



GROUND FLOOR, B-191, Main Rd, adjoining BIKANERWALA, Industrial Area Phase I, Block C, Naraina Industrial Area Phase I, Naraina, New Delhi, Delhi 110028, India

New Delhi

Delhi

India

2025-03-09(Sun) 11:33(am)



30°C

86°F

**Health Check up Booking Request(43E6641)**

1 message

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

Wed, Mar 5, 2025 at 11:00 AM

**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 : VIVEK DUBEY

Proposal No : 6793

Branch Code : 12T

Contact Details : 7053052918

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

Appointment Date : 09-03-2025

Member Information		
Booked Member Name	Age	Gender
VIVEK DUBEY	25 year	M

**Included Test -**

- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 25,00,000 to Rs. 49,99,999

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!"

OPD EMERGENCY

**APEX HOSPITAL**

NH/1100

Our Range

INTERNAL

Diabet

Cardio

Dialy

End

Gas

GY

D

I

S

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

**APEX HOSPITAL**  
E-22, Naraina Vihar,  
New Delhi-110 028  
Regd. No. DGHS/NH/1100

VR Naraina, Delhi

**NARAINA**  
नारायणा

NARAINA VIH  
नारिना विहार


Delhi Indrap  
इंद्र


New Delhi  
Delhi  
India

30°C  
86°F

2025-03-09 (Sun) 11:33 (am)


Google


 भारत सरकार  
 GOVERNMENT OF INDIA


 विवेक दुबे  
 Vivek Dubey  
 जन्म तिथि/ DOB: 23/10/1999  
 पुरुष / MALE

2064 5158 3749





MERA AADHAAR, MERI PEHCHAN


 भारतीय विधिज्ञान प्राधिकरण  
 NATIONAL IDENTIFICATION AUTHORITY OF INDIA

पता: S/O बबलू दुबे, हाउस नं-49/350  
 आयुर्विज्ञान हॉस्पिटल, हैदर पुर, नॉर्थ  
 वेस्ट दिल्ली,  
 दिल्ली - 110088

Address S/O Bablu Dubey, HOUSE  
 NO- 49/350 AYURVIDIC  
 HOSPITAL, HAIDER PUR,  
 North West Delhi,  
 Delhi - 110088

2064 5158 3749

 1947
 



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

Vivek Dubey

APEX HOSPITAL  
 E-22, Naraina Vihar,  
 New Delhi-110 028  
 Regd. No. DGHS/NH/1100

**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

Proposal No : 6793

Name of Life to be assured: Vivek Dubey

The Life to be assured was identified on the basis of: Asidhaax 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 09 on the 03 day of 2025 at 11:33a.m./p.m.

Signature of the Pathologist/Doctor  
(Name & Rubber stamp) Qualification:

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

*[Signature]*  
**DR. Arvind Gupta**  
MBBS, DTCD, MD (Medicine)  
Consultant Physician & Cardiologist  
DMC Reg. No. 32789

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

*Vivek Dubey*



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

Reports enclosed.

- 1..... FMR .....
- 2..... HBY .....
- 3..... SBT-13 .....
- 4..... ECG .....
- 5..... RVA .....



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

Branch Code: 127
Proposal/Policy No: 6793
MSP name/code :
Date & Time of Examination: 09/03/2025 11:33am
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 7059052910  
 Identity Proof verified: Aadhaar Card ID Proof No. 9249  
 ( 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 ... Dr. Vinod Gupta (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Vivek Dubey

