



Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261

CIN: U85110DL2003PLC308206



Patient Name : Mr.SARVESH KUMAR -PKG10000238 Registered On : 24/Feb/2024 09:40:29 Age/Gender Collected : 24/Feb/2024 10:06:20 : 33 Y 0 M 14 D /M UHID/MR NO : ALDP.0000089833 Received : 24/Feb/2024 10:40:20 Visit ID : ALDP0373142324 Reported : 24/Feb/2024 13:27:40

Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

CARE LTD -

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *, Blo	and			
Blood Group	В			ERYTHROCYTE
вюби бібир	Ь			MAGNETIZED
				TECHNOLOGY / TUBE
				AGGLUTINA
Rh (Anti-D)	POSITIVE	,		ERYTHROCYTE
				MAGNETIZED TECHNOLOGY / TUBE
				AGGLUTINA
0 1 2 10 10 100 1				
Complete Blood Count (OBC) * , Whole				
Haemoglobin	16.40	g/dl	1 Day- 14.5-22.5 g/dl	
			1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl	
			3-6 Mo- 9.5-13.5 g/dl	
			0.5-2 Yr- 10.5-13.5 g/dl	
			2-6 Yr- 11.5-15.5 g/dl	
			6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl	
			Male- 13.5-17.5 g/dl	
			Female- 12.0-15.5 g/dl	
TLC (WBC)	5,900.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
DLC				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	23.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	7.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	8.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils ESR	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	2.00	Mm for 1st hr.		
Corrected	2.00	Mm for 1st hr.	< 9	
PCV (HCT)	48.00	%	40-54	
Platelet count				
Platelet Count	1.75	LACS/cu mm	1.5-4.0	ELECTRONIC
	*	•		IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	-	%	35-60	ELECTRONIC IMPEDANCE









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DEPARTMENT OF HAEMATOLOGY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.40	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.92	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	97.60	fΙ	80-100	CALCULATED PARAMETER
MCH	33.40	pg	28-35	CALCULATED PARAMETER
MCHC	34.20	%	30-38	CALCULATED PARAMETER
RDW-CV	13.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	49.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,658.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	472.00	/cu mm	40-440	

Dr. Akanksha Singh (MD Pathology)









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Patient Name : Mr.SARVESH KUMAR -PKG10000238 : 24/Feb/2024 09:40:32 Registered On Age/Gender : 33 Y 0 M 14 D /M Collected : 24/Feb/2024 10:06:19 UHID/MR NO : ALDP.0000089833 Received : 24/Feb/2024 10:40:20 Visit ID : ALDP0373142324 Reported : 24/Feb/2024 12:35:34 : Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor

Status : Final Report CARE LTD -

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Un	it Bio. Ref. Interv	al Method
GLUCOSE FASTING *, Plasma				
Glucose Fasting	93.70	mg/dl	< 100 Normal 100-125 Pre-diabetes	GOD POD

≥ 126 Diabetes

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEM OGLOBIN (HBA1C) *, EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	4.80	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	29.30	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	92	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level









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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- c. Alcohol toxicity d. Lead toxicity
- *Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- *Pregnancy d. chronic renal failure. Interfering Factors:
- *Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) * Sample:Serum	8.73	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	1.10	mg/dl	0.6-1.30	MODIFIED JAFFES
Uric Acid * Sample:Serum	4.34	mg/dl	3.4-7.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	22.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	33.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	23.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	5.90	gm/dl	6.2-8.0	BIURET
Albumin	4.00	gm/dl	3.4-5.4	B.C.G.
Globulin	1.90	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	2.11		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	122.20	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.80	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.50	mg/dl	< 0.8	JENDRASSIK & GROF







