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DIPITAL

भारत सरकार  
GOVERNMENT OF INDIA



Ashish Tiwari  
YoB: 1973  
Male



6043 6956 2844

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**Aadhaar Aadhaar - Aam Aadmi ka Adhikar**  
Aam Aadmi ka Adhikar

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ATAI



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:

S/O: P N Tiwari, 48, SECTOR-2, SHANTI NIKETAN, NEAR  
CHETAK BRIDGE GOVINDPURA, Huzur, Govindpura,  
Bhopal

Madhya Pradesh, 462023

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**Aadhaar** - Aam Aadmi ka Adhikar

hospital@gmail.com  
al.com



**Patient Name : MR ASHISH TIWARI**



**CMSH24/2091**

Age/Gender : 50 Yrs/Male

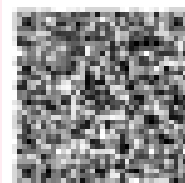
Registration Date : 27/01/2024 11:25 AM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 27/01/2024 11:26 AM

Center : CMH OPD

Report Date : 27/01/2024 04:37 PM



## HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	<b>6.6</b>	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0

Estimated Average Glucose : 143 mg/dL

### Reference Range (Average Blood Sugar):

Excellent control : 90 - 120 mg/dl

Good control : 121 - 150 mg/dl

Average control : 151 - 180 mg/dl

Action suggested : 181 - 210 mg/dl

Panic value : > 211 mg/dl

### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %

**Dr. Subhash Parmar**  
Consultant Pathologist



**Patient Name : MR ASHISH TIWARI**



**CMSH24/2091**

Age/Gender : 50 Yrs/Male

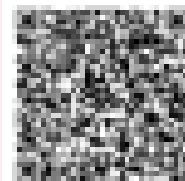
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## HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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### BLOOD GROUP AND RH FACTOR

ABO Type	AB
Rh Factor	POSITIVE(+VE)



**Dr. Subhash Parmar**  
Consultant Pathologist

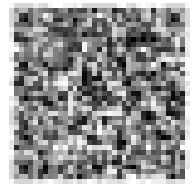


**Patient Name : MR ASHISH TIWARI**  
Age/Gender : 50 Yrs/Male  
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**CMSH24/2091**

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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>RENAL FUNCTION TEST (RFT)</b>			
Blood Urea	25.0	mg/dl	15 - 50
Serum Creatinine	0.97	mg/dl	0.7 - 1.5
eGFR	91	ml/min	
Blood Urea Nitrogen-BUN	11.68	mg/dl	7 - 20
Serum Sodium	140.1	mmol/L	135 - 150
Serum Potassium	4.63	mmol/L	3.5 - 5.0
Chloride	101.0	mmol/L	94.0 - 110.0
Ionic Calcium	1.14	mmol/L	1.10 - 1.35
Uric Acid	5.3	mg/dl	3.2 - 7.0

**NOTE :** Please correlate with clinical conditions.

**Dr. Subhash Parmar**  
Consultant Pathologist



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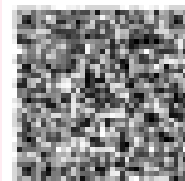


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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b><u>LIVER FUNCTION TEST (LFT)</u></b>			
TOTAL BILIRUBIN	0.63	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.17	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.46	mg/dl	0.1 - 0.8
SGOT (AST)	15.6	U/L	0 - 35
SGPT (ALT)	24.0	U/L	0 - 45
ALKALINE PHOSPHATASE	71.0	U/L	40 - 140
GAMMA GLUTAMYL TRANSFERASE	28.0	IU/L	15 - 45
TOTAL PROTEIN	6.89	g/dl	6.4 - 8.3
SERUM ALBUMIN	3.96	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.93	g/dl	1.8 - 3.6
A/G RATIO	1.35		1.2 - 2.2

**NOTE :** Please correlate with clinical conditions.

**Dr. Subhash Parmar**  
Consultant Pathologist



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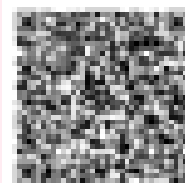


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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b><u>LIPID PROFILE</u></b>			
Cholesterol-Total	<b>237.0</b>	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	<b>302.0</b>	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	42.1	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	<b>134.50</b>	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	<b>60.40</b>	mg/dL	6 - 38
CHOL/HDL RATIO	<b>5.63</b>		3.5 - 5.0
LDL/HDL RATIO	3.19		2.5 - 3.5

**NOTE**

8-10 hours fasting sample is required

**Dr. Subhash Parmar**  
Consultant Pathologist



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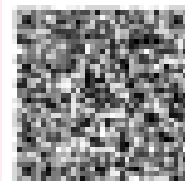


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## BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b><u>Fasting Blood Sugar</u></b>	96.0	mg/dl	Normal: 70-110  Impaired Fasting Glucose(IFG):  100-125  Diabetes mellitus: >= 126

*Method : Hexokinase*

**Note:-** An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons.

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity,

Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

**Post-Prandial Blood Sugar**

112.0

mg/dl

70 - 140

*Method : Hexokinase*

**Interpretation:-**

Normal: 70-140

Impaired Glucose Tolerance:140-200

Diabetes mellitus: >= 200

(on more than one occassion)

**Dr. Subhash Parmar**  
Consultant Pathologist





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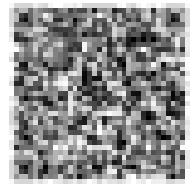


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### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.36	ng/mL	0.69 - 2.15
Thyroxin, (T4)	91.4	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	3.16	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5  
 Second Trimester : 0.2-3.0  
 Third trimester : 0.3-3.0

Method : CLIA

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

**Dr. Subhash Parmar**  
Consultant Pathologist



# CITI MULTI SPECIALITY HOSPITAL

115, Zone-II, M.P. Nagar, Bhopal - 462011  
Ph : 0755-4287773-74



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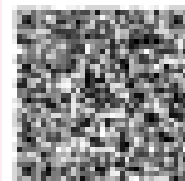


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**PSA Total-Serum**

0.763

ng/mL

Conventional for all ages: <=4  
Above 79 yrs: 0 - 7.2

Method: CLIA

Remark:-Kindly correlate clinically

**INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.



**Dr. Subhash Parmar**  
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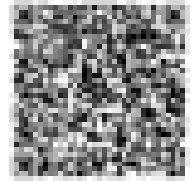
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### URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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#### URINE ROUTINE

##### General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030

##### Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

##### Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	2-4	/hpf	0-5/hpf
Epithelial Cells	1-2	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,

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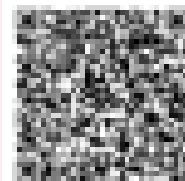


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Test Description	Result	Unit	Biological Reference Ranges
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### **COMPLETE BLOOD COUNT**

Haemoglobin	14.2	gm/dL	12.0 - 16.0
RBC Count	4.83	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	43.3	%	40.0 - 54.0
Mean Corp Volume MCV	89.6	fL	80.0 - 100.0
Mean Corp Hb MCH	29.4	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	32.8	gm/dL	32.0 - 36.0
Platelet Count	2.29	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.68	10 <sup>3</sup> /cu.mm	4.0 - 11.0

### **DIFFERENTIAL LEUCOCYTE COUNT**

Neutrophils	60	%	40 - 70
Lymphocytes	34	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

### **Absolute Differential Count**

Absolute Neutrophils Count	3.4	thou/mm <sup>3</sup>	2.00 - 7.00
Absolute Lymphocyte Count	1.9	thou/mm <sup>3</sup>	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm <sup>3</sup>	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm <sup>3</sup>	0.02 - 0.50