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

1	Full name of the life to be assured: <u>Vivek Dubey</u>	
2	Date of Birth: <u>23/10/1999</u> Age: <u>25</u> Gender: <u>male</u>	
3	Height (In cms): <u>172</u> Weight ( in kgs) : <u>84</u>	
4	Required only in case of Physical MER	
	Pulse : <u>70</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>70</u> 2. Systolic <u>120</u> Diastolic <u>70</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 ?	<u>NO</u>
	b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?	<u>NO</u>
	c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) ) is yes -	<u>NO</u>
	i. Date of surgery/accident/injury/hospitalisation	<u>NO</u>
	ii. Nature and cause	<u>NO</u>

	iii. Name of Medicine	NO NO NO
	iv. Degree of impairment if any	
	v. Whether unconscious due to accident, if yes, give duration	
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> ? 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.  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? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	NO NO NO NO NO NO
9	a. Any history of chest pain, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	NO NO NO 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, thalassaemia or any Circulatory disorder?	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 orever 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 orever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, 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> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	NO 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. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (suchas <b>smoking/ tobacco chewing/ consumption of alcohol/drugsetc</b> ) which is relevant in assessment of medical risk of examinee.	NO

For Female Proponents only		
i.	Whether pregnant? If so duration.	NA
ii	Suffering from any pregnancy related complications	NA
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

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

Declaration

You Mr/Ms Vinod Dubey 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.

*Vivek Dubey*

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

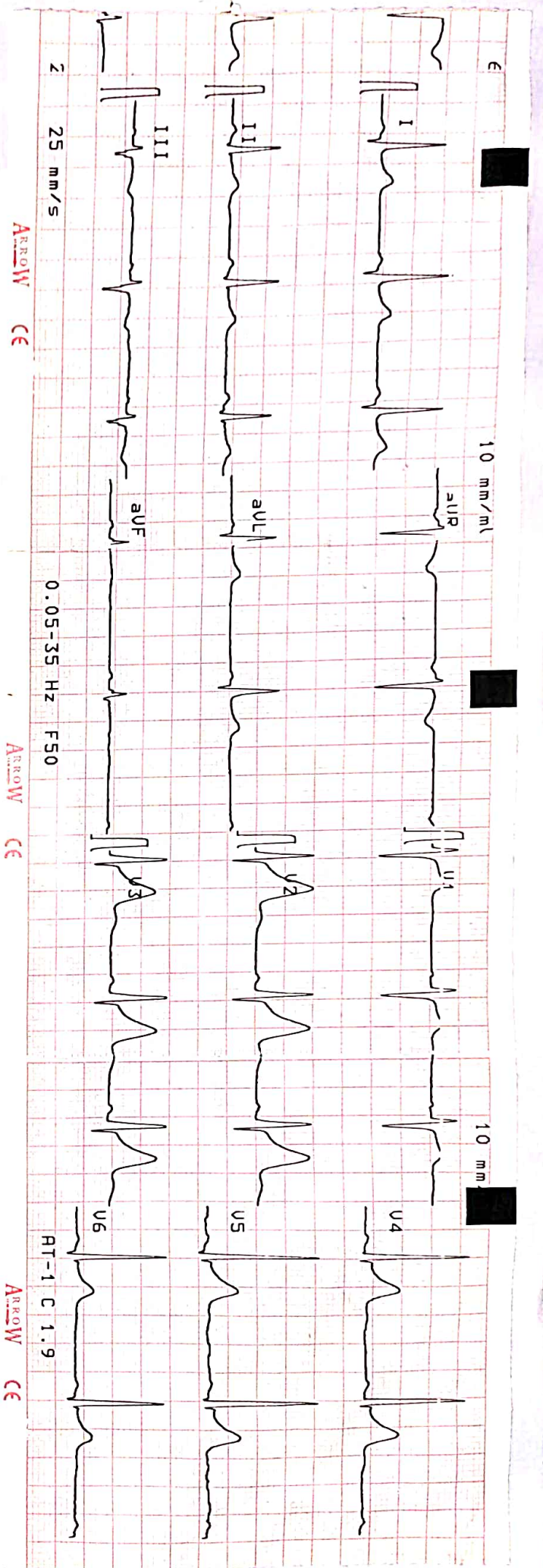
I hereby certify that I have assessed/ examined the above life to be assured on the 09 day of 03 20 25 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: *Delhi*  
Date: *09/03/2025*  
Stamp:

*[Signature]*  
Signature of Medical Examiner  
Name & Code No:

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

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E-22, Naraina Vihar,  
New Delhi-110 028  
Regd. No. DGHS/NH/1100



Pat-Name: **Vivek Dohary**

Pat-No: [REDACTED]

Born: 05/10/1958  
 Age: 62  
 Sex: male  
 Height: 172 in.  
 Weight: 84 lb.  
 BP: mmHg  
 Med:

HR: 62  
 RR: 16  
 PR: 160  
 QRS: 80  
 QT: 340  
 QTc: 380

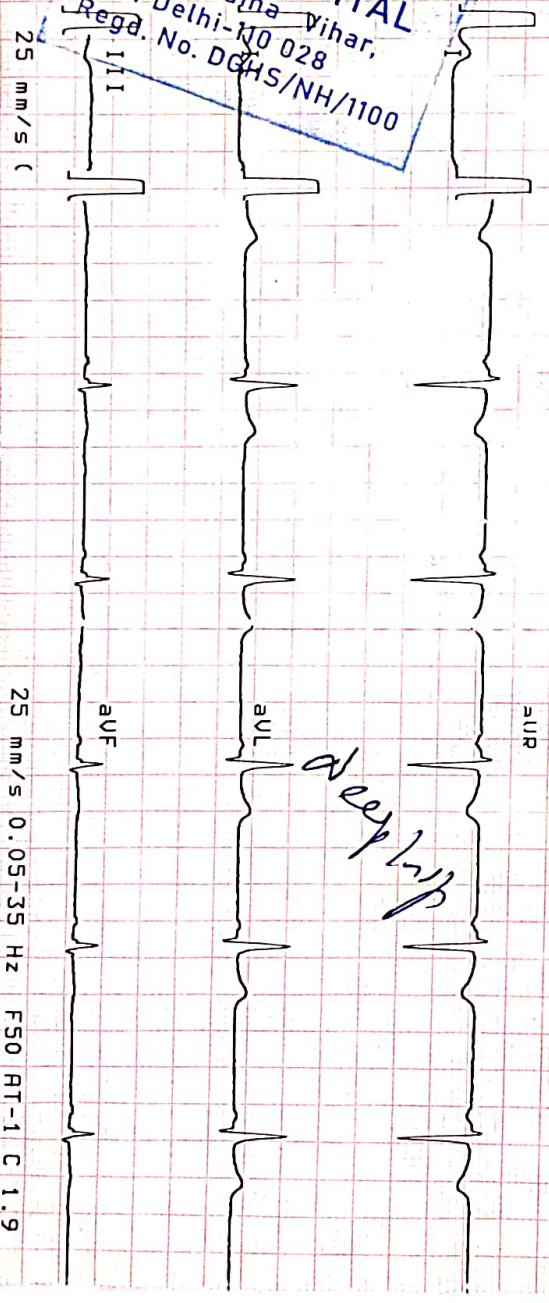
Dr. Arvind Gupta  
 MBBS, DCCD, MD (Medicine)  
 Consultant Physician & Cardiologist  
 DMC Reg. No. 32789

**APEX HOSPITAL**  
 E-22, Naraina Vihar,  
 New Delhi-110 028  
 Regd. No. DGH/NH/1100

Pat-1 C 1.9

Arrow CE

112 BPM



86 BPM

Deep S/T

Arrow CE

Arrow CE

**MEDICAL REPORT FORMATS**

**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch **127**

Proposal No. **6793**

Agent/D.O. Code: \_\_\_\_\_

Full Name of Life to be assured: **Vivek Dubey**

Age/Sex : **25/male**

**ELECTROCARDIOGRAM**

**ANNEXURE- 1**

**LIC03-002**

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

**DECLARATION**

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated \_\_\_\_\_ given by me to LIC of India.

**Vivek Dubey**

Signature or Thumb Impression of L.A.

Witness

*Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?  
**Y/N**
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? **Y/N**
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? **Y/N**

If the answer/s to any/all above questions is -Yes, submit all relevant papers with this form.

