

## KOTAK DADUP SMART CASH - Claim form

V-1

SECTION 1: DETAILS OF THE INSURED PERSON

## A. Details of Policy holder

1. Name of Policyholder (Full Name)

2. Name of Policyholder

3. Address

4. Date of Birth

5. Signature Number

6. Email

## B. Details of the Insured in respect of whom claim is made

1. Name of Insured Person

2. Address

3. Date of Birth

4. Signature Number

5. Email

6. Relationship with Policy Holder

7. Date of Admission and Date of Discharge (if Hospitalization is not required)

8. Nature of Injury/illness (if Hospitalization is not required)

9. Name of Hospital/Doctor (if Hospitalization is not required)

10. Name &amp; address of Hospital/Doctor where treatment is being given.

## C. In Case of Accidental Claims

1. Date of Admission (DD/MM/YYYY)

2. Date of Discharge (DD/MM/YYYY)

3. Date of Injury (DD/MM/YYYY)

## D. Details of Hospitalization immediately after the accident

1. Place of Accident (DD/MM/YYYY)

2. Details of accident and Nature of Accident

3. Did the accident happen when you were working?

4. Offender (Name and Address)

5. If Yes, Name and Address of Police Station

6. If No, Give reason

7. Last Hospitalized Report (If Medical Legal Certificate (MLC) Missing complaint Number and Date)

8. Contact Details of Police Station

9. Were you hospitalized immediately after the accident?

10. Name and Address of the Hospital

11. Date of Admission

12. Date of Discharge

13. Date of Discharge

14. Date of Discharge

15. Date of Discharge

16. Date of Discharge

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93. Date of Discharge

94. Date of Discharge

95. Date of Discharge

96. Date of Discharge

97. Date of Discharge

98. Date of Discharge

99. Date of Discharge

100. Date of Discharge

## B. Details of Witnesses

1. Was there any witness to the event?

2. Name

3. Address

4. Phone No.

5. Please Sign and Stamp

6. Please Sign and Stamp

PRASAD HARISHCHANDRA KOLEKAR  
SHIVAJI NAGAR LINE NO. 9 MARUTI MANGRA

DHULE

DHULE

424001

9879345867

Please attach all original witness statements if already obtained

## C. Details of Benefits Claimed

Sl. No.	Benefit under the Policy	Sum Insured/ Daily Cash Amount		No. of Days
		Rs.	per day	
1.	Medical Daily Cash Benefit	Rs.	per day	Days
2.	Accident Daily Cash Benefit	Rs.	per day	Days
3.	W.D. Daily Cash Benefit	Rs.	per day	Days
4.	Optional Covers			
5.	Consequential Benefits	Rs.	per day	Days
6.	Compensation Benefit	Rs.	per day	Days
7.	Room Hospitalization	Rs.	per day	Days
8.	Food Accommodation	Rs.	per day	Days
9.	Day Care Procedure Benefit	Rs.	per day	Days
10.	Surgery Benefit	Rs.	per day	Days
11.	Accidental Hospitalization Benefit	Rs.	per day	Days
12.	Broken Bone	Rs.	per day	Days
13.	Auto	Rs.	per day	Days
14.	Maternity Benefit	Rs.	per day	Days
15.	New Born Baby Benefit	Rs.	per day	Days
16.	Advanced Treatment Benefit	Rs.	per day	Days
17.	Spinal Cord	Rs.	per day	Days
18.	Permanent Disability Benefit	Rs.	per day	Days
19.	Exclusion Benefit	Rs.	per day	Days

## D. Check List of Enclosures for Submission of Claim

### 1. Basic documents required for all Claims:

- Applicable KYC documents along with latest photographs, valid Photo ID, address proof, etc.
- Only completed and signed Claim form as original as prescribed by Us.

### 2. Additional documents for Benefits (as applicable under each Section):

Sl. No.	Name of the Cover	Documents
1.	Medical Daily Cash Benefit	Hospital discharge card/summary, copy of treatment papers, medical investigation reports and copy of hospital bill
2.	Accident Daily Cash Benefit	Hospital discharge card/summary, copy of treatment papers, medical investigation reports and copy of hospital bill
3.	W.D. Daily Cash Benefit	Hospital discharge card/summary, copy of treatment papers, medical investigation reports and copy of hospital bill
4.	Consequential Benefits	Hospital discharge card/summary and documents to confirm relationship with the Insured
5.	Compensation Benefit	Hospital discharge card/summary of each insured Person hospitalized
6.	Room Hospitalization	Copy of discharge card and document to confirm relationship with the Insured
7.	Food Accommodation	Hospital discharge card/summary, copy of treatment papers, medical investigation reports and copy of hospital bill
8.	Day Care Procedure Benefit	Hospital discharge card/summary, copy of treatment papers, medical investigation reports and copy of hospital bill
9.	Surgery Benefit	Medical investigation report, Original hospital bill & receipts and treatment papers, etc. (if done in MLC, it is conducted for Accident claim)
10.	Accidental Hospitalization Benefit	Original hospital bill & receipts and treatment papers, etc. (if done in MLC, it is conducted for Accident claim)
11.	Broken Bone	Medical investigation report, Original hospital bill & receipts and treatment papers, etc. (if done in MLC, it is conducted for Accident claim)
12.	Auto	Medical investigation report, Original hospital bill & receipts and treatment papers, etc. (if done in MLC, it is conducted for Accident claim)

5. Insurance required in case of Critical Illness Claim.

2. Synthesis of Policy Number 2 Bank Account.

9947823352

KKBK 000 20 49

KKBK 0002049  
KATOLK MANTINDRA BANK SHULE

ARSHABAI HARISHCHANDRA KOLEKAR

#### 6. Unification by the insured

**Declaration by the insured:**  
I hereby declare that the information furnished by this form is true & correct to the best of my knowledge and belief. It is understood and agreed that no  
statement, suggestion or representation of any material fact with respect to quantities asked in respect to this form, the right to such representation shall be  
withheld from content & authorized insurance company, to take necessary medical information / documents from any medical / Medical Practitioner / doctor  
attending on the insured during which this claim is made.

A. H. Kolekar

A. H. Kulkarni

$$\text{Sum} \quad 16 \mid 4 \mid 23$$

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STANDARD OF LIVING: 1960-1969

## DECLARATION BY NOMINEE IN THE EVENT OF POLICY HOLDER'S DEATH:

DECLARATION BY NOMINEE (IN THE EVENT OF POLICY HOLDER'S DEATH)

Where my death has occurred, I hereby declare that the foregoing particulars as to the A covered by the policy are true and correct to the best of my knowledge and belief. I also declare that I am not, nor have I ever been, a partner, agent, or employee of the insurance company, and I have not been, nor have I ever been, a partner, agent, or employee of the insurance company, and I have not been, nor have I ever been, a partner, agent, or employee of the insurance company.