**EDTA Whole Blood** - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

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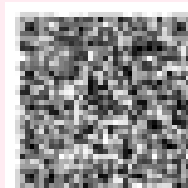


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Test Description	Result	Unit	Biological Reference Ranges
<b>ESR - ERYTHROCYTE SEDIMENTATION RATE</b>	08	mm/hr	0 - 09

Method: Wintrob's

### INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report\*\*\*\*

*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*




**Dr. Subhash Parmar**  
Consultant Pathologist



MER- MEDICAL EXAMINATION REPORT

Date of Examination	27-01-2024		
NAME	ASHISH TIWARI		
AGE	50	Gender	Male
HEIGHT(cm)	155	WEIGHT (kg)	68 KG
B.P.	130/80 MMHG		
ECG	WNL		
X Ray	Normal		
Vision Checkup	Color Vision :	NO	
	Far Vision Ratio :	NO	
	Near Vision Ratio :	NO	
Present Ailments	No Any Present Ailment's		
Details of Past ailments (If Any)	No Any Past Ailment		
Comments / Advice : She /He is Physically Fit	He is Physically fit		

  
**Dr. Sabyasachi Gupta**  
 MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)  
 Reg. No. 11671

Signature with Stamp of Medical Examiner



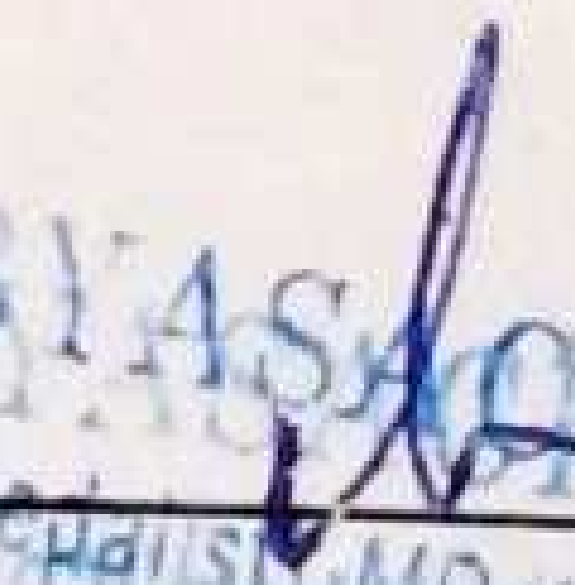
# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Ashish Tiwari on 27/1/24

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

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

  
**Dr. Sabyasachi Gupta**  
 MBBS (Gold Medalist) MD (Med) RCSEd (UK)  
 Reg. No. 11671  
**Medical Officer**  
**The Apollo Clinic, (Location)**

*This certificate is not meant for medico-legal purposes*



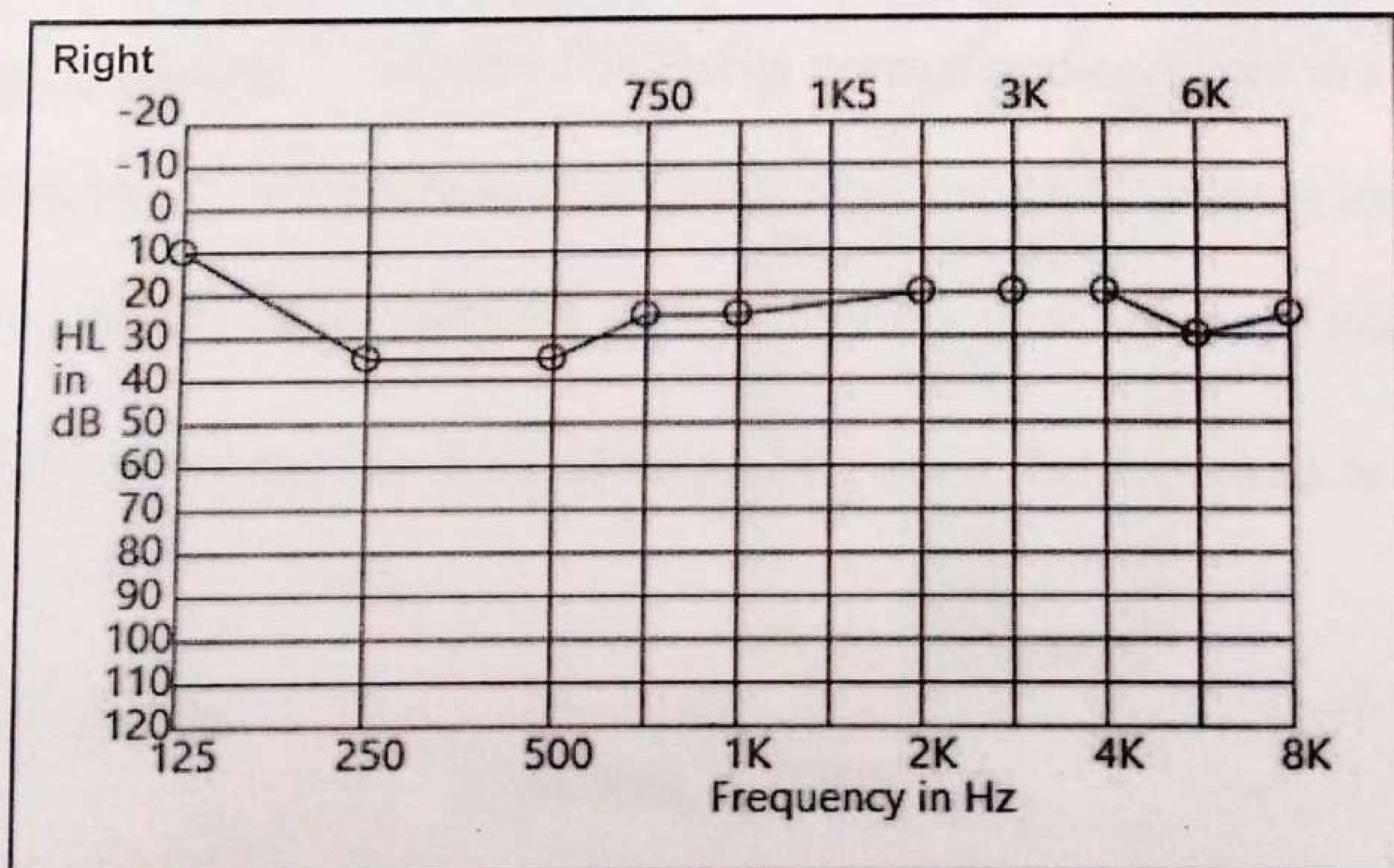
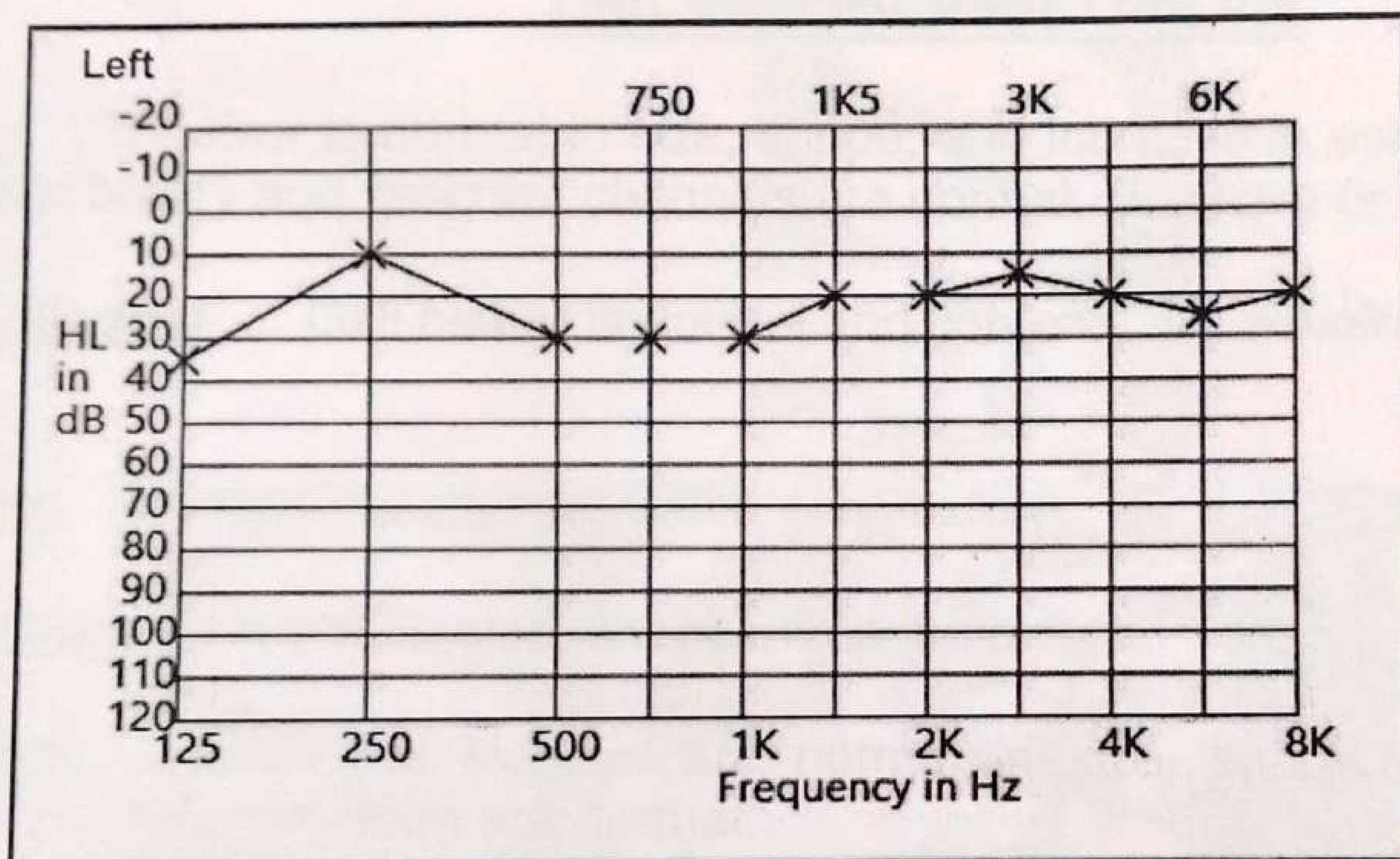
# CITI MULTISPECIALITY HOSPITAL

