

MEDICAL EXAMINATION REPORT

Name: - Mr. RIYAZ AHMED Age/Sex: 36Y/M DOB: 02.02.1988

ADDRESS: 7/2-AJEET GANJ COLONY, TRANSPORT NAGAR – KANPUR – 208023

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 - 120/70 mmhg

PR: 65 bpm

WEIGHT: 81 Kg

RR: 18 pm

Height: 176 cm

BMI: 26.1 kg/m²

Spo2: 98%

Place: - Kanpur

Date: - 09.03.2024

Signature
Dr. Ashish Menotra
(M.D. Internal Medicine)
UPMC72562

Name of Doctor:

65 bpm
--/-- mmHg

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

09.03.2024 11:25:25

GE Healthcare REF 1019728LSI

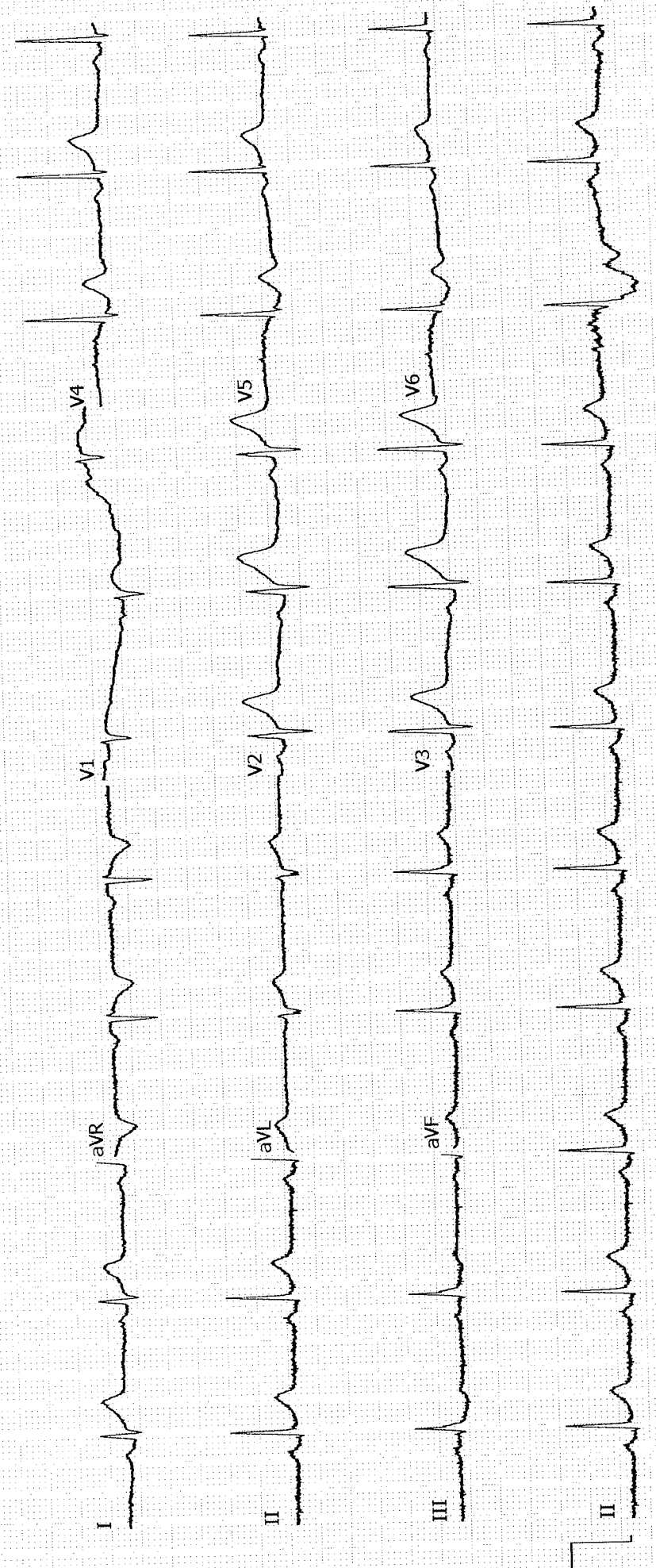
GE MAC2000 1.1

125L™ v241

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

MR R. ALMED
MI 1782W
MD. S. ILYG

QRS : 70 ms
QT / QTcBaz : 358 / 372 ms
PR : 164 ms
P : 102 ms
RR / PP : 926 / 923 ms
P / QRS / T : 49 / 74 / 34 degrees



