

PAK-QATAR
FAMILY TAKAFUL



شركة
التأمين

Tuesday, April 9 2024

Mr. Muhammad Arshad

Manager Finance

Chip Training And Consulting (Pvt) Ltd.

CHIP HOUSE, PLOT NO. 1,
FAYYAZ MARKET, STREET NO. 9, G-8/2,
ISLAMABAD..

Re: Group Term Takaful Temporary & Total Disability (Accidental) - Muhammad Shareef

Dear Mr. Muhammad Arshad

We feel sorry to hear about the disability of your employee Muhammad Shareef. We acknowledge the receipt of some injury claim documents on the above employee. To process the claim further we require the following documents / particulars.

- 1 ✓ Claimant's statement - Claim Form DS-1
- 2 ✓ Attending Physician's Statement - Claim Form DS-2
- 3 ✓ X-ray films with reports, if any
- 4 ✓ AML 9 Questionnaire (Enclosed)
- 5 ✓ Copy of attendance record for the period of disability with before and after 1 month.
- 6 ✓ Proof of Salary/Income - Last 3 months
- 7 ✓ Computerized National Identity Card
- 8 ✓ Copies of Complete Hospitalization / OPD Record

We will be able to process the claim on receipt of the above. Should you have any comments, questions or queries please feel free to contact us at 021-34311747-56 (Ext-162)

Looking forward to strengthen business relationship between the two organizations, we remain

Thanks and regards,

Head of Claims

Cc : Syed Muhammad Zeeshan Afzal



This is a system generated letter and does not require a signature.

Employer's Statement - DS1 (Disability Claim Form)



PAK-QATAR FAMILY TAKAFUL
Together for the Future

Note: Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

Section I, Policy holder's information

Name of Policy Holder	Muhammad Shareef
Takaful Policy No.	TPO
Designation	TPO
Employee's Name	Muhammad Shareef
Employee's Address	Dera Murad Jamali, ward #12, Nasseerabad.
Employee's Date of Birth	03-02-1989
Age	34
S. No. on list	
Phone No / Mobile No	0306-3703112
E-mail address	mskareem924@gmail.com
CNIC	53402-9691285-7
Takaful Policy Commencement Date	

Section II (to be completed in Full by the Employer)

Employer's Date of Appointment	31-03-2021
Reason for Stopping Work	Accident, Fire, Arm Injury
Gross Earning from Salary/Wages	Rs. 88000
Amount of Takaful cover Rs.	Rs. 62988
Amount of Claim	Rs. 62988
Claimant Name	Muhammad Shareef
Date of Statement	
Employer Signature	<i>[Signature]</i>

Section III (to be completed in Full by the Patient/Employee)

Type of disability claim?	<input checked="" type="checkbox"/> Accidental
Please describe how and where the disability/accident occurred	In a local conflict at Fire Arm Injury of Dera Murad Jamali. In my cousin's milk shop.
Date of Accident or the date I first Noticed the symptoms of this was:	07-04-2024
I (was/were) unable to work because of this disability starting on	08-04-2024
On What date did employer discontinue your monthly salary/wages	
Date I was first treated for this accident or illness	07-04-2024
Have you ever had the same or Similar condition in the past? If "Yes", when	<input checked="" type="checkbox"/> No
Name	Treated by
Name	DAIG HOSPITAL, D.M.J.
Address	Address
Doctor	Doctor
Treated by	<input checked="" type="checkbox"/> Hospital
I (returned/was able to return) will be able to return to work on a full time basis on	24-04-2024
(a) Is your accident or illness related to your occupation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes", please explain	
Date of Accident or the date I first Noticed the symptoms of this was:	07-04-2024
Date of Statement	
Signature of Employee:	<i>[Signature]</i>
Telephone No.	0306-3703112

I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practitioner, hospital, clinic, other medical or medically related facility or insurance company of employer have information available regarding the benefit or the diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me to give Pak-Qatar Family Takaful Limited, or its representatives and all such information. I AGREE that a photographic copy of this Authorization will be valid as the original. This authorization will remain valid for the term of coverage of the policy.

PAK-QATAR FAMILY TAKAFUL LIMITED
 102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext-167), Email: life.claims@pakqatar.com.pk, www.pakqatar.com.pk
 Fax: (9221) 34386451, VAN: 021-111-TAKAFUL (825238)

Attending Physician's Name: Dr Nasser Muhammad
 Address: DHO Hospital Dera Murad Jamali
 Specialty: General Physician/Emergency Care
 Date: _____
 Telephone No: 03366850454
 Medical Officer: [Signature]

Declaration: I hereby declare that the above statements are true and complete to the best of my knowledge.

Remarks

(a) Totaly Partially Temporarily Permanently

(a) Specify the date by which you presume that the patient will be able to resume his duties/work: 07-05-2024

If No, Please explain: _____

If Yes, patient should recover sufficiently to perform duties on or about: Yes

(d) Do you expect a fundamental or marked change in future? Yes No

(c) What duties of his or her job is patient incapable of performing? None

(a) Is patient now capable of performing duties of: Yes No

(a) Is the disability presumed to be reversible? Yes No

4. Prognosis

(a) Patient is: Ambulatory Bed Confined Improved Stabilized Hospital Confined Retograded

(b) Patient has: Recovered

3. Progress

(2) Diagnosis Studies and results: _____

(1) Clinical Findings: Fire Arm Injury, on Rt chest below clavicle

(c) Objective findings (including current X-rays, ECG's, Laboratory data any clinical findings): _____

(c) Subjective symptoms: _____

(a) Diagnosis (including any complications): Fire Arm Injury

(a) Date symptoms first appeared or accident happened: 07-04-2024

2. Diagnosis

Name of Doctor: Dr Nasser Muhammad
 Address: Doctor's colony, DHO Hospital Dera Murad Jamali
 Mobile No: 0336-6880454

(1) Name the first doctor with full address, consulted by the claimant for the above disability/accident? Yes, state when and describe No

(c) Is condition due to injury or sickness arising out of patient's employment? Yes, state when and describe No

(d) Has patient ever had same or similar condition? No Yes, state when and describe

(c) Date patient ceased work because of disability: 07-04-2024

(b) Date symptoms first appeared or accident happened: 07-04-2024

(a) Date doctor first consulted due to disability: 07-04-2024

1. History

Name of Employer: _____

Employer Information

Name of Patient: M. Shareef
 Patient's Address: Dera Murad Jamali
 Date of Birth: 03-02-1989

Note: All answers must be in the physician's handwriting

Physician's Statement - DS2
 (Disability Claim Form)