MIG 216, Gautam Nagar

BHOPAL

462023

Name	Case No.	Age	Sex	Phone No.
MR ASHISH TIWARI	31	50	Male	9826617027
Address		Referred By	Date & Time	
		MEDI WHEEL	27/01/24	



## Interpretation

NORMAL HEARING STUDY

Dr. SABYASACHI GUPTA  
Doctor/Audiologist, RCGP (U.K.)  
Reg. No. 11671





# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755 - 4250134  
Mobile No. : 7222909795, 7222909796, 9303135719



Name of Patient ; MR. ASHISH TIWARI  
Age/Sex : 50Y/M  
Date : 27/01/2024

## USG ABDOMEN AND PELVIS

Liver : The liver is normal in size, shape, and increase in echogenecity. Intra and extra hepatic billiary and vascular channels are normal. No gross or diffuse mass lesions seen.

Gall Bladder : . Gall blader is normal and contents are echofree

Spleen . Normal in size, shape and echotexture

Pancreas : Normal in size, shape and echotexture.

Kidneys : Both the kidneys are normal in size, shape,axis and position. Cortico medullary differentiation are normal.

Urinary bladder : : Urinary bladder is normal and contents are echofree


Prostate: : Prostate is size (31CC) normal and contents are echofree .

IVC & ABDOMINAL AORTA:-IVC and abdominal aorta are normal.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

## IMPRESSION

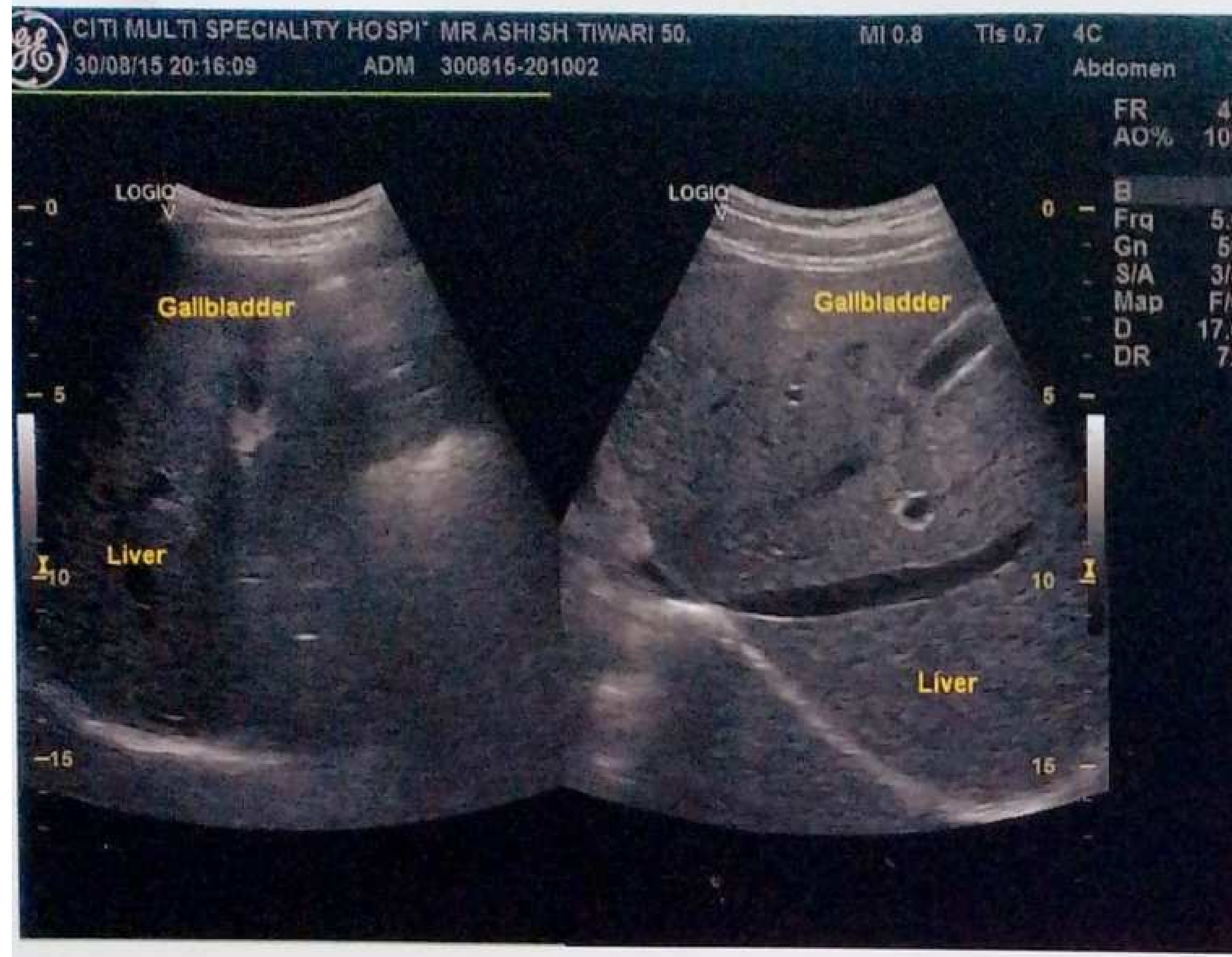
NORMAL STUDY

  
CONSULTANT SONOLOGIST

For Emergency Contact: 7771008660  
Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0755-487772- 73

