

Health Check up Booking Re Schedule Request(43E1736),Package Code-,  
Beneficiary Code-322797

1 message

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

7 November 2024 at 14:34



011-41195959

Dear Shri Durga Healthcare,

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

**Booking Id** : 43E1736  
**Proposal No** : 2654  
**Branch Code** : 115  
**Contact Details** : 9717879640  
**Booking Date** : 06-11-2024  
**New Appointment Date** : 07-11-2024  
**Preferred Time** : 08:30 AM - 09:00 AM  
**Booking Status** : Booking ReSchedule

Member Information		
Booked Member Name	Age	Gender
MR CHETAN MUKHIJA	38 year	Male

**Included Test -**

- Complete Heamogram
- HbA1c
- Urine Analysis
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG

Thanks,  
Medsave Team



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

CHETAN MUKHIJA

LALIT KUMAR MUKHIJA

21/07/1984

Permanent Account Number

ALKPM9348L

*Chetan*  
Signature



14092011

Dr. MAHESH PAL  
MBBS. (MD)



**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

115

Proposal No : \_\_\_\_\_ 2654 \_\_\_\_\_

Name of Life to be assured: \_\_\_\_\_ Chetan Mukhija \_\_\_\_\_

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 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 7/11/24 on the 24 day of 24 at 9:20 a.m./p.m.

Signature of the Pathologist/Doctor (Name & Rubber stamp) Qualification: \_\_\_\_\_  
DR. M. R. PAL (MD)

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

Signature of the Life to be Assured: \_\_\_\_\_ Chet \_\_\_\_\_  
Name:.....

Reports enclosed.

1. ....
2. .... ECG
3. ....
4. .... SB-F-13
5. .... R/A
6. .... CTMT
7. .... HbA1C
8. .... UCT



**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_

Proposal No. \_\_\_\_\_

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

Full Name of Life to be assured: chetan mukhiya

Age/Sex : 40/m

**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.

Witness \_\_\_\_\_

Signature of \_\_\_\_\_  
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 MD on the day of 07/11 2024

Signature of L.A. Chat

Signature of the Cardiologist 9.22

Name & Address \_\_\_\_\_

Qualification \_\_\_\_\_

Code No. \_\_\_\_\_

Clinical findings  
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
173	89	89	74

(B) Cardiovascular System

Rest ECG Report:

Position	Supi	P Wave	Normal
Standardisation Imv	101	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	Normal	T-wave	Normal
Ventricular Rate	60-60	Q-Wave	Normal
Rhythm	Normal		
Additional findings, if any.	NO		

Conclusion:

LO NL

Dated at

11

on the day of

07/11/24

2024

Signature of the Cardiologist

Name & Address

Qualification

Code No.



# SHRI DURGA HEALTH CARE

Mr. CHETAN MUKHIA

LD : 08

AGE/SEX : 40 Yr/M

HT/WT : /

DATE : 07-11-2024 19:39:45 AM

REF BY : Dr

MACHINE INTERPRETATION : Normal ECG.

RATE : 74 bpm  
BP : N/A  
P Axis : 71 deg  
QRS Axis : 59 deg  
T Axis : 44 deg

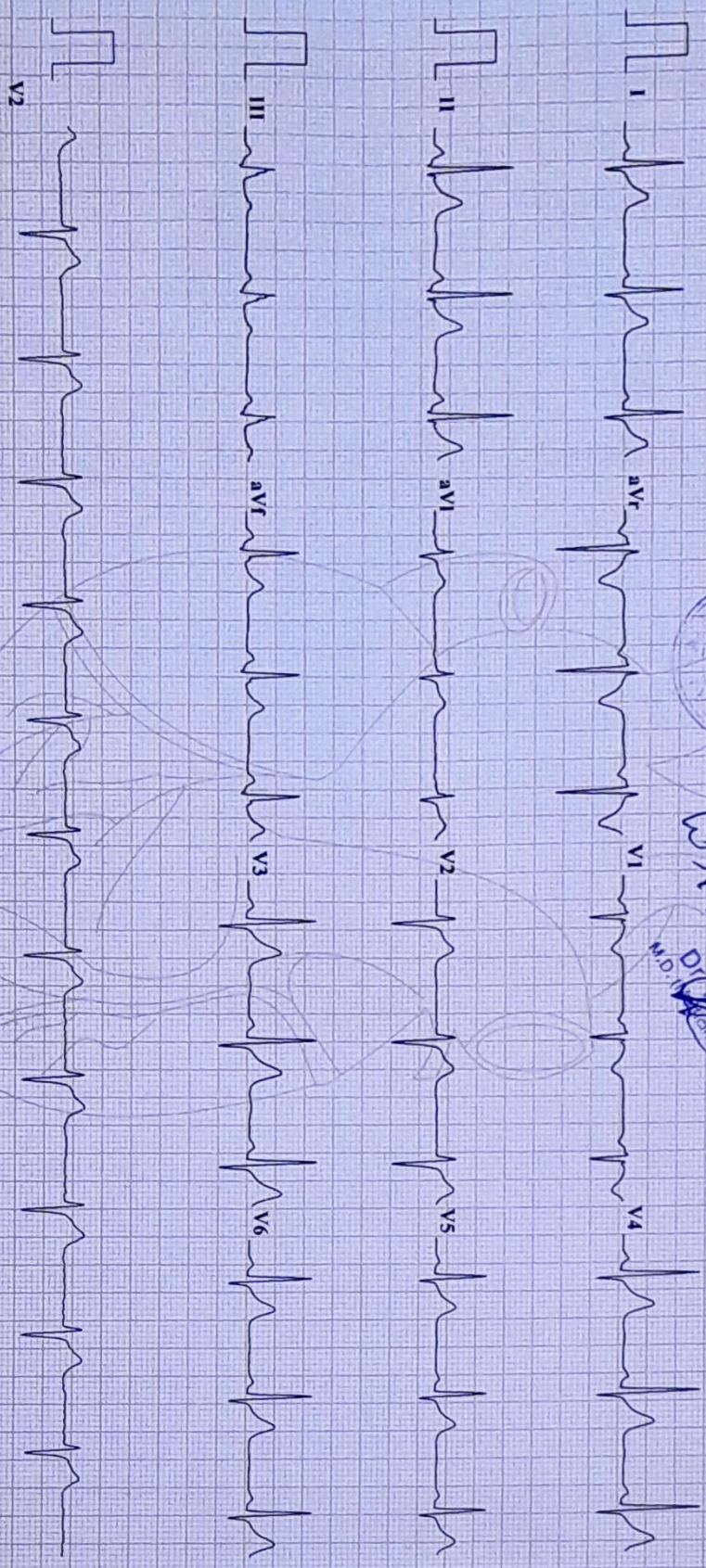
P Duration : 99 ms  
PR Duration : 112 ms  
QRS Duration : 80 ms  
QT Interval : 327 ms  
QTc Interval : 356 ms

