Shri Durga Healthcare <healthcareshridurga@gmail.com>

## Health Checkup Booking Request Has Been Updated(43E6814)

1 message

**Medsave** <lic@medsave.in>
To: healthcareshridurga@gmail.com
Cc: customercare@mediwheel.in

10 March 2025 at 14:41

Home Visit

Dear Shri Durga Healthcare,

Booking has been changed sucessfully,For the following health checkup

**Proposal No** : 5259

**Branch Code** : 12G

**New Diagnostic/Hospital** : Shri Durga Healthcare

**Address of Diagnostic/Hospital** : D63, Har Gyan Singh Arya Marg, South Extension I, Block D

**Appointment Date** : 10-03-2025

**Preferred Time** : 08:30 AM - 09:00 AM

| Member Information | | |
|---|---|---|
| Booked Member Name | Age | Gender |
| MS NAISHA MOD | 1 year | Female |

### Included Test -

- Juvenile medical examination report

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 Our team will be happy to assist you!"**

Thanks,
Medsave Team

Date: 12/03/25

To,
LIC of India
Branch Office
~~12~~ 9

Proposal No. 5259

Name of the Life to be assured Naisha modi

The Life to be assured was identified on the basis of Aadhar

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. PREETI DHIMAN M.B.B.S

Preeti

**Signature of the Pathologist/ Doctor**

SHRI DURGA HEALTHCARE South Extn.-1 New Delhi-49

**Name:**

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

Naisha Modi

**(Signature of the Life to be assured)**

**Name of life to be assured:**

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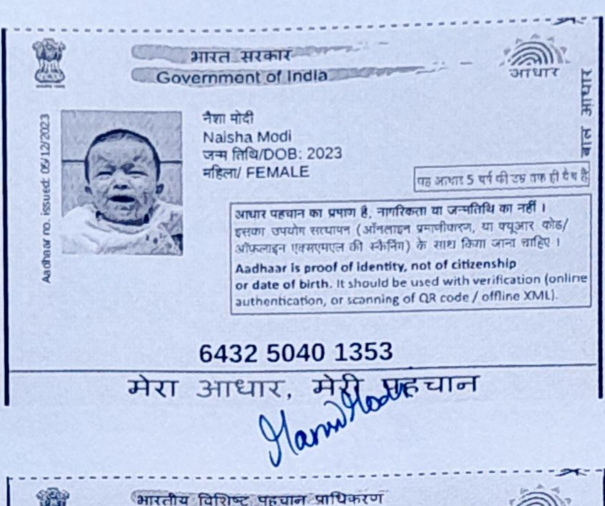
**Reports Enclosed:**

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

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,



भारत सरकार
Government of India

आधार

बाल आधार

Aadhaar no. issued: 05/12/2023

नैशा मोदी
Naisha Modi
जन्म तिथि/DOB: 2023
महिला/ FEMALE

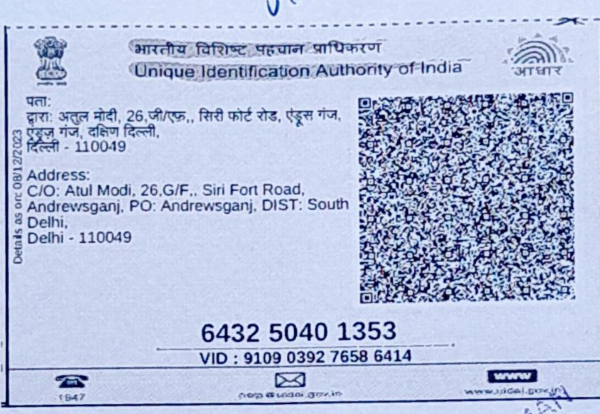
यह आधार 5 वर्ष की उम्र तक ही वैध है

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन 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).

