



Name : MR MANJUNATH G  
 Registration No : MH005108961  
 Patient Episode : H01000117988  
 Referred By : HC MHW  
 Receiving Date : 16 Dec 2023 09:00

Age : 30 Yr(s) Sex : Male  
 Lab No : 22231205863  
 Collection Date : 16 Dec 2023 08:00  
 Reporting Date : 16 Dec 2023 10:17

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b>			
Specimen: Plasma			
Plasma GLUCOSE-Fasting (Hexokinase)	95	mg/dl	[70-100]

<b>PLASMA GLUCOSE - PP</b>			
Specimen: Plasma			
Plasma GLUCOSE - PP (Hexokinase)	132	mg/dl	[70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

Specimen: Serum			
SERUM SODIUM	137.0	mmol/l	[136.0-145.0]
SERUM POTASSIUM	5.00	mmol/l	[3.50-5.10]
SERUM CHLORIDE	103.1	mmol/L	[98.0-107.0]
Method: Indirect ISE			

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www.nmmedical.com

Registration Id : 1652960012

Patient Name : Mr. Fredrick Antony 855519

Referred By : CISCO

Registration Date/Time : 21/01/2015 / 08:36AM

Collection Date / Time : 21/01/2015 / 08:37AM

Reporting Date / Time : 21/01/2015 / 12:04PM

Age / Sex : 44 Years / Male

### Thyroid Function Test

Sample Type: SERUM

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
Total T3 (Tri-iodothyronine) Method : CMIA)	: 92.1	ng/dl	58 - 159
Total T4 (Thyroxine) Method : CMIA)	: 4.98	ug/dl	4.87 - 11.72
Ultrasensitive TSH, Serum Method : CMIA)	: 1.90	uIU/ml	Euthyroid : 0.5 to 5.0

...  
- In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.  
- Primary hyperthyroidism (eg: Grave's disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

\*\* END OF REPORT \*\*

JISHA G  
Verified By

Page 6 of 6

Dr. Sangeeta Sharma  
M.D.  
Pathologist

☐ Mumbai - Jn of 14th and 33rd Rd, Khar (W), Mumbai - 52. Tel : 91-22-4342 8888 Fax : 91-22-4342 8880  
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☐ Bangalore - Corporate Block-A, Airport Road, Bangalore - 08. Tel : 91-80-4046 6464 Fax : 91-80-4046 6465

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## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIPID PROFILE			
TOTAL CHOLESTEROL (CHOD/POD)	202 #	mg/dl	Specimen: Serum [<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	227 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Enzymatic)	45	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	45 #	mg/dl	[10-40]
LDL- CHOLESTEROL (Enzymatic)	130 #	mg/dl	[<100]
			Near/Above optimal:100-129 Borderline High:130-159
T.Chol/HDL.Chol ratio (Calculated)	4.0		High Risk:160-189 <4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio (Calculated)	3.0		<3 Optimal 3-4 Borderline >6 High Risk

### Note:

Reference ranges based on ATP III Classifications.  
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

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143, 212-215, EPIP Industrial Area, Hoodi Village, KR Puram Hobli, Bengaluru 560066, Karnataka  
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### Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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Age : 30 Yr(s) Sex : Male  
Lab No : 22231205863  
Collection Date : 16 Dec 2023 08:00  
Reporting Date : 16 Dec 2023 10:17

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>KIDNEY PROFILE -</b>			
BUN (Urease/GLDH)	7.00	mg/dl	[6.00-20.00]
SERUM CREATININE (mod.Jaffe)	0.92	mg/dl	[0.90-1.30]
SERUM URIC ACID (mod.Uricase)	6.4	mg/dl	[3.5-7.2]
SERUM CALCIUM (Arsenazo III)	10.10	mg/dl	[8.60-10.20]
SERUM PHOSPHORUS (Molybdate, UV)	4.4	mg/dl	[2.5-4.5]
SERUM SODIUM (Indirect ISE)	137.0	mmol/l	[136.0-145.0]
SERUM POTASSIUM (Indirect ISE)	5.00	mmol/l	[3.50-5.10]
SERUM CHLORIDE (Indirect ISE)	103.1	mmol/L	[98.0-107.0]
eGFR (calculated)	111.2	ml/min/1.73sq.m	[>60.0]

Specimen: Serum

### Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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Name : MR MANJUNATH G  
 Registration No : MH005108961  
 Patient Episode : H01000117988  
 Referred By : HC MHW  
 Receiving Date : 16 Dec 2023 09:13

