

Health Check up Booking Request(43E6936)

1 message

Medsave <lic@medsave.in>

To: healthcareshridurga@gmail.com

Cc: customercare@mediwheel.in

11 March 2025 at 15:46



Home visit

Dear Shri Durga Healthcare

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 : VARUN SHANKAR

Proposal No : 4192

Branch Code : 111

Contact Details : 8447756032

Location : D63, Har Gyan Singh Arya Marg, South Extension I,
Block D, Delhi, DELHI - 110023

Appointment Date : 12-03-2025

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| VARUN SHANKAR | 39 year | M |

Included Test -

- HbA1c
- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 50,00,000 to Rs 99,99,999

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. Our team will



Date: 13/03/25

To,
LIC of India
Branch Office

111
Proposal No. 4192

Name of the Life to be assured Varun Shankar

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

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 MAHESH PAL
MBBS (MD)
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.

Varun
(Signature of the Life to be assured)

Name of life to be assured: _____

Reports Enclosed:

| Sr. No | Reports Name | Sr. No | Reports Name |
|--------|----------------------------------|--------|--|
| 1 | FMR | 9 | Lipidogram |
| 2 | Rest ECG with Tracing | 10 | BST (Blood Sugar Test-Fasting & PP) Both |
| 3 | Haemogram | 11 | Hba1c ✓ |
| 4 | Hb% | 12 | FBS (Fasting Blood Sugar) |
| 5 | SBT-13 | 13 | PGBS (Post Glucose Blood Sugar) |
| 6 | Elisa for HIV | 14 | CTMT with Tracing |
| 7 | RUA | 15 | Proposal and other documents |
| 8 | Chest X-Ray with Plate (PA View) | | |

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of ~~Insurance~~ Insurance TPA

Authorized Signature, _____



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

VARUN SHANKAR

DURGESH SHANKAR

30/11/1985

Permanent Account Number

BEEPS7512E

Signature



10000001

Dr. MAHESH PAL
10/08/2018 (14/8)





Dr. Mahesh Pal
DR. MAHESH PAL
MBBS, (MD)





B.No. 2341

S.No.

117022

Branch Code: 111

Proposal/ Policy No: 4192

MSP name/code: 0018

Date & Time of Examination: 13/03/25 9:45 AM

Medical Diary No & Page No:

MEDICAL EXAMINER'S REPORT

Form No LIC03-001(Revised 2020)

Mobile No of the Proposer/Life to be assured:

Identity Proof verified: BEERS 7512E

ID Proof No. Pan (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. M. Pan (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

| | | | |
|---|--|--|--------------|
| 1 | Full name of the life to be assured: Varnn Shankar | | |
| 2 | Date of Birth: 30/11/85 | Age: 39 | Gender: male |
| 3 | Height (In cms): 180 | Weight (in kgs): 80 | |
| 4 | Required only in case of Physical MER | | |
| | Pulse: 80 | Blood Pressure (2 readings): 1. Systolic 122 Diastolic 80 2. Systolic 122 Diastolic 80 | |

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 ? b. Undergone any surgery/hospitalized for any medical condition/disability / Injury due to accident? 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 - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any 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 Corona virus (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), Rhinorrhea (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 Hypertension (high blood pressure) or diabetes 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 endocrine disorders such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)? | NO |

Dr. MAHENDRA PAK
MBBS, (MD)

| | | |
|---|--|----------|
| 9 | a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol? 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 |
| 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 | a. Suffering from Depression/Stress / Anxiety / Psychosis or any other Mental / psychiatric disorder? 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 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, gonorrhea, 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 NA |
| 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 | |
| FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY | | YES |

Declaration

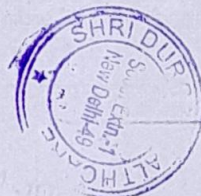
You Mr/Ms Vaishu Shankar declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

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 _____ day of _____ 20 _____ 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 :

MD
13/03/25



Signature of Medical Examiner
Name & Code No.

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

Instructions to the Cardiologist:

39/m Karun Shankar

- 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.

[Signature]

Witness

Signature or Thumb Impression of L.A.

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

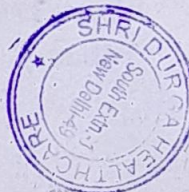
on the

day of 2025

at 9:45 a.m./p.m.

[Signature]
Signature of the L.A.