Aashabai Harishchandra Kalekar

46 yrs - Female

✓

29/03/2023

Fever, cold, cough, vomiting.

Son,

ENTIRE fever & Thrombocytopenia.

H. perumia 1590/g R 4mg/g J. norep 40/g B. norep

Date of Admission 29/3/2023

Date of Discharge 05/4/2023

Date of Admission

Date of Discharge

1. Was the patient subjected to any of the following or associated with external condition? Yes No
2. Was patient given water? Yes No
3. Cause of present injury Substances Road Traffic Accident Substances used in the accident Other
4. Was patient subjected to any of the following or associated with external condition? Yes No
5. Was patient given water? Yes No
6. Was patient subjected to any of the following or associated with external condition? Yes No
7. Please specify the number of days when the medical service is stopped and should be continued to continue at the next and how consequences of the injury occurred? Yes No
8. Was the medical service stopped or delayed to receive medical service? Yes No
9. If yes, when and date? Yes No
10. Was the patient treated with any of the following type of permanent disability of any other type when they present injured with permanent or any other disability without going previous to any employment or occupation whatsoever? Yes No
11. Was patient given water? Yes No
12. Was the medical service stopped or delayed to receive medical service? Yes No
13. Was patient subjected to any of the following or associated with external condition? Yes No
14. Was patient given water? Yes No
15. Was patient subjected to any of the following or associated with external condition? Yes No
16. Please specify previous injury? Yes No

Fill the details mentioned by the insured (Beneficiary) person & where possible furnish supporting documents

Name of the insured person: **SON, Prasad Kolakar**

Age of the insured person: **210**

Address of the insured person: **Plot 108/ Government colony, Ghodapoor Dargah, Nagphosipur Phule**

Name of the Doctor: **Dr. Sushil Navsare** Registration Number: **2004/05/2391**

Qualification: **M.D. (Med)**

Address: **Plot 108/ Government colony, Ghodapoor Dargah, Nagphosipur Phule**

Date: **18/04/2023**

**Dr. Sushil D. Navsare**  
Sahakar Hospital  
No. 2004/05/2391  
Opp. Dist. Court  
Station Road, Dhule

### SECTION II TO BE FILLED BY EMPLOYER

Name of the Company:

Address & Contact Details of the Company:

Name of the Employee:

Date of joining service:

Designation:

Please provide details of the leave taken by the employee, specifying the type of leave

Sr. No.	Date from which leave is taken	Date when resumed duties	No. of Days	Type of Leave	In case of sickness leave, medical certificate produced, Yes/No	Reason for Leave

Signature and Seal of the authorized authority of the Company:

Designation:

Name of the Authorized Signatory:

Date:

### GUIDANCE FOR FILING CLAIM FORM-TO BE FILLED IN BY THE INSURED/ DOMICILIARY

Data element

Description

Format

#### SECTION I: TO BE COMPLETED BY INSURED PERSON

##### A. Details of Policy Holder:

1. Name of the insured person

2. Date of birth

3. Name of the policy holder

4. Address

5. Name of the insured person's spouse

6. Occupation/Designation of the insured person

Enter the complete name

Enter the policy number

Enter the full name of the policy holder

Enter the full home address

Enter Date of birth of the insured person

Enter Occupation/Designation of the insured person

First Name

As mentioned in the insurance policy

Full Name, Address, Age, Sex, etc.

As mentioned in the policy and the insured person's details

As mentioned in the policy

Please specify the Occupation/Designation

## TO BE FILLED BY THE SUBJECT AS

DATE SUNBAR HOSPITAL BHULE

1) type of hospital network: network not network

DR. SUSHIL NAVSARE

MR. MED. NUMBER 2004/08/2331

is of the name: AASHBAI HARISHCHANDRA KOLEKAR

AASHBHI KAKISHCHANNAN  
 23112023

a. of adm 25/04/23  
 5pm  
 b. State of Admission 29/3/23  
 c. Type of Admission Emergency  
 d. Time 4pm  
 e. Date of Discharge 5/4/23  
 f. Day Care  
 g. Mobility  
 h. Reason for admission  
 i. Change in home

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ENTRICK FEVER

ENTRICE FEVER = THROMBOCYTOPENIA



# **PATIENTS SUBMITTED: CHECK ONE ONLY TO INDICATE TYPE OF ADMISSION**

☐ New admission  
☐ Transfer from another hospital  
☐ Discharge from another hospital  
☐ Transfer from another hospital  
☐ Discharge from another hospital  
☐ Transfer from another hospital  
☐ Discharge from another hospital  
☐ Transfer from another hospital  
☐ Discharge from another hospital

☒ New admission  
☐ Transfer from another hospital  
☐ Discharge from another hospital  
☐ Transfer from another hospital  
☐ Discharge from another hospital  
☐ Transfer from another hospital  
☐ Discharge from another hospital  
☐ Transfer from another hospital  
☐ Discharge from another hospital

## **ENTER THE FOLLOWING DATA OF NON-NETWORK HOSPITALS/CLINICS IN THE FOLLOWING MANNER**

Name of Hospital: **PLOT NO. 8 GOVERNMENT COLONY, GHODEPEER BARGAH NEAR PHANSI PUL, DHULE**  
 District: **DHULE** State: **MAHARASHTRA**  
 Hospital No.: **424001** Registration No. with State Govt.: **02562-229191** Date of Registration: **2004/05/23**  
 Number of Hospital Beds: **10**

## **ATTENTION BY THE HOSPITAL (Please read very carefully)**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. I warrant that the information is complete, accurate and consistent with the information furnished by the patient and the hospital. I warrant that the information is true & correct to the best of my knowledge and belief.

**16/04/2023**

**DHULE**

**Dr. Sushil D. Navsare**  
**Saiyander Hospital**  
**No. 2004/05/239**  
**Opp. Dist. Court**  
**Nation Road, Dhule**

## **GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)**

DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF HOSPITAL</b>		
1. Name of Hospital	Enter the name of hospital	Name of hospital in full
2. Hospital ID	Enter ID number of hospital	As allocated by the state
3. Type of Hospital	Indicate whether it is a general hospital, specialty hospital, etc.	Tick the right option
4. Address of Hospital	Enter the address of the hospital	Name of district in full
5. Location	Enter the location of the hospital	Indicate the location of the hospital
6. Registration No. with State Govt.	Enter the registration number of the hospital along with the state code	As allocated by the hospital. Ensure that it includes 12 digits with hyphens removed
7. Phone No.	Enter the phone number of the hospital	
<b>SECTION B - DETAILS OF THE PATIENT ADMITTED</b>		
8. Name of Patient	Enter the name of the patient	Name of patient in full
9. ID/Registration Number	Enter insurance provider registration number	As allocated by the insurance provider
10. Gender	Indicate gender of the patient	Tick the right option
11. Age	Enter age of the patient	Number of years and months
12. Date of Admission	Enter date of admission	Use the following format: DD/MM/YYYY
13. Date of Discharge	Enter date of discharge	Use the following format: DD/MM/YYYY
14. Type of Admission	Indicate type of admission of patient	Tick the right option
15. Amount of Claim	Enter the total claimed amount	Use the following format: DD/MM/YYYY

• Treatment given: Summary:- 4671  
female Pt admitted by  
Sci Sumder hospital by  
selection

Ch  
fever, wet, cough, cold,  
vomiting, hiccups, severe  
nausea, vomiting  
and chest pain  
severe pain in abdomen  
on admission to the baby  
Wetters.  
BP- 120/90 mmHg  
P- 80 mmHg  
SpO2- 98%  
Pst chest  
Cvs- sinus  
Pns- cough & wheeze.

