

# Hello!

I am Praneet Nigam

Data Scientist at Spectral Tech AI

I am: Engineer / Developer

I work on: Analytics / ML & DL / Web / Android



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linkedin.com/in/praneet460



Praneet460



@praneetnigam



MEETUP

# A hands on session on Computer Vision



Do you know?

Visual cortex occupies about 50% of Macaque brain.

More human brain devoted to vision than anything else.

Vision is really hard.

# How images store in computer?

# Human Vs Computer Vision



What we see

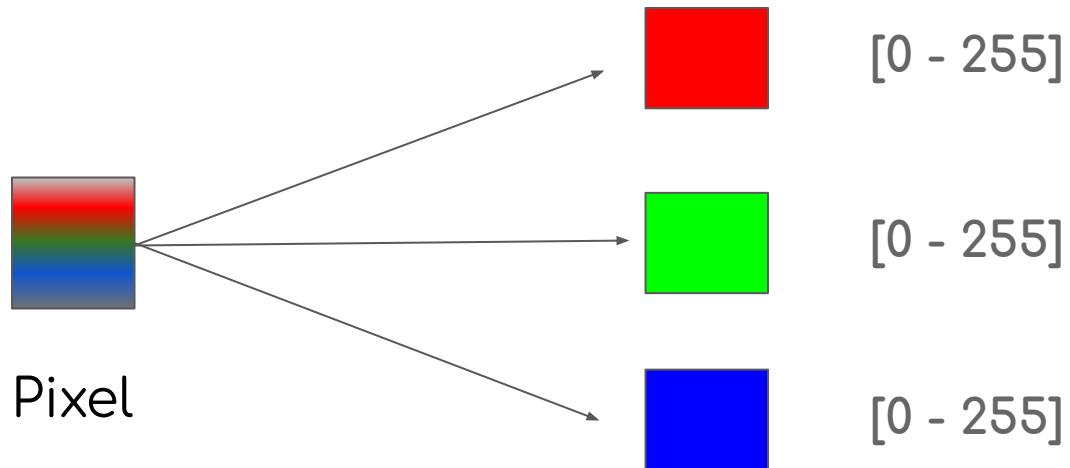
0	3	2	5	4	7	6	9	8	1
3	0	1	2	3	4	5	6	7	5
2	4	0	3	2	5	4	7	6	4
5	1	3	0	1	2	3	5	5	2
4	2	2	1	0	3	2	4	4	3
7	3	5	2	3	0	1	2	3	3
6	5	7	3	2	1	0	3	1	2

What a computer sees

# Picture + Element



Pixel



(0,0,0) → black

(255,255,255) → white

Why we care about computer vision?

Safety

Health

Security

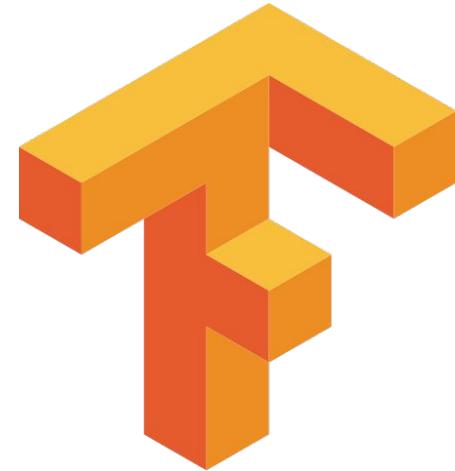
Games



# Tools

kaggle  
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kaggle

bitgrit



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Harness the power of Computer  
Vision



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# Face Detection



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```
● ● ●  
  
import cv2  
from mtcnn.mtcnn import MTCNN  
img = cv2.imread(img_path)  
detector = MTCNN()  
result = detector.detect_faces(img)  
print(result)
```

Multi-task Cascaded Convolutional Networks (MTCNN) → [Learn More](#)