PAK-QATAR FAMILY TAKAFUL
 Together for the Future

CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the future



Participant Name :	
1. Is your company/establishment/entity aware about and subsequently compliant as per the Anti-Money laundering/CFT laws prevalent in Islamic republic of Pakistan? If No, then why?	N/A
2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details.	N/A
3. Does your company have any AML/CFT related Policy in the field? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s). <small>For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, important Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.</small>	N/A
5. Is any of your Director or Member of the Senior Management is Foreign Politically Exposed Person? If yes, then please also inform us that if any of foreign PEPs, individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party official AND <small>Persons who are or have been entrusted with a prominent function by an international organization, means members of senior management and members of the board or equivalent functions</small>	N/A
6. Has your company/institution/entity been the subject of any money laundering or terrorist financing-related proceedings (please see overleaf) investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your company/institution/entity or Directors of member of your senior management by a regulator or law enforcement body during the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Does your company/institution/entity receives any kind of funding/donations/charities received from any sources which are under investigation locally or from any sources which are based in foreign? If yes, then please share the details.	N/A
8. Has your company/institution/entity, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If so, then please share the details.	

I/We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned queries during the term of the contract, then the same may be intimated to PQFTL forthwith.

Signature & Stamp

Date _____

Dr. Mussarat Sandano
Consultant General Surgeon
M.S.

Dr. Muhtar Ali Abbasi
FCPS

Dr. Nadia Yasir Bhatti
MCPS, FCPS

Dr. Abdul Sattar Abro
Assistant Professors
M.S.

Dr. Aisha Nabeel
Clinical Fellowship in Breast Surgery, MPM
MCPS-HPE, FCPS (surg)

INCHARGE S.U.III

DISCHARGE CARD

SURGICAL UNIT-III
CHANDKA MEDICAL COLLEGE HOSPITAL LARKANA

SHAHED MOHTARMA BENAZIR BHUTTO MEDICAL UNIVERSITY



11/04/20

PROFILE

DESK

Computerized Admission No. _____

Registration No. _____

Name of Patient M. Short.

Age 45

Sex: Male

B.No. ABU03

Address: _____

D.O.A 7.04.24 D.O.D 14.04.24

Diagnosis Heart Throat due

Date of Operation 7.4.24

Operative Procedure _____

Chief Clerk
Incharge

1207

INVESTIGATION

Blood CP & ESR

Hb. 8

Blood Sugar:

148

Viral Markers:

nc

Blood Urea: 25

S. Creatine 0.9

Ultrasound:

Others

OPERATIVE FINDINGS

~~the~~ no mass of kidney in upper portion under

(1/12) Sagittal fracture

identifiable, (renal stones) not visible, chest tube

subcutaneous abscess RL Breast drained. ASD Applied.

12/11/2019

انجی جینر

جکاس خا پٹیہن

سول اسپتال
لاہور

Dr. Ahmad
Bassir

Wednesday - Saturday

O.P.D DAYS

Civil Hospital
Larkana

M. Iqbal Khan	1 PM	1 PM	1 PM	1 PM
Faris Ali Khan	1 PM	1 PM	1 PM	1 PM
Amir Khan	1 PM	1 PM	1 PM	1 PM
Amir Khan	1 PM	1 PM	1 PM	1 PM

