

# Digital Health Card

Government of India  
Health ID: 932948T3



FULL NAME

**Mahi Singh**

AGE / GENDER

**56 / Male**

STATE

**Maharashtra**

BLOOD GROUP

**B-**

HEIGHT / WEIGHT

**NA cm / NA kg**

PRIMARY DOCTOR

**Dr. Rekha**

MEDICAL CONDITIONS

**None**

ALLERGIES

**Peanuts**

FAMILY HISTORY

**Cancer History**

**EMERGENCY CONTACT**  
**8085333790**

This is an official digital health identification card. In case of emergency, please contact the number provided above.  
HC8LZH712214