```
...  
[{'box': [2066, 1582, 396, 452],  
 'confidence': 0.9979180693626404,  
 'keypoints': {'left_eye': (2163, 1761),  
 'mouth_left': (2205, 1921),  
 'mouth_right': (2365, 1898),  
 'nose': (2265, 1814),  
 'right_eye': (2340, 1726)}},  
 {'box': [2266, 620, 469, 615],  
 'confidence': 0.997577965259552,  
 'keypoints': {'left_eye': (2377, 862),  
 'mouth_left': (2387, 1073),  
 'mouth_right': (2617, 1059),  
 'nose': (2470, 993),  
 'right_eye': (2589, 845)}},  
 {'box': [1080, 1252, 443, 587],  
 'confidence': 0.996587872505188,  
 'keypoints': {'left_eye': (1212, 1456),  
 'mouth_left': (1188, 1655),  
 'mouth_right': (1397, 1687),  
 'nose': (1309, 1572),  
 'right_eye': (1419, 1484)}},  
 {'box': [966, 2943, 52, 66],  
 'confidence': 0.8939292430877686,  
 'keypoints': {'left_eye': (988, 2969),  
 'mouth_left': (993, 2996),  
 'mouth_right': (1012, 2995),  
 'nose': (1003, 2985),  
 'right_eye': (1011, 2966)}]}]
```

## Response

**Box:** [x, y, width, height]

**Confidence:** probability to be a matching face

**Keypoints:** (x, y) position of left\_eye, right\_eye, nose, mouth\_left, mouth\_right

The response says 4 human faces are detected, but we can see that the last detection is having very less confidence interval. So we can simply eliminate the last one.

# Handwritten Digits Classifier

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True: 7



True: 2



True: 1



True: 0



True: 4



True: 6 and Pred: 0



True: 5 and Pred: 3



True: 6 and Pred: 0



True: 8 and Pred: 2



True: 5 and Pred: 3

MNIST Classification → [Learn More](#)

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# Optical character recognition ( OCR )

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DAYS

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KEEP  
CALM  
AND  
CARRY  
ON

KEEP CALM  
CARRY ON AND

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bitgrit

# Challenges



## WORKERS COMPENSATION APPLICATION

AGENCY NAME AND ADDRESS Lamb Insurance Services 145 W. 45th Street New York, NY 10036		LCOM DATE (MM/DD/YYYY) 12/13/2018	
COMPANY: Marketing Only UNINCORPORATED ASSOCIATION			
APPLICANT NAME: P1DG Holdings, LLC dba Always Best Care OFFICE PHONE: MOBILE PHONE: MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) YRS IN BUS: 7165 E University Dr. Suite 144 Mesa, AZ 85207 SIC: NAICS: WEBSITE ADDRESS:			
PRODUCER NAME: CS REPRESENTATIVE E-MAIL ADDRESS: OFFICE PHONE: (212) 375-3000 MOBILE PHONE: FAX: (888) 389-8061 EMAIL: service@lambis.com ADDRESS: service@lambis.com CODE: SUB CODE: AGENCY CUSTOMER ID: P1DGHOL-01			
E-MAIL ADDRESS: SOLE PROPRIETOR CORPORATION LLC TRUST UNINCORPORATED ASSOCIATION PARTNERSHIP SUBCHAPTER PARTNERSHIP "S" CORP JOINT VENTURE CREDIT BUREAU NAME: FEDERAL CREDIT BUREAU ID NUMBER NCCI RISK ID NUMBER 81-2976745 EMPLOYER REGISTRATION NUMBER			