[Signature]
Signature of the Cardiologist
Cardiologist's Name & Address
Qualification:



[Signature]
M.D. Medicine Cardiology

Clinical findings

(A)

| Height (cms) | Weight (kgs) | Blood Pressure | Pulse Rate |
|--------------|--------------|----------------|------------|
| 180 | 80 | 122/80 | 88 |

(B) Cardiovascular System

XAD

Rest ECG Report:

| | | | |
|------------------------------|--|---------------|---|
| Position | | P Wave | ✓ |
| Standardisation Imv | | PR Interval | ✓ |
| Mechanism | | QRS Complexes | ✓ |
| Voltage | | Q-T Duration | ✓ |
| Electrical Axis | | S-T Segment | ✓ |
| Auricular Rate | | T-wave | ✓ |
| Ventricular Rate | | Q-Wave | ✓ |
| Rhythm | | | |
| Additional findings, if any. | | | |

Conclusion:

WNL

XAD

13/03/25

Dated at

on the

day of 25

at 9:45 a.m./p.m.



Signature of the Cardiologist
 Name & Address:
 Qualification:

SHRI DURGA HEALTH CARE

Mr. VARUN SHANKAR

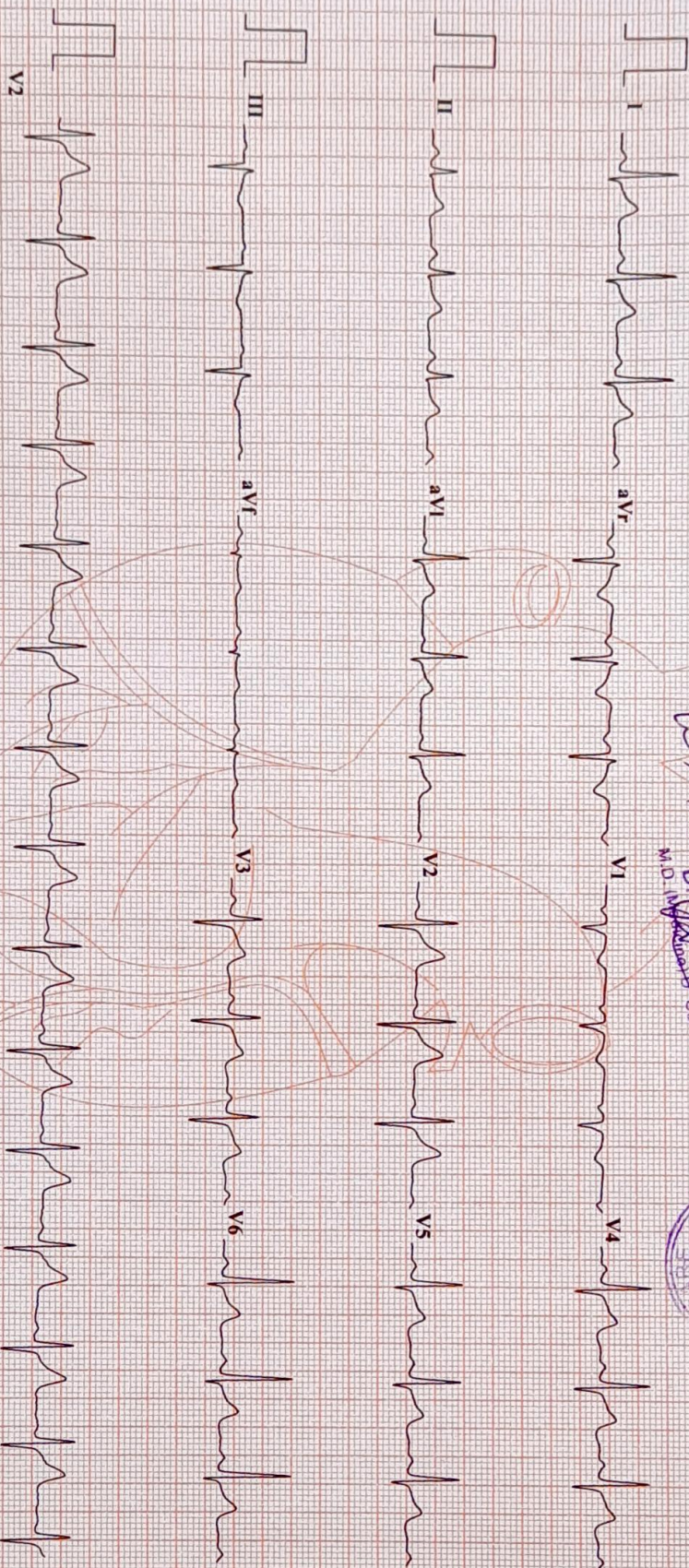
ID : 36
AGE/SEX : 39 Yr/M
HT/WT : /
DATE : 13-03-2025 09:50:10 AM
REF BY : Dr
MACHINE INTERPRETATION : Normal ECG.