• Investigation:

Hb	car	car	post
WBC	car		
PBS	car		
ESR	car		
BSL	PP	F	
Blood Urea	R		
S. Creatinine			
Urine R			
Sputum			
Anti Retrovir			
Au Ag			
VDRL			
Widal			
R A Factor			
Uric Acid			
C Reactive Protein			
ASO Titre			
X-Ray			
ECG			
SGPT			
SGOT			
Bilirubin			
Alk. Po.			
S. Proteins T/AG			
S. Amylase			
Lipid Profile			
CPK-MB			
TOTAL			
TFT			
USG			
2 D Echo			
Others			



• Treatment on Discharge :

1- Paracetamol 250 mg TID  
 1- Escitalopram 10 mg BD  
 1- Paracetamol 400 mg BID  
 1- Fluoxetine 20 mg BID  
 1- Thiamine 400 mg BID  
 SP- Thiamine 100 mg BID  
 SP- Urofollin 5000 IU BID  
 flemoxidone 1000 mg BID

*Dr. Sushil D. Navsare*

Dr. Sushil D. Navsare  
 Saisunder Hospital  
 Reg. No. 2004/05/239  
 Opp. Dist. Court  
 Station Road, Dhule



**SAISUNDER HOSPITAL**

Plot No. 8, Government Colony, Ghodapoor Dargah,  
 Near Phansi Pul, Dhule. ☎ : 02552-225131

**DR. SUSHIL NAVSARE**

M.D. Medicine (KEM) Mumbai  
 Consulting Physician Cardiologist & Intensivist

**DISCHARGE CARD**

Name: Ashabai Koleyar  
 Reg. No.: 231/2023  
 Admission: 29/9/23 11 PM  
 Discharge: 5/10/23 5 PM  
 Ref. By: \_\_\_\_\_  
 Diagnosis: Enteric fever  
Thrombocytopenia

Please bring this card with you at each follow-up visit.  
 Please return this card to the hospital if not used.

# SAISUNDAR HOSPITAL

Plot No. 8, Government Colony, Ghodeswar Dargah,  
Near Phansi Pul, Dhule ☎ : (02562) 229191



Dr. Sushil D. Navsare

M.D. Med. (K.E.M.) Mumbai

Reg. No. : 2004/05/2391

## INDOOR CASE PAPER

Patient Name : <u>Ashabai Kalekari</u>	Date : <u>29/3/2023</u>
Referred by Dr. _____	Indoor No. <u>    </u>
Incharge Consultant : <u>Dr. Sushil Navsare</u>	D.O.A. : <u>29/03/23</u>
Age : <u>46</u> Sex : <u>F</u> Occupation : _____	TIME : <u>03:00</u> A.M./P.M.
Address : <u>Dhule</u>	D.O.D. : <u>05/03/23</u>
Responsible Person : <u>Basant Kalekari</u>	TIME : <u>05:00</u> A.M./P.M.
Tel. : <u>9359345865</u>	
Provisional Diagnosis : <u>Enteric fever</u>	
Final Diagnosis : <u>Enteric fever</u>	

DEPOSIT DETAILS			
Date	Amount	Mode	Sign

Chief Complaints : fever, chills, cough, cold  
vomiting,

Present History : fever chills cough, cold  
vomiting, hiccups, joint pain  
pain in abd. bone pain

Past History : no

Family History : no

Personal History : no

General Examination : BP. 150/80 mmHg

SpO<sub>2</sub> : 94%

P : 84/m

RR : 24/m

RS. : Normal

C.V.S. : S120

Abdomen : pain in abd

C.N.S. : Conscious oriented

Other :

Investigation : all reports are normal



Dr. Sushil D. Navsare  
Saisunder Hospital  
Reg. No. 2004/05/230  
Opp. Dist. Court  
Station Road, Dhule  
Dr. Sushil D. Navsare



# साईसुंदर हॉस्पिटल

प्लॉट नं.८, गव्हर्नमेंट कॉलनी, पोहेस्वार बाबा दर्गा  
शेजारी, फाशी पुलाजवळ, धुळे. ☎ : (02562) 229191



डॉ. सुशील डी. नवसारे

एम.डी. मेडीसीन (के.ई.एम.) मुंबई

रजि. नं. 2004/05/2391

कानसर्टीम किडनियल, काहीओनोलीक व इन्फेक्शियस

डायग्नोसिस - थंदा क्लिनिकलिकरी अँड सुपरस्पेशलिटी हॉस्पिटल, धुळे

## अनुमती-पत्र

रुग्णाला दाखल करून घेण्याचा हक्क ह्या रुग्णालयाच्या व्यवस्थापनाने राखून ठेवला आहे.