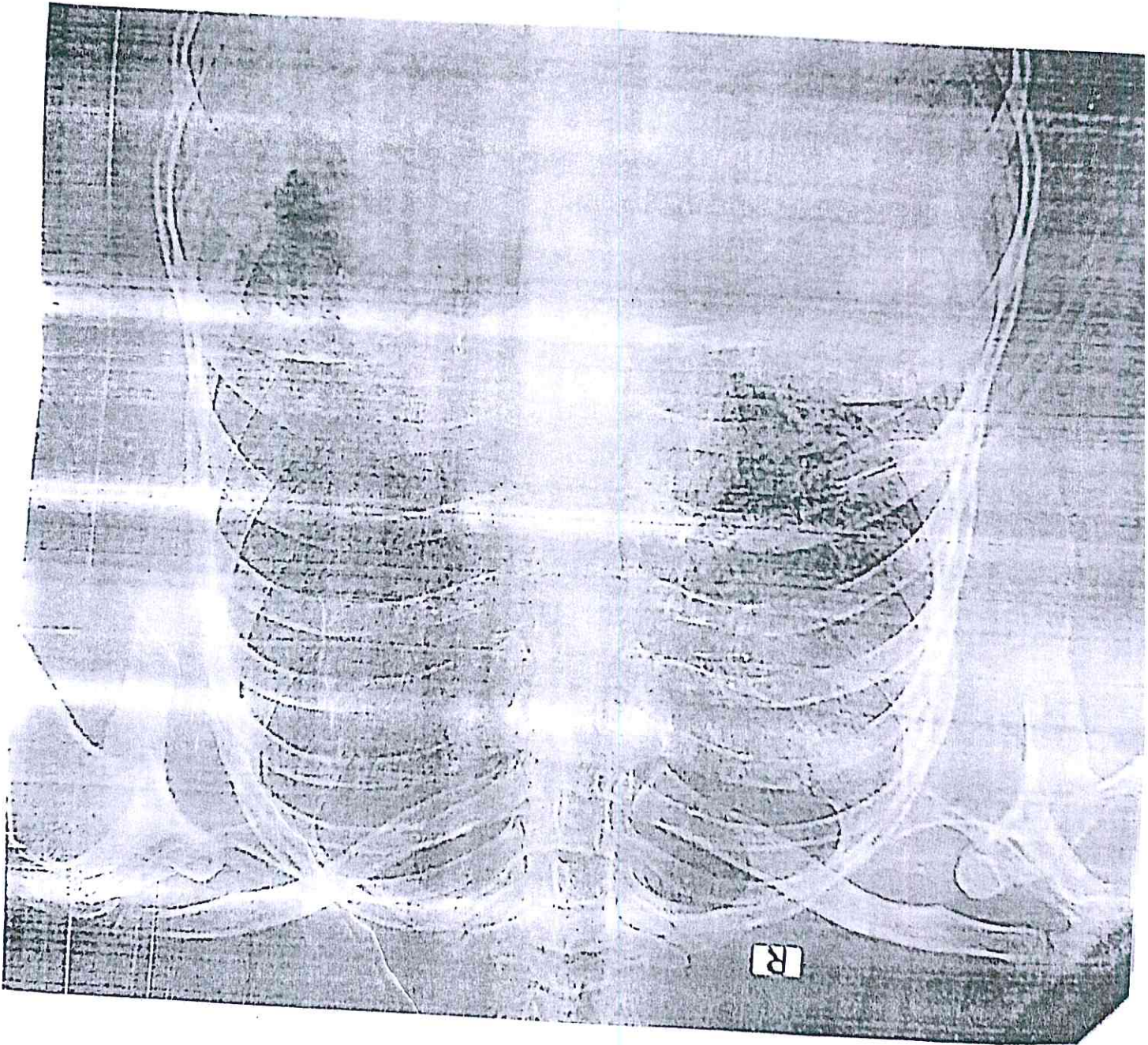
انجی جینر

انجی جینر

انجی جینر

TREATMENT ADVISED

DR



R

یہاں سے ایشیا کے شہریوں کو

TRAUMA & EMERGENCY RESPONSE CENTER
HOSPITAL MANAGEMENT & INFORMATION SYSTEM

Dr Mehak (Medical Officer) Has Logged In

Menu
Administration

ord

Patient name: MUHAMMAD SHARIF
Age: 29

Order id: 7494
OPD name: Trauma Bay II
LRK name: LRK
SEROLOGY-I

Date/time: 2024-04-13/08:34:01
Referred by:

TEST	RESULT	UNIT	REFERENCE RANGE
------	--------	------	-----------------

ANTI-HCV(IGT) REACTIVE
HEPATITIS B SURFACE Ag(HBsAg-ICT) NON REACTIVE
HEPATITIS B SURFACE Ag(HBsAg-ICT) NON REACTIVE

Remarks:-
ADVISABLE TO CONFIRM BY ELISA OR CMIA METHOD

TEST PERFORMED BY:

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Main Menu
 Add Registration
 User Store
 User Password
 Off

پیشہ اور جراحی مرکز

**TRAUMA & EMERGENCY RESPONSE CENTER
 HOSPITAL MANAGEMENT & INFORMATION SYSTEM**

Dr Mehak (Medical Officer) Has Logged In

Patient Name: MUHAMMAD SHARIF
 Age: 29

Order Id: 7494
 OPD Trauma Bay II
 Referred by: LRK
 Date/Time: 2024-04-13/08:34:01

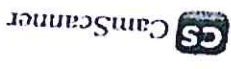
TEST	RESULT	UNIT	REFERENCE RANGE
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HAEMOGLOBIN	8.0	Gm/dl	Adult male 13-18; Adult Female 11.5-16
RBC COUNT	2.78	10 ⁶ Mll	Adult Male 4.5-5.8; Adult Female 3.7-5.1; Cord Blood 4.5-6.5; Birth 4.3-7.7
HCT	25.2	%	1 WK 4.2-6.4; 1 Yr 3.5-4.8; 10 Yrs 3.5-5.1
MCV	90.6	fL	Adult Male 45-58; Adult Female 37-50
MCH	28.4	Pg	Adult 28 - 32 Pg
MCHC	31.3	Gm/dl	Adult 32 - 36 Gm/dl
TOTAL LEUCOCYTES COUNT	8.4	10 ³ /μL	Adult: 4.0 - 11.0/μL
NEUTROPHILS	59	%	Adult 50 - 75%
LYMPHOCYTES	34	%	Adult 20 - 50
EOSINOPHILS	03	%	Adult 1-6
MONOCYTES	04	%	Adult 1-6
PLATELET COUNT	233	10 ³ /μL	150-400/μL
RDW-SD	49.0	fL	
RDW	13.6	fL	
MPLV	10.3	fL	
HCT	0.24	%	
P-LCR	27.3	%	
RDW-CV	15.0	%	

TEST PERFORMED BY:

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DHIS - 02 (F)



unicef

Sent To: _____

Out-Patient Department (OPD) Ticket

CRP. No.

District: Muzaffargarh

Facility Name: THQ Hospital DMS

Name: Mulawana Davrel Age: 30 Y Sex: Male

Father's / Husband's Name: Wali - m

Monthly OPD Serial No.: _____

Provisional Diagnosis: Fire arm.

Date: _____

Clinical Findings / Investigation/ Treatment/ Referral/ Test Findings

7/4/2024 - Injury: Referred 500 m still

- Injury: R/L 1000 ml still

- Injury: Torso 4.5 m (2) still

- Injury: Hyemile 1500 m still

- Injury: cap bandage 6/6 (2)

- Injury: sutur e needle 1,10 (4)

- Injury: Torax + Granule still

- Injury: Abdomen + transfused

- Injury: 2 O of penicillin + con medic

- Injury: ER change for larva

Signature: _____
 Teaching Hospital
 Dear Murad Jamali.

SHERAZ MEDICAL STORE

Dera Murad Jamali

No

Date: 07/04/24

Mr/Ms: M. Swair

QSR	Particulars	Rate	AMOUNT
3	<u>4 wound</u>		<u>856</u>
3	<u>R/L</u> <u>laceration</u> <u>1000 ml</u>		<u>150</u>
23	<u>Torso</u> <u>4.5 m</u>	<u>1186</u>	<u>2376</u>
12	<u>Hyemile</u> <u>150</u>	<u>111</u>	<u>111</u>
4	<u>Cap</u> <u>Bandage</u> <u>330</u>		<u>460</u>
13	<u>Slate</u> <u>Needle</u> <u>2-0</u>		<u>200</u>
13	<u>Torax</u>		<u>90</u>
13	<u>Granul</u> <u>ml</u>		<u>15</u>
	<u>Total</u>		<u>4258</u>

Signature: _____

DHS-02/03



unicef

Out-Patient Department (OPD) Ticket

CRP. No.

No

SHERAZ MEDICAL STORE

Dera Murad Jamali

Mr/Ms. M. Shwabh

Date 15/09/24

Seat No.

District Muzaffargarh

Facility Name THQ Dmg

Name M. Shwabh Age: 30 Sex: Male

Father's / Husband's Name: Muhamm. M

Monthly OPD Serial No.:

Provisional Diagnosis: TIRE ARM

Date 15/09/2024 Clinical Findings / Investigation/ Treatment/ Referral/ Test Findings

15/09/2024 → 1/2 Canada 18g 10 days

10 days Plavix + Link

10 days Hexamed 500mg OD

10 days Tinid + Gynect 500

10 days Pravastatin 20mg B.D

10 days Surgical Dressing 5 packets

Medical Officer

Teaching Hospital

Dear Murad Jamali

Qty	Particulars	Rate	Amount
1	Canada 18g	150	150
20	Tan 20 45mg	1186	23720
10	Plavex 100mg	500	5000
10	Prisic 20mg	500	5000
10	Hexamed 500mg	8560	85600
10	Plavix	900	9000
10	Gynect 11g	1500	15000
20	Pravastatin	225	4500
5	Surgical Dressing	150	750
Total			44230

Signature



16/04/2024

707

Dr. Name Dr. M. Ismail Sir

Handwritten notes in Urdu: "Hypertension", "BP 140/90", "1480047300", "12/10/2023".