^{*}High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





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: ALDP0373142324

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: 24/Feb/2024 12:35:34

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	U	nit Bio. Ref. Int	erval Method
LIPID PROFILE (MINI) * , Serum				
	402.00		200 5 1 1	CUOD DAD
Cholesterol (Total)	183.00	mg/dl	<200 Desirable 200-239 Borderline > 240 High	CHOD-PAP High
HDL Cholesterol (Good Cholesterol)	60.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	105	mg/dl	< 100 Optimal 100-129 Nr.	CALCULATED
			Optimal/Above Opt	imal
			130-159 Borderline	High
			160-189 High > 190 Very High	
VLDL	17.56	mg/dl	10-33	CALCULATED
Triglycerides	87.80	mg/dl	< 150 Normal 150-199 Borderline I 200-499 High >500 Very High	GPO-PAP High

AS_

Dr. Akanksha Singh (MD Pathology)







Result



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Patient Name : Mr.SARVESH KUMAR -PKG10000238

Registered On

Unit

: 24/Feb/2024 09:40:31

Age/Gender UHID/MR NO : 33 Y 0 M 14 D /M : ALDP.0000089833 Collected Received : 24/Feb/2024 14:36:18 : 24/Feb/2024 15:18:35

Visit ID

: ALDP0373142324

Reported

: 24/Feb/2024 17:03:23

Method

Ref Doctor

Test Name

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

Bio. Ref. Interval

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Tool Hairio	r localit	Orne	Bio. i Bi. iiitoi vai	etiied
JRINE EXAMINATION, ROUTINE * , ι	Jrine			
Color	CLEAR			
Specific Gravity	1.010			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	ADCENT	0,4	> 500 (++++)	DIRECTION
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++)	DIPSTICK
			1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT		The state of the s	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	1-2/h.p.f			MICROSCOPIC
7	<i>,</i> p.:			EXAMINATION
Pus cells	ABSENT			
RBCs	1-2/h.p.f			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuged	urine sediment.			
15				
SUGAR, FASTING STAGE*, Urine				
		2,4		





Sugar, Fasting stage



ABSENT

gms%



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CARE LTD -

Reported

: 24/Feb/2024 17:03:23

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH

Status

: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Interpretation:

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2



Dr. Akanksha Singh (MD Pathology)

Page 7 of 10







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Ref Doctor : Dr. MEDIWHEEL-ARCOFEMI HEALTH Status : Final Report

DEPARTMENT OF IMMUNOLOGY

M EDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL*, Serum				
T3, Total (tri-iodothyronine)	140.00	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.900	μlU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 $\mu IU/n$	nL First Trimes	ter
		0.5-4.6 μIU/n	nL Second Trim	nester
		0.8-5.2 µIU/m	nL Third Trimes	ster
		0.5-8.9 µIU/n	nL Adults	55-87 Years
		0.7-27 $\mu IU/n$	nL Premature	28-36 Week
		2.3-13.2 μIU/m	nL Cord Blood	> 37Week
		0.7-64 μIU/m	nL Child(21 wk	- 20 Yrs.)
		1-39 μΙU	mL Child	0-4 Days
		1.7-9.1 μIU/n	nL Child	2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- **4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- **5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6)** In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8)** Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Dr. Akanksha Singh (MD Pathology)

Page 8 of 10







Age/Gender

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: 33 Y 0 M 14 D /M

Collected : ALDP.0000089833 Received

UHID/MR NO Visit ID : ALDP0373142324

Reported

: 24/Feb/2024 15:36:28

: 24/Feb/2024 09:40:34

: Dr. MEDIWHEEL-ARCOFEMI HEALTH Ref Doctor CARE LTD -

Status

: Final Report

: N/A

: N/A

DEPARTMENT OF X-RAY

Registered On

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

X-RAY DIGITAL CHEST PA *

X-RAY REPORT (300 mA COMPUTERISED UNIT SPOT FILM DEVICE) **CHEST P-A VIEW**

- Hilar and bronchovascular markings prominent.
- Both lung field did not reveal any significant lesion.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

Please correlare clinically.