- 1) डॉक्टरांनी मला/आम्हाला माझ्या/आमच्या रुग्णाच्या (रुग्णाचे नांव आशाबाई काळकर) आजाराची व त्याच्या प्रकृतीची आताची परिस्थितीची संपूर्ण माहिती व कल्पना दिली आहे.
- 2) मला/आम्हाला डॉक्टरांनी कराव्या लागणाऱ्या तपासण्या, औषधोपचार, त्यांचे परिणाम व संभाव्य दुष्परिणाम किंवा अकल्पित प्रतिक्रिया व संभाव्य विकृती वा विकोप इ. सर्व बाबींची संपूर्ण व स्पष्ट कल्पना दिली आहे.
- 3) गरज भासल्यास रुग्णाच्या बाबतीत जरूरीप्रमाणे अतिरिक्त विशेष तज्ञांचा सल्ला घेण्यास माझी/आमची संमती आहे. त्या संबंधीच्या खर्चाची जबाबदारी माझ्यावर/आमच्यावर राहिल.
- 4) गरज भासल्यास रुग्णास अ.द.वि. (अति दक्षता विभाग) मध्ये हलविण्यास माजी, आमची संमती आहे. अशा निर्णयांचे परिणाम व त्यासाठी करावा लागणारा खर्च याची जबाबदारी मी/आम्ही स्वीकारु.
- 5) आवश्यकतेनुसार कराव्या लागणाऱ्या तपासण्या व औषधोपचार यांना माझी/आमची संमती आहे. त्याचप्रमाणे या तपासण्या/औषधोपचारांमुळे काही दुष्परिणाम होण्याची शक्यता असल्यास त्याबद्दल मी/आम्ही संबंधीत डॉक्टरांकडून वेळोवेळी माहिती जाणून घेऊ.
- 6) रुग्णालयात वापरण्यात येणारी औषधे, सलाईनच्या बाटल्या, सलाईन सेट, इत्यादी वस्तूंचे रुग्णालयात उत्पादन केले जात नाही व रुग्णालयात वापरण्यात येणारी औषधे प्रमाणित कंपन्यांची असतात. याची मला जाणिव आहे.
- 7) रुग्णाच्या प्रकृतीविषयी वेळोवेळी मी डॉक्टरांकडून माहिती करून घेईन.
- 8) रुग्ण अथवा रुग्णाच्या नातेवाईकांकडून रुग्णालयातील वस्तूंची मोडतोड झाल्यास त्याची सर्व जबाबदारी माझ्यावर/आमच्यावर राहिल. व त्याचा वेगळा आकार मी/आम्ही भरेन/भरु.
- 9) ह्या हॉस्पिटलमध्ये असलेल्या सुविधा मला/आम्हाला माहित आहेत. काही प्रकारच्या सुविधा नसल्याची कल्पनाही मला/आम्हाला डॉक्टरांनी दिलेली आहे.
- 10) रुग्णालयाच्या नियमांप्रमाणे रुग्णालयाच्या परवानगीधारक व्यक्तीस शस्त्रक्रिया वा इतर योजनेत माझ्या/रुग्णाच्या शरीराचे काढलेले वा घेतलेले अवयव/स्नायु तपासण्यास व त्यानंतर त्यांची योग्य विल्हेवाट लावण्यास मी/आम्ही अनुमती देत आहे/आहोत.
- 11) वैद्यकीय ज्ञानाच्या अभिवृद्धीसाठी उपचार/शस्त्रक्रिया करतांना घेतलेली छायाचित्रे (Photographs/Transparencies) द्रुक-श्राव्य फिती (Audio-Visual Tapes) प्रदर्शित अथवा प्रकाशित करण्यास माझी/आमची अनुमती आहे. मी/आम्ही असे गृहीत धरतो की अशा प्रदर्शनात अथवा प्रकाशनात माझी/रुग्णाची ओळख दिली जाणार नाही.

वरील सर्व कलमे मी/आम्ही वाचली आहेत, ती मला/आम्हाला समजली आहेत व मला/आम्हाला मान्य आहेत व ती माझ्यावर/आमच्यावर बंधनकारक आहेत. तरी मी/आम्ही रुग्णालयाच्या अधिकाऱ्यांना मला/रुग्णास- नाव साईसुंदर हॉस्पिटल, धुळे या रुग्णालयात दाखल करून घेण्याची विनंती करतो.

नाव प्रसाद काळकर

सही/अंगठा

रुग्णाशी नाते कुमंड मुंबगा तारीख २९/३/२०२३

वेळ :

वरील अनुमती पत्राची कलमे मला माझ्या मातृभाषेत वाचून दाखविण्यात आलेली आहे. ती मला मान्य आहेत व माझ्यावर बंधनकारक आहे.

साक्षीदाराचे नांव व सही

पत्ता :

नाव :

सही/अंगठा

# SAISUNDAR HOSPITAL

Plot No. 8, Government Colony,  
Near Fashi Pool, Dhule. Ph. 02562-229191



**Dr. Sushil D. Navsare**

M.D. Medicine (KEM) Mumbai  
Reg. No. 2004/05/2391

Name of Patient Aashabai Kelkar

Age: 46 Yrs.

Sex: ☐ M / ☒ F

Indoor No. \_\_\_\_\_

Date	Clinical Notes	Treatment
10/10/23	Temp. 38.2 4 PM - 101.1 F 98%	locomus <input checked="" type="checkbox"/> + multistart <input checked="" type="checkbox"/>
	6 PM - 100.6 F 97%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	3 PM - 101.4 F 99%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	12 AM - 98.4 F 95%	Ty. Synapse 100mg in 100ml NS <input checked="" type="checkbox"/>
	2 AM - 100 F 98%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	4 AM - 98.6 F 97%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
12/10/23	Temp 38.2 8 AM - 100 F 97%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	10 AM - 98.1 F 96%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	12 PM - 99.5 F 98%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	3 PM - 98.4 F 97%	Ty. Synapse 100mg in 100ml NS <input checked="" type="checkbox"/>
	6 PM - 97.4 F 96%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	9 PM - 99.4 F 99%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	12 AM - 101.1 F 96%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	2 AM - 99.2 F 97%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>
	6 AM - 97.1 F 98%	Ty. Paracetamol 500mg in 100ml NS <input checked="" type="checkbox"/>



Date	Clinical Notes		Treatment
31/3/23	Temp.	120/80 BP	SP02 100% + multifist
8 Am	100°F	96%	Ty. Penam 6/500 10/1000 1000 1000
10 Am	98.6°F	98%	Ty. Synoper 40mg 10
12 Pm	98.7°F	97%	Ty. Ro 4mg 10
1 Pm	98.8°F	94%	Ty. febrinoly 300 10 500 600
4 Pm	98.4°F	92%	Ty. Branio 1000 100 500
6 Pm	99.2°F	94%	Tab Colidol 1000
8 Pm	98.8°F	96%	Syr Tetrabo 1000 - 1000 - 1000
10 Pm	98.8°F	97%	Ty. Amitone 500mg 10
12 Am	99.7°F	92%	Ty. RTs 1200mg 10
4 Am	98.6°F	94%	120/80 Tab CNZ clox 1000mg 1000
1/4/23	Temp	SP02	100% + multifist
8 Am	100°F	92%	Ty. Penam 6/500 10/1000 1000 1000
10 Am	98.8°F	94%	Ty. Synoper 40mg 10
12 Pm	96.8°F	96%	Ty. Ro 4mg 10
3 Pm	99.7°F	97%	Ty. Amitone 500mg 10
5 Pm	98.6°F	92%	Ty. RTs 1200mg 10
7 Pm	98.6°F	94%	Ty. Branio 1000 100 500
8 Pm	99.8°F	92%	Ty. febrinoly 300 10 500 600
10 Pm	98.6°F	96%	Tab Colidol 1000
12 Am	98°F	99%	Syr Tetrabo 1000 - 1000 - 1000
2 Am	98.7°F	100%	Tab CNZ clox 1000mg 1000
3 Am	99.6°F	92%	Ty. Sumol 1000 100 1000
4 Am	98.6°F	94%	
6 Am	98.6°F	95%	

