

OPD EMERGENCY

APEX HOSPITAL

/NH/1100

Our Range of Services

INTERNAL MEDICINE

- Diabetes
- Cardiology
- Dialysis
- Endoscopy
- Gastro Int

GYNE. & O

- Delivery
- Infertile

SURGE

- Gene
- Lap
- Urolo

COSMET

- Lipo
- Hair

PEDI

ORT

JOINT

EYE & E

DERMAT

DIGITAL

ECG, TM

PHYSIOTH

DIET & NU

CHEMIST



FREE C
9.00 -
(DA)

ACCIDENTS
CARE-ICU
(collection)

22, Naraina New Delhi - 110028
Phone 42374367
Email @gmail.com
Web hospital.com



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

New Delhi
Delhi
India



28°C
82°F

2025-03-08(Sat) 11:48(AM)

**Health Check up Booking Re Schedule Request(43E6654), Package Code-,
Beneficiary Code-332169**

1 message

Thu, Mar 6, 2025 at 11:40 AM

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



Dear Apex Hospital,

We request you to take note that the following booking is rescheduled.

Booking Id : 43E6654
Proposal No : 6637
Branch Code : 129
Contact Details : 9654431075
Booking Date : 05-03-2025
New Appointment Date : 07-03-2025
Preferred Time :
Booking Status : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
PRAKASH KUMAR	51 year	M

Included Test -

- Urine Analysis
- BST Only fasting or Only PGBS
- ECG
- 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 Our team will be happy to assist you!"

Thanks,
Medsave Team

OPD EMERGENCY

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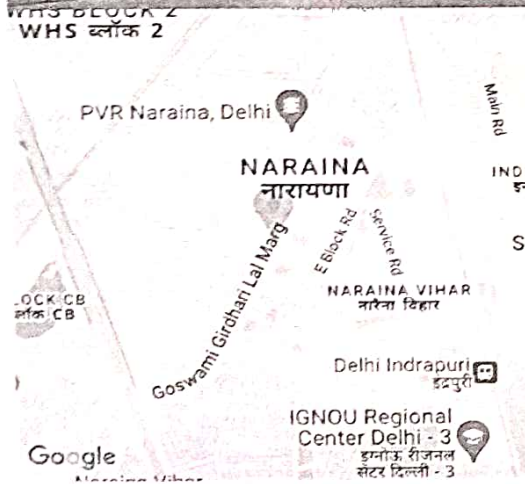
PHYSIOTH

DIET & NU

CHEMIST



Dr. Anind Gupta
 MD, DTCD, MD (Medicine)
 Consultant Physician & Cardiologist
 DMC Reg. No. 32769



EZZ, Goswami Girdhar Lal Marg, Block E, Naraina Vihar, New Delhi, India, 110028

New Delhi

Delhi


India

28°C

82°F

2025-03-08(Sat) 11:48(AM)

Prakash Kumar Gill





संघीय पहचान प्राधिकरण
Unique Identification Authority of India

विवरण:
 यहाँ की प्रतिलिपि सही, प्रामाणिक-445 ए आर एनआई
 प्रमाण प्रतीक, और यह एक प्र. संख्या प्र. प्रमाण प्रतीक
 है। - 1110015

Address:
 5/0 Pitamber Yadav, N/2-445 A Front Portion,
 3rd Floor, Bessai Dera Pur, Nareesh Nagar,
 West Delhi,
 Delhi - 110015

4353 1277 5935
VID: 9182 5441 3181 9017


1947 |  uidai@uidai.gov.in |  www.uidai.gov.in

3
Dr. Arvind Gupta
MBBS, DTCD, MD (Medicine)
Consultant Physician & Cardiologist
DMC Reg. No. 32789

h

11/11/12

Issue Date: 15/03/2012



सरकार भारत
Government of India

प्रकाश कुमार
Prakash Kumar
जन्म तिथि/DOB: 01/01/1974
पुंसा/ MALE

4353 1277 5935
VID: 9182 5441 3181 9017

भारत आयोग, भारत सरकार

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

Proposal No : 6637

Name of Life to be assured: Prakash Kumar

The Life to be assured was identified on the basis of: Act Civil

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 8 on the 3 day of 20 25 at _____ a.m./p.m.

Signature of the Pathologist (Doctor)
(Name & Rubber stamp) Qualification
Dr. Anup Gupta
MBBS, DTCO, MD (Medicine)
General Physician & Cardiologist
BMC Reg. No. 32789

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

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

- Reports enclosed.
- 1..... FBS
 - 2..... RFA
 - 3..... ECG
 - 4..... FMR
 - 5.....