STATUS OF SUBMISSION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> BOUND (Give date and attach copy) <input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133) <input type="checkbox"/>			
BILLING / AUDIT INFORMATION BILLING PLAN PAYMENT PLAN X ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY DIRECT BILL SEMI-ANNUAL <input type="checkbox"/> DOWNSIZE <input type="checkbox"/> DIRECT BILL QUARTERLY <input type="checkbox"/> DOWNSIZE <input type="checkbox"/> QUARTERLY			
LOCATIONS LOC # STREET CITY COUNTY STATE ZIP CODE 1 7165 E University Dr. Suite 144 Mesa, AZ 85207			
POLICY INFORMATION PROPOSED EXP DATE 01/07/2019 PROPOSED EXP DATE 01/07/2020 NORMAL ANNIVERSARY RATING DATE PART 1 - INSURANCE COVERAGE CHANGES PARTY 1 - EMPLOYER \$ 1,000,000.00 EACH ACCIDENT \$ 1,000,000.00 EACH POLICY LIMIT \$ 1,000,000.00 EACH EMPLOYEE PARTY 2 - OTHER \$ 1,000,000.00 EACH ACCIDENT \$ 1,000,000.00 EACH POLICY LIMIT \$ 1,000,000.00 EACH EMPLOYEE PARTY 3 - OTHER \$ 1,000,000.00 EACH ACCIDENT \$ 1,000,000.00 EACH POLICY LIMIT \$ 1,000,000.00 EACH EMPLOYEE PARTICIPATING NON-PARTICIPATING RETRO PLAN AMOUNT / % OTHER COVERAGES INCENTIVE MEDICAL NOTINITY U.S.L. & H MANAGED CARE COMP FOREIGN COV			
SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (After ACORD 101, Additional Remarks Schedule, if more space is required)			
TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES \$ TOTAL MINIMUM PREMIUM ALL STATES \$ TOTAL DEPOSIT PREMIUM ALL STATES \$			
CONTACT INFORMATION TYPE NAME OFFICE PHONE MOBILE PHONE E-MAIL INSPECTION ACTING COORD CLAIMS DIR			
INDIVIDUALS INCLUDED / EXCLUDED PARTNERS, OFFICERS, RELATIVES: Must be employed by business operations to be included OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section.) Excluded individuals must have minimum experience of 250,000 hours.			
STATE LOC #	NAME	DATE OF BIRTH	TITLE/POSITION OWNERSHIP DUTIES INDEX CLASS CODE REMUNERATION/PAYROLL

ACORD 130 (2013/09)

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DATE (MM/DD/YYYY) 12/13/2018 COMPANY: Marketing Only  
AGENCY NAME AND ADDRESS Lamb Insurance Services 145 W. 45th Street New York, NY 10036 UNDERWRITER: APPLICANT NAME:P1DG Holdings, LLC dba Always Best Care OFFICE PHONE: MOBILE PHONE: MAILING ADDRESS (including ZIP + 4 or Canadian Postal Code) YRS IN BUS: 7165 E University Dr. Suite 144 Mesa, AZ 85207 SIC: NAICS: WEBSITE ADDRESS: LC T TRUST RUST UNINCORPORATED ASSOCIATION ANCOPORATED OTHER: E-MAIL ADDRESS: SOLE PROPRIETOR CORPORATION LLC SUBCHAPTER PARTNERSHIP "S" CORP JOINT VENTURE CREDIT BUREAU NAME: FEDERAL EMPLOYER ID NUMBER NCCI RISK ID NUMBER 81-2976745 PRODUCER NAME: CS REPRESENTATIVE NAME: OFFICE PHONE(212) 375-3000 (A/C, No, Ext): MOBILE PHONE: FAX (A/C, No): (888) 389-8061 MARESS, service@lambis.com CODE: SUB CODE: AGENCY CUSTOMER ID: P1DGHOL-01 STATUS OF SUBMISSION QUOTE ISSUE POLICY BOUND (Give date and/or attach copy) ASSIGNED RISK (Attach ACORD 133) ADDRESS: ID NUMBER: OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER BILLING / AUDIT INFORMATION BILLING PLAN PAYMENT PLAN AGENCY BILL