Unconfirmed

ADS 0.56-150 Hz 50 Hz

25 mm/s 10 mm/mV

4x2.5x3.25_R1

1/1

Patient Name : Mr. RIYAZ AHMED
UHID : SKAN.0000133756
Reported on : 09-03-2024 10:54
Adm/Consult Doctor :
Age : 36 Y M
OP Visit No : SKANOPV163472
Printed on : 09-03-2024 10:55
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA


Both lung fields and hila are normal .
No 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 10:54

---End of the Report---


Dr. DUSHYANT KUMAR VARSHNEY
MD, DNB
Radiology



(Please correlate clinically)

Kindly Note

- ☆ 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 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.

MR. RIYAZ AHMAD - 36/17/11.

Vu { R.E. 0.75 sph 6/c
L.E. 1.50 sph 6/c

(Distant)

No { N/c
M/c

Colour Vision → WMC

Rx
no further intervention

डा. सोनिया दमले
एमबीबीएस, डीएनओवी
राज्य निरिक्षण नं० 4484

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. RIYAZ AHMED	Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756	OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 11:08	Reported on : 09-03-2024 15:50
LRN# : LAB13385744	Specimen : Blood(EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4094	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	13.6	13 - 17	g/dL
RBC Count Method: Electrical Impedance	4.92	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	41.0	40 - 50	%
MCV Method: Calculated	83.3	83 - 101	fl
MCH Method: Calculated	27.6	27 - 32	pg
MCHC Method: Calculated	33.2	31.5 - 34.5	g/dl
RDW	13.7	11.6 - 14	%
Platelet Count Method: Electrical Impedance	1.50	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	6000	4000 - 11000	cells/cumm



Results are to be correlated clinically

S. Tindar Singh

NOTE: All pathological test have technical limitations which may sometimes 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.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH
 MD
 Pathology
 14/138, Chunniganj, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 ♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

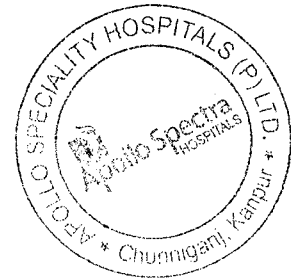
Patient Name : Mr. RIYAZ AHMED	Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756	OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 11:08	Reported on : 09-03-2024 15:50
LRN# : LAB13385744	Specimen : Blood(EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4094	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)

Neutrophils	67	40 - 80	%
Lymphocytes	30	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	01	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	12	0 - 14	mm/hr

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD GROUP ABO AND RH FACTOR			
ABO Method: Microplate Hemagglutination	A		
Rh (D) Type: Method: Microplate Hemagglutination	POSITIVE		

End of the report



Results are to be correlated clinically

Lab Technician / Technologist
KAN_EHPL001

NOTE : All pathological test have technical limitations which may at times 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.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH
MD
14/138, Chunniganj, Kanpur - 208001
Pathology Ph. 0512-2555991, 2555992
Email : excelhospitals@gmail.com
♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. RIYAZ AHMED Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756 OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 11:08 Reported on : 09-03-2024 15:51
LRN# : LAB13385744 Specimen : Blood(EDTA)
Ref Doctor : SELF Adm/Consult Doctor :
Emp/Auth/TPA ID : UBOIE4094
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 : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically

End of the report



Results are to be correlated clinically

Lab Technician / Technologist

NOTE: All pathological test have technical limitations which may at times 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.

Dr. SATINDER SINGH
Excel Hospitals (P) Ltd.

MD
14/138, Chunniganj, Kanpur - 208001
Pathology Ph. 0512-2555991, 2555992
Email : excelhospitals@gmail.com
♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. RIYAZ AHMED	Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756	OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 11:08	Reported on : 09-03-2024 16:08
LRN# : LAB13385744	Specimen : Plasma(Flouride)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4094	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE, FASTING			
FASTING SUGAR Method: GOD-PAP	89	70 - 110	mg/dl
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) Method: Glucose Oxidase-Peroxidase	107	70 - 140	mg/dl
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	0.8	0.7 - 1.3	mg/dl
URIC ACID - SERUM Method: Modified Uricase	5.6	3.5 - 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	19	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	9.6	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	8.86*	9-20	mg/dl
PHOSPOHORUS	3.3	2.5 - 4.5	mg/dl



Results are to be correlated clinically



Lab Technician / Technologist
NOTE: All pathological test have technical limitations which may at times 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.