**Empanelled with :** State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank  
Food Corporation of India, Ayushman Bharat









# CITI MULTI SPECIALITY HOSPITAL

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Phone No. : 0755 - 4250134  
Mobile No. : 7222909795, 7222909796, 9303135719



NAME –MR. ASHISH TIWARI

AGE – 50Y/M

REF: BY- MEDIWHEEL

DATE- 27/1/24

## 2D- ECHO COLOUR DOPPLER EVALUATION:-

- Normal great vessel relationship
- ❖ ALL cardiac valve are normal
- ❖ Normal Four chambered heart
- ❖ Normal LV size with Normal LV function LVEF- 55%
- ❖ No intracardiac shunt
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRES
- ❖ Normal LV size with Normal LV function LVEF- 55%

DR. S. S. GUPTA (M.D.)

CONSULTANT ECHOCARDIOLOGIST



**CITI MULTI SPECIALITY HOSPITAL**  
**MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL**  
**MOB-7987913713**

Name: MR ASHISHTIWARI 50

Patient Id: 300815-202036

Date: 30/08/2015

Birthdate:

Sex: Male

Accession #:

Perf.Physician:

Ref.Physician:

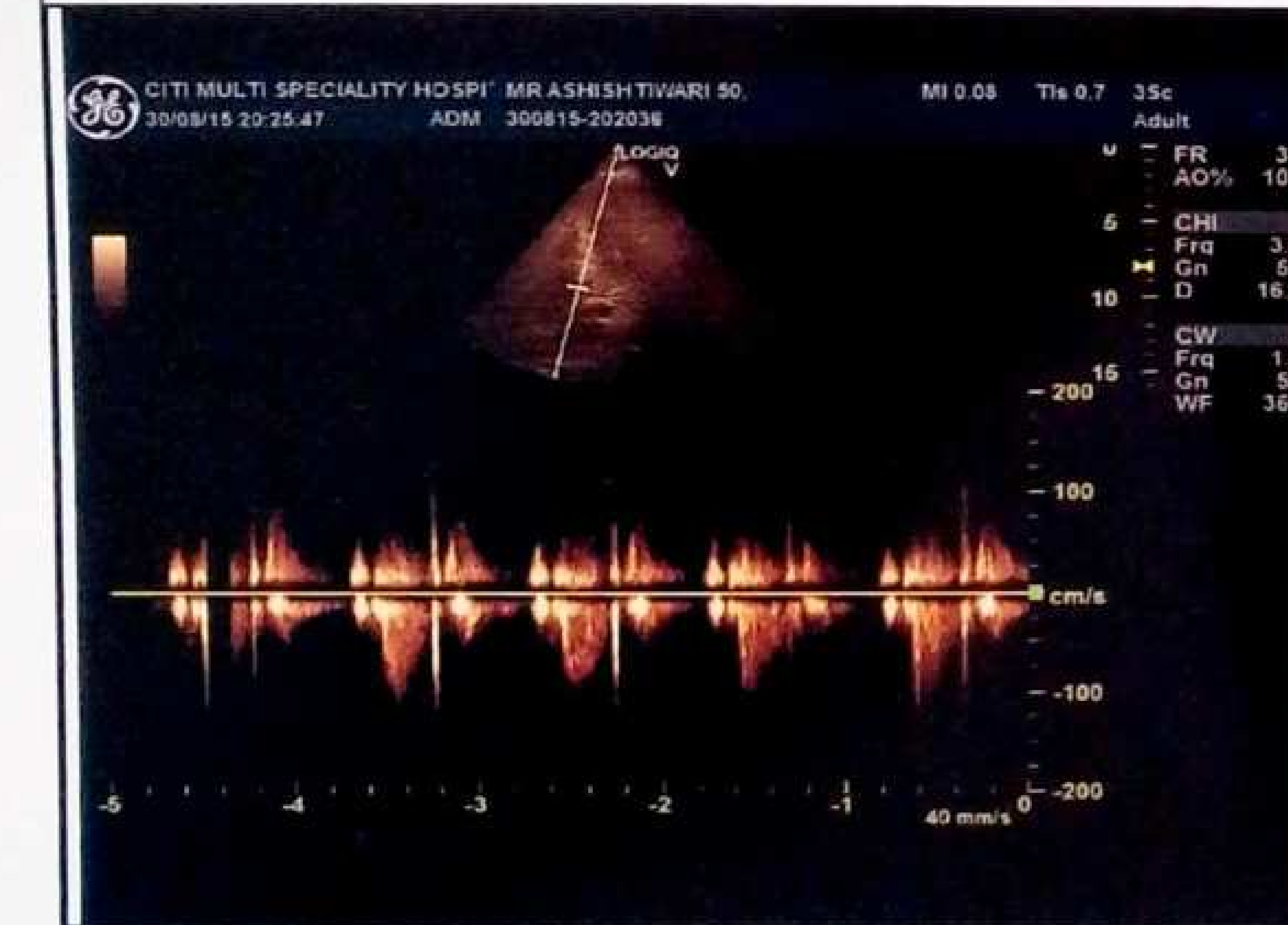
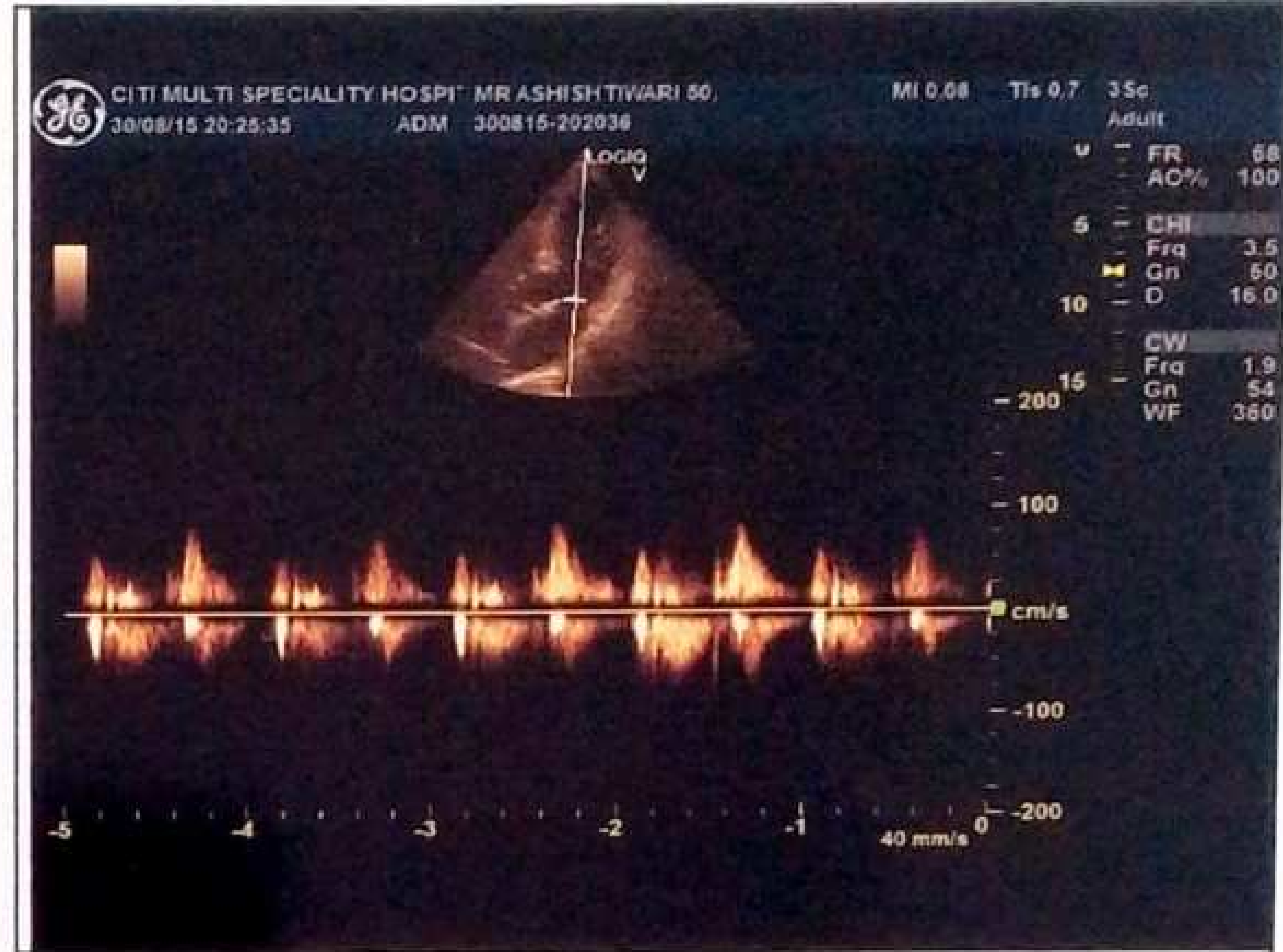
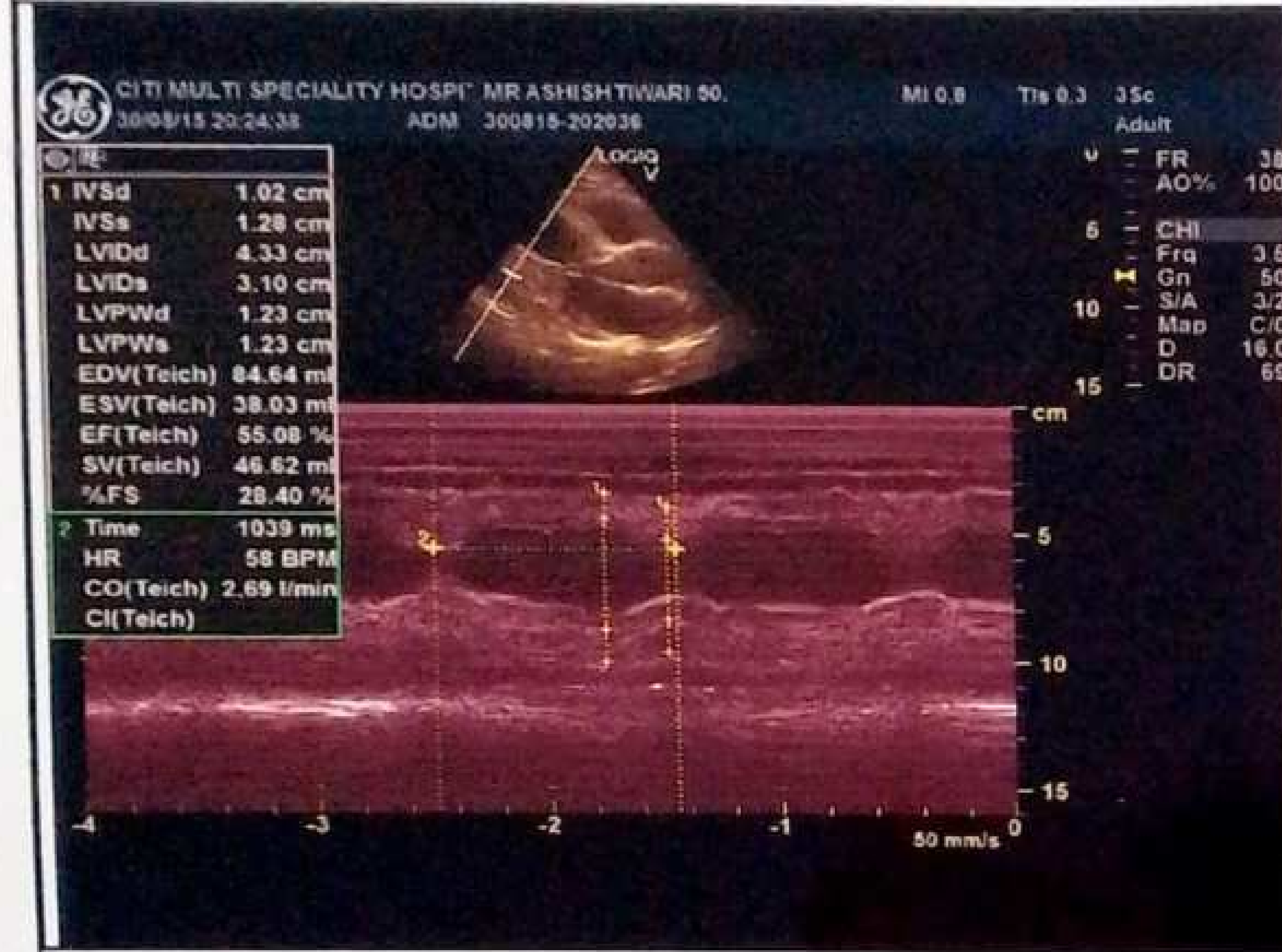
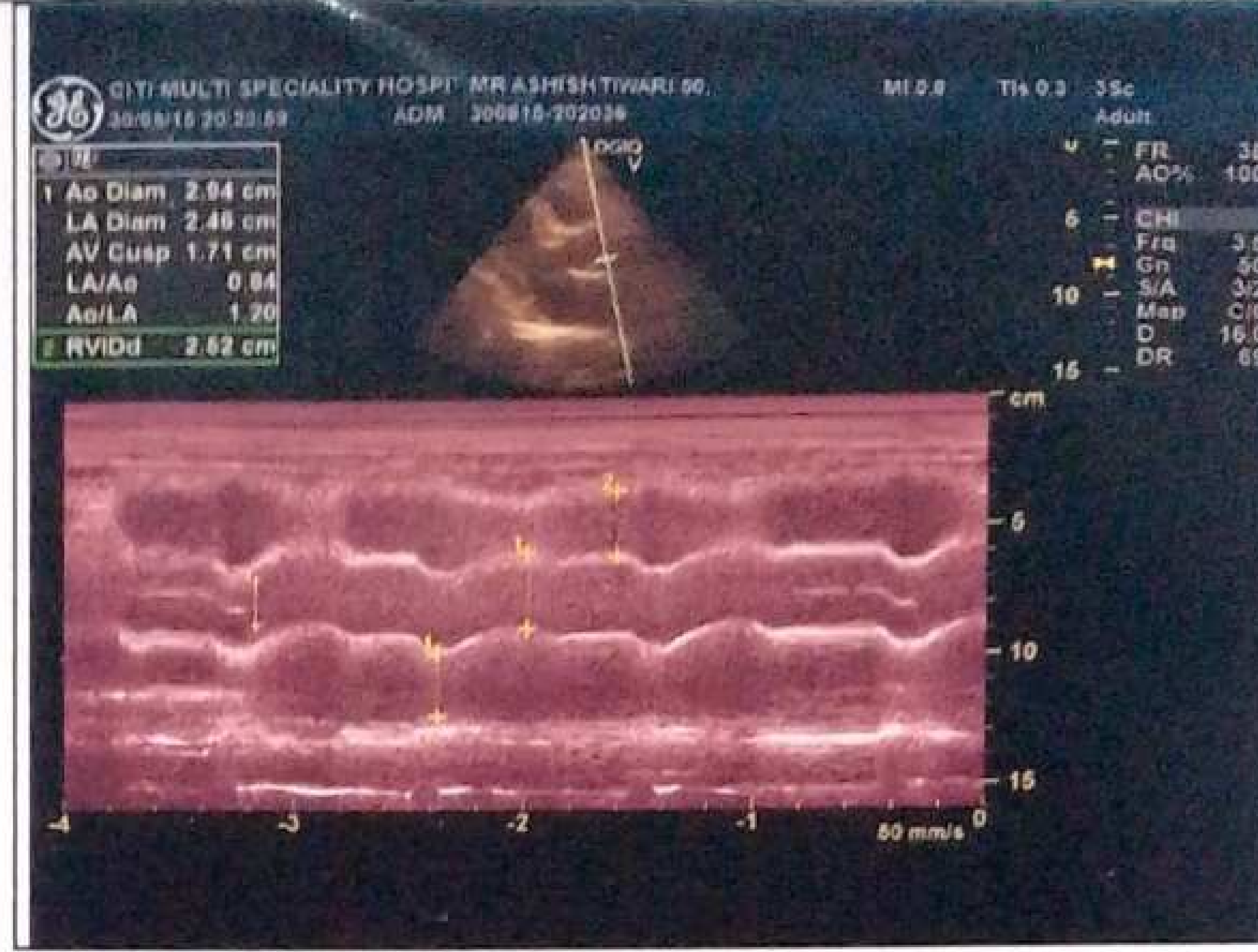
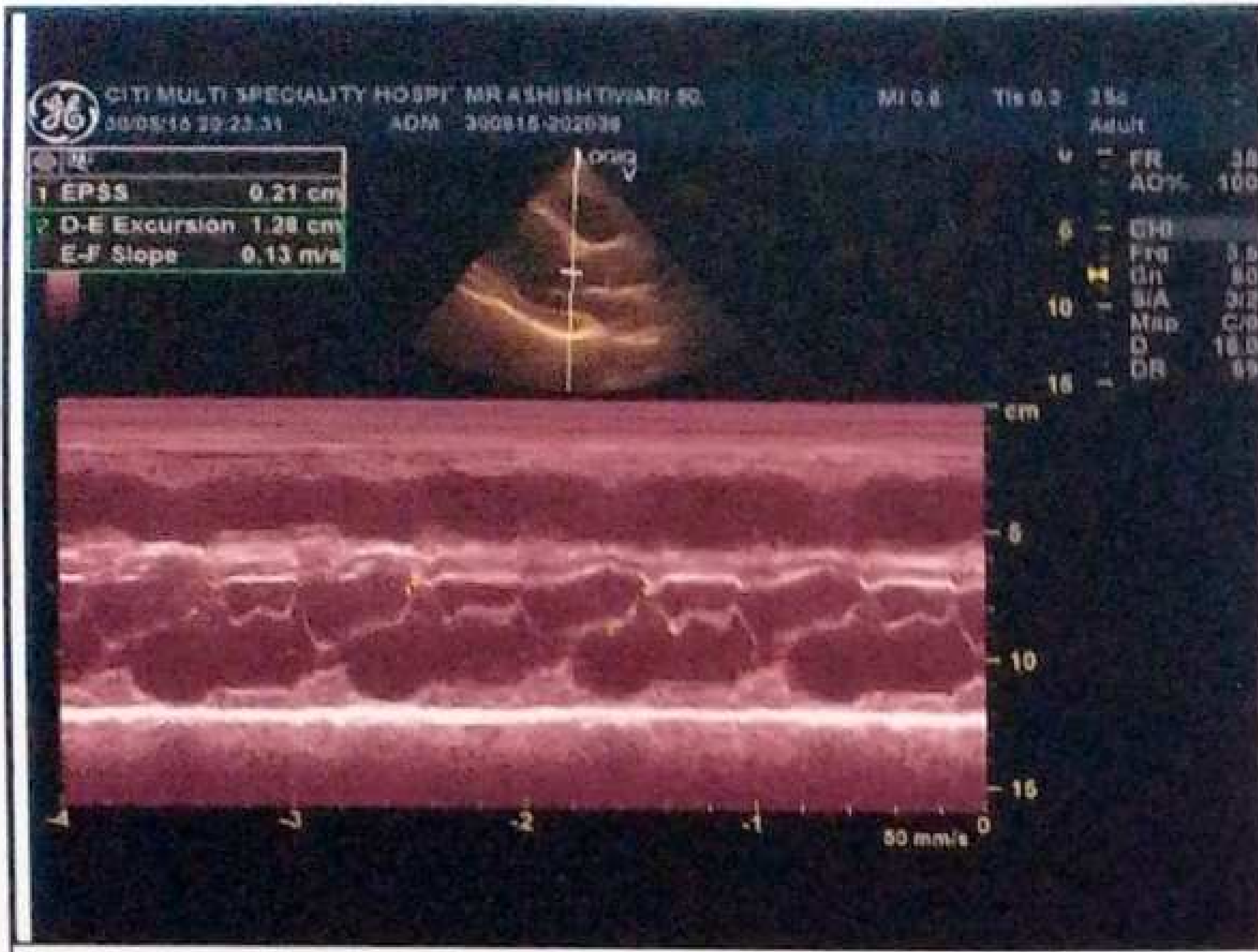
Operator: ADM