Dated at **09** on the day of **03** **2025**

**Vivek Dubey**  
Signature of L.A.

Signature of the Cardiologist  
**Dr. Anand Gupta**  
Name & Address **SS, DTCD, MD (Medicine)**  
Qualification **Consultant Physician & Cardiologist**  
**DMG Reg. No. 32789**  
**APEX HOSPITAL**  
E-22, Naraina Vihar,  
New Delhi-110 028  
Regd. No. DGHS/NH/1100

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
172	84	120/70	70

(B) Cardiovascular System

NM

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Imv	10mm	PR Interval	(N)
Mechanism	Lead	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	76/yr	T-wave	(N)
Ventricular Rate		Q-Wave	(N)
Rhythm	regular		
Additional findings, if any.			

Conclusion:

WNL

Dated at 09 on the day of 03 2025

Signature of the Cardiologist

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

Code No.

**APEX HOSPITAL**  
 E-22, Naraina Vihar,  
 New Delhi-110 028  
 Regd. No. DGHS/NH/1100

Name	Mr. VIVEK DUBEY	Age	25 Yrs.
Collection Date	09/03/2025	Sex	M
Srl No.	8	Patient Id	2503098
Ref. By	LIC	Mobile No.	

SBT 13

ELISA FOR HIV I &amp; II

ELISA FOR HIV - I &amp; II : NON-REACTIVE

HBsAg

HBsAg

NEGATIVE

BLOOD SUGAR FASTING GOD-POD(Method)	80	mg/dl	70 - 110
SERUM CHOLESTEROL	170	mg/dl	120 - 220
TRIGLYCERIDE	80	mg/dl	50 - 165
HDL	42	mg/dl	30 - 70
LDL	128	mg/dl	50 - 150
SERUM CREATININE	0.8	mg%	0.7 - 1.5
BLOOD UREA NITROGEN (BUN)	9.2	mg%	6.0 - 20.0
TOTAL PROTEIN	7.0	gm/dl	6.6 - 8.3
ALBUMIN	4.2	gm/dl	3.4 - 4.8
GLOBULIN	2.8	gm/dl	2.3 - 3.5
A/G RATIO	1.5		
BILIRUBIN TOTAL	0.8	mg/dl	0.10 - 1.20
CONJUGATED (D. Bilirubin)	0.3	mg/dl	0.0 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.5	mg/dl	0 - 0.80
SGOT	11	IU/L	0.0 - 40.0
SGPT	15	IU/L	0.0 - 40.0
ALKALINE PHOSPHATASE	102	IU/L	40 - 129
GAMMA GT	13.0	IU/L	8.0 - 71.0

**DR. USHA GUPTA**MBBS, MD (PATHOLOGY)  
DIRECTOR

E-22, NARAINA VIHAR, NEW DELHI-110028

TEL. : 011-45533430, 42371367

E-mail : apex.diag@gmail.com / apexhospitalnaraina@gmail.com

Website : www.apexhospital.net

Name	Mr. VIVEK DUBEY	Age	25 Yrs.
Collection Date	09/03/2025	Sex	M
Srl No.	8	Patient Id	2503098
Ref. By	LIC	Mobile No.	

Test Name	Value	Unit	Reference Range
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**HAEMATOLOGY**

HAEMOGLOBIN (Hb)	14.2	gm/dl	12.5 - 16.5
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**URINE EXAMINATION TEST****PHYSICAL EXAMINATION**

QUANTITY	30	ml.
COLOUR	PALE YELLOW	
TRANSPARENCY	CLEAR	

**CHEMICAL EXAMINATION**

ALBUMIN	NIL
REDUCING SUGAR	NIL

**MICROSCOPIC EXAMINATION**

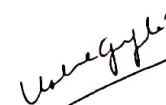
PUS CELLS	1-2	/HPF
RBC'S	NEGATIVE	/HPF
CASTS	NEGATIVE	
CRYSTALS	NEGATIVE	
EPITHELIAL CELLS	1-2	/HPF
BACTERIA	NEGATIVE	
OTHERS	NIL	

\*\*\*\* 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.