



Issue Date: 05/05/2015



ଭାରତ ସରକାର  
Government of India



ବିଜୟ ନନ୍ଦୀ

Bijay Nandi

ଜନ୍ମତାରିଖ/DOB: 05/10/2003

ପୁରସ୍କ୍ରେ/ MALE

3808 8256 9914

VID : 9168 5580 4949 8013

ଆମ୍ବାର ଆଧାର, ଆମ୍ବାର ପରିଚୟ



তাৰতীম বিশ্বিষ্ট পৰিচয় প্ৰাধিকৰণ

Unique Identification Authority of India

Address:

শ্ৰী মা সৱলী রোড, শিলিগুড়ি  
বাবুপাড়া, ওয়ার্ড নং 27,  
শিলিগুড়ি (পৌরসভা), দার্জিলিং,  
শিলিগুড়ি টৌডেল, পশ্চিম বঙ্গ,  
734004

SREE MAA SARANI ROAD,  
SILIGURI BABUPARA, WARD  
NO 27, Siliguri (M. Corp),  
Darjeeling, siliguri Town, West  
Bengal, 734004

7460 5066 3203



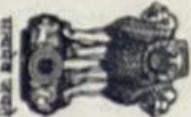
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1800 300 1947



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ଭାରତ ଚନ୍ଦ୍ର

ଭାରତ ସରକାର  
Government of India

ବିକାଶ ନନ୍ଦୀ

BIKASH NANDI

ପିତା : ବିଶ୍ଵଲାଥ ନନ୍ଦୀ

Father : BISWANATH NANDI

ଜନ୍ମତାରିଖ / DOB : 15/08/1977

পୁରୁଷ / Male



7460 5066 3203



ଆଧାର - ସାଧାରଣ ମାଲୁଷେର ଅଧିକାର



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ  
Unique Identification Authority of India

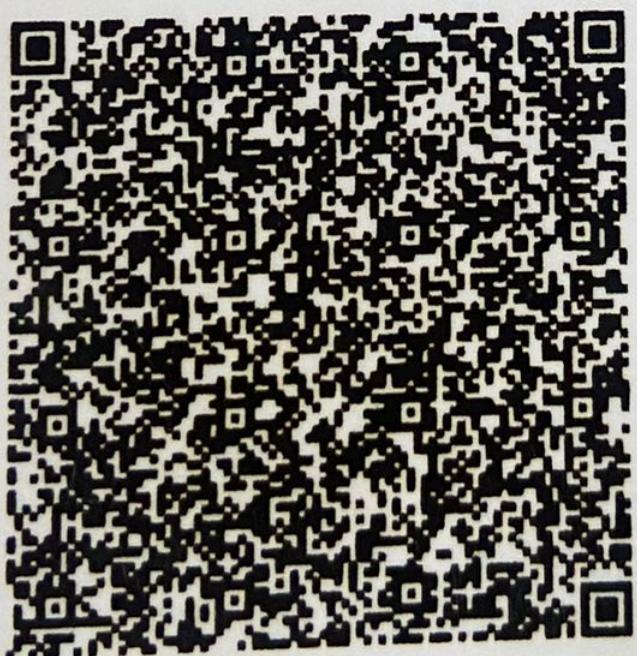


ঠিকানা:  
শ্রী মা সরনী রোড, শিলিগুড়ি বাবুপাড়া, ওয়ার্ড নং 27,  
শিলিগুড়ি (পৌরসভা), দার্জিলিঙ্গম,  
পশ্চিম বঙ্গ - 734004

Address:

SREE MAA SARANI ROAD, SILIGURI  
BABUPARA, WARD NO 27, Siliguri ( M. Corp),  
Darjeeling,  
West Bengal - 734004

Date: 03/01/2022  
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आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