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DAYS

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# Challenges

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C \* AO\*06/05/13\*WC 0518964-00 310626794 \*D/B ORIG IMAGE COPY  
 0488930 GREAT AMERICAN INSURANCE CO  
 American Office  
 201 E Main Street  
 Des Moines, IA 50302-4201  
 513-369-3000 (P)  
**GREATAMERICAN INSURANCE GROUP**  
 Policy No. **[REDACTED]** (Ed. 01/97)  
 Prior Policy No. **[REDACTED]**

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

Insurance is afforded by the Company named below, a Capital Stock Corporation:  
**GREAT AMERICAN INSURANCE COMPANY**

**NCCI Company No. 14176**

### ITEM ONE - GENERAL INFORMATION

The Insured: **AMERICAN THYROID ASSOCIATION, INC.**  
 Legal Entity: Corporation  
 Mailing Address: **60065 LEESBURG PIKE**  
**FALLS CHURCH, VA 22041**  
 FEIN No.: **416038600**

Other Identification Number: See Extension of Information Page.  
 Other workplaces not shown above. See Extension of Information Page.

### ITEM TWO - POLICY PERIOD

The policy period is from **05/26/2013** to **05/28/2014 12:01 A.M.** Standard Time at the insured's mailing address.

### ITEM THREE - COVERAGE

A. **Workers Compensation Insurance:**  
 Part One of the policy applies to the Workers Compensation Law of the states listed here: **VA**

#### B. **Employers Liability Insurance:**

Part Two of the policy applies to work in each state listed in Item 3.A.  
 The limits of our Liability under Part Two are:  
 Bodily Injury by Accident \$ 500,000 each accident  
 Bodily Injury by Disease \$ 500,000 policy limit  
 Bodily Injury by Disease \$ 500,000 each employee

#### C. **Other State Insurance:**

Part Three of the policy applies to the states, if any, listed here:  
 NONE.

D. This policy includes these endorsements and schedules: See FORMS AND ENDORSEMENTS Schedule, **WC 99-06-22A (01/97)**.

### ITEM FOUR - PREMIUM

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page

### POLICY PREMIUM SUMMARY

TOTAL ESTIMATED ANNUAL COST: \$ 1,072 Minimum Premium: \$ 260  
 Deposit Premium: \$ 1,072 Date of Issue: 06/05/2013

### AUTHORIZED REPRESENTATIVE

Name of Producer: **AFFINITY INSURANCE SERVICES**  
 Servicing Office: **NATIONAL ACCT/MASS MKT**  
 1120 20TH ST NW SITE 600  
 WASHINGTON, DC 20036 3406

Countersigned by: \_\_\_\_\_

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 WC 00 00 01A (Ed. 01/97) PRO (Page 1 of 3)