AL-RAHEEM MEDICAL TRUST CENTRE
DERAMURAD JAMALI

Dr: M. Ismail

No: 07 Date 15-07-24

Name Muhammad Shereef

Fees 800 B.P. /

Wt: /

VAL /

PHC /

Shahreen Pharmaceuticals

AL-RAHEEM MEDICAL TRUST CENTRE
DERAMURAD JAMALI

Dr: Naseer-M

No: 03 Date 01-05-24

Name Muhammad Shereef

Fees 800 B.P. /

Wt: /

VAL /

PHC /

Shahreen Pharmaceuticals

AL-RAHEEM MEDICAL TRUST CENTRE
DERAMURAD JAMALI

Dr: M. Ismail

No: 18 Date 22-07-24

Name Muhammad Shereef

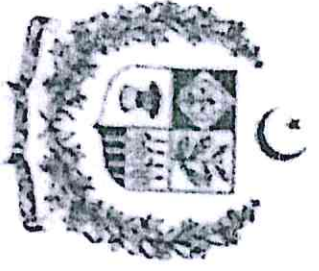
Fees 800 B.P. /

Wt: /

VAL /

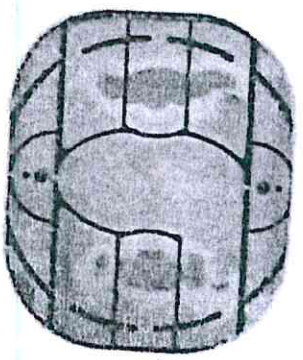
PHC /

Shahreen Pharmaceuticals



PAKISTAN
ISLAMIC REPUBLIC OF PAKISTAN

National Identity Card



Name
Muhammad Shareef

محمد شريف

Father Name
Wali Muhammad

ولی محمد

Gender
M

Country of Stay
Pakistan

Identity Number
53402-9691285-7

Date of Birth
03.02.1989

Date of Issue
26.06.2019

Date of Expiry
26.06.2029



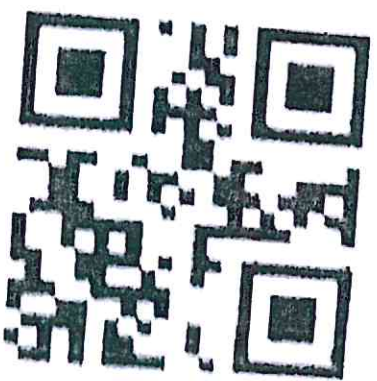
Holder's Signature

ضلع
موجودہ پتہ: وارڈ نمبر 12، محلہ جکیرا، ڈیرہ سراہ جمال، ضلع

نصیر آباد

53402-9691285-7

مستشفى پتہ: وارڈ نمبر 12، محلہ جکیرا، ڈیرہ سراہ جمال، ضلع



Lawrence H. Mehtain

نصیر آباد

Registrar General of Pakistan

107231129221

گمشدہ کارڈ ملنے پر قریبی لیڈر بکس میں ڈال دیں

Dr. Mussarat Sandano
Consultant General Surgeon
M.S

Dr. Muhtar Ali Abbasi
FCPS

Dr. Nadia Yasir Bhatti
MCPS, FCPS

Dr. Abdul Sattar Abro
Assistant Professors
M.S

Dr. Aisha Nabeel
MCPS-HP-E, FCPS (surg)
Clinical Fellowship in Breast Surgery, MPM

INCHARGE S.U.III

DISCHARGE CARD

SURGICAL UNIT-III
CHANDKA MEDICAL COLLEGE HOSPITAL LARKANA



1204

PROFILE

DR

Computerized Admission No. _____

Registration No. _____

Name of Patient M: Short.

Age 45 Sex: Male B.No. ABU03

Address: _____

D.O.A 7.04.24 D.O.D 14.04.24

Diagnosis Hemo Thoracic due

Date of Operation 7.4.24

Operative Procedure _____

Chief Clerk
Intubation

Don

INVESTIGATION

Blood CP & ESR Hb. 8

Blood Sugar: 148

Viral Markers: *nc*

Blood Urea: 25 S. Creatine 0.7

Ultrasound: */*

Others

OPERATIVE FINDINGS

~~Mass~~ mass of kidney in upper portion under C/A. Softest fragments

identifiable. (total 8mm) infarct, chest tube

substrate about 1L blood

drawn. ASD Applied.

Handwritten notes at the top of the page, possibly a date or time.

Wednesday - Saturday

O.P.D DAYS

Civil Hospital
Larkana

جکاس جا ڈیپٹی

سول اسپتال
لاړکاء

Handwritten signature or name, possibly 'M. Ahmad'.

Handwritten notes:	Handwritten notes:
M. Ahmad	Handwritten initials
15 X PM	Handwritten initials
1 X PM	Handwritten initials
1 X PM	Handwritten initials
1 X PM	Handwritten initials
1 X PM	Handwritten initials

TREATMENT ADVISED

Handwritten notes below the treatment advised section.

Handwritten notes at the bottom of the page.



SMBBIT Emergency & Response Center Larkana PATIENT DISCHARGE SUMMARY

Serial#: smbbit/dc/0296/24 Date: 13/04/2024/ 15:35:36

MR #: 032024-0407-53537 Ward: Trauma Bay II LRK Bed #: 1

Name: MUHAMMAD SHARIF S/O WALI MUHAMMAD Age: 29y Male Female

Admission Date: 08/04/2024 Discharge Date: 13/04/2024 CNIC #:

Address: DERA MURAD JAMALI BALOCHISTAN Contact No: 0321-1234567

MLA #: 971

Diagnosis ICT Code: W34.00 Accidental discharge from unspecified firearms or gun

Diagnosis: FIREARM INJURY ON RIGHT SIDE OF CHEST EXIT BACK OF CHEST AT SCAPULA REGION

History: FIREARM INJURY

Radiological Findings: XRAY CHEST

Labs at presentation: CBC,BUN,CREATINE,VIRAL MARKERS

Lab Reports at Discharge: CBC,BUN,CREATINE,VIRALMARKERS

Surgical Procedure: CHEST TUBE INTUBATION

Vitals: P: 72/pm BP: 120/80 mmHg T: A/F°C RR: 18 bpm/pm

Examination: VITALLY STABLE

Date of surgery:

Type of Anesthesia: GA Regional Spinal/Epidural

Trauma Registry: 0

Complication (if any):

Medications on discharge: Iy R/L ALI/W XBD. Iy cetmarax 4g. Iy W XBD.