RATE : 91 bpm
BP : N/A
P Axis : 37 deg
QRS Axis : -2 deg
T Axis : 11 deg
PR Duration : 112 ms
QRS Duration : 76 ms
QT Interval : 373 ms
QTc Interval : 373 ms

Linked Median

Speed : 25 mm/s
Sensitivity : 10 mm/mV

Dr. J. KUMAR
M.D. (MD) General Card. FMRI





Shri Durga Health Care

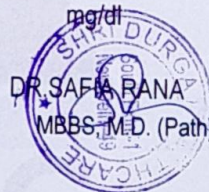
Consultation : Computerized Pathological Lab ECG, CTMT, PFT

| | | | |
|----------|---------------|---------|------|
| Name : | VARUN SHANKAR | Sex: | MALE |
| Lab. No: | 20250303 | Age: | 39 |
| Date: | 13/3/2025 | Ref. By | LIC |

| Test Name | SBT13 | Unit | Normal Value |
|---------------------------|----------|-------|--------------|
| FBS | 90 | mg/dl | 70 - 110 |
| Total Cholesterol | 178 | mg/dl | 120 - 220 |
| High Density Lipid (HDL) | 40 | mg/dl | 35-70 |
| Low Density Lipid (LDL) | 114 | mg/dl | 50 - 150 |
| S. Triglycerides | 120 | mg/dl | 25 - 160 |
| S.Creatinine | 0.7 | mg/dl | 0.7 - 1.4 |
| Bool Urea Nitrogen (BUN) | 10 | mg/dl | 6.0 - 21 |
| S. Protien | 6.9 | g/dl | 6.4 - 8.2 |
| Albumin | 3.6 | g/dl | 3.4 - 5.0 |
| Globulin | 3.3 | g/dl | 2.3 - 3.3 |
| A:G Ratio | 1.0 | g/dl | |
| S. Bilirubin | 0.6 | mg/dl | 0.1 - 1.00 |
| Direct | 0.3 | mg/dl | 0.00 - 0.3 |
| Indirect | 0.3 | mg/dl | 0.00 - 0.7 |
| SGOT(AST) | 24 | IU/L | 5 - 40 |
| SGPT(ALT) | 30 | IU/L | 5 - 45 |
| GGTP(GGT) | 36 | IU/L | 11 - 50 |
| S.Alkaline Phosphatase | 99 | IU/L | 15 - 112 |
| HIV 1&2 Elisa (Method) | NEGATIVE | - | NEGATIVE |
| HbsAg (Australia antigen) | NEGATIVE | - | NEGATIVE |

HAEMATOLOGY

| Test Name | Value | Unit | Normal Value |
|-----------------|-------|-------|------------------------------------|
| Hemoglobin (HB) | 15.4 | mg/dl | 13.2 - 16.2 (M) 12.0 - 15.2 (F) |



D-63, Ground Floor , South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

| | | | |
|----------|---------------|---------|------|
| Name : | VARUN SHANKAR | Sex: | MALE |
| Lab. No: | 20250301 | Age: | 39 |
| Date: | 13/3/2025 | Ref. By | LIC |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

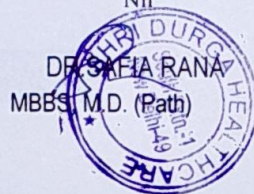
| <u>TEST NAME</u> | <u>VALUE</u> | <u>NORMAL VALUE</u> |
|------------------|--------------|---------------------|
| Color | P.Yellow | P.Yellow |
| Quantity | 15ml | |
| Appearance | Clear | Clear |
| Reaction | Acidic | Acidic |
| Deposits | Nil | Nil |
| Specific Gravity | 1.015 | 1.010 - 1.030 |

CHEMICAL EXAMINATION

| | | |
|---------|-----|-----|
| Albumin | Nil | Nil |
| Sugar | Nil | Nil |

MICROSCOPIC EXAMINATION

| | | |
|------------------|-----|-----------|
| Pus Cells | 1-2 | 0 -5 /HPF |
| Epithelial Cells | 2-2 | 0 -5 /HPF |
| RBCs | Nil | Nil /HPF |
| Crystals | Nil | Nil |
| Cast | Nil | Nil |
| Bacteria | Nil | Nil |
| Others | Nil | Nil |



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| | | | |
|----------|---------------|---------|------|
| Name : | VARUN SHANKAR | Sex: | MALE |
| Lab. No: | 20250301 | Age: | 39 |
| Date: | 13/3/2025 | Ref. By | LIC |

HAEMATOLOGY

| Test Name | Method | Value Units |
|---------------------------------|--------------|-------------|
| GLYCOSYLATED HEMOGLOBIN (HbA1c) | TURBIDOMETRY | 5.4% |

Reference Range:

Below 6.0 % -Normal Value
6.0 % - 7.0 % -Good Control
7.0 % - 8.0 % -Fair Control
8.0 % - 10 % -Unsatisfactory Control
Above - 10 % -Poor Control

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE

*****End of Report*****



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