Age : 30 Yr(s) Sex : Male  
 Lab No : 28231202325  
 Collection Date : 16 Dec 2023 08:00  
 Reporting Date : 16 Dec 2023 11:10

## CLINICAL PATHOLOGY

### ROUTINE URINE ANALYSIS (Automated)

### Specimen-Urine

#### MACROSCOPIC DESCRIPTION

Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
Reaction [pH] (Strip Double Indicator)	5.0	(4.6-8.8)
Specific Gravity (Ionic Concentration)	1.010	(1.015-1.025)

#### CHEMICAL EXAMINATION

Protein/Albumin (Tetrabromophenol strip, Protein indicator)	NIL	(NIL-TRACE)
Glucose (Strip, Glucose oxidase)	NIL	(NIL)
Ketone Bodies (Strip, sodium prusside Reaction)	NIL	(NIL)
Urobilinogen (Strip, Ehrlich reaction)	Normal	(NORMAL)
Bile Salts (Hay's Test- Manual)	NIL	(NEGATIVE)
Bile Pigments (Strip, Diazo test)	NIL	(NIL)
Nitrite (Strip Method)	NEGATIVE	
Leukocytes	NEGATIVE	
BLOOD (Guaiac Test)	NIL	

#### MICROSCOPIC EXAMINATION (Auto image evaluation/Visual)

WBC/Pus Cells	OCCASIONAL /hpF	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	NIL	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	

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-----END OF REPORT-----

Dr Bani Ojha

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Name : MR MANILNATH G  
Registration No : MH005108961  
Patient Episode : H01000117988  
Referred By : HC MHW  
Receiving Date : 16 Dec 2023 08:52

Age : 30 Yr(s) Sex : Male  
Lab No : 23231204625  
Collection Date : 16 Dec 2023 08:00  
Reporting Date : 16 Dec 2023 09:25

## HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (Automated)		Specimen-EDTA Blood	
WBC Count (TC) (Coulter principle)	5700	/cu.mm	[4400-11000]
RBC Count (Electrical impedance)	4.78	million/cu.mm	[4.50-5.50]
Haemoglobin (Photometric method)	14.5	g/dl	[13.0-17.0]
Haematocrit (Calculated)	42.2	%	[40.0-50.0]
MCV (Calculated)	88.3	fl	[83.0-101.0]
MCH (Calculated)	30.3	pg	[27.0-32.0]
MCHC (Calculated)	34.4	g/dl	[31.5-34.5]
Platelet Count (Electrical impedance)	302000	/ cu.mm	[150000-400000]
RDW (CV) (Calculated)	14.7 #	%	[11.6-14.0]
DIFFERENTIAL COUNT (VCS technology & Microscopy)			
Neutrophils	43.8	%	[40.0-75.0]
Lymphocytes	43.7	%	[20.0-45.0]
Monocytes	8.4	%	[2.0-10.0]
Eosinophils	3.2	%	[0.0-7.0]
Basophils	0.9	%	[0.0-1.0]

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Reporting Date : 16 Dec 2023 10:17

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum LIVER FUNCTION TEST			
		Specimen: Serum	
BILIRUBIN-TOTAL (Diazo)**	0.74	mg/dl	[0.00-2.00]
BILIRUBIN - DIRECT (Diazo)	0.13	mg/dl	[0.00-0.40]
BILIRUBIN - INDIRECT (Calculated)	0.61	mg/dl	[0.00-1.60]
SGOT/ AST (without P5P, IFCC)	26.0	U/L	[<50.0]
SGPT/ ALT (without P5P, IFCC)	30.0	U/L	[<50.0]
ALP (p-NPP, AMP Buffer-IFCC)*	69	U/L	[53-128]
TOTAL PROTEIN (mod. Biuret)	7.5	g/dl	[6.6-8.3]
SERUM ALBUMIN (BCG-dye)	4.6	g/dl	[3.5-5.2]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio (Calculated)	1.59		[1.10-1.80]
GGT (GCNA-IFCC)	49	U/L	[<55]

### Note:

\*\*NEW BORN: Vary according to age (days), body wt & gestation of baby  
\*New born: 4 times the adult value

-----END OF REPORT-----

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Dr Bani Ojha



Gulabal, Manjunath

ID: 33#0001 Age: 30 (03-09-1993)

