

OPD EMERGENCY

# APEX HOSPITAL

Regd. No.

## Our Range

### INTERNAL MEDICINE

- Diabetes
- Cardiology
- Dialysis
- Endoscopy
- Gastro Int.

### GYNE. & OBS

- Delivery
- Infertility

### SURGERY

- General
- Laparos
- Urology

### COSMETIC & PLASTIC SURG

- Liposuc
- Hair Tr

### PEDIATRICS

### ORTHOPEDICS

- JOINT REPLACE

### EYE & ENT

### DERMATOLOG

### DIGITAL X-RAY

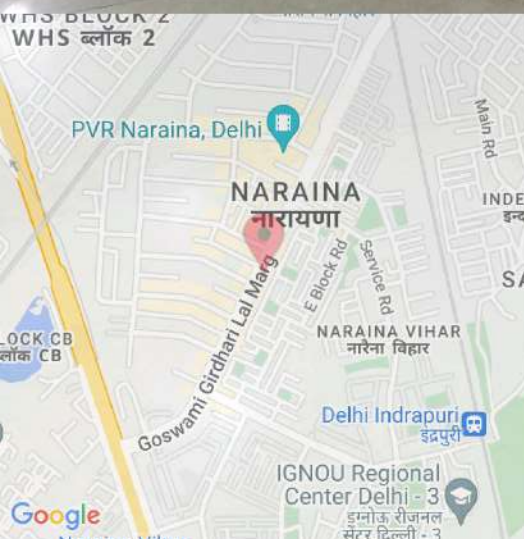
### ECG, TMT, LAB

### PHYSIOTHERAPY

### DIET & NUTRITION

### CHEMIST SHOP

FREE OPD :  
9.00 - 10.00  
(DAILY)



E-22, Goswami Girdhari Lal Marg, Block E, Naraina Vihar, Naraina, New Delhi, Delhi 110028, India

New Delhi  
Delhi  
India



21°C  
70°F

2025-03-12(Wed) 09:12(AM)

## Health Check up Booking Request(43E6929)

1 message

Medsave <lic@medsave.in>  
To: apex.diag@gmail.com  
Cc: customercare@mediwheel.in

Tue, Mar 11, 2025 at 2:54 PM



Dear Apex Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

**You confirm this booking?**      Yes                  No

**Name** : RITESH MARWAH

**Proposal No** : 8310

**Branch Code** : 128

**Contact Details** : 7289083540

**Location** : E-22, Goswami Girdhari Lal Marg, Block E, Naraina  
Vihar, Naraina, Delhi, DELHI - 110028

**Appointment Date** : 12-03-2025

| Member Information |         |        |
|--------------------|---------|--------|
| Booked Member Name | Age     | Gender |
| RITESH MARWAH      | 46 year | M      |

### Included Test -

- Urine Analysis
- BST Only fasting or Only PGBS
- Physical Medical Examination Report (PMER) Rs. 15,00,001 to Rs. 24,99,999

You have received this mail because your e-mail ID is registered with **Medsave TPA**. This is a system-generated e-mail please don't reply to this message.

"For any queries, please feel free to reach out to us at [lic@medsave.in](mailto:lic@medsave.in). Our team will be happy to assist you!"



**APEX HOSPITAL**  
Regd. No.

**Our Range**

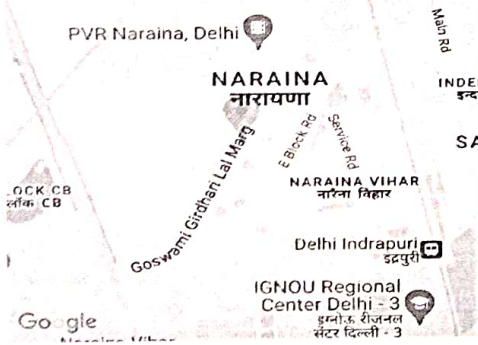
- INTERNAL MEDICINE
- Diabetes
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- Gastro Int.
- GYNE. & OBST.
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- Liposuction
- Hair Transplant
- PEDIATRICS
- ORTHOPEDIC
- JOINT REPLACEMENT
- EYE & ENT
- DERMATOLOG
- DENTAL X-RAY
- E.G. TMT, LAB
- PHYSIOTHERAPY
- DIET & NUTRITION
- CHEMIST SHOP

FREE OPD:  
9.00 - 10.00  
DAILY

Dr. Arvind Gupta  
MBBS, DTCD, MD (Medicine)  
Consultant Physician & Cardiologist  
DMC Reg. No. 32789

WHS BLOCK 2  
WHS ब्लॉक 2

E-22, Goswami Girdhari Lal Marg, Block E, Naraina Vihar, Naraina, New Delhi, Delhi, 110028, India