Follow-up Instructions / Remarks: ADMITTED IN SURGICAL UNIT 3

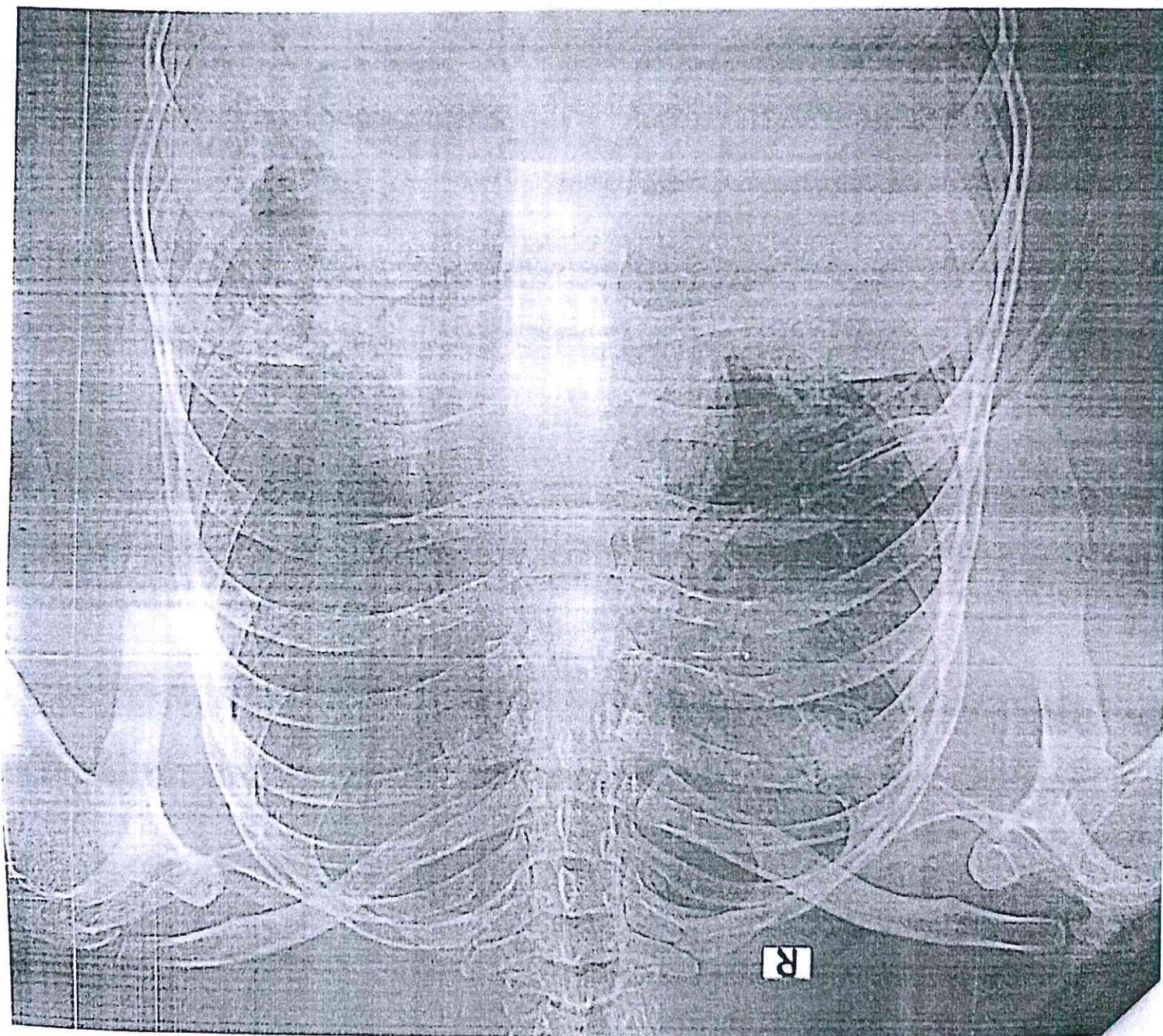
Discharged to home Discharged to other ward/hospital Left Against Medical Advice

Signature: 

Doctor's Name: Dr Muneek

Print





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TEST PERFORMED BY:

ADVISABLE TO CONFIRM BY ELISA OR CMIA METHOD

Remarks:-

HEPATITIS B SURFACE Ag(HBsAg-ICT) NON REACTIVE

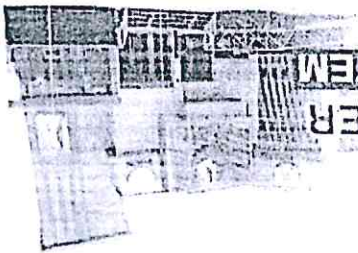
ANTI-HCV(ICT) REACTIVE

TEST	RESULT	UNIT	REFERENCE RANGE
------	--------	------	-----------------

SEROLOGY-I

Patient name: MUHAMMAD SHARIF
 Age: 29
 OPD name: Trauma Bay II LRK
 Order id: 7494
 Date/time: 2024-04-13/08:34:01
 Referred by:

Dr Mehak (Medical Officer) Has Logged In



TRAUMA & EMERGENCY RESPONSE CENTER
HOSPITAL MANAGEMENT & INFORMATION SYSTEM

پراما ۽ ايمرجنسي رسپانس سينٽر

Main Menu
 AE Registration
 ma Store
 nge Password
 Off

This is System Generated Report & does not require a signature.

TEST PERFORMED BY:

Remarks:-

TEST	RESULT	UNIT	REFERENCE RANGE
HAEMOGLOBIN	8.0	Gm/dl	Adult male 13-18 ; Adult Female 11.5-16
R B C COUNT	2.78	10 ⁶ MII/μL	Adult Male 4.5-5.8 ; Adult Female 3.7-5.1 ; Cord Blood 4.5-6.5 ; Birth 4.8-7.7 ; 1 WK 4.2-6.4 ; 1 Yr 3.5-4.8 ; 10 Yrs 3.5-5.1
HCT	25.2	%	CORD BLOOD 45-64 ; BIRTH 48-77 ; 1 WK 41-64 ; 1 YR 35-48 ; 10 YRS 35-50 ; Adult Male 45-58 ; Adult Female 37-50
MCV	90.6	fL	Adult 76 - 96 fL
MCH	28.4	Pg	Adult 28 - 32 Pg
MCHC	31.3	Gm/dl	Adult 32 - 36 Gm/dl
TOTAL LEUCOCYTES COUNT	8.4	10 ³ /μL	Adult: 4.0 - 11.0/μL
NEUTROPHILS	59	%	Adult 50 - 75%
LYMPHOCYTES	34	%	Adult 20 - 50
EOSINOPHILS	03	%	Adult 1-6
MONOCYTES	04	%	Adult 1-6
PLATELET COUNT	233	10 ³ /μL	150-400/μL
R D W -SD	49.0	TL	
P D W	13.6	TL	
M P V	10.3	TL	
PCT	0.24	%	
P-LCR	27.3	%	
RDW-CV	15.0	%	