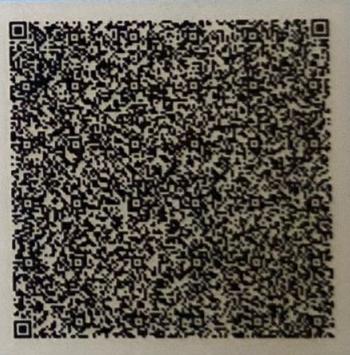


नाम/ Name  
BIKASH NANDI

पिता का नाम/ Father's Name  
BISWANATH NANDI

जन्म की तारीख /  
Date of Birth  
15/08/1977

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
AOHPN4023P



25112022

*Bikash Nandi*  
हस्ताक्षर / Signature



The Health Insurance Specialist

**Star Health and Allied Insurance  
Company Limited**  
**Customer Identity Card**

**Policy No:** 11240315084900

Name	DOB	Gender	Customer id
BIKASH NANDI	15/08/1977	M	PI0003707466
MUNMUN NANDI	05/07/1984	F	ME0386372921
BIJAY NANDI	05/10/2003	M	ME0386372922

Valid From: 30/06/2023

Agent/Broker Code : BA0000181156

Office Code: 191124

SM/MT Code : SH14081

**IRDAI Regn. No:129**


**CARING HANDS**

<b>Patient Name</b>	BIJAY NANDI	<b>Requested By</b>	DR. BHASKAR ROY
<b>MRN</b>	012405300108	<b>Procedure DateTime</b>	30-05-2024 14:27
<b>Age/Sex</b>	20Y/Male	<b>Hospital</b>	HI-SCAN IMAGING AND LABS

### MRI RIGHT KNEE JOINT (PLAIN)

**CLINICAL DETAILS:** Fall. Injury while playing football 2 months ago. Walking difficulty, right knee pain and swelling since 2 days.

**TECHNIQUE:** Multi-planar, multi-sequence imaging of right knee joint were performed without intravenous contrast.

#### **FINDINGS:**

- Normal alignment of knee joint is noted.
- The visualized femur, tibia, fibula and patella demonstrate normal marrow signal.
- The patella is normal in position and the extensor mechanism is preserved. No evidence of patella alta / baja.
- There is complete tear of anterior cruciate ligament.
- Buckling of posterior cruciate ligament is seen.
- The menisci show normal signal intensity.
- The medial and lateral collateral ligaments are within normal limits.
- The medial and lateral patellar retinaculae are within normal limits.
- There is mild hemarthrosis is seen.
- Soft tissues around the joints are within normal limits.

#### **IMPRESSION:**

- Complete tear of anterior cruciate ligament.
- Buckling of posterior cruciate ligament.
- Mild hemarthrosis.

## DEPARTMENT OF RADIOLOGY

Patient's Details	: Mr. BIJAY NANDI	M   20 Years
UHID	: AC01.0004833551	Ward/Bed No. : OP /
I.P.No./Bill No.	: CHMOPP10465030	Received on : 26-Aug-2024
DRN	: 424065327	Reported On : 27-Aug-2024
Referring Doctor	: DR. GOPALA KRISHNAN R [ORTHO]	

### MRI RIGHT KNEE

#### Clinical Information: Nil provided

#### Report:

Menisci: intact

Cruciate ligaments:

Anterior cruciate ligament is not visualised. - complete tear of anterior cruciate ligament.

Posterior cruciate ligament at femoral attachment site appears thickened and shows intrasubstance signal changes.

There is hyper buckling of posterior cruciate ligament and slight anterior translation of tibia.

Collateral ligaments: intact

Posterolateral Corner Structures: Unremarkable.

Patellofemoral Joint: Normal with preserved articular cartilage.

Medial And Lateral Compartment: Normal with preserved articular cartilage.

Joint Cavity: There is mild knee joint effusion. No Intra-articular loose bodies is evident.

Extensor Mechanism/Patellar Tendon: Normal

Hoffa's Fat Pad: Unremarkable.