DR K N SINGH (MBBS, DMRE)









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Patient Name : Mr.SARVESH KUMAR -PKG10000238

Registered On

Collected : N/A

Age/Gender UHID/MR NO : 33 Y 0 M 14 D /M : ALDP.0000089833 : N/A

Visit ID

: ALDP0373142324

Received Reported

: 24/Feb/2024 10:57:07

: 24/Feb/2024 09:40:34

Ref Doctor

: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -

Status

: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER: - Normal in size (13.2 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER: Well distended, walls are normal. No e/o calculus / focal mass lesion/pericholecystic fluid.

CBD:- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size, shape and echogenicity.

RIGHT KIDNEY: - Normal in size (10.7 cm), shape and echogenicity. Few tiny concretions are seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (10.1 cm), shape and echogenicity. Few tiny concretions are seen. Pelvicalyceal system is not dilated.

URINARY BLADDER: Normal in shape, outline and distension. No e/o wall thickening / calculus.

PROSTATE: Normal in size (3.2 x 3.7 x 2.9 cm vol - 19.2 cc), shape and echo pattern.

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION: Bilateral renal tiny concretions.

Please correlate clinically

End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

EXAMINATION, GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing 365 Days Open *Facilities Available at Select Location







Chandan Diagnostic

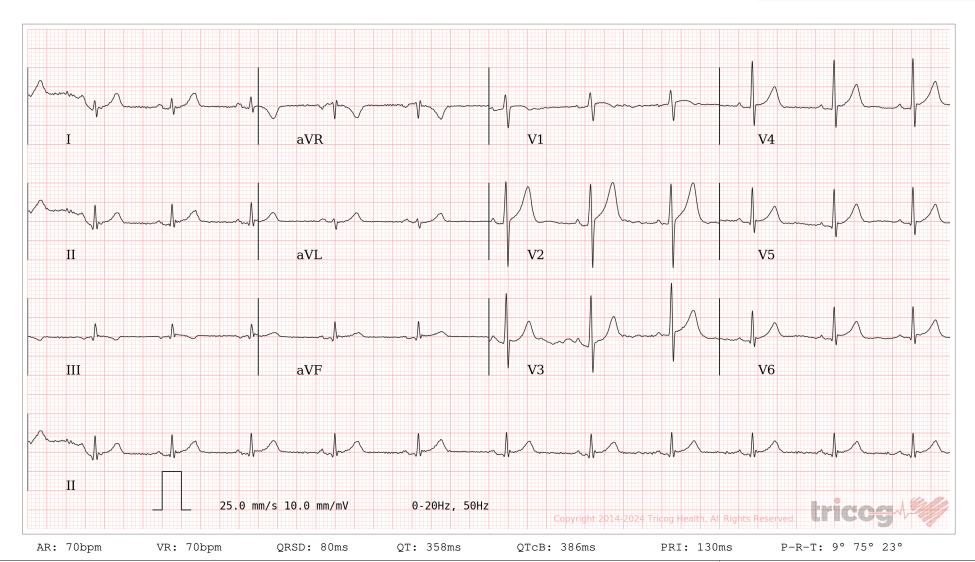


Age / Gender: 33/Male

Date and Time: 24th Feb 24 12:09 PM

Patient ID: ALDP0373142324

Patient Name: Mr.SARVESH KUMAR -PKG10000238



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Came B

Dr. Charit MD, DM: Cardiology

harit Dr Cardiology

63382

KMC 122015

REPORTED BY

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



प्रति.

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

7	
	कर्मचारी विवरण
नाम	MR. KUMAR SARVESH
क.कू.संख्या	116897
पदनाम	REGIONAL MERCHANT MANAGER
कार्य का स्थान	PRAYAGRA,RO PRAYAGRAJ-II
जन्म की तारीख	10-02-1991
म्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024
वृकिंग संदर्भ सं.	23M116897100092680E
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यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रित के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 21-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवाइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय.

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)