Sex at Birth Male Height 172 cm Asthma --  
 Ethnicity Asian Weight 84 kg BMI 28.4 COPD --

FVC (ex only)

Your FEV1 / Predicted: 82% Your Lung Age: 66

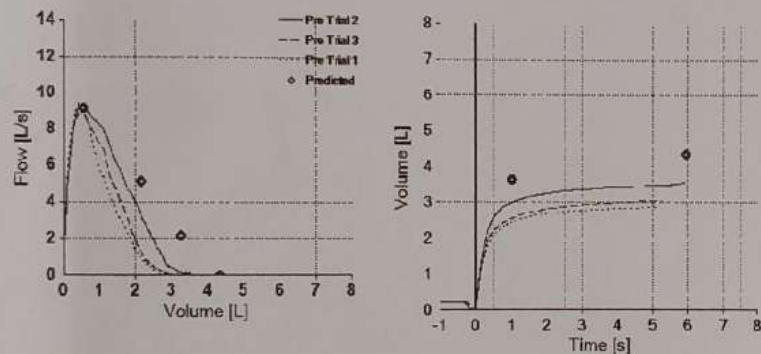
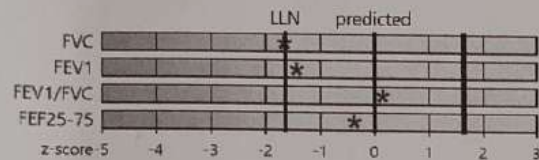
Test Date 27-12-2023 16:58:49 Interpretation GOLD(2008)/Hardie BTPS (IN/EX) 1.10/1.02  
 Post Time Predicted Knudson, 1983 \* 0.90 User ID admin

Parameter	Best	LLN	Z-Score	%Pred	Pred	Trial 2	Trial 3	Trial 1
Time					16:59:26	16:59:37	16:59:09	
FVC [L]	3.53*	3.53	-1.65	81	4.36	3.53*	3.04*	2.86*
FEV1 [L]	2.98	2.88	-1.42	82	3.64	2.98	2.55*	2.44*
FEV1/FVC [%]	84.5	72.5	0.15	101	83.5	84.5	83.8	85.8
FEF25-75 [L/s]	3.90	2.41	-0.38	90	4.35	3.90	3.08	2.93
PEF [L/s]	9.41	-	-	103	9.12	9.33	8.89	9.41
FET [s]	5.9	-	-	-	-	5.9	5.3	5.2

\* Indicates value outside normal range or significant post change.

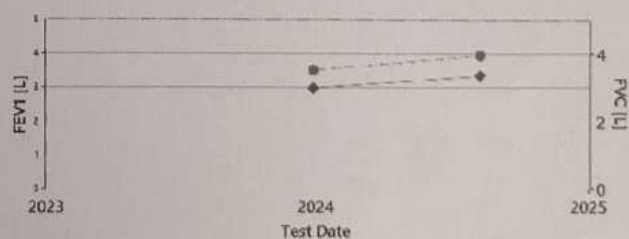
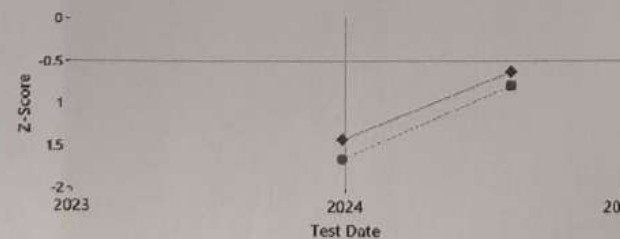
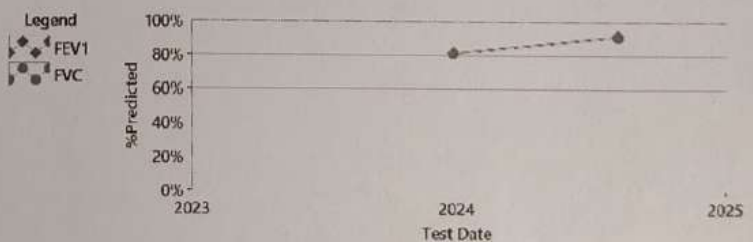
Session Quality Pre FEV1 - E, FVC - E (FVC Var=0.49L (13.8%); FEV1 Var=0.43L (14.5%))