**M-MODE & PW**

D-E Excursion	1.28 cm
E-F Slope	0.13 m/s
EPSS	0.21 cm
Ao Diam	2.94 cm
LA Diam	2.46 cm
AV Cusp	1.71 cm
LA/Ao	0.84
Ao/LA	1.20
RVIDd	2.52 cm
IVSd	1.02 cm
LVIDd	4.33 cm
LVPWd	1.23 cm
IVSs	1.28 cm
LVIDs	3.10 cm
LVPWs	1.23 cm
EDV(Teich)	84.64 ml
ESV(Teich)	38.03 ml
EF(Teich)	55.08 %
%FS	28.40 %
SV(Teich)	46.62 ml
Time	1039 ms
HR	58 BPM
CO(Teich)	0.00 l/min

Print Date: 8/30/2015









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Phone No. : 0755 - 4250134  
Mobile No. : 7771008660, 8319214664, 9303135719



ASHISH-TIWARI  
50/m

27.01.2024

o/c  
no, complant  
in eye



o/c

R.E. : NAD  
L.E. : NAD

- NO, any fresh complant in both eye
- NO, watery discharge in both eye
- clear vision in both eye

CITI MULTISPECIALITY HOSPITAL  
MIG-216, Gautam Nagar,  
Govindpura, Bhopal (M.P.)  
Ph.: 0755-4250134, 4272669

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank  
Food Corporation of India, Ayushman Bharat





# CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)  
Phone No. : 0755 - 4250134  
Mobile No. : 7771008660, 8319214664, 9303135719



Patient- Name:	MR. ASHISH TIWARI	Age/Sex:	50 Y/M
Referred. By:	INS	Date:	27.01.2024

## X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angels Appear Clear.
- Both The Domes Of Diaphragm Appear normal in shape and position.
- Visualized bony cage and soft tissue appear normal.