SAIS  
Plot No  
Near

# SAISUNDAR HOSPITAL

Plot No. 8, Government Colony,  
Near Fashi Pool, Dhule. Ph. 02562-229191



Dr. Sushil D. Navsare  
M.D. Medicine (KEM) Mumbai  
Reg. No. 2004052391

Name of Patient Postabai Jalekar

Age 46 Yrs. Sex: ☐ M / ☒ F

Indoor No. \_\_\_\_\_

Date	Clinical Notes	Treatment
01/11/23	Temp 100m/113 9am: 98.1f 12pm: 97.2f - 1 multistart 12pm: 97.2f 3pm: 98.1f 6pm: 100.1f 10pm: 97.2f 11) - Dexamice 100mg iv 100mg iv - Conyrol powder 100mg iv 95/117	<u>R</u> Dexam Ty. Tazor 4.5gm 100ml N5 Ty. Gyroper 40mg iv Ty. Polymix 100mg iv Ty. Amikone 500mg iv Ty. RTS 100mg iv Ty. fentanyl 300mcg iv Tab clodol 100mg 300mcg iv Tab. <del>metax</del> 0-0-2 Tab. CNV clodol 100mg 100mg iv
02/11/23	8am: 98.2f 10am: 99.1f 12pm: 98.1f 3pm: 100.1f 6pm: 98.2f 8pm: 97.2f 10pm: 99.1f Ty. Dexamice 100mg iv Conyrol Powder 100mg iv	11/0/70 84/12 Ty. Tazor 4.5gm 100ml N5 Ty. Gyroper 40mg iv Ty. Polymix 100mg iv Ty. Amikone 500mg iv Ty. RTS 100mg iv Ty. fentanyl 300mcg iv Tab. clodol 100mg 300mcg iv Tab. <del>metax</del> 0-0-2 Tab. CNV clodol 100mg 100mg iv

Date	Clinical Notes	Treatment
7/4/23	Temp 8am - 96.2f 10am - 97.2f 12pm - 98.1f	<del>laminas</del> 1-1-1-1 <del>laminas</del> <del>Ty Tator 4.5gm in laminas</del> 1-1-1-1 <del>Ty Zinco 4gm in</del> 1-1-1-1 <del>Ty Ro 4gm in</del> 1-1-1-1 <del>Ty Amifone 500mg in</del> 1-1-1-1 <del>Ty PTC 120mg</del> 1-1-1-1 <del>Ty Febrinyl 2cc in</del> 505 <del>Tab clodid</del> 1-1-1-1 <del>3pp Tucato 1tbl - 1tbl - 1tbl</del> <del>Tab Coemalox 505</del> <del>Ty PTC 120mg</del> 1-1-1-1 <del>Tab CNZ clax 100mg</del> 1-1-1-1 <del>Ty Dexa 1cc in</del> 1-1-1-1
120/80 QBP	4pm - 95.2f	
CBC Crelt S4PT S601	6pm - 97.2f 8pm - 98.1f 12pm - 96.1f 130/80 QBP	
	Coryza Powder Betta 1-1-1-1	
5/4/23	Temp 8am - 97.3f 10pm - 97.7f 12pm - 97.1f 3pm - 96.5f	<del>laminas</del> 1-1-1-1 <del>laminas</del> <del>Ty Tator 4.5gm in laminas</del> 1-1-1-1 <del>Ty Zinco 4gm in</del> 1-1-1-1 <del>Ty Ro 4gm in</del> 1-1-1-1 <del>Ty Amifone 500mg in</del> 1-1-1-1 <del>Ty Febrinyl 2cc in</del> 505 <del>3pp Tucato 1tbl - 1tbl - 1tbl</del> <del>Tab Coemalox 505</del> <del>Ty PTC 120mg</del> 1-1-1-1 <del>Tab CNZ clax 100mg</del> 1-1-1-1 <del>Ty Dexa 1cc in</del> 1-1-1-1 <del>Coryza Powder Betta</del> 1-1-1-1
	130/80 QBP	





# Kotak Mahindra Bank

KASABABAI HARIYCHANDRA KOLEKAR

LANE 1 BHOLA BAZAR  
SHIVAJI NAGAR DHULE DHULE  
NEAR MARSHI MANDIR DHULE DHULE  
DHULE-424001  
MAHARASHTRA, INDIA

Period: 02-01-2023 To 15-04-2023  
Cust Ref No: 80680004  
Account No: 8447822352  
Currency: INR  
Branch: DHULE  
Business Registered: N

Branch Address: GROUND FLOOR R.B. PATIL COMPLEX  
LANE NO. 08, PAROLA ROAD DHULE

DHULE-424001  
MAHARASHTRA, INDIA  
Branch Phone No: 9607912155  
MICR Code: 424485001  
IFSC Code: KKBK0002049

Date	Narration	Chq/Ref No	Withdrawal (Dr)	Deposit (Cr)	Balance
	BR				0.00(Cr)
10-01-2023	UPI PRASAD HARICHAN/3010512836008 Payment from PH	UPI-301002760819		1.00	1.00(Cr)
10-01-2023	UPI KOLEKAR PRASAD 301000870352 Payment from PH	UPI-301002777697		3.300.00	3.301.00(Cr)
12-01-2023	KOTAK GROUP SMART CASH	INSURANCE- 45732442	2.999.00		302.00(Cr)
15-01-2023	DEBIT CARD ANNUAL FEE XXXXXXXXXXXX4575 FOR 2023	MS- 1673789325284	298.00		3.00(Cr)
11-04-2023	CASH DEPOSIT BY YOGESH AT DHULE BR			100.000.00	100.003.00(Cr)
11-04-2023	Chq - Cash Deposit On: 11-04-2023		477.90		99.525.10(Cr)

## Statement Summary

Opening Balance	0.00(Cr)
Total Withdrawal Amount	5.775.90(Dr)
Total Deposit Amount	103.301.00(Cr)
Closing Balance	99.525.10(Cr)
Withdrawal Count	3
Deposit Count	3



A H KOLEKAR

वित्त विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT OF INDIA



पैनल 14567 8901 234  
Permanent Account Number Card  
CALPK9398A



श्री. राजेश  
RAJESH K. HARISHCHANDRA KOLEKAR

पता: श्री. राजेश, फ्लैट 2, बंगला  
DALICHAND BHILAJI KOLPE

पैनल 14567 8901 234  
25/04/1973

A. H. KOLEKAR

A. H. KOLEKAR





भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नमांकन क्रम/ Enrolment No.: 0650/90655/00343

To  
आशब्बी हरिश्चंद्र कोलेकर  
Aashabai Harishchandra Kolekar  
Shruaji Nagar  
Lane 1  
Near Haroti Mandir  
Rond Road  
Chule  
Chule Maharashtra - 424001  
9960631855

Signature valid



आपका आधार क्रमांक / Your Aadhaar No. :

9479 2163 4611

VID : 9111 4426 8176 2932

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Valid Date: 20/03/2019



आशब्बी हरिश्चंद्र कोलेकर  
Aashabai Harishchandra Kolekar  
जन्म तिथि/DOB: 25/04/1973  
लिंग/ GENDER: FEMALE

9479 2163 4611

VID : 9111 4426 8176 2932

मेरा आधार, मेरी पहचान

A-H kolekar



# श्री गजानन

कॉम्प्युटराईज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गव्हर्नमेंट कॉलेजी,  
गोहेस्वार बाबा दर्गा, फाशी पुलाजवळ, धुळे. मो. ९९२३५०१५९८

डॉ. राहुल जी. वाहीले

M.D. (Micro)

Reg. No. 2002/02/673

श्री. प्रमोद पाटील

CMLT, DMLT, ND.

