

MEDITRUST

ADDRESS: 27-B, Basement No. 2, Khizrabad, Near N.F.C, N.D.-25, India

MOBILE:- +919310337701, +919773547806 WEBSITE:- www.meditrust.in

LAB SR NO	
REFRENCE NO.	
DATE EXAMINED	
DATE EXPIRY	



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

			CANDI	DATE INFO	RMATION			
FULL NAME			AGE		GENDER			
HEIGHT		WEIGHT	<u> </u>		MARITAL STATUS			
DATE OF BIRTH		NATIONALITY			PASSPORT NO			
DATE OF ISSUE		PLACE OF ISSUE			POST APPLIED FOR			
				REPORT	•			
MEDICAL EXAMINATION				LABORATORY INVESTIGATION				
		RESULTS	S	TYPE OF LAB INVESTIGATION		RESULTS		
EYES			UR	URINE				
Vision Right Eye				Sug	gar			
Other Right Eye				Alb	Albumin			
Vision Left Eye				Bill	Bilharziasis			
Other Left Eye				Oth	Others			
EAR	AR			BL	BLOOD			
Right Ear			На	Haemoglobin				
Left Ear			Ma	Malaria Film				
SYSTEMATIC E	XAM			Blo	od Group			
Blood Pressure	Blood Pressure			Mi	Micro Filaria			
Heart			Oth	Others				
Lungs			ST	STOOL				
Abdomen				Helminths				
VENEREAL DISEASES (CLINICAL)			Bill	Bilharziasis				
VDRL			Sal	Salmonella/Shigella				
ТРНА			V. (V. Cholera:				
CHEST X-RAY			СО	COVID				
PREGNANCY			SE	SEROLOGY				
REMARKS			Н	IV				
					BsAg			
				Anti HCV				
			L.	F.T.				
			U	Urea				
				C	reatinine			
			В	Blood Sugar				

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.

K.F.T