

MEDITRUST

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LAB SR NO	
REFRENCE NO.	
DATE EXAMINED	
DATE EXPIRY	



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

				CANDI	DATE IN	IFORMATION				
FULL NAME			AGE			GENDER				
HEIGHT		WEIGHT				MARITAL STATUS				
DATE OF BIRTH		NATIONAL	TIONALITY			PASSPORT NO				
DATE OF ISSUE		PLACE OF	SSUE	:		POST APPLIED FOR		-		
REPORT										
MEDICAL EXAMINATION					LABORATORY INVESTIGATION					
			RESULT	S	TYPE OF LAB INV	RESULTS				
EYES						URINE				
Vision Right Eye	ight Eye			Sugar						
Other Right Eye				Albumin						
Vision Left Eye					Bilharziasis					
Other Left Eye				Others						
EAR				BLOOD						
Right Ear					Haemoglobin					
Left Ear					Malaria Film					
SYSTEMATIC EXAM					Blood Group					
Blood Pressure					Micro Filaria					
Heart					Others					
Lungs			STOOL							
Abdomen				Helminths						
VENEREAL DISEASES (CLINICAL)					Bilharziasis					
VDRL					Salmonella/Shigella					
ТРНА				V. Cholera:						
CHEST X-RAY					COVID					
PREGNANCY						SEROLOGY				
REMARKS				HIV						
						HBsAg				
				Anti HCV						
			L.F.T.							
			Urea							
			Creatinine							
			Blood Sugar							
				K.F.T						

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.