### IMPRESSION

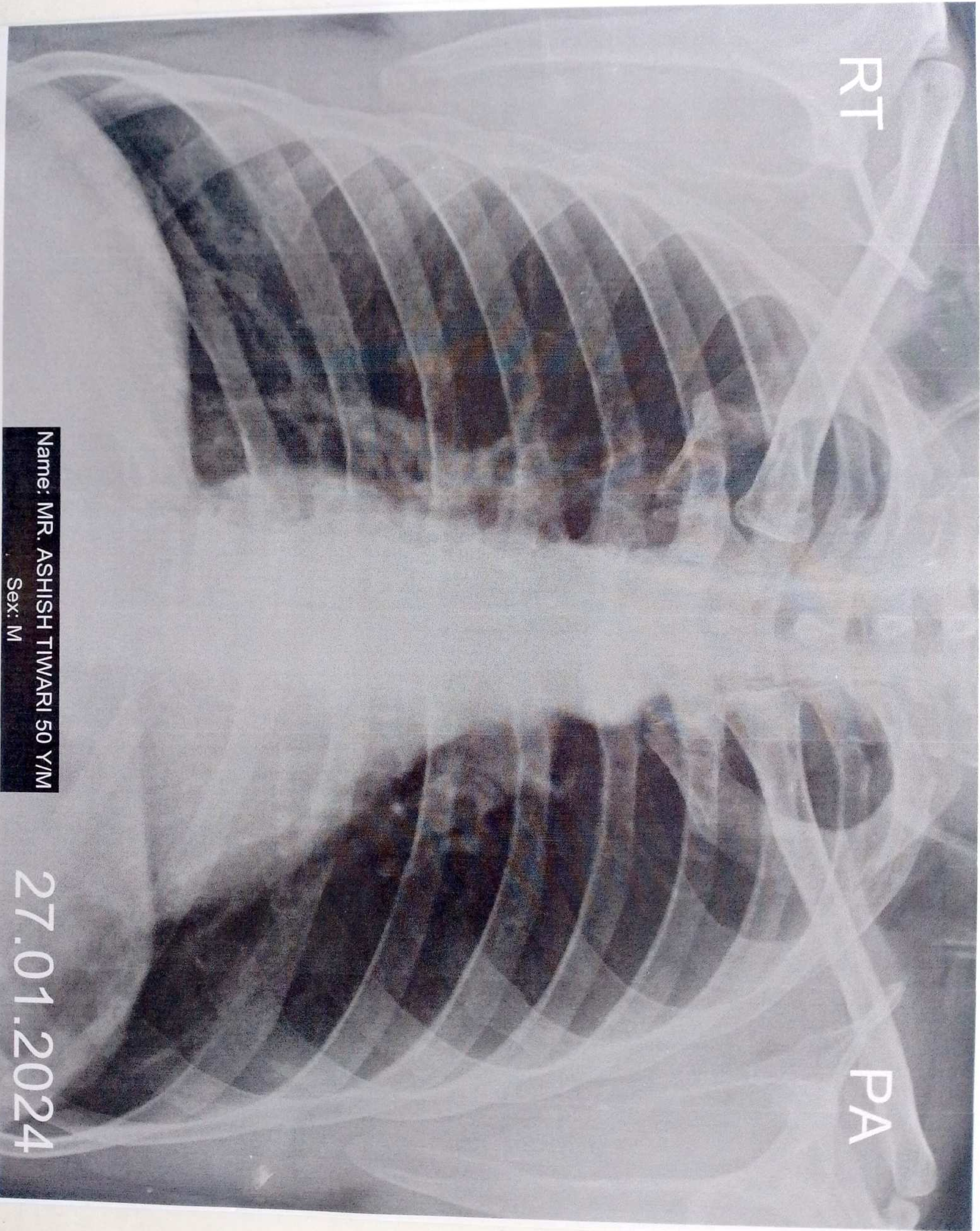
No Significant Abnormality.

