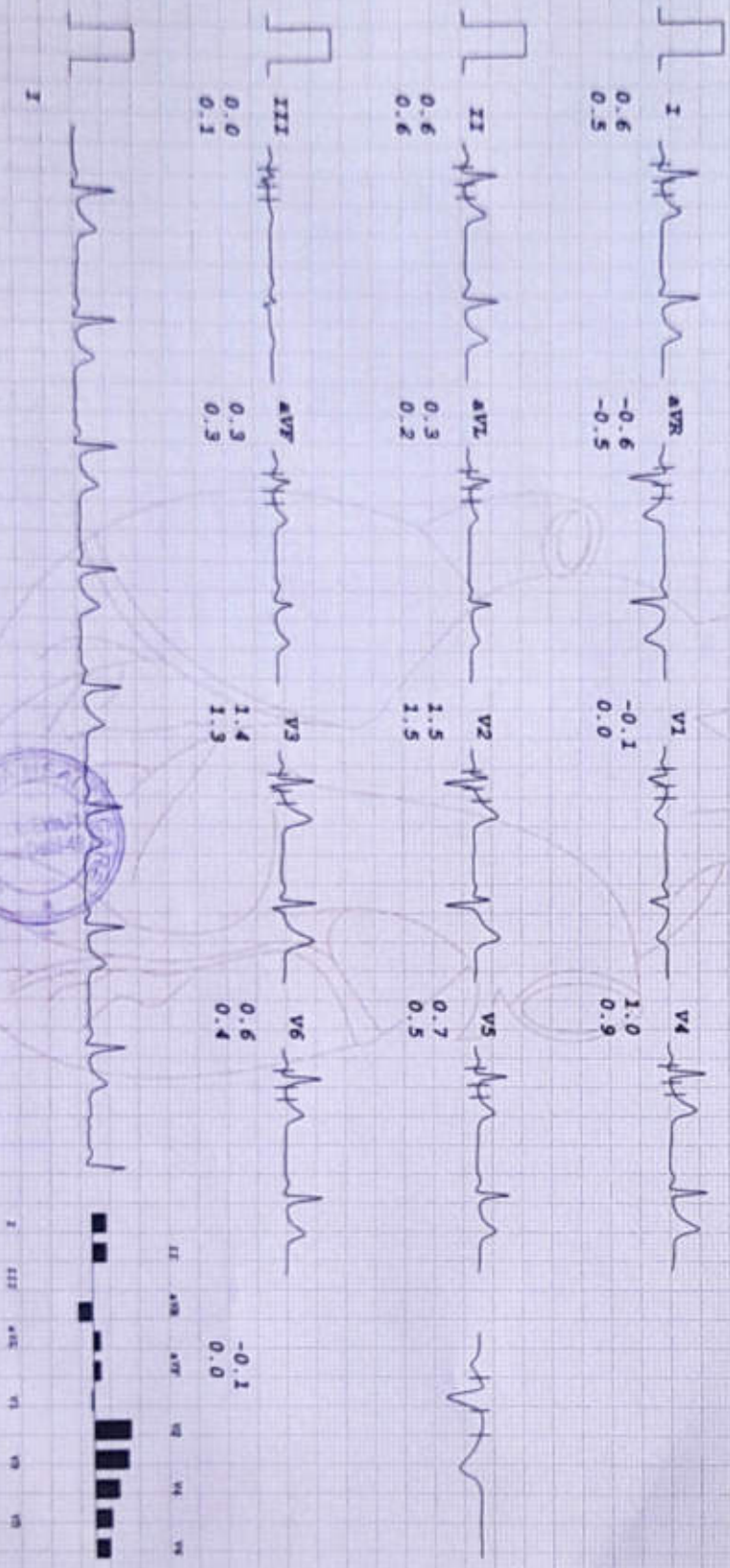
**ST @ 10mm/mv**  
**80ms PostJ**

PHASE TIME 0:10

**LINKED MEDIAN**

Mag. X 2

V1



**D. Pradeep Kumar**  
 MD (General Medicine)  
 Sr. Consultant

# SHRI DURGA HEALTH CARE

ANJU KALSIAN  
I.D. 88  
Age 58/F  
Date 17/10/2024

RATE 129bpm  
B.P. 110/72

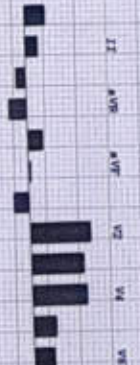
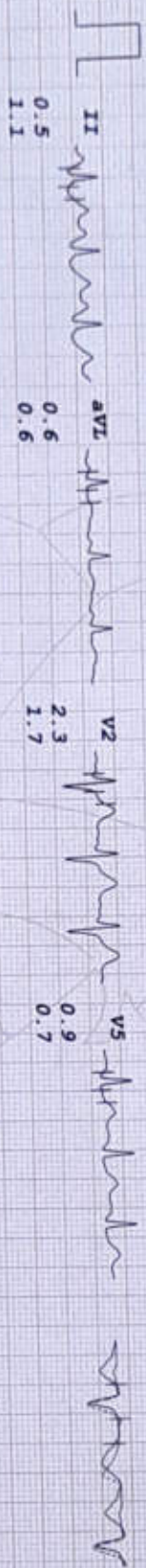
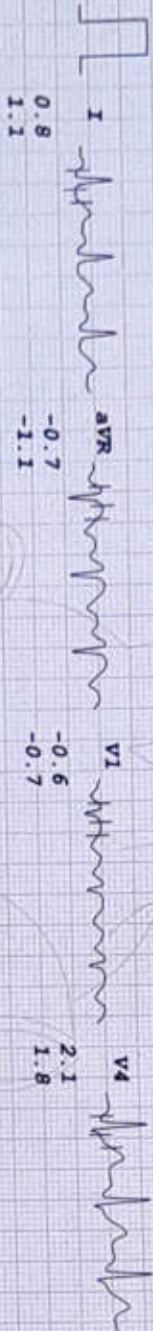
Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

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

LINKED MEDIAN

Mag. X 2

V1



DR. RAJESH KUMAR  
M.D. (Med) (Gen) Card. FMR



# SHRI DURGA HEALTH CARE

ANJU KALHAN  
 I.D. 88  
 Age 58/F  
