



भारत सरकार

Government of India



करनैल सिंह भगत सिंह सोंध
Karnail Singh Bhagat Singh Sondh
जन्म तारीख / DOB : 15/09/1975
पुरुष / Male



8667

आधार - सामान्य माणसाचा अधिकार



GPS Map Camera



Google

Gurugram, Haryana, India

01, Badshahpur Sohna Rd Hwy, Sector 68, Gurugram,
Haryana 122101, India

Lat 28.393199° Long 77.047022°

26/11/24 10:22 AM GMT +05:30



 **GPS Map Camera**

Gurugram, Haryana, India
01, Badshahpur Sohna Rd Hwy, Sector 68, Gurugram,
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Lat 28.393198° Long 77.047023°
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GPS Map Camera

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE
FORM 7
RULE 16 (2)

DL No. MH48 20160019765
Valid Till: 14-09-2025 (NT)

DOJ: 31-05-2016

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA

COV DOJ
MCWG 31-05-2016
LWV 31-05-2016

DOB 15-08-1975 BG

Name: KARNAIL SINGH
S/D/W of BHAGAT SINGH
Add: A/001, KISHOR KUNJ-2, OPP VIVA COLLEGE,
VIBAR (W), TAL-VASAL, DIST-PALGHAR

Signature & ID of Issuing Authority: MH48 201679

Signature/Thumb Impression of Holder

भारत सरकार
GOVT. OF INDIA

आयकर विभाग
INCOME TAX DEPARTMENT

KARNAIL SINGH SONDH
BHAGAT SINGH SONDH

15/09/1975

Permanent Account Number
GLJPS5646N

भारत सरकार
GOVT. OF INDIA

भारत सरकार
Government of India

कर्मचारी सिद्ध भगत सिंह सोंध
Karnail Singh Bhagat Singh Sondh
जन्म तारीख / DOB : 15/09/1975
पुरुष / Male

2088 3217 8667

आधार - सामान्य माणसाचा अधिकार



Dear **Advance Diagnostic & Research Centre**

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 : MR KARNAIL SINGH SONDH

Proposal No : 3965

Branch Code : 12m

Contact Details : 8552973750

Location : Advance near Pratham ultrasound, pillar no 78
sec badshahpur sohna road, Gurgaon

Appointment Date : 21-11-2024



Member Information		
Booked Member Name	Age	Gender
MR KARNAIL SINGH SONDH	49 year	Male

Included Test -

- Urine Analysis
- BST Only fasting or Only PGBS
- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000

Thanks,
Medsave
Team

To,
LIC of India 12m
Branch Office

Date: 26/11/2024

Proposal No. 3965

Name of the Life to be assured KAR NAIL SINGH SONDH

The Life to be assured was identified on the basis of PAN CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

DR. AMIT
MBBS, DNB
Reg. No. 23344

Signature of the Pathologist/ Doctor

Name:



I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

EW

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	No	PHYSICIAN'S REPORT	No
COMPUTERISED TREADMILL TEST	No	IDENTIFICATION & DECLARATION FORMAT	No
HAEMOGRAM	No	MEDICAL EXAMINER'S REPORT	Yes
LIPIDOGRAM	No	BST (Blood Sugar Test-Fasting & PP) Both	No
BLOOD SUGAR TOLERANCE REPORT	No	FBS (Fasting Blood Sugar)	Yes
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	No	PGBS (Post Glucose Blood Sugar)	No
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	No
REPORT ON X-RAY OF CHEST (P.A. VIEW)	No	Hb%	No
ELISA FOR HIV		Other Test	No

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code: 12m
Proposal/ Policy No: 3965
MSP name/code :
Date & Time of Examination: 26/11/2024, 10:24Am
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 8552973750
Identity Proof verified: PAN CARD ID Proof No. GLJPS5646N
(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 Amit (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Bm

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

1 Full name of the life to be assured: KARNAIL SINGH SONDI
2 Date of Birth: 15/09/1975 Age: 49 Gender: Male
3 Height (In cms): 172 Weight (in kgs) : 60
4 Required only in case of Physical MER

Pulse: 80/min Regular Blood Pressure (2 readings):
1. Systolic 124 Diastolic 82
2. Systolic 124 Diastolic 82

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 treatment/medication including alternate medicine like ayurveda, homeopathy etc ?	No
	b. Undergone any surgery / hospitalized 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 -	No
	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 diagnostic tests ? Please specify date , reason ,advised by whom & findings.	No
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) 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. If yes provide all investigation and treatment reports	No

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol ?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any physical impairment/ 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 disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	<p>NO</p> <p>NO</p>
18	Is there any abnormality 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 HIV /AIDS/Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	NO

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

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Healthy
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Declaration

You Mr/Ms KARNAIL SINGH SONDI 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.

Singh

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 26 day of 11 20 24 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.

Dr. AMIT
MBBS, DNB
Reg. No. 23344

Place: GUN
Date: 26/11/2024
Stamp:

Signature of Medical Examiner
Name & Code No:





ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name	: Mr. Karnail Singh Yadav	Panel	: LIC
Age	: 49 Yrs 2 Mon 14 Days	TPA	: MEDSAVE
Sex	: Male	Received Date	: 26/11/2024
Patient ID	: 15241680	Report Date	: 26/11/2024

Test Name	Results	Units	Reference Range
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BIOCHEMISTRY

Blood Glucose Fasting	75.0	mg/dL	70.0 - 110.0
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URINE EXAMINATION ROUTINE

PHYSICAL EXAMINATION

Colour	Pale yellow		
Appearance	Clear		
PH	5.5		
Specific Gravity	1.025		1.005-1.030

CHEMICAL EXAMINATION

Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Nil		Nil
Nitrite	Nil		Nil
Bile Pigments	Nil		Nil
Bile Salt	Nil		Nil

MICROSCOPIC EXAMINATION

Pus Cells	0-1	/HPF	0-3
Epithelial Cells	1-2	/HPF	0-3
RBCs	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil

----- End of Report -----



Dr. GANDHI
 MD Pathology
 Reg. No. 16318
 Dr. Gandhi Kranti Deepak
 MD. Pathology