Printed On :

Printed By:

Reported By:

Page 1 of 2

Keep the records carefully and bring them along during your next visit to our hospital

For enquires, appointments & Telemedicine consultations contact: 044 - 40401066

AH-QF-RD-04

## DEPARTMENT OF RADIOLOGY

Patient's Details	: Mr. BIJAY NANDI	M   20 Years
MRID	: AC01.0004833551	Ward/Bed No. : OP /
I.P.No./Bill No.	: CHMOPP10465030	Received on : 26-Aug-2024
DRN	: 424065327	Reported On : 27-Aug-2024
Referring Doctor	: DR. GOPALA KRISHNAN R [ORTHO]	

Patellar Instability: None

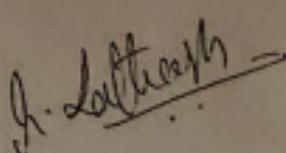
Bone Marrow and Periarticular Soft Tissues And Neurovascular Bundle: Unremarkable.

### **IMPRESSION:**

- Complete tear of anterior cruciate ligament with slight anterior translation of tibia and hyper buckling of posterior cruciate ligament.
- Posterior cruciate ligament strain at femoral attachment site.
- Mild knee joint effusion.

*Please note that this report is a radiological professional opinion. It has to be correlated clinically and interpreted along with other investigations.*

---END OF THE REPORT---



Dr. Satheesh Ramamurthy MBBS, MRCPCH, FRCR, CCT(UK)  
Consultant Radiologist.  
Apollo Teleradiology Reading Centre,  
Apollo Institute of Interventional Radiology.

Printed On :

Printed By:

Reported By:

Page 2 of 2

*Keep the records carefully and bring them along during your next visit to our hospital*

For enquires, appointments & Telemedicine consultations contact: 044 - 40401066



**Star Health and Allied Insurance  
Company Limited**

**Customer Identity Card**

**Policy No:** 11240315084900

Name	DOB	Gender	Customer id
BIKASH NANDI	15/08/1977	M	PI0003707466
MUNMUN NANDI	05/07/1984	F	ME0386372921
BIJAY NANDI	05/10/2003	M	ME0386372922

**Valid From:** 30/06/2023

**Agent/Broker Code :** BA0000181156

**Office Code:** 191124

**SM/MT Code :** SH14081

**IRDAI Regn. No:129**



# Star Health And Allied Insurance Company Limited

Date : 23-Apr-2024

## IMPORTANT

To,

BIKASH NANDI

SREE MAA SARANI ROAD, NEAR KRISHNA KUNJ BHAWAN  
BABUPARA, SILIGURI, WARDNO-27, USHALOY APPARTMENT  
DT-DARJEELING

Siliguri, West Bengal-734004

Mobile : 97XXXXXX33

Dear Customer,

### Re: Health Insurance Policy - 11240275787104

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

**Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.**

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorised Signatory

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

**Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.**

Sum Insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.