**6432 5040 1353**

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

Details as on: 08/12/2023

पता:
द्वारा: अतुल मोदी, 26,जी/एफ,, सिरी फोर्ट रोड, एंड्रूस गंज, एंड्रूज गंज, दक्षिण दिल्ली,
दिल्ली - 110049

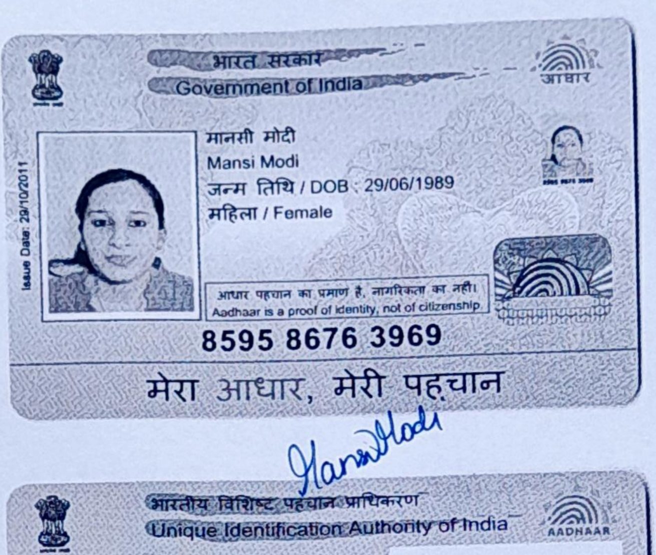
Address:
C/O: Atul Modi, 26,G/F,, Siri Fort Road, Andrewsganj, PO: Andrewsganj, DIST: South Delhi,
Delhi - 110049

**6432 5040 1353**

VID : 9109 0392 7658 6414

1947 help@uidai.gov.in www.uidai.gov.in

Dr. PREETI DHIMAN
M.B.B.S


भारत सरकार
Government of India
आधार

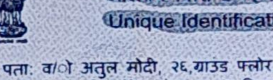
Issue Date: 29/10/2011

मानसी मोदी
Mansi Modi
जन्म तिथि / DOB : 29/06/1989
महिला / Female

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

8595 8676 3969

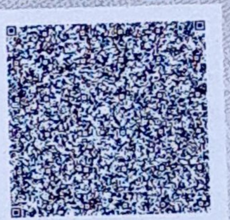
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR

Print Date: 21/08/2023

पता: व/ो अतुल मोदी, २६,ग्राउड फ्लोर,सीरी फोर्ट रोड,नई दिल्ली, अंद्रेव्सगंज, साउथ दिल्ली, दिल्ली, 110049
Address: W/O Atul Modi, 26,Ground Floor,Siri Fort Road,New Delhi, Andrewsganj, South Delhi, Delhi, 110049



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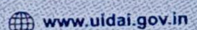
1947 help@uidai.gov.in  www.uidai.gov.in

Dr. PREETI DHIMAN
M.B.B.S

Dr. MAHESH PAL
MBBS

## LIFE INSURANCE CORPORATION OF INDIA

### JUVENILE FMR

Zone:
Division:
Branch:
Proposal No.:
Full Name of Life to be Assured:
Age/ Sex:

| | | | | |
|---|---|---|---|---|
| Name of the child: (~~Master~~/ Miss) Nisha Modi | | | | |
| Mark of identification: Mole/Scar/any other (specify location) | | | | |
| Current ID provided | Student | Passport | Latest School Report Card | Others(specify) Aadhar |
| Age of the child: 1 Years/Months 8 | | | SEX: M ☐ / F ☑ | |
| Birth History: FTND / ~~Forceps~~ / Caesarean/ Other ( Please tick the relevant) | | | | |

**A. Details of Physical Examination**

**For all children:**

Height of the child: 82 cms
Weight of the child: 10 kgs
Pulse and character 80
Blood Pressure 88/62 mm of Hg
Presence of any congenital defects or abnormalities: Yes / No
( If yes, please provide details) NO