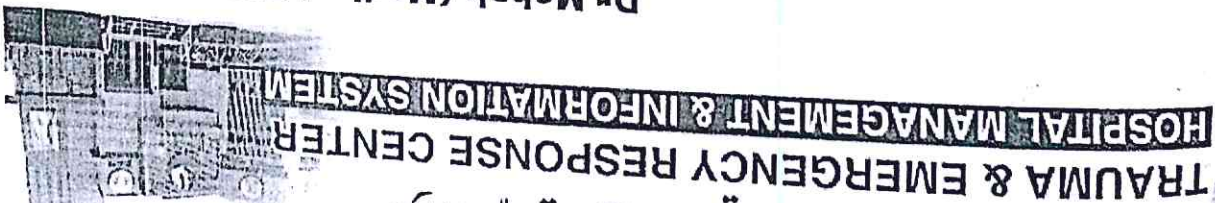
COMPLETE BLOOD COUNT

TEST	RESULT	UNIT	REFERENCE RANGE
------	--------	------	-----------------

HEMATOLOGY-I

Patient name: MUHAMMAD SHARIF
 Age: 29
 OPD name: Trauma Bay II
 Order id: 7494
 Date/time: 2024-04-13/08:34:01
 Referred by: LRK

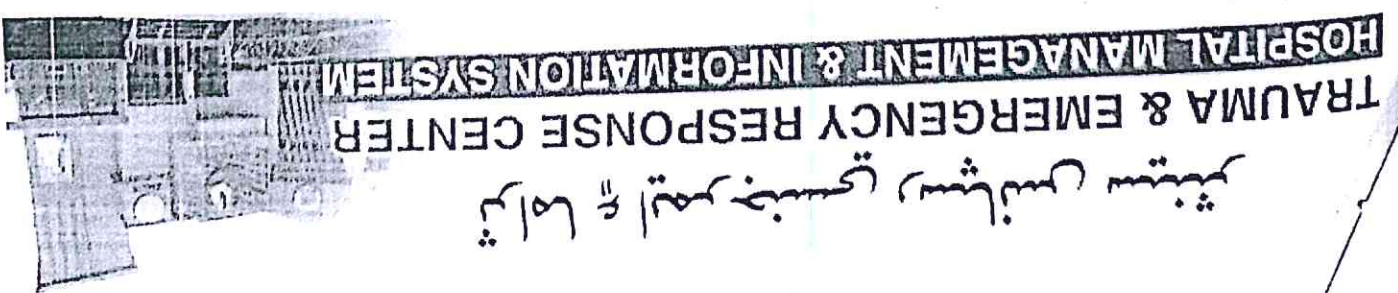
Dr Mehak (Medical Officer) Has Logged In



پراما ۽ ايمرجنسي رسپانس سينٽر

Main Menu
 In AE Registration
 Home Store
 Change Password
 Off

Dr Mehak (Medical Officer) Has Logged In



Menu
station

Patient name: MUHAMMAD SHARIF
Age: 29
Order id: 7393
OPD Triage Section
Referred by: LRK
Date/time: 2024-04-07/23:22:49

BIOCHEMISTRY-1

TEST	RESULT	UNIT	REFERENCE RANGE
------	--------	------	-----------------

BLOOD UREA NITROGEN	25	mg/dL	6 - 20
CREATININE	0.9	mg/dL	FEMALES: 0.6-1.1; MALES: 0.9-1.3
ELECTROLYTES(SERUM)			
SODIUM	149	mEq/L	136-146
POTASSIUM	3.8	mEq/L	3.5-5.1
CHLORIDE	82	mEq/L	98-106
LIVER FUNCTION TESTS			
BILIRUBIN TOTAL	0.8	mg/dL	Adult <2.0 Premature <1 day 1.0-8.0 1-2 day 6.0-12 3-5 day 10.0-14.0 Full term <1 day 2.0-6.0 1-2 day 6.0-10.0 3-5 day 4.0-8.0
SGPT (ALT)	38	U/L	MALE <45; FEMALE: <34
ALKALINE PHOSPHATASE	112	U/L	Adult Male 53-128; Adult Female 42-98; CHILDREN up to 14 years 54-309

Remarks:-

TEST PERFORMED BY:

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Revision No. 00

2/4/2018

Dr. Ashish

Small report

→ AAA measure taken pt kept in Supine position & ethy Ringer's measured Right 8th chest Intubation done. There was about 1 L bloody collection in pleural cavity and ASD Appx

Chest Intubation Notes

Name of the Department: Evaluation / Management

Rx NPO TB

by - R/L at 1/0.0
 by - S/P/W 11/0.0
 by - Titran 1g 1/15.0
 by - R/Side young + 2/1
 by - Pleural normal
 by - Torgas (G.D) 1/15.0

Name of the Department: Abdomen Soft Tissues

Date Time: Non Distended

Abdomen Examination

→ Bullet entry - Right side chest at 8th rib level just below clavicle bone.
 → Bullet entry - Back of chest at Scapular Region.

X-Ray chest
 1/3 chest
 1/3 Abd
 C/B/C

Case of FATI

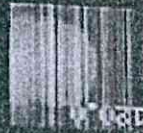
Name of the Department: Evaluation / Management

Su III

Date Time: 7/4/2018

Name of Dr. Dr. Ashish

about 30 years old male pt named M. Shariq s/o wal Muhammad Resident of Dees Mural Jamel Case of FATI