सी. सुचीता पाटील

CMLT, DMLT.

DATE-29/03/2023

Patient's Name :- ASHABAI KOLEKAR

Ref. By Dr. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## HAEMOGRAM

Haemoglobin	:-	10.8	Gms%	Male: 14 - 18 gm/dl Female: 12 - 16 gm/dl
W.B.C. Count	:-	4,800	cmm (N.R.:- 4000 - 10,000 /cmm )	
Differential Count				
Neutrophils	:-	63	%	( N.R. 40 - 70 % )
Lymphocytes	:-	30	%	( N.R. 20 - 45 % )
Eosinophils	:-	2	%	( N.R. 0 - 8 % )
Monocytes	:-	5	%	( N.R. 0 - 6 % )
Basophils	:-	0	%	( N.R. 0 - 1 % )
E.S.R.	:-	-	m.m. at the end of first hour (N.R. Male:- 0 - 8 m.m.) (N.R. Female:- 0 - 20 m.m.)	
Platelets	:-	1.70	Lac/cumm	( N.R. 1.50 to 4.50 lac/cumm.)
Blood Sugar Level	:-	-	mg/dl	( N.R.70 - 140 )
S.Creatinine	:-	1.5	mg/dl	(N.R. 0.6 to 1.4 )

Signature



These are only reading based on technical analysis and no opinion is indicated therefore said reading's should please be got certified by pathologist before using the same for diagnosis and treatment.



# श्री गजानन

## कॉम्प्युटाइज्ड क्लिनीकल लॅबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
घोडेस्वार बाबा दर्गा, फाशी पुलाजवळ, धुळे. मो. ९९२३५०९५९८

डा. राहुल जी. वाडीले

M.D. (Micro)  
Reg. No. 2002/02/673

श्री. प्रशांत पाटील

CMLT, DMLT, ND.

सौ. सुचीता पाटील

CMLT, DMLT.

DATE-29/03/2023

PATIENT NAME :- ASHABAI KOLEKAR

REF. BY DR. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

### BIO-CHEMISTRY

<u>TEST</u>		<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Bilirubin-Total	-	0.8	mg/dl	0.1 to 1.2
Bilirubin-Direct	-	0.3	mg/dl	0.0 To 0.3
Bilirubin-Indirect	-	0.5	mg/dl	0.3 to 0.7
S.G.P.T.	-	60.0	U/L	5 to 35

Signature



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# श्री गजानन

कॉम्प्युटराईज्ड क्लिनीकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
घोडेस्वार बाबा दर्गा, पाशी पुलाजवळ, धुळे. मो. ९९२३५०९५९८

डॉ. सधुल जी. काशी  
M.D. (Micro)  
Reg. No. 2002/02/87  
श्री. प्रभात पाटील  
CMLT, DMLT, ND.  
सौ. सुधीला पाटील  
CMLT, DMLT.

DATE-29/03/2023

PATIENT NAME :- ASHABAI KOLEKAR  
REF. BY DR. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## C.R.P TEST

Test Name	Result	Normal Range
<u>C.R.P TEST</u>	28.7	Upto 6.0 U/L

sample : serum

Note: Age and gender specific reference range

### Clinical Significance:

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. The levels increase dramatically after severe trauma, bacterial infection, surgery and neoplastic proliferation. This assay is useful in detecting systemic inflammatory process ( Rheumatoid arthritis, Rheumatic fever ) and infection. It assesses response to antibiotic treatment and differentiates between active and inactive disease from with concurrent infection.

As compared to ESR,CRP show an earlier rise in inflammatory disorders which begins in 4-6 hrs,the intensity of the rise being higher than ESR and the recovery being earlier than ESR.

Unlike ESR,CRP levels are not influenced by hemotologic conditions like Anemia, Polycythemia etc.

Signature



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घोडेस्वार बाबा दर्गा, फाशी पुताजवळ, धुळे. मो. ९९२३५०९५९८

डॉ. राहुल जी. वाडीले  
M.D. (Micro)  
Reg. No. 2002/02/573  
श्री. प्रशांत पाटील  
CMLT, DMLT, ND  
श्री. सुधीता पाटील  
CMLT, DMLT

DATE-29/03/2023

PATIENTs NAME

-> ASHABAI KOLEKAR

REF. BY DR.

-> DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## WIDAL EXAMINATION

Agglutinins against	Result	Titre
* O * (Somatic ) Antigen	-> Agglutination seen.	1:320
* H * (Flagellar ) Antigen	-> Agglutination seen.	1:320
* AH * (S.paratyphi )	-> No Agglutination seen.	-
* BH * (S.paratyphi )	-> No Agglutination seen.	-

Note :-

Titre of more than 1:80 is significant. Rising titre is more definite e/o infection .

This is a screening test and false positive & negative results are known. Confirmatory test is isolation of organism by blood / stool culture .

Signature



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# श्री गजानन

कॉम्प्युटराईज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गवर्नमेंट कॉलोनी,  
बोडेस्वार बाबा दर्गा, काशी पुलाजवाड, पुणे. मो. ९९२३१०११९८

डॉ. सहल जी. काशीन  
M.D. (Medicine)  
Reg. No. 20030024073  
बी. प्रसाद पाटील  
CMLT, DMLT, ND  
बी. सुनील पाटील  
CMLT, DMLT

DATE: 29/03/2023

PATIENT'S NAME

> ASHABAI KOLEKAR

REF. BY DR.

> DR. SUSHIL NAVSARE SIR ( M.D. Medicine )

## PHYSICAL EXAMINATION

QUANTITY

> 5 ML

COLOUR

> PALE YELLOW

APPEARANCE

> CLEAR

REACTION

> ACIDIC

SPECIFIC GRAVITY

> Q.N.S.

## URINE EXAMINATION

## CHEMICAL EXAMINATION

SUGAR

> NIL

PROTEIN

> TRACE

KETONE

> NIL

BILE SALT

> NIL

BILE PIGMENT

> NIL

## MICROSCOPIC EXAMINATION

E. CELL

> 2-3HPF

PUS CELL

> 3-4HPF

CRYSTAL

> NIL

R.B.C.