**United Wisconsin Insurance Company**  
 Member Accident Fund Group  
 1520 W. Small Road, New Berlin, WI 53151  
**STOCK COMPANY**

WC 00 00 01 A  
 (Ed. 08/10)

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

### INFORMATION PAGE

Renewal of Policy Number **0400157713**

State Unemployment ID. No. or other identifying Number as Required:

FEIN: **47-0366919** Client ID: **21654**

1. Home Address:  
 2444 O Street  
 Union, NJ 08001

Product: **UNICO Group Inc.**  
 Mailing Address: **1128 Lincoln Mall Ste. 200**  
 Union, NJ 08001

Individual  Partnership  Corporation or  
 Other workplaces not shown above: SEE WC 99-06-05 (Ed 3-0) Additional Locations  
 Additional Named Insured: \_\_\_\_\_

2. Policy Period: The policy is from **05/17/12** to **05/17/13** 12:01 A.M. Standard Time, at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **NE**

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A.  
 The limits of our liability under Part Two are:

Bodily Injury by Accident \$200,000 each accident  
 Bodily Injury by Disease \$200,000 policy limit  
 Bodily Injury by Disease \$200,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
 ALL STATES EXCEPT NO,OK,WA,WY

D. This policy includes these endorsements and schedules: See Endorsement Schedule WC 99-06-09 A

4. The premium for this policy will be determined by our Manuals of Rules, Classification, Rates and Rating Plans. All information required below is subject to verification and change by audit:

Classification	Code No.	Service Basis Total Estimated Annual Premium	Rate Per \$100 of Reserves	Estimated Annual Premium
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### SEE EXTENSION OF INFORMATION PAGE

Experience Modification	SEE WC 99-06-01 By State	(A740.00)
Other Premium Charges	0.00	0.00
Penalty	7.4%	(3,000.00)
Expense Constant		200.00

**MINIMUM PREMIUM \$750** **TOTAL ESTIMATED ANNUAL PREMIUM \$ 50,865.00**

IF INDICATED BELOW, INTERIM ADJUSTMENTS OF PREMIUM SHALL BE MADE:

Semi-Annually  Quarterly  Monthly Deposit Premium: \$ \_\_\_\_\_

ISSUING OFFICE: Milwaukee, Wisconsin  
 DATE PRINTED: 11/15/2013  
 WC 00 00 01 A (Ed. 08/10)

Countersigned by: \_\_\_\_\_

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How to proceed



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Image → Image Processing → Google Vision OCR

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**LOGICO**

**kaggle**

 **bitgrit**



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### WORKERS COMPENSATION APPLICATION

AGENCY NAME AND ADDRESS  
Lamb Insurance Services  
145 W. 45th Street  
New York, NY 10036

PRODUCER NAME:  
CELESTE MURRAY  
NAME: CELESTE MURRAY  
PHONE: (212) 375-3000  
MOBILE: (212) 375-3000  
EMAIL: (686) 389-4061  
FAX: (686) 389-4061  
ADDRESS: service@lambis.com  