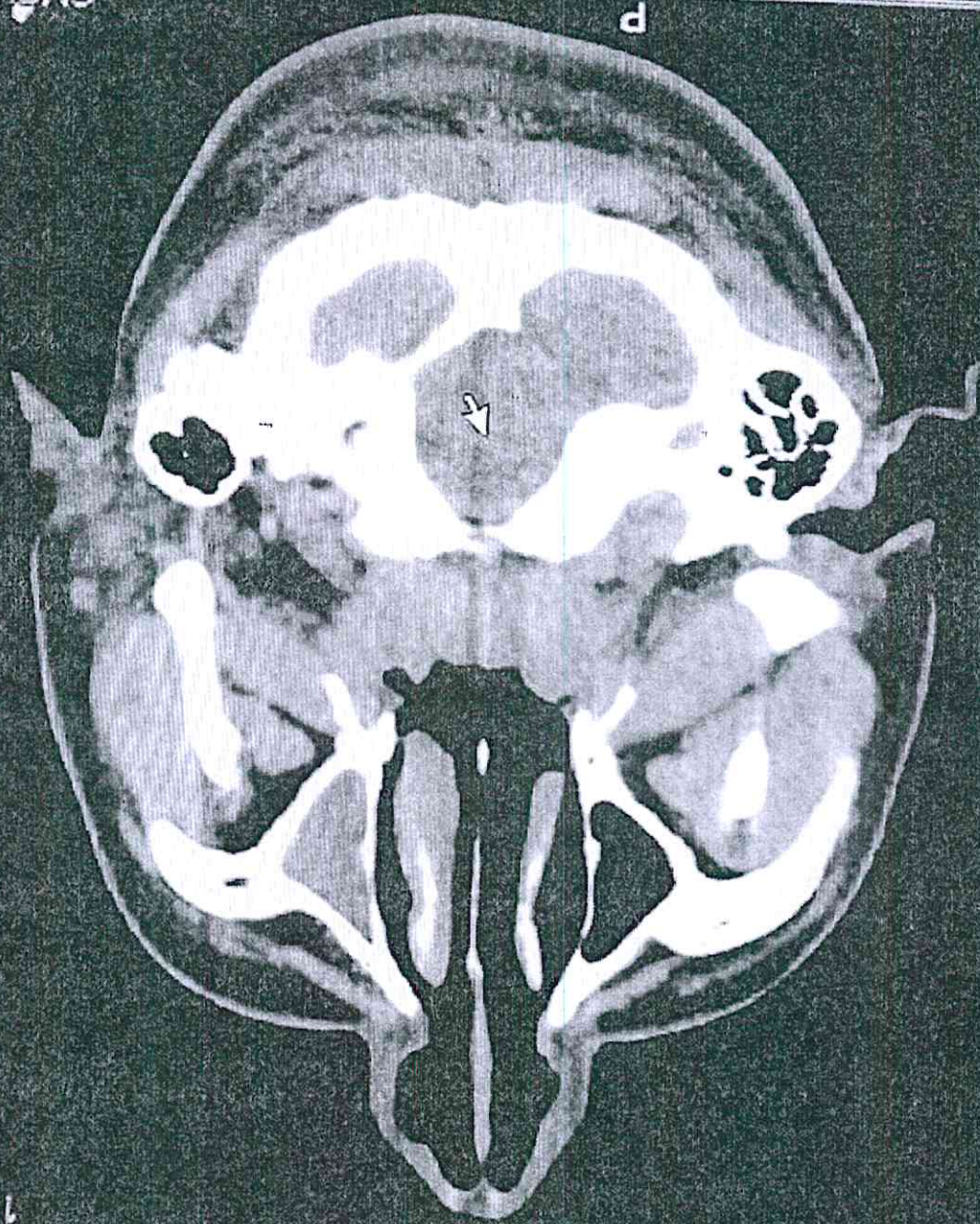
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File