> NIL

BACTERIA

> NIL

CAST

> NIL

OTHER

> NIL

Signature





# श्री गजानन

## कॉम्प्युटराईज्ड क्लिनिकल लैबोरेटरी

"साई सुंदर हॉस्पिटल", प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
घोडेस्वार बाबा दर्गा, काशी पुलाजवळ, धुळे, धो. ९९२३५०१५९८

डॉ. राहुल जी. वाडीले

M.D. (Micro)

Reg. No. 2002/02/673

पी. प्रशांत पाटील

CMLT, DMLT, ND.

सी. सुचीता पाटील

CMLT, DMLT.

DATE-31/03/2023

Patient's Name :- ASHABAI KOLEKAR

Ref. By Dr. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

### HAEMOGRAM

Haemoglobin	:-	11.2	Gms%	Male: 14 - 18 gm/dl Female: 12 - 16 gm/dl
W.B.C. Count	:-	3,600	cmm (N.R.:- 4000 - 10,000 /cmm )	
Differential Count				
Neutrophils	:-	74	%	( N.R 40 - 70 % )
Lymphocytes	:-	20	%	( N.R 20 - 45 % )
Eosinophills	:-	2	%	( N.R 0 - 8 % )
Monocytes	:-	4	%	( N.R 0 - 6 % )
Basophills	:-	0	%	( N.R 0 - 1 % )
E.S.R.	:-	—	m.m. at the end of first hour (N.R. Male:- 0 - 8 m.m.) (N.R. Female:- 0 - 20 m.m.)	
Plateletes	:-	1.47	Lac/cumm	( N.R. 1.50 to 4.50 lac/cmm.)
Blood Sugar Level	:-	—	mg/dl	( N.R.70 - 140 )
S.Creatinine	:-	—	mg/dl	(N.R. 0.6 to 1.4 )

Signature



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# श्री गजानन

कॉम्प्युटराइज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
घोडेस्वार बाबा दर्गा, फाशी पुलाजवळ, मुळे. पो. ९९२३५०१५९८

डॉ. राहुल जी. वाहीले  
M.D. (Micro)  
Reg. No. 2002/02/673  
श्री. प्रभात पाटील  
CMLT, DMLT, ND.  
श्री. सुचीता पाटील  
CMLT, DMLT.

DATE-01/04/2023

Patient's Name :- ASHABAI KOLEKAR

Ref. By Dr. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## HAEMOGRAM

Haemoglobin	:-	10.9	Gms%	Male: 14 - 18 gm/dl Female: 12 - 16 gm/dl
W.B.C. Count	:-	2,700	cmm (N.R.:- 4000 - 10,000 /cmm )	
Differential Count				
Neutrophils	:-	69	%	( N.R 40 - 70 % )
Lymphocytes	:-	25	%	( N.R 20 - 45 % )
Eosinophils	:-	2	%	( N.R 0 - 8 % )
Monocytes	:-	4	%	( N.R 0 - 6 % )
Basophils	:-	0	%	( N.R 0 - 1 % )
E.S.R.	:-	34	m.m. at the end of first hour (N.R. Male:- 0 - 8 m.m.) (N.R. Female:- 0 - 20 m.m.)	
Platelets	:-	1.16	Lac/cumm	( N.R. 1.50 to 4.50 lac/cmm.)
Blood Sugar Level	:-	-	mg/dl	( N.R.70 - 140 )
S.Creatinine	:-	-	mg/dl	(N.R. 0.6 to 1.4 )

Signature



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# श्री गजानन

कॉम्प्युटराईज्ड क्लिनिकल लैबोरेटरी

"साई सुंदर हॉस्पिटल", प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
घोडेस्वार बाबा दर्गा, फाही पुलाजवळ, धुळे. मो. ९९२३५०१५९८

डॉ. राहुल जी. वाडी  
M.D. (Micro)  
Reg. No. 2002/02/67  
श्री. प्रशांत पाटील  
CMLT, DMLT, ND.  
श्री. सुवीता पाटील  
CMLT, DMLT.

DATE-01/04/2023

PATIENT NAME :- ASHABAI KOLEKAR  
REF. BY DR. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## C.R.P TEST

Test Name	Result	Normal Range
C.R.P TEST	:- 19.5	Upto 6.0 U/L

sample : serum

Note: Age and gender specific reference range

### Clinical Significance:

CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. The levels increase dramatically after severe trauma, bacterial infection, surgery and neoplastic proliferation. This assay is useful in detecting systemic inflammatory process ( Rheumatoid arthritis, Rheumatic fever ) and infection. It assesses response to antibiotic treatment and differentiates between active and inactive disease froms with concurrent infection.

As compared to ESR,CRP show an earlier rise in inflammatory disorders which begins in 4-6 hrs,the intensity of the rise being higher then ESR and the recover being earlier then ESR. Unlike ESR,CRP levels are not influenced by hemotologic conditions like Anemia, Polycythemia etc.

Signature



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# श्री गजानन

कॉम्प्युटराईज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गम्हर्नवेट कॉलनी,  
छोडेस्वारे बाबा दर्गा, फाशी पुलाजवळ, मुळे, मो. ९९२३५०१५९८

डॉ. राहुल जी. वाडीले  
M.D. (Micro)  
Reg. No. 2002/02/673  
श्री. प्रभांत पाटील  
CMLT, DMLT, ND.  
श्री. सुवीता पाटील  
CMLT, DMLT.

DATE-02/04/2023

Patient's Name :- ASHABAI KOLEKAR

Ref. By Dr. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## HAEMOGRAM

Haemoglobin	:-	10.7	Gms%	Male: 14 - 18 gm/dl Female: 12 - 16 gm/dl
W.B.C. Count	:-	2,500	cmm (N.R.:- 4000 - 10,000 /cmm )	
Differential Count				
Neutrophils	:-	58	%	( N.R 40 - 70 % )
Lymphocytes	:-	38	%	( N.R 20 - 45 % )
Eosinophils	:-	2	%	( N.R 0 - 8 % )
Monocytes	:-	2	%	( N.R 0 - 6 % )
Basophils	:-	0	%	( N.R 0 - 1 % )
E.S.R.	:-	-	m.m. at the end of first hour (N.R. Male:- 0 - 8 m.m.) (N.R. Female:- 0 - 20 m.m.)	
Platelets	:-	97,000	Lac/cumm	( N.R. 1.50 to 4.50 lac/cmm.)
Blood Sugar Level	:-	-	mg/dl	( N.R.70 - 140 )
S.Creatinine	:-	-	mg/dl	(N.R. 0.6 to 1.4 )

Signature



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# श्री गजानन

कॉम्प्युटराईज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
घोडेश्वर बाबा दर्गा, काशी पुलाजवळ, धुळे. मो. ९९२३५०१५९८

डॉ. राहुल जी. काडीले

M.D. (Micro)

Reg. No. 2002/02/673

श्री. प्रशांत पाटील

CMLT, DMLT, ND.