 Date 17/10/2024

RATE 148bpm  
 B.P. 144/94

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

ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 °

LINKED MEDIAN

Mag. X 2

V1



V1  
 -0.3  
 -1.3  
 1.0  
 1.1



V2  
 0.3  
 -0.8  
 2.3  
 2.7  
 0.3  
 1.4



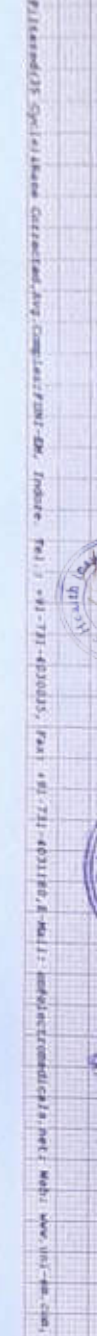
V3  
 -0.2  
 1.8  
 1.0  
 1.6  
 -0.2  
 0.7



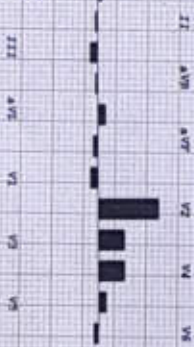
V4  
 -0.1  
 1.9  
 0.3  
 -0.8  
 2.3  
 2.7  
 0.3  
 1.4



V5  
 -0.1  
 1.9  
 0.3  
 -0.8  
 2.3  
 2.7  
 0.3  
 1.4



V6  
 -0.1  
 1.9  
 0.3  
 -0.8  
 2.3  
 2.7  
 0.3  
 1.4



-0.3  
 -1.3



DR. RAJ LUMAR  
 M.D. (Medicine)  
 D.O. Card. P.H.C.