MEDICAL EXAMINER'S REPORT

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Form No LIC03-001(Revised 2020)

Branch Code:	129
Proposal/Policy No:	6637
MSP name/code :	
Date & Time of Examination:	8/3/2025
Medical Diary No & Page No:	

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: Aadhar ID Proof No. 5935
 (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. Agarwal, Anjali (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: <u>Pooja Kashi Kumari</u>		
2	Date of Birth: <u>01/01/74</u>	Age: <u>51</u>	Gender: <u>male</u>
3	Height (In cms): <u>163</u>	Weight (in kgs) : <u>51</u>	
4	Required only in case of Physical MER		
	Pulse : <u>85</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>80</u> 2. Systolic <u>120</u> Diastolic <u>80</u>	

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

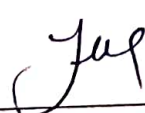
If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

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

	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), 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 No No No No No
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 No No 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, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drug etc) 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	
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	
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Declaration

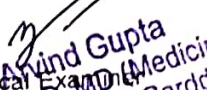
You Mr/Ms Pankaj Kumar declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after

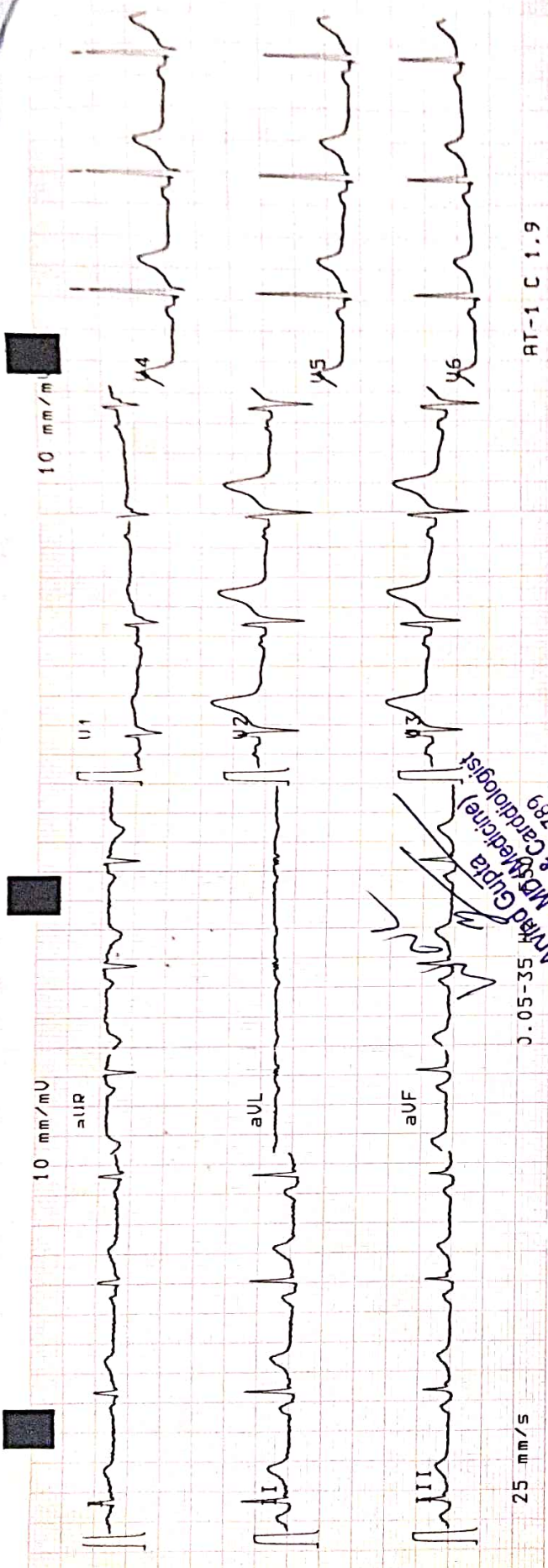
fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.


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 8 day of 2 25 2025 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:
Stamp: 8/3/25


Signature of Medical Examiner
Name & Code No. Arvind Gupta
MBBS, DTCD, MD (Medicine)
Consultant Physician & Cardiologist
DMC Reg. No. 32787



Dr. Anand Gupta
 MBBS, DRCO, MD (Medicine)
 Consultant Physician & Cardiologist
 DMC-3, No. 32/189
 Moti

Pat-Name: **PRIYAKASH KUMAR**

Pat-No: **SI/M**

Born: **16/3** in.

Age: **50** lb.