# Star Health And Allied Insurance Company Limited

## Family Health Optima Insurance Plan Unique Identification No. SHAHLIP23164V072223 POLICY SCHEDULE

<b>Policy No.</b>	: 11240275787104	<b>Previous Policy No</b>	: 11240275787103
Customer Code	: 12890764	GSTIN	: 19AAJCS4517L1ZV
Customer Name	: BIKASH NANDI	SAC Code	: 997133 / Accident and Health Insurance Services
Cust CKYC No	: -		
Proposer Code	: 12890764	Issuing Office Code	: 191400
Proposer Name	: BIKASH NANDI	Issuing Office Name	: Zonal Office - Siliguri
Proposer Address	: SREE MAA SARANI ROAD, NEAR KRISHNA KUNJ BHAWAN BABUPARA, SILIGURI, WARDNO-27, USHALOY APPARTMENT DT-DARJEELING Siliguri West Bengal 734004	Issuing Office Address	: 1st floor, SATURNS, Sevoke Road, SMC ward no. XIII, PO and PS - SIliguri, Dist - Darjeeling Siliguri West Bengal 734001
Phone No	: 97XXXXXX33	Phone No	: 0353-4056884
E-mail Id	: baXXXXXXXXX882@gmail.com	E-mail Id	: siliguri.zo@starinsurance.in
Proposer GSTIN	: NO	Place of Supply	: West Bengal
Proposal date	: 28-Nov-2019	Fulfiller Code	: SH14081
Date of Inception	: 28-Nov-2019 of first policy	<b>Intermediary Code</b>	: BA0000181156
Policy Category	: Fourth Year	<b>Name</b>	: RATHINDRA CHANDRA PAUL
Collection No	: 201947000154	<b>Phone No</b>	: 03532585660/99322143 16
Collection Date	: 23-Apr-2024	<b>E-mail Id</b>	: rathindracpaul@yahoo.in
Base Product Premium	: Rs. 21,884/-		
Loading (Star Extra Protect)	: Rs. 3,283/-		
Discount (Star Extra Protect)	: Rs. 0/-		
Premium	: Rs. 25,167/-		
CGST @ 9%	: Rs. 2,265/-		
SGST @ 9%	: Rs. 2,265/-		
Total Premium	: Rs. 29,697/-		
Stamp Duty	: Re. 1/-		
<b>Total Premium In Words : Rupees Twenty Nine thousand six hundred ninety seven only</b>			
<b>PERIOD OF INSURANCE</b> : From : 24-Apr-2024 00:00		To : Midnight Of 23-Apr-2025	<b>Policy Term :1 Year</b>
<b>Installment Facility Option:No</b>		<b>Premium Payment Frequency :Annual</b>	<b>Installment Amount Rs. : 0/-</b>
<b>Scheme Description (Family Size) :2A+1C</b>		<b>Basic Floater Sum Insured :Rs. 10,00,000/-</b>	
<b>Bonus</b> : Rs. 2,00,000/-		<b>Limit of Coverage</b> : Rs. 12,00,000/-	<b>Recharge Benefit</b> : Rs. 1,50,000/-

Entered by : SH62719

Approved by : SH62719

**IRDAI Regn.No.129****Corporate Identity Number L66010TN2005PLC056649****Email ID: info@starhealth.in**

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 2 of 5



# Star Health And Allied Insurance Company Limited

**Attached to and forming part of Policy No: 11240275787104**

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	BIKASH NANDI	Male	15-Aug-1977	46	Self	12890764-1	28-Nov-2019
<b>Pre Existing Disease :</b>		No PED Declared					
2	MUNMUN NANDI	Female	05-Jul-1984	39	Spouse	12890764-2	28-Nov-2019
<b>Pre Existing Disease :</b>		No PED Declared					
3	BIJAY NANDI	Male	05-Oct-2003	20	Son	12890764-3	28-Nov-2019
<b>Pre Existing Disease :</b>		No PED Declared					
<b>Star Extra Protect - Add on Cover (UIN NO.: SHAHLIA23061V012223 )</b>							
Section(s) Opted :		Section-I : Yes			Section-II : No		
For Section II (Aggregate Deductible Limit Opted) : Rs.0/-							

**Nominee Details:**

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	MUNMUN NANDI	Spouse	39	100			

**Sector Classification:**

Urban
-------

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

**THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.**

**Important**

In the event of hospitalization of insured person, intimation should be given to the Company immediately, however, within 24 hrs from the time of admission.

**Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.**

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Zonal Office - Siliguri on 23rd Day of April 2024.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

Entered by : SH62719

Approved by : SH62719

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 3 of 5



# Star Health And Allied Insurance Company Limited

## Tax Invoice



<b>Invoice No.</b>	: 192404I005427756			<b>Customer ID</b>	: 12890764				
<b>Invoice Date</b>	: 23-Apr-2024			<b>Policy No.</b>	: 11240275787104				
<b>Recipient</b>				<b>Supplier</b>					
<b>GSTIN</b>		<b>GSTIN</b>		<b>Name</b>	: 19AAJCS4517L1ZV				
<b>Name</b>	: BIKASH NANDI	<b>Name</b>		Star Health and Allied Insurance Co Ltd - Zonal Office - Siliguri					
<b>Address</b>	: SREE MAA SARANI ROAD,NEAR KRISHNA KUNJ BHAWAN BABUPARA,SILIGURI,WARDNO-27,USHALOY APPARTMENT DT-DARJEELING	<b>Address</b>		1st floor, SATURNS, Sevoke Road, SMC ward no. XIII, PO and PS - SIliguri, Dist - Darjeeling					
<b>City</b>	: Siliguri	<b>Pin Code</b>	: 734004	<b>City</b>	Siliguri	<b>Pin Code</b>	: 734001		
<b>State</b>	: West Bengal	<b>Client Category</b>	: IND	<b>State</b>	West Bengal	<b>Place of supply</b>	: West Bengal		
HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G = C * Cess	H = C + D + E + F + G
997133	Insurance Services	25,167.00	0	25,167.00	0	2,265.00	2,265.00	0	29,697.00