Excel Hospitals (P) Ltd.

Dr. SATINDER SINGH
MD
14/138, Chunniganj, Kanpur - 208001
Ph. 0512-2555991, 2555992
Email : excelhospitals@gmail.com
❖ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. RIYAZ AHMED **Age / Gender** : 36Y/Male
UHID/MR No. : SKAN.0000133756 **OP Visit No** : SKANOPV163472
Sample Collected on : 09-03-2024 11:08 **Reported on** : 09-03-2024 16:08
LRN# : LAB13385744 **Specimen** : Plasma(Flouride)
Ref Doctor : SELF
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY
 STANDARD PLUS MALE - PAN INDIA - FY2324
Emp/Auth/TPA ID : UBOIE4094 **Adm/Consult Doctor** :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Method: Phosphomolybdate -UV

ELECTROLYTES (Na) 130* 135 - 145 meq/L

Method: ISE-Direct

ELECTROLYTES (K) 4.1 3.5 - 5.1 meq/L

Method: ISE-Direct

GAMMA GLUTAMYL TRANFERASE (GGT)

GAMMA GT 31 < 55 U/L

Method: Kinetic Photometric

LIVER FUNCTION TEST (LFT)

BILIRUBIN TOTAL 0.75 0.2 - 1.3 mg/dL

Method: Azobilirubin/dyphylline

BILIRUBIN (DIRECT) 0.36 Adults: 0.0 - 0.3 mg/dL

Method: Dual Wavelength Spectrophotometric

BILIRUBIN UNCONJUGATED(INDIRECT) 0.39 Neonates: 0.0 - 0.6 mg/dL

Method: Dual Wavelength Spectrophotometric

ALBUMIN 4.3 3.0 - 5.0 g/dL

Method: Bromocresol Green dye binding

PROTEIN TOTAL 7.2 6.0 - 8.2 g/dL

Method: Biuret Reaction

AST (SGOT) 24 14 - 36 U/L

Method: Kinetic (Leuco dye) with P 5 P

GLOBULINN 2.9 2.8 - 4.5 g/dL

Method: Calculation



Results are to be correlated clinically



Lab Technician / Technologist
NOTE : All pathological test have technical limitations which may at times 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.

Excel Hospitals (P) Ltd.

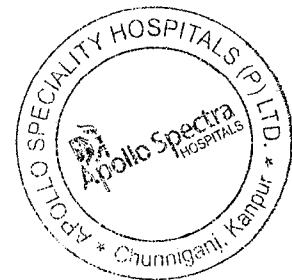
Dr. SATINDER SINGH
 MD
 Pathology
 14/138, Chunniganj, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 ♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

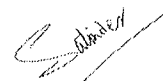
Patient Name : Mr. RIYAZ AHMED	Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756	OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 11:08	Reported on : 09-03-2024 16:08
LRN# : LAB13385744	Specimen : Plasma(Flouride)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4094	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

ALT(SGPT)	65*	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL	165	<200 - Desirable 200-239 - Borderline High >=240 - High	mg/dL
Method: CHOD-End Point POD (Enzymatic)			
HDL	59	<40 - Low >=60 - High	mg/dL
Method: Direct Measure PEG			
LDL	86.6	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
Method: Calculation Friedewald's Formula			
TRIGLYCERIDES	97	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dl
Method: Enzymatic GPO/POD/End Point		Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	
VLDL	19.4	10-40	mg/dL
Method: Calculated			

End of the report



Results are to be correlated clinically



Excel Hospitals (P) Ltd.

NOTE: All pathological test have technical limitations which may sometimes 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.

Dr. SATINDER SINGH
 MD
 Pathology
 14/138, Chunniganj, Kanpur - 208001
 Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 ♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. RIYAZ AHMED	Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756	OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 11:08	Reported on : 09-03-2024 15:51
LRN# : LAB13385744	Specimen : Blood(bio/EDTA)
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4094	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HbA1c, GLYCATED HEMOGLOBIN			
HbA1c, GLYCATED HEMOGLOBIN Method:HPLC	5.2	<=5.6:Non-Diabetic 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 test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	102.54		mg/dL

End of the report



Results are to be correlated clinically



Lab Technician / Technologist
NOTE: All pathological test have technical limitations which may sometimes 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.

Excel Hospitals (P) Ltd.