# SHRI DURGA HEALTH CARE

ANJU KALHAN  
I.D. 88  
Age 58/F  
Date 17/10/2024

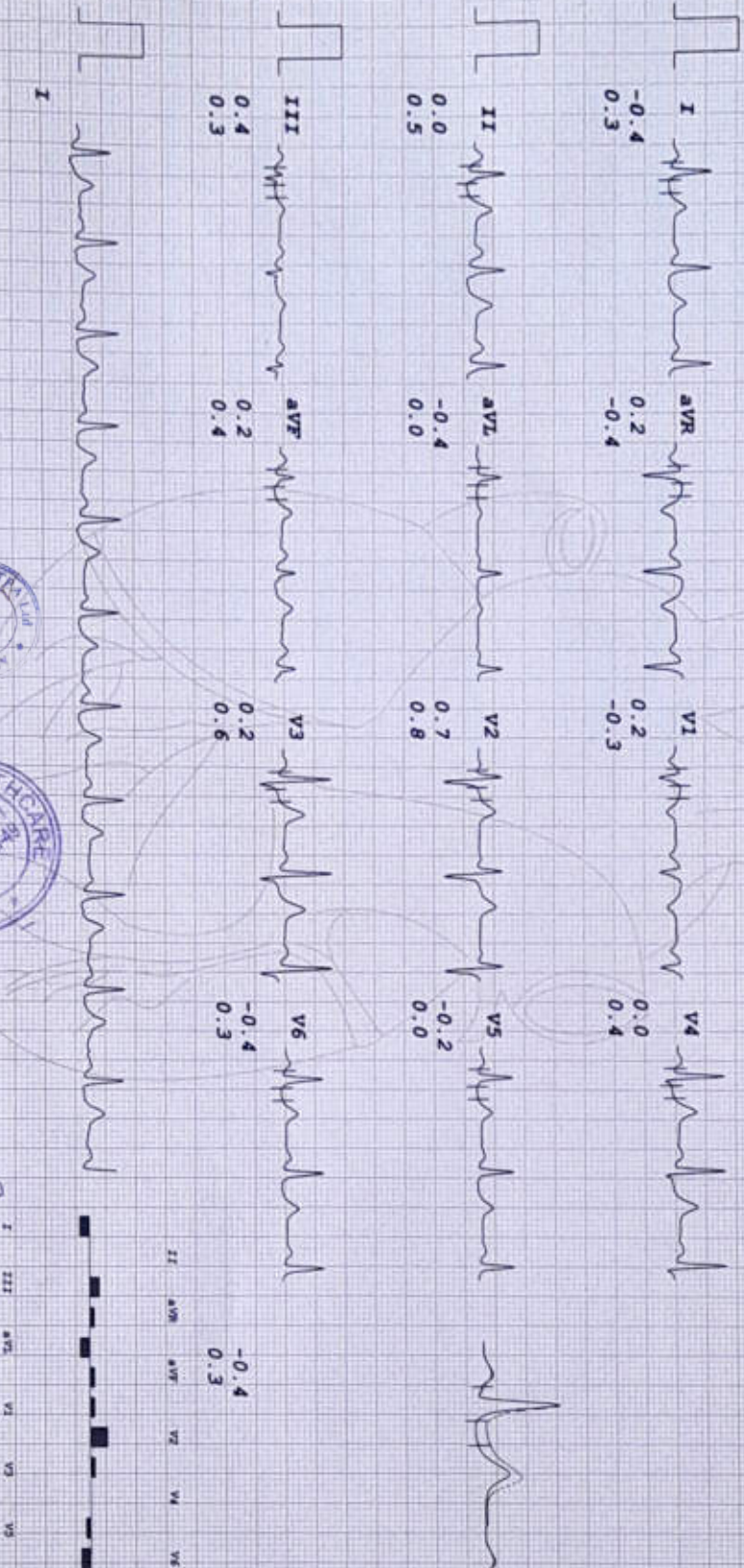
RATE 100bpm  
B.P. 138/90

Bruce  
RECOVERY  
TOTAL TIME 10:15  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostU

LINKED MEDIAN

Mag. X 2



DR. RAJ KUMAR  
M.D. (Medicine)  
Card. Sp. (C)