System Interpretation Pre Normal Spirometry



## Trend

	27-12-23	07-08-24
FEV1 [L]	2.98	3.35
%Predicted	82	92
Z-Score	-1.42	-0.63
FVC [L]	3.53	3.96
%Predicted	81	91
Z-Score	-1.65	-0.79







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 Lab No : 23231204625  
 Collection Date : 16 Dec 2023 08:00  
 Reporting Date : 16 Dec 2023 09:45

## HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ERYTHROCYTE SEDIMENTATION(Automated)/Modified Westergren)			Specimen-Whole Blood
ESR(Automated/Modified Westergren)	13.0 #	mm/1sthour	[0.0-10.0]

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-----END OF REPORT-----

Dr Bani Ojha





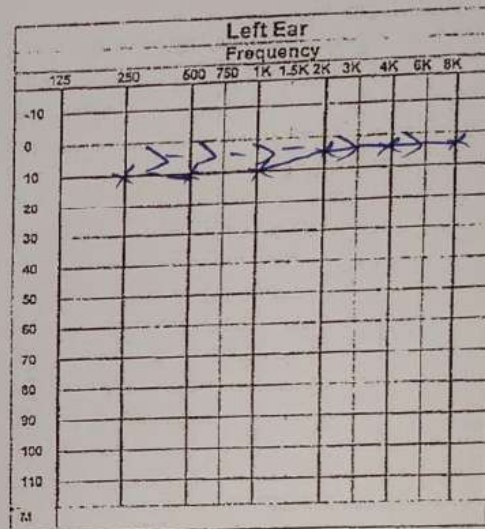
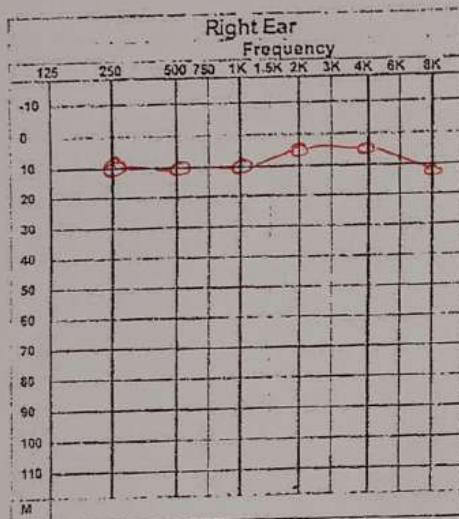
PURE TONE AUDIOGRAM

Date: 16/12/23

Name of the patient: Majrath. R Age: 30 Sex: M

Referring Doctor: Dr C

Audiologist: Ms. Hoshia



	R	L	B	Masking
Pure Tone Average	5.3	8.3		
2 Freq Avg				
MCL				
UCL				
SRT				
Discrim. (Pip)	dB			
	90dB			
Reliever (V/N)	R	L	B	
Tone Decay	4KHz			
	3KHz			
	2KHz			
	1KHz			
	500Hz			
Tympanometry				
Reflexes	Ipsilateral			
Contralateral	R	500Hz	1KHz	2KHz
				4KHz
Reflex Decay	R	500Hz	1KHz	2KHz
				4KHz
Reflex Decay	L	500Hz	1KHz	2KHz
				4KHz

ACR	0
ACL	X
BCR	<
BCL	>
Masked	
ACR	1
ACL	
BCR	1
BCL	1
Masked Speech	
Ipsilateral	
Reflexes	
Contralateral	
Reflexes	R

Comments/Notes:

Bilateral hearing sensitivity within normal limits

Adv: Follow up

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**Name** : MR MANIUNATH G  
**Registration No** : MH005108961  
**Patient Episode** : H01000117988  
**Referred By** : HC MHW  
**Receiving Date** : 16 Dec 2023 09:03

**Age** : 30 Yr(s) Sex : Male  
**Lab No** : 25231202611  
**Collection Date** : 16 Dec 2023 08:00  
**Reporting Date** : 16 Dec 2023 10:47

## MICROBIOLOGY

Hepatitis B surface Antigen(HBsAg)

Specimen-Serum

Hepatitis B surface Antigen(HBsAg) Result NON REACTIVE  
 TEST RATE 0.16  
 CUT OFF RATE 1.00  
 Test Method: CLIA

### Technical Note:

Hepatitis B virus infection is acquired through blood and blood products and maternal-neonatal transmission. HBsAg is the first serological marker of acute HBV infection appearing 2-4 weeks after infection and becomes serologically undetected by ELISA within a few weeks to few months. Persistence of HBsAg beyond 6 months indicates chronic HBV infection.