New Delhi  
Delhi  
India



21°C  
70°F

2025-03-12(Wed) 09:12(AM)

Ritesh Marwah (LIC)



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

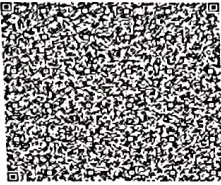
नामांकन क्रम/ Enrolment No.: 0000/00221/30450

To  
रितेश मारवाह  
Ritesh Marwah  
S/O SUBHASH CHANDER MARWAH,  
NO. 89-A,  
Ekta Apartment A -2 B,  
VTC Paschim Vihar,  
PO: Paschim Vihar,  
District: West Delhi,  
State: Delhi,  
PIN Code: 110063,  
Mobile: 7789083540

*Ritesh Marwah*

Dr. Arvind Gupta  
MBBS, DTCO, MD (Medicine)  
Consultant Physician & Cardiologist  
DMC Reg. No. 32789

Signature Not Verified  
Digitally signed by S/O Unique  
Identification Authority of India  
Date: 2024.07.27 13:49:30  
GMT+05:30



आपका आधार क्रमांक / Your Aadhaar No. :

4643 9325 2538

VID : 9129 5580 5706 4903

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 26/07/2012

रितेश मारवाह  
Ritesh Marwah  
जन्म तिथि/DOB: 15/09/1978  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

4643 9325 2538

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदी/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट करें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



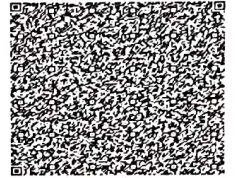
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
एस/ओ सुभाष चंद्र मारवाह, न 89-A, एक्ता अपार्टमेंट ए-2  
बी, पश्चिम विहार, पश्चिम विहार, वेस्ट दिल्ली,  
दिल्ली - 110063

Address:  
S/O SUBHASH CHANDER MARWAH, NO.  
89-A, Ekta Apartment A -2 B, Paschim Vihar,  
PO: Paschim Vihar, DIST: West Delhi,  
Delhi - 110063

Details as on: 22/12/2024



4643 9325 2538

VID : 9129 5580 5706 4903

1947 | [help@uidai.gov.in](mailto:help@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

Proposal No : 8310

Name of Life to be assured: Ritesh Marwah

The Life to be assured was identified on the basis of: Ad Card

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at 12 on the 3 day of 25 at 9:12 a.m./p.m.

Signature of the Pathologist (Name & Rubber stamp) Qualification  
**Dr. Arvind Gupta**  
MBBS, DCP, MD (Medicine)  
Consultant Physician, Cardiologist  
DMC Reg. No. 2274

Signature of the Cardiologist (if LA has undergone CTMT / ECG)  
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)  
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Ritesh Marwah

Signature of the Life to be Assured  
Name.....

Reports enclosed.

- 1..... RVA .....
- 2..... FBC .....
- 3..... Amr .....
- 4..... .....
- 5..... .....



MEDICAL EXAMINER'S REPORT

Form No LIC03-001(Revised 2020)

|                             |           |
|-----------------------------|-----------|
| Branch Code:                | 128       |
| Proposal/Policy No:         | 8310      |
| MSP name/code :             |           |
| Date & Time of Examination: | 12/3/2025 |
| Medical Diary No & Page No: |           |

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
 Identity Proof verified: Aadhaar ID Proof No. 2538  
 ( In Case of Aadhaar Card , please mention only last four digits)  
 [ Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.  
 "I would like to inform that this call with/ visit to Dr. Ag. U. Ind. Gupta (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".  
Rish Marwah  
 Signature/ Thumb impression of Life to be assured  
 (In case of Physical Examination)

|   |   |  |                     |
|---|---|--|---------------------|
| 1 | Full name of the life to be assured: <u>Ritesh marwah</u> |  |                     |
| 2 | Date of Birth: <u>15/9/1978</u>                           | Age: <u>47</u>   | Gender: <u>male</u> |
| 3 | Height (In cms): <u>175</u>                               | Weight ( in kgs ) : <u>92</u>  |                     |
| 4 | Required only in case of Physical MER                     |  |                     |
|   | Pulse : <u>80</u>   | Blood Pressure (2 readings):<br>1. Systolic <u>120</u> Diastolic <u>80</u><br>2. Systolic <u>120</u> Diastolic <u>80</u> |                     |