Dr. SANJAY..  
CONSULTANT RADIOLOGIST



RT

PA

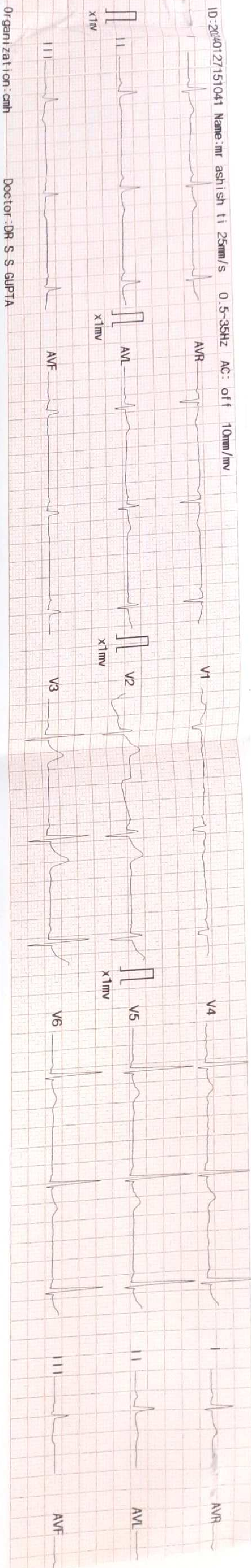


Name: MR. ASHISH TIWARI 50 Y/M  
Sex: M

27.01.2024

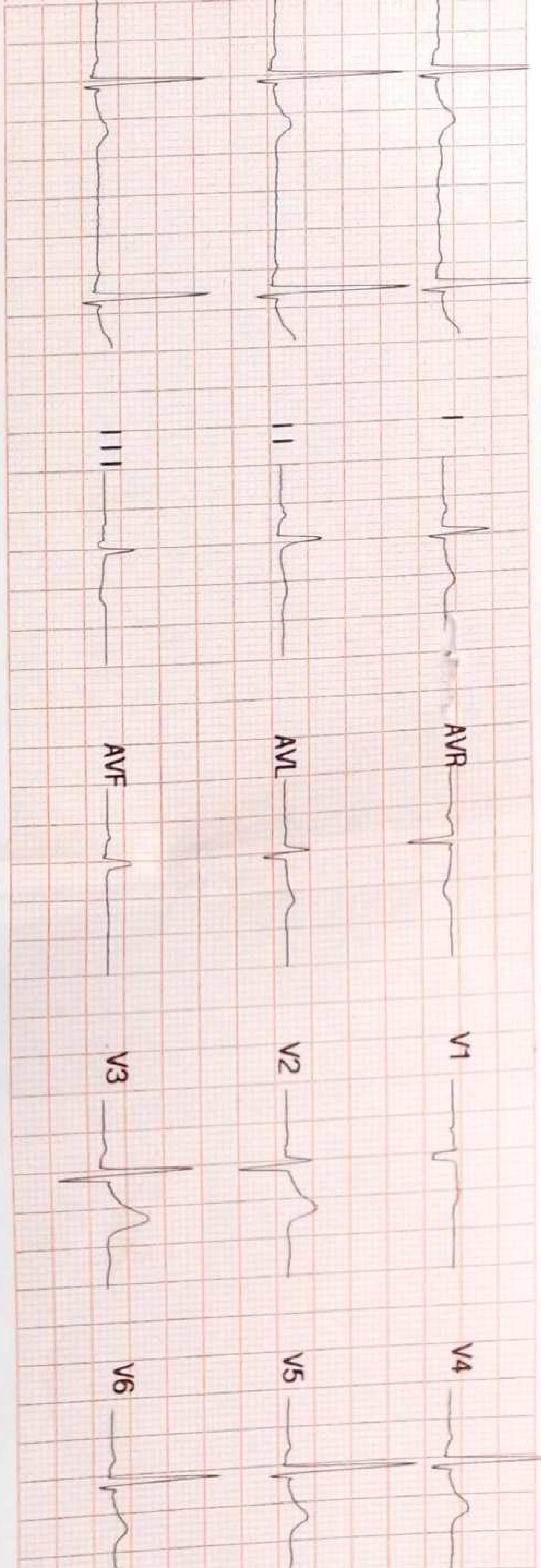


ID: 20240127151041 Name: mr ashish ti 25mm/s 0.5-35Hz AC: of t 10mm/mv



Organization: cmh Doctor: DR S S GUPTA





ID : 20240127151041  
 Name : mr ashish ti  
 Sex : Male  
 Age : 50  
 HR : 55 bpm  
 R-R : 1131 ms  
 P-R : 146 ms  
 QRS : 81 ms  
 QT/QTc : 374/358 ms  
 P/QRS/T : 35/ 52/ 17  
 RV5/SV1 : 1.664/-0.274 mV  
 RV5+SV1 : 1.390 mV  
 QTcf : 0.330

005: Sinus Bradycardia  
 175: Maybe Abnormal ECG  
 Dr. SARYASACHI GUPTA  
 (MBBS (Gold Medalist), MD (Med), RCGP (UK))  
 Reg. No. 11671  
 Reference Report Confirmed by

01-27-2024 15:11:00  
 CITT MULTISPECIALITY HOSPITAL  
 MIG-216, Gaulam Nagar,  
 Govindpura, Bhopal (M.P.)  
 Ph: 0755-4250134 4272669

27/01/2024  
 4272669

**IMMEDIATE**

**CODE RED - FIRE**  
 DETECTED AT  
 "HOSPITAL"  
 PLEASE ACTIVATE  
 EMERGENCY  
 RESPONSE TEAM

**CODE YELLOW**  
 ACTIVATE CENTRAL  
 COMMAND CENTRE

**CODE PURPLE**  
 ACTIVATE  
 IMMEDIATE

**CODE PINK**  
 ACTIVATE  
 IMMEDIATE

**CODE BLACK**  
 ACTIVATE CENTRAL  
 COMMAND CENTRE

3. Call for help
  4. Get treated
  5. ID source patient
  6. Get follow-up exam
- Complete arrival decontamination
  - Get your hepatitis
  - Report all sharp injuries to supervisor's attention
  - BRPE Program



 **GPS Map Camera**

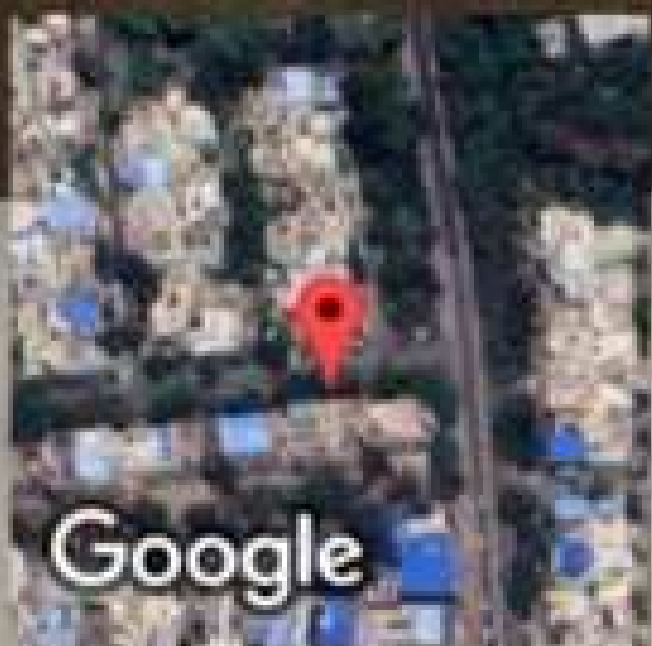
**Bhopal, Madhya Pradesh, India**

M-216, Janata Quarter Internal Rd, Gautam Nagar, Housing Board Colony,  
 Maharana Pratap Nagar, Bhopal, Madhya Pradesh 462016, India

Lat 23.235063°

Long 77.441076°

27/01/24 10:53 AM GMT +05:30



Google

**IMMEDIATELY**

**CODE RED - FIRE**  
 DETECTED AT "LOCATION"  
 PLEASE ACTIVATE  
 EMERGENCY  
 RESPONSE TEAM

**CODE YELLOW**  
 ACTIVATE CENTRAL  
 COMMAND CENTRE


**CODE PURPLE -**  
 ACTIVATE  
 IMMEDIATE

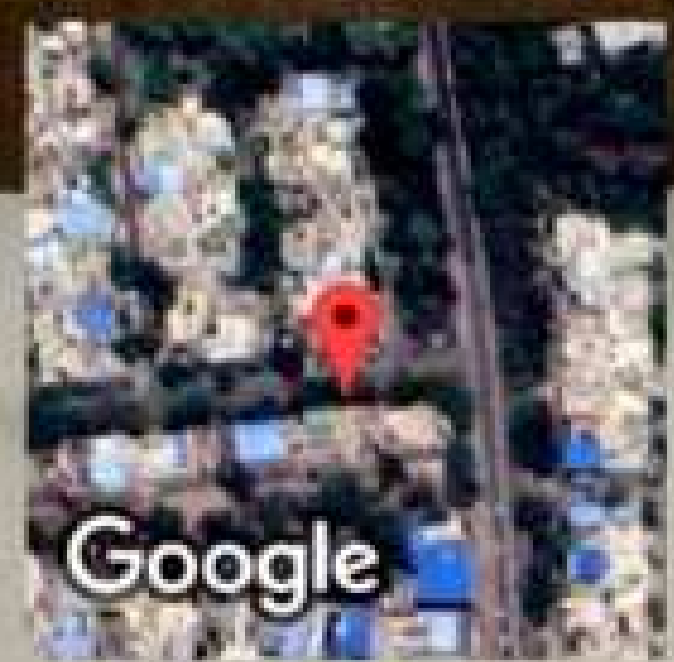
**CODE PINK -**  
 ACTIVATE  
 IMMEDIATE

**CODE BLACK -**  
 ACTIVATE CENTRAL  
 COMMAND CENTRE

1. Call for help
2. Complete annual fire training
3. Get treated
4. Get your hepatitis
5. ID source patient
6. Report all sharp wounds supervisor's from 20
7. Get follow-up exam
8. CODE PINK - ACTIVATE IMMEDIATE



 **GPS Map Camera**



**Bhopal, Madhya Pradesh, India**  
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