

NALimaye  
18/2/24

**DR. N. A. LIMAYE**  
Medical Officer  
Reg. No. 79523  
Grant Medical Foundation  
Ruby Hall Clinic, Pune-1.



**MEDICAL CERTIFICATE**

(Application of the law of 15/12/1980 on the access to the territory, stay, establishment and alienation of the foreigners)

I, undersigned Doctor in medicine (full name)..... **DR. N. A. LIMAYE**

Certifies that I have examined Mr./Mrs./Miss (full name)..... *Atayi Murtaza*

Nationality... *Afghan*

Date and place of birth... *17/09/1998 Helmand, Afghanistan*

Residing at... *Room no. 8, 3<sup>rd</sup> floor, New Boys Hostel, VNSGU, VESU, Surat Gujarat-395007*

And has found him/her free of the following illnesses which can endanger the public health:

1. Illnesses requiring quarantine as stated by the International Sanitary Regulation of the World Health Organization, signed in Geneva on 23 May 2005;
2. Pulmonary tuberculosis active or progressive;
3. Other contagious or transmittable diseases by infection or parasites if they are subject in Belgium to provisions of protection of the nationals.

Issued at *RHC/Pune* on *17/08/2024*

Signature of doctor..... *NALimaye*

**DR. N. A. LIMAYE**  
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Stamp of doctor's office.....

If applicable,  
 Visa of the Embassy, Consulate general or Consulate (Seal)  
 At....., on .....

**Name:** ATAYI MURTAZA (BEL)( 02428463)  
**Age & Sex:** 25 Years /M  
**Exam:** CHEST  
**Physician:** DR. GRANT P.K.

**Exam Date:** 17-Aug-2024  
**Accession:** 1860081115304  
**PID:** P00000686925  
**OP/IP:** OP

The lungs are clear.

Both hilar shadows are normal.

The mediastinal silhouette is normal.

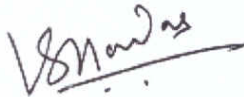
Cardiac size is within normal limits.

Costophrenic angles are sharp.

Domes of diaphragm are normal.

Thoracic soft tissues and ribs are normal.

**IMPRESSION: Normal chest radiograph.**



**DR. VARSHA HARDAS**  
**CONSULTANT BREAST RADIOLOGIST**

17-Aug-2024 12:04:29 PM





40, Sassoon Road, Pune - 411 001 (INDIA). Tel. : 020 - 6645 5253 / 6645 5297 / 66455152  
• E-mail : labreports@rubyhall.com • Website : www.rubyhall.com

<b>Patient Name</b> : Mr.ATAYI MURTAZA	<b>Bill Date</b> : 17-08-2024 11:40 AM
<b>Age / Gender</b> : 25Y(s) 11M(s) /Male	<b>Collected Date</b> : 17-08-2024 11:56 AM
<b>Lab Ref No/UHID</b> : 32152028/P00000686925	<b>Received Date</b> : 17-08-2024 11:59 AM
<b>Lab No/Result No</b> : 2400335093/1275599	<b>Report Date</b> : 17-08-2024 01:12 PM
<b>Referred By Dr.</b> : GRANT P.K.	<b>Specimen</b> : EDTA WHOLE BLC
	<b>Processing Loc</b> : RHC Sassoon Rd



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>Haemogram Report</b>			
<b>W.B.C.Count</b>	: <b>3300</b>	/ul	4000-10000
<i>Method : Coulter Principle</i>			
<b>Differential Count</b>			
Neutrophils	: 56.9	%	40-80
Lymphocytes	: 32.7	%	20 - 40
Monocytes	: 10	%	2-10
Eosinophils	: <b>0.2</b>	%	1.0-6.0
Basophils	: 0.2	%	0.0-1.0
<i>Method : VCSn Technology</i>			
%Immature Granulocytes	: 0		%
Absolute Neutrophil Count	: <b>1.43</b>	x10 <sup>3</sup> cells/ul	2-7
Absolute Lymphocyte Count	: 1.08	x10 <sup>3</sup> cells/ul	1-3
Absolute Monocyte Count	: 0.79	x10 <sup>3</sup> cells/ul	0.2-1.0
Absolute Eosinophil Count	: <b>0.01</b>	x10 <sup>3</sup> cells/ul	0.02-0.5
Absolute Basophil Count	: <b>0.01</b>	x10 <sup>3</sup> cells/ul	0.02 - 0.1
<i>Method : Calculated</i>			
R.B.C Count	: 5.3	million/ul	4.5-5.5
<i>Method : Coulter Principle</i>			
<b>Haemoglobin</b>	: 15.7	g/dl	13-17
<i>Method : Photometric Measurement</i>			
Haematocrit	: 45.9	%	40-50
<i>Method : Calculated</i>			
MCV	: 86.6	fl	83-101
<i>Method : Derived from RBC Histogram</i>			
MCH	: 29.6	pg	27-32
<i>Method : Calculated</i>			
MCHC	: 34.2	g/dl	31.5-34.5
<i>Method : Calculated</i>			
RDW	: 13.0	%	11.6-14
<i>Method : Derived from RBC Histogram</i>			
<b>Platelet Count</b>	: <b>124</b>	x10 <sup>3</sup> /ul	150-410
<i>Method : Coulter Principle</i>			
MPV	: 9.40	fl	5.4-11.5
<i>Method : Derived from Platelet Histogram</i>			
RBC MORPHOLOGY	: Predominantly Normocytic Normochromic.		
WBC MORPHOLOGY	: Leucopenia with few reactive lymphocytes seen.		
PLATELET	: Platelet count confirmed manually.		