**Total Invoice Value (in Figures)** : Rs. 29,697/-

**Total Invoice Value (in Words)** : Rupees Twenty Nine thousand six hundred ninety seven only

**Amount of Tax Subject to reverse Charge** : No

### **Important Note:**

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

### **E. & O.E**

This is a digitally signed document and hence no physical signature is required

**IRDAI Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

**Email ID: stargst@starhealth.in**

Entered by : SH62719

Approved by : SH62719

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 4 of 5



# Star Health And Allied Insurance Company Limited

**Name Of the Product**

**Star Extra Protect – Add on Cover**

**Product UIN No.**

**SHAHLIA23061V012223**

## Summary of Important Benefits

S.No	Particulars of Coverage / Benefits	Benefit Limits (in Rs.)	Refer to Policy clause No.
1	Enhanced Room Rent	<b>10 to 20 Lakh</b> (as per base policy)	<b>Above 20 Lakh</b> (as per base policy)
		Any Room (Except for suite room and above the category of suite room)	Any Room
2	CLAIM GUARD (Coverage for Non-medical Items (Consumables))	If there is an admissible claim under In-patient/Day Care Treatment, under the base policy, then the expenses of the items as per List I will become payable.	C Section – I (2)
3	Enhanced Limit for Modern treatments	The procedures covered under the Base policy with sub-limits are covered up to sum insured of the base policy.	C Section – I (3)
4	Enhanced Limit for Ayush treatment	Medical expenses for In-patient Hospitalization incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a AYUSH Hospital is payable up to sum insured of the Base Policy.	C Section – I (4)
5	Home care treatment	Payable up to 10% of sum insured of the base policy, subject to maximum of Rs.5 lakh in a policy year, for treatment availed by the insured person at home, only for the specified conditions.	C Section – I (5)
6	Bonus Guard	Cumulative bonus available under base policy will not be reduced at renewals unless the bonus is utilized.	C Section – I (6)
7	Option to choose aggregate deductible	If the insured chooses any of the deductibles, the Company will provide discount on premium.	C Section – II (1)

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

Entered by : SH62719  
Approved by : SH62719

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 5 of 5

# Dr. Bhaskar Roy

MBBS, MD, FIPM, FPM (WBUHS)

MBBS, MD (Anaes & Pain Medicine), FIPM (Aesculup Academy of Pain, USA)  
Interventional Pain and Spine Specialist, Certified Arthritis Specialist (Harvard)  
Ex-in-charge Pain Clinic NBMC & RGKARMC, Kolkata, WBMC-61050

Cell : 94344-65575  
[www.siliguripainclinic.com](http://www.siliguripainclinic.com)

Name..... Bijay Nandi Age..... 20 Sex M Date : 4/3/29  
Address..... slg

(R) Knee pain  
After surgery  
following  
sports injury

Joint T.T fault  
in R.L

No # knee  
on T.may

Q<sub>1</sub>

①

②

③

④

⑤

MR & - (R) Knee

X-ray (R) knee Ea  
Lipid

crepe bandage

Ice pack Valixa opdy  
pos 784

computer bed m.