View

WL=23
WW=215
Action 16

28Y/M
SU/H/VEF
FC03/ORG/
CMCH LARKANA



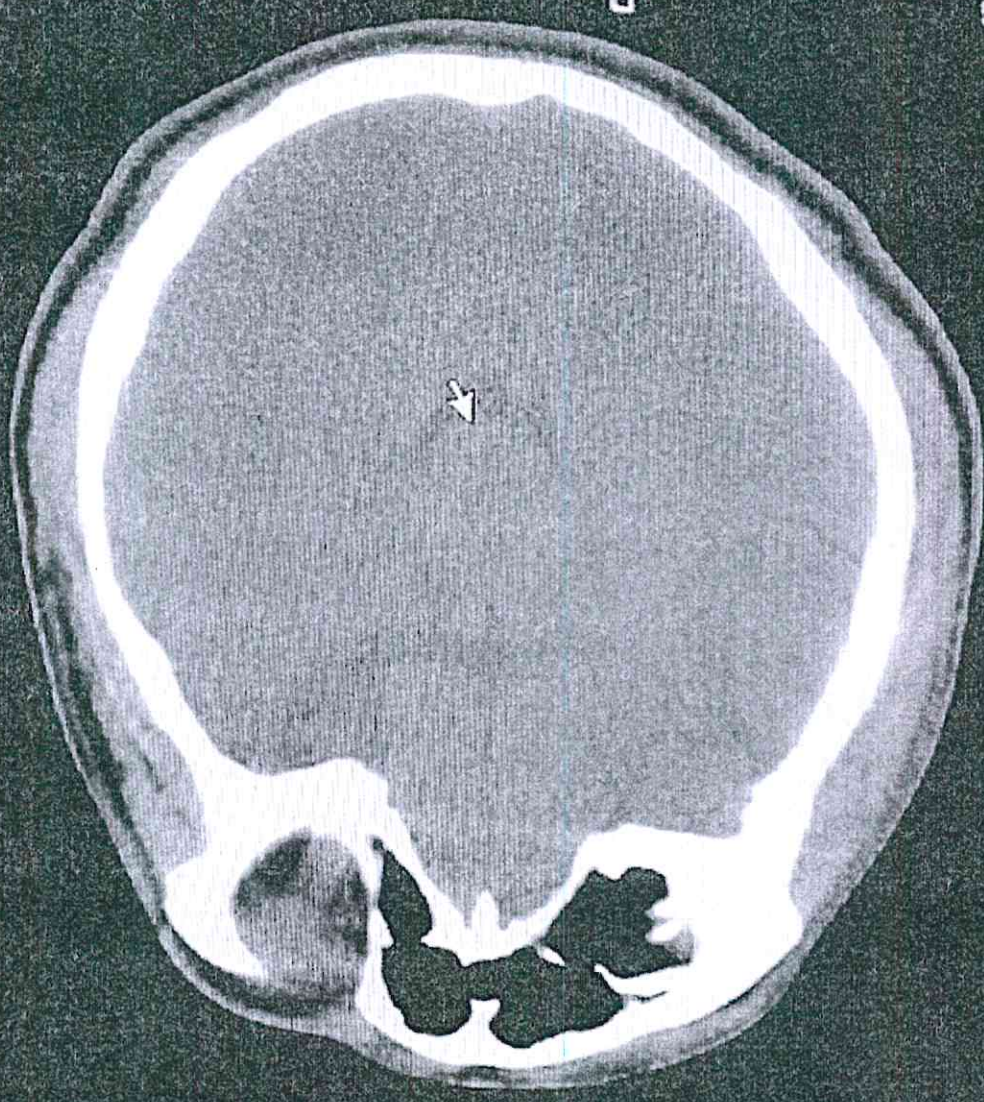
R



BRAIN PLAIN
L (245.97)
2141: 3 3
31.00mm
+0.0D

MUHAMMAD SHARIF
2024.04.08 09:48:44.250
120kV/150mAs
1.05/4.0mm/4.0x4

P



R



BRAIN PLAIN
L (245.97)
21141: 3.15
79.00mm
+0.00

MUHAMMAD SHARIF
2024.04.08 09:48:50.850
120KV/150MAS
1.05/4.0mm/4.0x



1

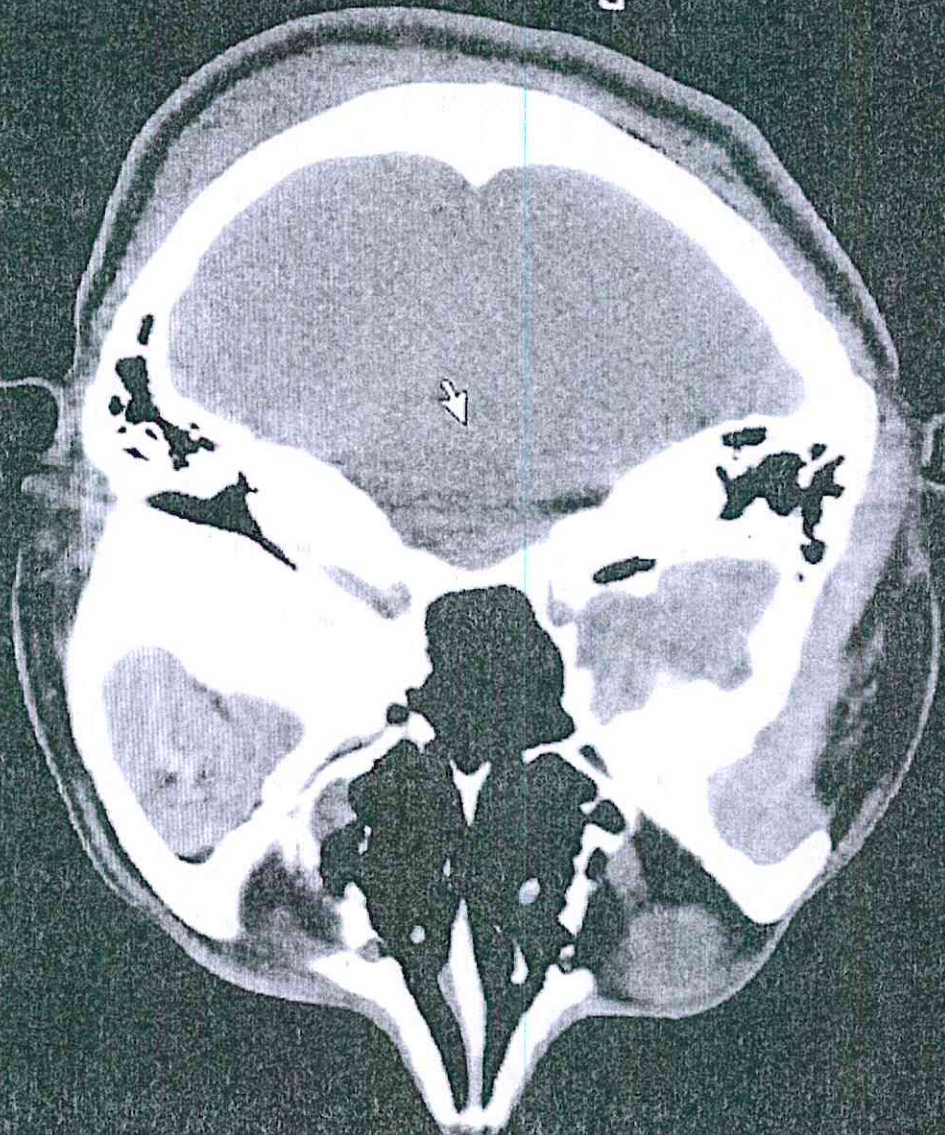
File

View / Abort

WL=23
WW=213
Action 16

29Y/M
SU/H/VFF
FC03/ORG/
CMCH LARKANA

P



R

BRAIN PLAIN
(245.97)
1141.3.8
1100mm
0.00

MUHAMMAD SHARIF
2024.04.08 09:46:46.450
120kV/150MAS
1.05/4.0mm/4.0x4





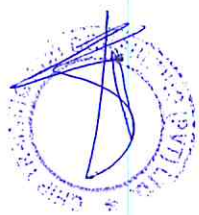
Chip Training & Consulting (Pvt) Ltd
Month: April 2024

EMPLOYEE NAME:	Muhammad Shareef	DESIGNATION	Tehsil Polio Officer
BANK NAME	MCB	Province	BALUCHISTAN
BANK A/C #	0673736291001618	Mode of Payment	Bank Transfer
Project:	PTPP	CNIC	5340296912857
EARNINGS	AMOUNT IN PKR	EXPENSES	AMOUNT IN PKR
Basic Salary	81,818	DSA/POI	0
Medical Allowance	8,182	Internet & Phone	0
Stationery & Misc. Allowance	0	Accident Health Insurance	0
Vehicle/Fuel Allowance	0	DSC Allowance	0
Salary Arrears	0	Ice Allowance	0
Additional Allowance	0	Other Arrears	0
		TOTAL EXPENSES	0
		DEDUCTIONS	AMOUNT IN PKR
		Income Tax Paid By Employee	795
		Others Deductions	0
		EOBI Employee Contribution	320
Gross Salary		TOTAL DEDUCTIONS	90,000
Net Salary			1115

Note: This is computer generated pay-slip and does not required any signature or stamp

Regards

Payroll Department



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Net Salary			88885

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Payroll Department

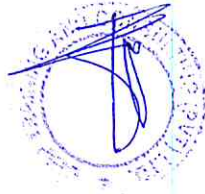


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Payroll Department

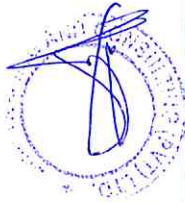


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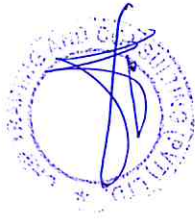


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