# SHRI DURGA HEALTH CARE

ANJU KALHAN  
I.D. 88

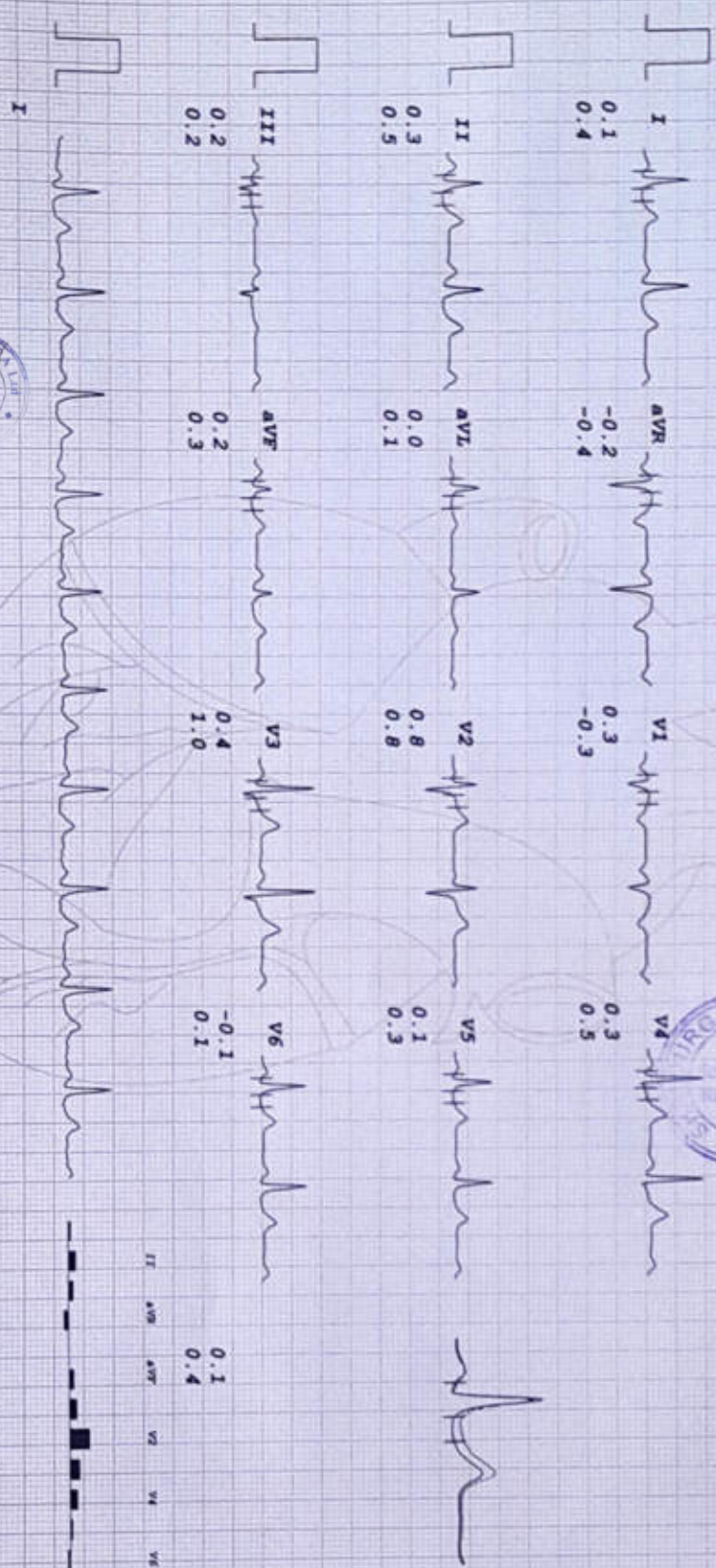
Age 58/F  
Date 17/10/2024

DATE 90bpm  
B.P. 126/86

BRUCE  
RECOVERY  
TOTAL TIME 13:15  
PHASE TIME 5:55

ST @ 10mm/mV  
80ms Post

LINKED MEDIAN



DR. RAJESH KUMAR  
M.D. (Med.)  
D.S. (ENT)



adur HEALTHCARE  
(CHAUDHARY SURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

DR. SIDHARTH  
DR. POOJA



GPS Map Camera

**New Delhi, Delhi, India**  
H6CC+VJ7, Har Gyan Singh Arya Marg, Arya Basti, Block D, New Delhi, Delhi  
110003, India  
Lat 28.572148°  
Long 77.221601°  
17/10/24 09:29 AM GMT +05:30

*Dr. PREETI*