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**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**Haemogram Report**

NOTE

: Low platelet count and TLC noted. Kindly correlate clinically. Repeat if indicated.

\*\*\* End Of The Report \*\*\*

**Verified By**  
DXH900\_2



**Dr.Neha Narkar**  
Pathologist  
M.B.B.S., D.N.B.

NOTE :

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<b>Lab No/Result No</b>	: 2400335092/1275599	<b>Report Date</b>	: 17-08-2024 03:22 PM
<b>Referred By Dr.</b>	: GRANT P.K.	<b>Specimen</b>	: URINE
		<b>Processing Loc</b>	: RHC Sassoon Rd



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>Urine Routine</b>			
Colour	: Yellow		
<i>Method : OPTICAL</i>			
Appearance	: Clear		
<i>Method : OPTICAL</i>			
PH..	: 6.0		5-7
<i>Method : Indicator Principle</i>			
Specific Gravity	: 1.021		1.015-1.03
<i>Method : Refractometry</i>			
Protein..	: 1+		Absent
<i>Method : Protein error of Indicator</i>			
Glucose	: Absent		Absent
<i>Method : GOD-POD</i>			
Ketone Bodies	: Absent		Absent
<i>Method : Legals method</i>			
Bile Pigments	: Absent		Absent
<i>Method : Diazonium Coupling</i>			
Urobilinogen	: Normal		Normal
<i>Method : Diazonium Coupling</i>			
Blood..	: Absent		Absent
<i>Method : Peroxidase</i>			
Nitrites	: Absent		Absent
<i>Method : Griess method</i>			
Leucocytes Esterase	: Absent		Absent
<i>Method : Enzymatic</i>			
Pus Cells (WBC)	: 0-5	/hpf	0-5
<i>Method : Digital Imaging</i>			
Red Blood Cells (RBC)	: Absent	/hpf	0-5
<i>Method : Digital Imaging</i>			
Squamous Epithelial Cells	: Absent	/hpf	0-5
<i>Method : Digital Imaging</i>			
Transitional Epithelial Cells	: Absent	/hpf	Absent
<i>Method : Digital Imaging</i>			
Renal Tubular Epithelial Cells	: Absent	/hpf	Absent
<i>Method : Digital Imaging</i>			
Bacteria	: Absent	/hpf	Absent
<i>Method : Digital Imaging</i>			
<b>CAST</b>			
Hyaline Cast	: Absent	/lpf	Absent
<i>Method : Digital Imaging</i>			

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<b>Lab No/Result No</b>	: 2400335092/1275599	<b>Report Date</b>	: 17-08-2024 03:27 PM
<b>Referred By Dr.</b>	: GRANT P.K.	<b>Specimen</b>	: URINE
		<b>Processing Loc</b>	: RHC Sassoon Rd



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>Urine Routine</b>			
Pathological Cast <i>Method : Digital Imaging</i>	: Absent	/lpf	Absent
Yeast Cells (Ylc) <i>Method : Digital Imaging</i>	: Absent	/hpf	Absent
Crystals (Xtal) <i>Method : Digital Imaging</i>	: Absent	/lpf	Absent

\*\*\* End Of The Report \*\*\*

**Verified By**  
SCM



**Dr.Neha Narkar**  
**Pathologist**  
**M.B.B.S., D.N.B.**

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<b>Lab No/Result No</b>	: 2400335094/1283419	<b>Report Date</b>	: 20-08-2024 10:29 AM
<b>Referred By Dr.</b>	: GRANT P.K.	<b>Specimen</b>	: SERUM
		<b>Processing Loc</b>	: RHC Sassoon Rd



### DEPARTMENT OF LABORATORY MEDICINE-SEROLOGY

Investigation	Result
<b>RPR &amp; TPHA</b>	
RPR <i>Method : Rapid plasma Reagin Flocculation test</i>	: NON REACTIVE
TPHA <i>Method : Microtitre Hemagglutination</i>	: NON REACTIVE
NOTE	: Tpha is outsourced to AG diagnostic.

#### LIMITATIONS

##### RPR (RAPID PLASMA REAGIN)

1. Titre of 1:16 and above is significant.
2. Biological false positive reaction may be seen in other diseases such as Leprosy, Malaria, Relapsing fever, Infectious Mononucleosis, Tropical Eosinophilia, Hepatitis, SLE and Rheumatoid Arthritis.
3. Correlate with clinical findings and TPHA results.

##### TPHA (TREPONEMA PALLIDUM HAEM AGGLUTINATION)

1. False positive reactions may be seen due to infections with other pathogenic treponemes, i.e. T.Pertenu and T. carateum.
2. Test may be negative in early active Syphilis or in latent Syphilis.

\*\*\* End Of The Report \*\*\*

**Verified By**  
SGS

**Dr.Neha Narkar**  
**Pathologist**  
**M.B.B.S., D.N.B.**

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