T. Rotoflame N 00600

T. Easyn on pos 00600  
soab sm m 50

Knee Arthroscopic  
ACL reconstruction

4/3/29

## CHAMBER

Anukul Medical Hall  
Venus More, Near Choto Masjid, Siliguri  
Cell : 98325-77090 / 89279-44961

BSL Healthcare & Diagnostics  
Venus More, Near Choto Masjid, Siliguri  
Phone : 86700-32667

Siliguri Nursing Home  
Hakimpura, Siliguri  
Phone : (0353) 2532253

Anandaloke Hospital  
Sevoke Road, Siliguri

# Self-Declaration for Insurance Coverage for ACL Surgery

Name: Bijay Nandi.

Father Name - T. K. Nandi.

Address - Balupore, Shreemar Shanani, Siliganj, Darjeeling, 734004, West Bengal

Policy Number:

I, Bijay Nandi, declare that I have sustained a knee injury while playing football on 03.03.2024, and next day on 04.03.24 I have been consulted Dr. Bhaskar Nandi and have been advised to take bed rest for 15 days and also suggest to undergo MRI. After 2 months, as suggested I undergo MRI on 30.05.24. By observing MRI report he suggest me to undergo with ACL Surgery because aspect report I have complete ACL tear. For Second opinion I consult with Dr. Krishnan R. on 26/08/24, he also suggest for MRI, after doing MRI reports are like previous that's complete ACL tear, Dr. Gopal Krishnan also suggest me for a ACL Surgery.

On 17.10.2024 I consult with Dr. Manu Dora and after following of examination and all MRI report he also suggest for a ACL Surgery. I have complete ACL Surgery. And now I want to do my surgery from Dr. Dora.

I am requesting coverage for this surgery under my medical insurance Policy. I affirm that all information provided herein is accurate and complete to the best of my knowledge.

Bijay Nandi.

Date - 17.10.2024

AC01.0004833551  
Mr. BIJAY NANDI  
Age: 20 Years / Male  
26 Aug, 2024 11:36:06 am



IDIC = Complete Tear of  
ACL Ligament and Anterior  
Lateral Instability

AI

— Admission - Surgery  
Arthroscopy and ACL  
Ligament Reconstruction  
and Patellar Bone  
Tendon Bone Craft

Late  
98400 59449

Dr.

98401 59449

— The Hospital FAX  
, tel SOS

on  
27/8/24

**DR. MANU BORA**

Consultant & Head - Arthroscopy & Sports Medicine  
M.B.B.S., M.S (Orthopedics)  
Arthrex Master Instructor  
Director- Orthosport & Threads Physio

**DR. AKHIL AGNIHOTRI**

Associate Consultant – Arthroscopy & Sports Medicine  
M.B.B.S., M.S., D.N.B. (Orthopedics)  
F.N.B. Sports Medicine & Arthroscopy

**DR. VIRAJ PANDYA**

ACL Expert & Shoulder Expert  
MPT (Master of Sports Physiotherapy)  
MIAP (Member of Indian association of Physiotherapy)  
Former Physiotherapist in Sports authority of India  
Asian Games 2023 and Paris Olympics'24 – Indian Athletics team

**DR. ASTHA SINGH**

Senior Physiotherapist  
MPT – Musculoskeletal & Sports Sciences  
ACL Expert & Shoulder Expert (ISCCP)

**DR. RIYA JAIN**

Sports Physiotherapist  
B.P.T., Certified Dry needling practitioner

**DR. SIDDHI KUMARI**

B.P.T., Certified Muscle energy technique  
Certified in PNF technique

ACL Winner Group



threadsphysio.com



Name: Mr. Bijay Narsh Age: 20 years  
Gender: Male Date: 17/10/24

Pt d/o :- Pain and instability in (R) knee

H/o :- Injury while playing football on 03/03/24

No FIR / No MLC

Pt was not alcoholic / drug at the time of injury

O/E :- ADT (+) MRI S/O :- complete ACL tear.  
Lachman (+)

Adv :- Arthroscopic evaluation +  
Arthroscopic ACL reconstruction with  
quadro graft & FTIB.  
All pre-op investigation.

India's No.1 ACL Sports Rehab Online Physiotherapy Clinic

+91 9354634022, 9650620870, 9599200901

F-10/4, Golf Course Rd, DLF Phase 1, Sector 27, Gurugram, Haryana 122001