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED  
 If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

|   |   |    |
|---|---|----|
| 5 | a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? | NO |
|   | b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?                     | NO |
|   | c. Whether visited the doctor any time in the last 5 years ?  | NO |
|   | If answer to any of the questions 5(a) to (c) ) is yes -  |    |
|   | i. Date of surgery/accident/injury/hospitalisation  | NO |
|   | ii. Nature and cause  | NO |

|    |   |                                  |
|----|---|----------------------------------|
|    | iii. Name of Medicine   | No                               |
|    | iv. Degree of impairment if any   | No                               |
|    | v. Whether unconscious due to accident, if yes, give duration   | No                               |
| 6  | In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or <b>diagnostic tests</b> ?<br>Please specify date, reason, advised by whom & findings.   | No                               |
| 7  | Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.<br><br>If yes provide all investigation and treatment reports   | No                               |
| 8  | a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?<br>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?<br>c. Whether on medication? please give name of the prescribed medicine and dosage<br>d. Whether developed any complications due to diabetes?<br>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?<br>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)? | No<br>No<br>No<br>No<br>No<br>No |
| 9  | a. Any history of chest pain, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heartbeat?<br>b. Whether suffering from <b>high cholesterol</b> ?<br>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.<br>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?  | No<br>No<br>No<br>No             |
| 10 | Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?  | No                               |
| 11 | Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?  | No                               |
| 12 | Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any <b>Circulatory disorder</b> ?  | No                               |
| 13 | Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?   | No                               |
| 14 | Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?   | No                               |

|    |   |          |
|----|---|----------|
| 15 | Suffering or ever suffered from any <b>physical Impairment/</b> disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?   | NO       |
| 16 | Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, pilos, or any other disease of the gall bladder or pancreas?   | NO       |
| 17 | a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b> ?<br>b. Whether on treatment or ever taken any treatment, If yes, please give details of treatment, proscribed medicine and dosages | NO<br>NO |
| 18 | Is there any <b>abnormality</b> of Eyes (partial/total blindness),Ears (deafness/ discharge from the ears), Nose, Throat or Mouth,teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?                                   | NO       |
| 19 | Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS/ Sexually transmitted diseases</b> (e.g. syphills, gonorrhoea, etc.)   | NO       |
| 20 | Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drug</b> etc) which is relevant in assessment of medical risk of examinee.  | NO       |

| For Female Proponents only |  |
|----------------------------|--|
| i.                         | Whether pregnant? If so duration.  |
| ii                         | Suffering from any pregnancy related complications   |
| iii                        | Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaecailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same |

NA

|  |     |
|--|-----|
| <b>FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT</b><br><b>WHETHER LIFE TO BE ASSURED APPEARS MENTALLY</b><br><b>AND PHYSICALLY HEALTHY</b> | Yes |
|--|-----|

Declaration

You Mr/Ms - Ritesh meherwal declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after



fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

*Rishi Marwah*

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 12 day of 3 20 25 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:  
Date:  
Stamp:

*Delhi*  
*12/3/25*

*M*  
Signature of Medical Examiner  
Name & Code No. **Dr. Arvind Gupta**  
**MD (Medicine)**  
Consultant Physician & Cardiologist  
DMC Reg. No. 32789

USHA GUPTA  
MS, MD (PATHOLOGY)  
DIRECTORName Mr. RITESH MARWAH  
Collection Date 12/03/2025  
Srl No. 9  
Ref. By LICAge 47 Yrs.  
Sex M  
Patient Id 2503129  
Mobile No.

| Test Name | Value | Unit | Reference Range |
|-----------|-------|------|-----------------|
|-----------|-------|------|-----------------|

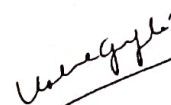
**URINE EXAMINATION TEST****PHYSICAL EXAMINATION**QUANTITY 30 ml.  
COLOUR PALE YELLOW  
TRANSPARENCY CLEAR**CHEMICAL EXAMINATION**ALBUMIN NIL  
REDUCING SUGAR NIL**MICROSCOPIC EXAMINATION**PUS CELLS 1-2 /HPF  
RBC'S NEGATIVE /HPF  
CASTS NEGATIVE  
CRYSTALS NEGATIVE  
EPITHELIAL CELLS 1-2 /HPF  
BACTERIA NEGATIVE  
OTHERS NIL**BIOCHEMISTRY**BLOOD SUGAR FASTING 105 mg/dl 70 - 110  
GOD-POD (Method)

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

**APEX**  
**HOSPITAL**

Regd. No. DHS/NH/1100

Page 1 of 1

Dr. USHA GUPTA  
MD (PATH)  
CONSULTANT PATHOLOGIST

• LAB • DIGITAL X-RAY • USG • ECG • LAPAROSCOPIC SURGERIES • GALLSTONES • KNEE REPLACEMENT • LASER SURGERY FOR PILES • DELIVERY • TMT • PFT • EEG • ENDOSCOPY

**HOME COLLECTIONS OF BLOOD SAMPLES AND HEALTH PACKAGES AVAILABLE**

All Reports to be correlated Clinically. If the Results are Alarming or Unexpected, Patient/Doctor is requested to contact the Laboratory for review.