

MEDITRUST

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bad,	REFRENCE NO.	
000	DATE EXAMINED	
806	DATE EXPIRY	

LAB SR NO



EMAIL:- info@meditrust.in, meditrustimagine@gmail.com

					DATE II	NFOR	MATION				
FULL NAME				AGE			GENDER				
HEIGHT		WEIGHT	ІТ				MARITAL STATUS				
DATE OF BIRTH		NATIONAL	.ITY				PASSPORT NO				
DATE OF ISSUE		PLACE OF I	ISSUE				POST APPLIED FOR				
	REPORT										
MEDICAL EXAMINATION				LABORATORY INVESTIGATION							
TYPE OF EXAMINATION			RESULT	S	TYPE OF LAB INVESTIGATION			RESULTS			
EYES					URINE						
Vision Right Eye						Suga	ar				
Other Right Eye				Albı		Albumin					
Vision Left Eye			Bilh		Bilha	Bilharziasis					
Other Left Eye						Othe	ers				
EAR						BLO	OD				
Right Ear						Haeı	moglobin				
Left Ear			Malar		aria Film						
SYSTEMATIC EXAM				Blood Group							
Blood Pressure				Micro Filaria							
Heart						Othe	ers				
Lungs						STO	OL				
Abdomen				Heli		ninths					
VENEREAL DISEASES (CLINICAL)					Bilharziasis						
VDRL						Salm	nonella/Shigella				
TPHA						V. Cl	nolera:				
CHEST X-RAY						Othe	ers				
PREGNANCY						SER	OLOGY				
<u>REMARKS</u>						HIV	/				
						HB:					
							ti HCV				
						L.F.					
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							eatinine				
						I —	od Sugar				
						K.F	. I				

NOTE:- It should be clearly understand that "MediTrust" is conducting medical examination only and in no way linked to any agency or responsible for placement of any job within INDIA or ABROAD or directing candidates to any client or their repatriation for any reason whatsoever.