Human Immunodeficiency Virus I & II Antigen Antibody(HIV I + II)

Specimen-Serum

Human Immunodeficiency Virus 1 & 2 Antibody : NON REACTIVE  
 Test Value: 0.19  
 Cut-off Value: 1.00  
 Method: Chemiluminescence immunoassay (CLIA)

### Technical Note:

Acquired Immunodeficiency syndrome (AIDS) is a disease caused by Human Immuno Deficiency Virus (HIV 1 and HIV 2). This test is used for the qualitative detection of antibodies to Human Immunodeficiency Virus type 1, including group M and O, and/or 2 (anti-HIV-1 and anti-HIV-2) and HIV P24 antigen. A non-reactive result does not preclude the possibility of infection with HIV. False positive results may be seen in autoimmune diseases, leprosy and multiple pregnancies. The test may be non-reactive during the window period and end stage of the disease.

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-----END OF REPORT-----

*Sangeetha*

Dr Sangeetha Kuttipulleyerry  
 Consultant Microbiologist

Manipal Hospital Whitefield

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02 7000/01/02 MR Manjunath G  
Age[year(s)] / Sex : 30 Yr(s) / Male  
Reg No : MH005108961

Report Date : 16/12/2023  
Episode No : H01000117988

---

**DENTAL CHECK REPORT**

---

**INTRA ORAL**

Dental Type :  
Upper / Lower :  
Teeth : D - 47  
M -  
F -

Crowding :  
Cross Bite :

Gingiva and Pockets :  
Mucosa :

Calculus and Stains : Mod

**IMPRESSIONS****ADVICE**

SCALING  
RESTORATION#47

**Examined By** : Dr Ashwini Basavarajappa  
RESIDENT



# ManipalHospitals

LIFE'S ON



Manipal Hospitals (Whitefield) Pvt. Ltd.

Name : MR Manjunath G  
Age[year(s)] / Sex : 30 Yr(s) / Male  
Reg No : MH005108961

Report Date : 16/12/2023  
Episode No : H01000117988

## PHYSICIAN REPORT

Urine Examination : Normal  
Stool Examination :  
CBC : Normal  
Blood Biochemical Analysis : CH- 202 LDL- 130 TG- 227  
X-Ray Chest : Normal  
ECG : Normal  
Treadmill (stress)Test :  
Echo Cardiography :  
Ultrasonography : Normal  
Pulmonary Function Test :  
Audiometry : Normal  
Other Tests :  
Special Test :

### Impression

Impaired lipids

### Advice

Balanced diet, restrict oily/spicy food  
Regular exercise moderate intensity (40 mins/day)

Examined By : Dr Kavita S K  
SPECIALIST



*Adm  
Altered lipid levels - Dyslipidemia  
test  
Avoid oily food  
Regular exercise  
Avoid exposure to allergens  
Repeat lipid profile after 3 months*

#143,212-215, EPIP Industrial Area, Hoodi Village K R Puram Hobli, Bengaluru 560066 Ph:1800 3001 400/+91



NAME: Mr. Manjunath

AGE/SEX: 30 / M

## ROUTINE CHECK UP

S/H : DM\* HTN\* DLIP\* THYROID\*

H/O :

PGP: NIL

		RE				LE		
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
D.V								
N.V								

UCVA : RE :- 6/6:NB

LE :- 6/6:NB

BCVA : RE :- 6/6:NB

LE :- 6/6:NB

## PRESCRIPTION :

		RE				LE		
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
D.V	Plano			6/6	Plano			6/6
N.V				NB				NB





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**Registration No** : MH005108961  
**Patient Episode** : H01000117988  
**Referred By** : HC MHW  
**Receiving Date** : 16 Dec 2023 10:18

**Age** : 30 Yr(s) Sex : Male  
**Lab No** : 21231201356  
**Collection Date** : 16 Dec 2023 08:00  
**Reporting Date** : 16 Dec 2023 13:46

## BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood			
Anti A	Negative	Anti D	Positive
Anti B	Negative	Ctr	Negative
Anti A1	Negative	A1 Cell	Positive
Anti H	Positive	B Cell	Positive
		O Cell	Negative

Blood Group & Rh typing O Rh(D) Positive

### Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

Page 1 of 9

-----END OF REPORT-----

Dr Ashwin Kumar Vaidya

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