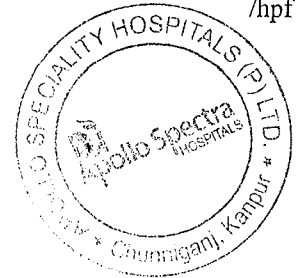
MD
 14/138, Chunniganj, Kanpur - 208001
 Pathology Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 ♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. RIYAZ AHMED	Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756	OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 13:34	Reported on : 09-03-2024 18:41
LRN# : LAB13385744	Specimen : Urine
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4094	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Straw	Pale Yellow	
Specific Gravity Method: Indicator Method	1.005	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	7.0 (Neutral)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	Occasional	2-3	/hpf



Results are to be correlated clinically

(Signature)

Lab Technician / Technologist
NOTE : All pathological test have technical limitations which may at times 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.

Excel Hospitals (P) Ltd.

MD
 14/138, Chunniganj, Kanpur - 208001
 Pathology Ph. 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 ♦ Emergency No. 9935577550

DEPARTMENT OF LABORATORY SERVICES

Patient Name : Mr. RIYAZ AHMED	Age / Gender : 36Y/Male
UHID/MR No. : SKAN.0000133756	OP Visit No : SKANOPV163472
Sample Collected on : 09-03-2024 13:34	Reported on : 09-03-2024 18:41
LRN# : LAB13385744	Specimen : Urine
Ref Doctor : SELF	
Package Name : ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
Emp/Auth/TPA ID : UBOIE4094	Adm/Consult Doctor :
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

End of the report



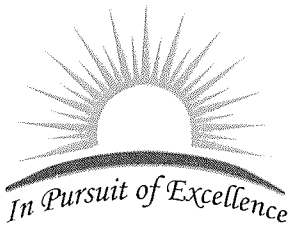
Results are to be correlated clinically

S. Singh

Excel Hospitals (P) Ltd.

NOTE: All pathological tests are subject to technical limitations which may sometimes 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.

MD. S. S. SINGH
 14/138, Chunniganj, Kanpur - 208001
 Pathology 0512-2555991, 2555992
 Email : excelhospitals@gmail.com
 ♦ Emergency No. 9935577550



SONI DIAGNOSTICS

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

Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

Patient Name : MR. RIYAZ AHMAD

Age / Gender : 36 years / Male

Patient ID : 46528

Source : Excel Hospital

Referral : SELF

Collection Time : 09/03/2024, 03:05 p.m.

Reporting Time : 09/03/2024, 08:23 p.m.

Sample ID :



240690043

Test Description	Value(s)	Reference Range	Unit(s)
------------------	----------	-----------------	---------

T3, T4, TSH

SAMPLE TYPE : SERUM

T3 Method : CLIA	1.07	0.79 - 1.58	ng/mL
T4 Method : CLIA	8.62	5.2-12.7	µg/dL
TSH Method : CLIA	2.17	0.3-4.5	µIU/mL

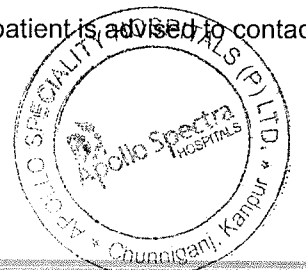
Interpretation

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
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 is advised to contact the lab immediately for a recheck.

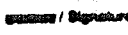

Dr. S.S.Soni
M.D. (PATHOLOGY)

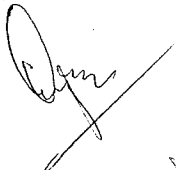


All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.

यूनियन बैंक Union Bank of India
 चैतन्य योजना


नाम : रविश कुमार
पता : रविश कुमार
कर्मचारी क्र / Employee No.: 721175
जन्म तिथि / Birth Date: 08-03-1988
रक्त समूह / Blood Group: A++

हस्ताक्षर / Signature

जारी करने का स्थान
Place of issue : Regional Office, Agra
जारी करने की तिथि
Date of issue : 20-12-2021
अधिकारी (जारी करने वाला) / Issuing Authority



 Submitted for
 Health
 Checkup.

**यदि किसी को यह सूचना का पता चले तो कृपया
 सूचना देकर सूचना देना**

**यदि किसी को सूचना देना
 सूचना देना सूचना देना
 सूचना देना सूचना देना
 सूचना देना सूचना देना
 सूचना देना सूचना देना**

**If found, please return to
 Union Bank of India
 Regional office
 1st Bar 12, B.L.R. Road,
 Opp. D.M. Compound
 Agra-202001 (U.P.)
 Phone: 0562-2291203**

GV Printers Id solutions #79067 87034