श्री. सुधीता पाटील

CMLT, DMLT.

DATE-02/04/2023

PATIENT NAME :- ASHABAI KOLEKAR

REF. BY DR. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## BIO-CHEMISTRY

<u>TEST</u>		<u>RESULT</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Sr. Sodium Na+	>	137.0	mmol/L	135 to 145
Sr. Potassium K+	>	3.4	mmol/L	3.5 to 5.5

Signature



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# श्री गजानन

कॉम्प्युटराइज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', फ्लॉट नं. ८, राहुनमेट कॉलनी,  
पोडेस्कर बाबा दर्गा, काशी पुंजावड, मुंबई, मो. ९९२२५०१५९८

डॉ. राहुल जी. कोलीने  
M.D. (Medicine)  
Reg. No. 2000033873  
सी. प्रसांत पाटील  
CMLT, DMLT, ND  
सी. सुधीर पाटील  
CMLT, DMLT

DATE-03/04/2023

Patient's Name > ASHABAI KOLEKAR  
Ref. By Dr. > DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## HAEMOGRAM

Haemoglobin	>	11.4	Gm%	Male: 14 - 18 gm/dl Female: 12 - 16 gm/dl
W.B.C. Count	>	2,700	cm (N.R. - 4000 - 10,000 /mm <sup>3</sup> )	
Differential Count				
Neutrophils	>	55	%	( N.R 40 - 70 % )
Lymphocytes	>	40	%	( N.R 20 - 45 % )
Eosinophils	>	2	%	( N.R 0 - 5 % )
Monocytes	>	3	%	( N.R 0 - 6 % )
Basophils	>	0	%	( N.R 0 - 1 % )
E.S.R.	>	-	m.m. at the end of first hour (N.R. Male: 0 - 8 m.m.) (N.R. Female: 0 - 20 m.m.)	
Platelets	>	95,000	Lac/cumm	( N.R. 1.50 to 4.50 lac/cmm )
Blood Sugar Level	>	-	mg/dl	( N.R. 70 - 140 )
S.Creatinine	>	-	mg/dl	( N.R. 0.6 to 1.4 )

Signature



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# श्री गजानन

कॉम्प्युटाइज्ड क्लिनिकल लैबोरेटरी

"साई सुंदर हॉस्पिटल", प्लॉट नं. ८, गवर्नमेंट कॉलनी,  
मोहनगर बाबा दर्गा, काशी पुलावज, बुल. पो. १९२३५०१५९८

डॉ. राहुल जी. वाडीले

M.D. (Micro)

Reg. No. 2002/02873

श्री. प्रभात पाटील

CMLT, DMLT, ND.

श्री. सुवीला पाटील

CMLT, DMLT.

DATE-04/04/2023

Patient's Name

> ASHABAI KOLEKAR

Ref. By Dr

> DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## HAEMOGRAM

Haemoglobin	>	11.0	Gms%	Male: 14 - 18 gm/dl Female: 12 - 16 gm/dl
W.B.C. Count	>	3,800	cmm (N.R.- 4000 - 10,000 /cmm )	
Differential Count				
Neutrophils	>	68	%	( N.R 40 - 70 % )
Lymphocytes	>	27	%	( N.R 20 - 45 % )
Eosinophils	>	2	%	( N.R 0 - 8 % )
Monocytes	>	3	%	( N.R 0 - 6 % )
Basophils	>	0	%	( N.R 0 - 1 % )
E.S.R.	>	-	m.m. at the end of first hour (N.R. Male:- 0 - 8 m.m.) (N.R. Female:- 0 - 20 m.m.)	
Platelets	>	1.20	Lac/cumm	( N.R. 1.50 to 4.50 lac/cmm.)
Blood Sugar Level	>	-	mg/dl	( N.R.70 - 140 )
S.Creatinine	>	1.1	mg/dl	(N.R. 0.6 to 1.4 )

Signature



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# श्री गजानन

कॉम्प्युटाइज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
घोडेश्वार बाबा दर्गा, फासी पुलाजवळ, पुणे. मो. ९९२३५०९५९८

डॉ. गव्हल जी. काटीने

M.D. (Micro)

Reg. No. 2003/02/873

श्री. प्रमोद पाटील

CMLT, DMLT, ND

श्री. सुवीणा पाटील

CMLT, DMLT

PATIENT NAME

> ASHABAI KOLEKAR

DATE-04/04/2023

REF. BY DR.

> DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## BIO-CHEMISTRY

TEST	RESULT	UNIT	REFERENCE RANGE
S.G.P.T.	32.0	U/L	5 to 35
S.G.O.T	41.0	U/L	8 to 40

Signature



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# श्री गजानन

कॉम्प्युटाइज्ड क्लिनिकल लैबोरेटरी

'साई सुंदर हॉस्पिटल', प्लॉट नं. ८, गव्हर्नमेंट कॉलनी,  
पोडेस्वार बाबा दर्गा, फाकी पुलाजवळ, धुळे. मो. ९९२३५०९५९८

डॉ. राहुल जी. वाडीले  
M.D. (Micro)  
Reg. No. 2003/02/673  
श्री. प्रसांत पाटील  
CMLT, DMLT, ND  
सी. सुवील पाटील  
CMLT, DMLT

DATE-10/04/2023

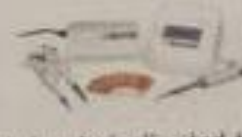
Patient's Name :- ASHABAI KOLEKAR

Ref. By Dr. :- DR.SUSHIL NAVSARE SIR ( M.D.Medicine )

## HAEMOGRAM

Haemoglobin	:-	10.6	Gms%	Male: 14 - 18 gm/dl Female: 12 - 16 gm/dl
W.B.C. Count	:-	7,400	cmm (N.R.:- 4000 - 10,000 /cmm )	
Differential Count				
Neutrophils	:-	63	%	( N.R. 40 - 70 % )
Lymphocytes	:-	30	%	( N.R. 20 - 45 % )
Eosinophils	:-	2	%	( N.R. 0 - 8 % )
Monocytes	:-	5	%	( N.R. 0 - 6 % )
Basophils	:-	0	%	( N.R. 0 - 1 % )
E.S.R.	:-	-	m.m. at the end of first hour (N.R. Male:- 0 - 8 m.m.) (N.R. Female:- 0 - 20 m.m.)	
Platelets	:-	1.83	Lac/cumm	( N.R. 1.50 to 4.50 lac/cmm.)
Blood Sugar Level	:-	-	mg/dl	( N.R. 70 - 140 )
S.Creatinine	:-	-	mg/dl	(N.R. 0.6 to 1.4 )

Signature



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