CROSS REFERENCE NUMBER: 81-2976745  
AGENCY CUSTOMER ID: PIDGHL-01

STATUS OF SUBMISSION

BILLING / AUDIT INFORMATION

QUOTE	ISSUE POLICY
ROUND (One day after issue copy)	
ASSIGNED RISK (After ACORD 130)	

LOCATIONS

LOC #	FLOOR	STREET	CITY	STATE	ZIP CODE
1		7165 E University Dr.	Suite 144	Mesa,	AZ 85207

POLICY INFORMATION

PROPOSED EXP DATE	01/07/2019	NORMAL ANNIVERSARY RATING DATE	01/07/2020	PARTICIPATING	RETRO PLAN
PART 1 - WORKERS' COMPENSATION (BASIC)	\$ 1,000,000	PART 2 - EMPLOYER LIABILITY	\$ 1,000,000	PART 3 - OTHER COVERAGE	
COMPARISON (BASIC)	1 EACH ACCIDENT	STATIS (%)	DISBURSEABLE (%)	AMOUNT / %	OTHER COVERAGES
AZ	\$ 1,000,000	BY ANY BASIS	MEDICAL	U.S.L & H	MANAGED CARE OPTION
	\$ 1,000,000		INDEMNITY	VOLUNTARY	
	\$ 1,000,000			FOREIGN COV	

DIVISION PLANS/SAFETY GROUP

ADDITIONAL COMPANY INFORMATION

SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS (Attach ACORD 10, Additional Remarks Schedule, if more space is required)

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES	\$ 5	TOTAL MINIMUM PREMIUM ALL STATES	\$ 5	TOTAL DEPOSIT PREMIUM ALL STATES	\$ 5
---	------	----------------------------------	------	----------------------------------	------

CONTACT INFORMATION

TYPE	NAME	OFFICE PHONE	MOBILE PHONE	E-MAIL
INSPECTION				
REPORTS				
DATA SHEET				

INDIVIDUALS INCLUDED / EXCLUDED

PARTNERS, OFFICERS, RELATIVES (Must be employed by business operations TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section))  
EMPLOYEES (Must be employed by business operations TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section))

MANAGED CARE PROVIDERS (Must be used for managed care plans TO BE INCLUDED OR EXCLUDED (Remuneration/Payroll to be included must be part of rating information section))

STATE LOC #

NAME

DATE OF BIRTH

RELATIONSHIP

GRADE

DEPT/BU

INCOME

CLASS CODE

REMUNERATION/PAYROLL

STATE LOC #

NAME

DATE OF BIRTH

RELATIONSHIP

GRADE

DEPT/BU

INCOME

CLASS CODE

REMUNERATION/PAYROLL

STATE LOC #

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DATE OF BIRTH

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CLASS CODE

REMUNERATION/PAYROLL

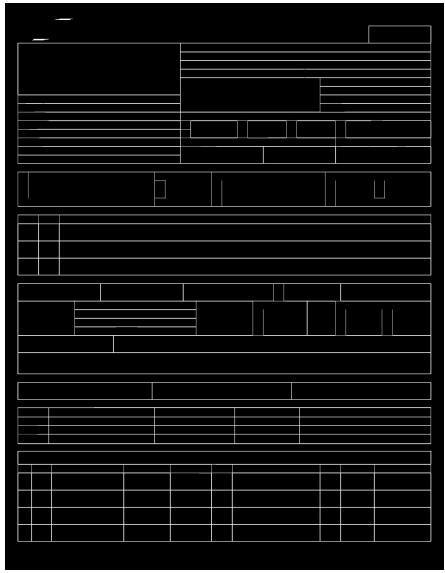
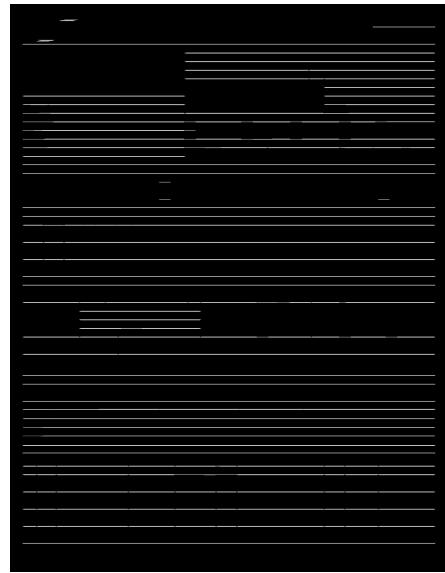
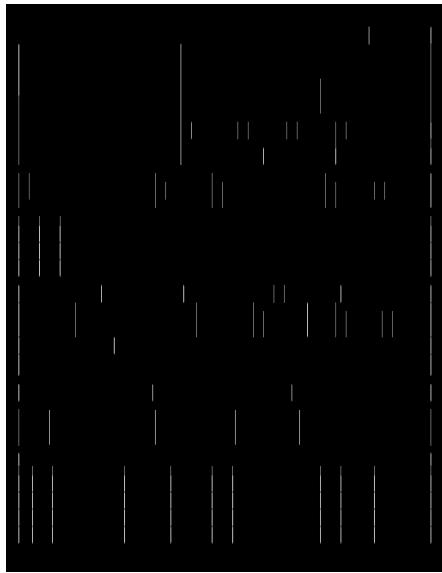
STATE LOC #

NAME

DATE OF BIRTH

kaggle  
DAYS

MEETUP



Vertical lines

Horizontal lines

Bounding Boxes

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DAYS

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# Move to Code

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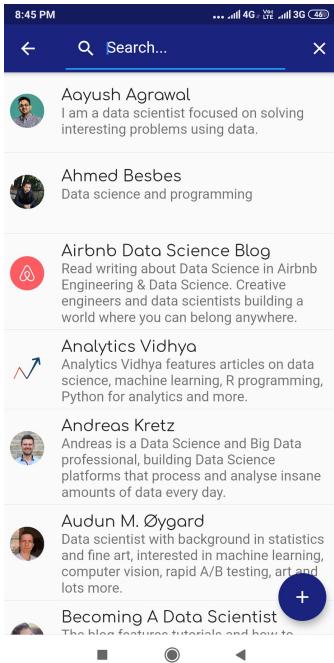
LOGICO

kaggle

bitgrit

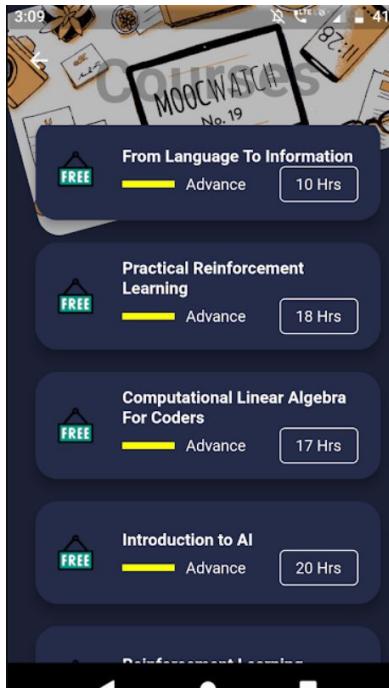
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Science, ML, DL,  
Analytics  
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# Thank You