Sex: **Y** mmHg

BP: **14**

Med:

HR: 83 BPM

Intervals:

RR 724 ms

P 106 ms

PR 144 ms

QRS 78 ms

QT 314 ms

QTc 369 ms

Axis:

P 69°

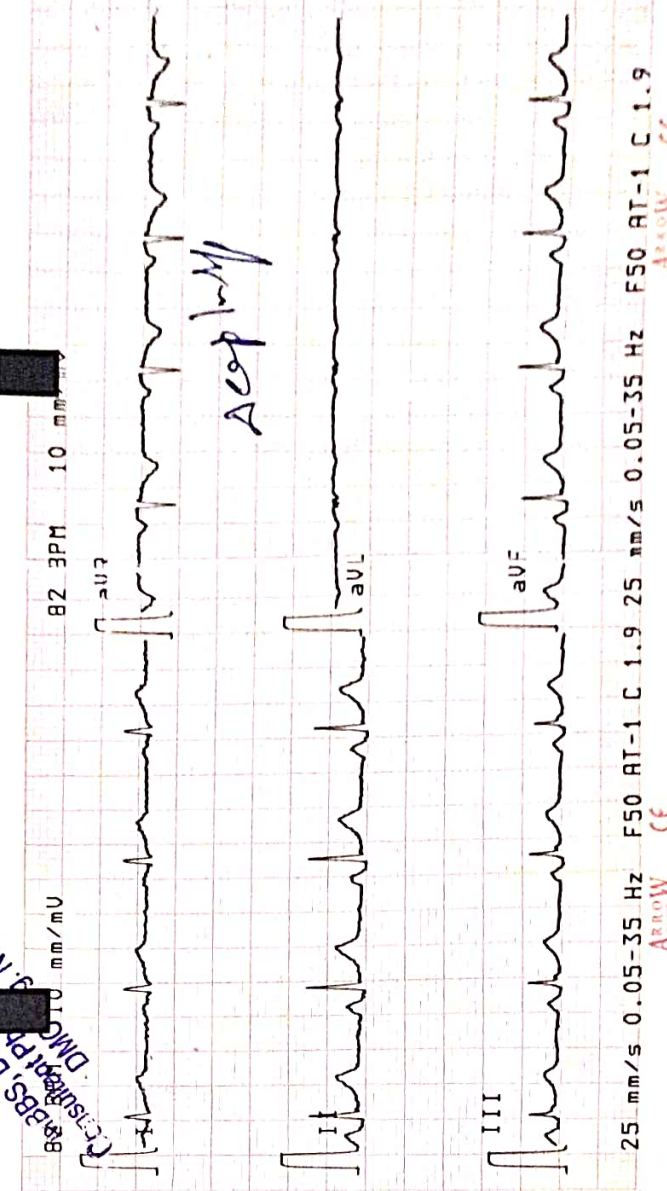
QRS 74°

T 65°

P (II) 0.17 mV

S (VI) -0.42 mV

R (V5) 1.56 mV



AT-1 C 1.9

ARRROW CE

25 mm/s 0.05-35 Hz F50 AT-1 C 1.9

ARRROW CE

25 mm/s 0.05-35 Hz F50 AT-1 C 1.9

ARRROW CE

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
163	50	120/80	80

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	(2)
Standardisation Imv	10mm	PR Interval	(1)
Mechanism	Sinus	QRS Complexes	(2)
Voltage	(2)	Q-T Duration	(1)
Electrical Axis	(2)	S-T Segment	(2)
Auricular Rate	}	T-wave	(2)
Ventricular Rate		Q-Wave	(2)
Rhythm	regular		
Additional findings, if any.			

Conclusion:

WNL

Dated at 8

on the day of 3

20 25

Signature of Dr. Arvind Gupta
Name & Qualification MBBS, DCC, MD (Medicine)
Consultant Physician & Cardiologist
DMC Reg. No. 32789

Code No.

MEDICAL REPORT FORMATS

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **129**

Proposal No. **6637**

Agent/D.O. Code: _____

Full Name of Life to be assured: **Prakash Kumar**

Age/Sex : **51 / M**

ELECTROCARDIOGRAM

ANNEXURE- I
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.

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 **8** on the day of **3** 20 **25**

Signature of L.A. _____

Signature of **Dr. Arvind Gupta**
MBBS, DCC, MD (Medicine)
 Name of Consultant Physician & Cardiologist
 Qualification **DMS** Reg. No. **32789**
 Code No. _____

Name	Mr. PRAKASH KUMAR	Age	51 Yrs.
Collection Date	08/03/2025	Sex	M
Srl No.	8	Patient Id	2503088
Ref. By	LIC	Mobile No.	

Test Name	Value	Unit	Reference Range
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BIOCHEMISTRY

BLOOD SUGAR FASTING GOD-POD(Method)	82	mg/dl	70 - 110
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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 ****