**For Children Below 2 yrs:**

Head Circumference 47 cms
Chest Circumference 49.5 cms
49 cms

Dr. PREETI DHIMAN
M.B.B.S

| **B. Medical History:** | Yes ☑ / No ☐ |
|---|---|
| 1) Is the proposed insured presently in good health? | Yes ☐ / No ☑ If yes provide details: |
| 2) Does the proposed insured have any physical and mental handicap or deformity? | Yes ☐ / No ☑ If yes provide details of the tests conducted and treatment if any. |
| 3) Has the proposed insured been hospitalized and/or has been advised for any treatment/surgery and/or has undergone any general checkup in the last five years? | Yes ☐ / No ☑ If yes provide details: |
| 4) Has the proposed insured ever been treated or hospitalized for any Heart ailment/cancer/ kidney disorder/ epilepsy/ mental disorder/ diabetes/ musculoskeletal disorder/ blood disorder/ respiratory disorder like Bronchitis or Asthma/congenital or hereditary disorder | Yes ☑ / No ☐ If no provide details: |
| 5) Is the child's behavior / appearance / mental ability in line with his current age? | Yes ☐ / No ☑ If yes provide details: |
| 6) If school going, has proposed insured taken any sick leave from school in the last 2 years? | |
| 7) Please give details of proposed insured's family history : Is any family member/s either suffering or have suffered or have died from heart disease, thallassaemia, cancer, kidney disease any other hereditary / familial disorders | Father: Mother: Sibling 1 Sibling 2 NO. |

**C. Immunization History: (Mandatory for ages < and equal to 5 yrs)**

| Vaccinated for | | | Yes ☑ / No ☐ |
|---|---|---|---|
| 1. OPV: | Yes ☑ / No ☐ | 2. DPT: | Yes ☑ / No ☐ |
| 3. BCG: | Yes ☑ / No ☐ | 4. Hepatitis B: | Yes ☑ / No ☐ |
| 5. Mumps, Measles, Rubella: | Yes ☑ / No ☐ | 6. Typhoid (above 1 Yr): | Yes ☑ / No ☐ |
| 7. Hepatitis A ( Above 1 Yr) : | Yes ☑ / No ☐ | | |

SHRI DURGA HEALTHCARE
South Extn.-1
New Delhi-49

| D. Medical Examination | | | If yes please elaborate |
|---|---|---|---|
| Do you find any evidence of abnormality, disease or surgery of: | | | |
| 1) the respiratory system? | ☐ Yes | ☑ No | |
| 2) the central and peripheral nervous system? | ☐ Yes | ☑ No | |
| 3) the genito urinary system? | ☐ Yes | ☑ No | |
| 4) the abdominal organs? | ☐ Yes | ☑ No | |
| 5) the head, face, mouth, throat, eyes, ears ,nose and neck? | ☐ Yes | ☑ No | |
| 6) the skin, muscles, bones and joints? | ☐ Yes | ☑ No | |
| 7) The Cardiovascular system: | | | |
| a) Are the peripheral pulses abnormal? | ☐ Yes | ☑ No | |
| b) Is there any evidence of heart enlargement? | ☐ Yes | ☑ No | |
| c) Are there murmurs or abnormal heart sounds? | ☐ Yes | ☑ No | |
| d) Do you suspect any abnormality of the cardiovascular system? | ☐ Yes | ☑ No | |

**Declaration by the parent accompanying the child:**

I hereby confirm that all facts regarding the child as recorded by the doctor are true and complete.

Signature of the parent: Mansi Modi Name of the parent ____________

**Doctor's Declaration**

- I hereby confirm that I have, this day, examined the above individual personally, in private and recorded the above information in my own handwriting. I certify that I have personally recorded the history as informed by the examinee/parent accompanying the child.
- Place of Examination: Clinic ☐ Examinee's Residence ☑
- I declare that the examinee has signed/affixed his/her thumb impression in my presence.

Dated at MI on the 12/03/25 day of 2025 at 9:20 a.m./p.m.

Mansi Modi

Signature / thumb impression of the examinee

Dr. PREETI DHIMAN M.B.B.S

Signature of the Medical Examiner
Name & Address
Qualification
Code:
Limit

**Confidential Comments from Doctor**

Are there any points on which you suggest further information be obtained? YES ☐ NO ☑

- For physical investigations
- For mental level assessment

SHRI DURGA HEALTHCARE South Extn.-II New Delhi-49