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

Linked Median



DR. R. J. KUMAR  
M.D. (General) Card. F.N.B.



Filtered (35 Cycle) And Base Corrected

UNI-BK Indore Tel: +91-731-4010055 Fax: +91-731-4031180 E-Mail: emg@doctorindia.in Web: www.unibk.com ECG Ver: 14.0.1

Dr.



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	CHETAN MUKHIJA	Sex:	MALE
Lab. No:	202401101	Age:	40
Date:	7/11/2024	Ref. By	LIC

## Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	15.2	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,500	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	70	%	45 - 75
Lymphocyte	24	%	20 - 35
Eosinophil	04	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	5.06	million/cmm	3.5 - 5.5
PCV	45.6	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	2.92	Lac/cmm	1.5 - 4.5

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



SDHC

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:	CHETAN MUKHIJA	Sex:	MALE
Lab. No:	202401101	Age:	40
Date:	7/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	90	mg/dl	70 - 110
Total Cholesterol	184	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	114	mg/dl	50 - 150
S. Triglycerides	140	mg/dl	25 - 160
S.Creatinine	0.9	mg/dl	0.7 - 1.4
Blood Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	7.2	g/dl	6.4 - 8.2
Albumin	3.9	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.1	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	34	IU/L	5 - 40
SGPT(ALT)	40	IU/L	5 - 45
GGTP(GGT)	30	IU/L	11 - 50
S.Alkaline Phosphatase	106	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

DR. SAGI RANA  
MBBS, M.D. (Path)

SDHC

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Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	CHETAN MUKHIJA	Sex:	MALE
Lab. No:	202401101	Age:	40
Date:	7/11/2024	Ref. By	LIC

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

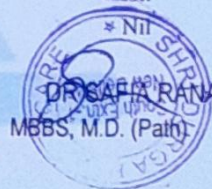
<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.015	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

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



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Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	CHETAN MUKHIJA	Sex:	MALE
Lab. No:	202401101	Age:	40
Date:	7/11/2024	Ref. By	LIC

## HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.2%

### 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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Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	CHETAN MUKHIJA	Sex:	MALE
Lab. No:	202401101	Age:	40
Date:	7/11/2024	Ref. By	LIC

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
URINE COTININE TEST	NEGATIVE	ng/ml	Below 200

Immunochromatographic Assay for Qualitative detection of COTININE in Urine

Cutt Off- 200ng/ml

A positive result indicates only that the presence of Cotinine is above the cutoff concentration it doesn't indicate or measure level of consumption. It is possible that technical or procedural errors as well as other interfering substances in the urine specimen may cause erroneous result.

Please correlate with clinical conditions.

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



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

# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 003

## COMPUTERISED TREADMILL TEST

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

40/m chetan mukhiya

### 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.

*Chat*

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

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. 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 'Yes', submit all relevant papers with this form.

Dated at

MD 7/11/24

on the

day of 20.24

at 9.30 a.m. to p.m.

Signature of the L.A.

*Chat*

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

DR. RAJESH K. MAR  
M.D. (General Medicine) Card. F.N.C.



## COMPUTERISED TREADMILL TEST

- (a) Pre-test:     Supine  
                  Standing  
                  Hyperventilation
- (b) Exercise:    Stage I            )  
                  Stage II        ) 3 minutes each  
                  Stage III        )  
                  ... peak exercise
- (c) Recovery:    Recovery  
                  Recovery  
                  Recovery

### Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					80	118/75	94
	SITTING							
	STANDING					90	118/78	106
	HYPERVENTILATION					82	118/78	96
	WARM UP							
EXERCISE	STAGE 1	2:55	2.7	10	4.67	138	118/78	162
	STAGE 2	2:55	4	12	7.04	142	142/90	208
	STAGE 3							
	PEAK EXERCISE	2:10	5.4	14	9.19	169	164/102	277
RECOVERY	RECOVERY	0:29				168	164/102	275
	RECOVERY	2:55				121	144/96	174
	RECOVERY	5:55				110	121/82	136

The protocol used - BRUCE

Total Exercise Time - 8.10

Maximum Blood Pressure - 164/102

Maximum Workload - 9.19

Maximum heart rate - 171      Maximum predicted heart rate 95 %

Reason for termination -

Comments:

Negative for AMI



Signature of the Cardiologist

Name & Address:

Qualification:

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded. (Signature of the L.A. to be obtained on the tracings)

# SHRI DURGA HEALTH CARE

**CHETAN MUKHIA**

ID : 22

DATE : 07/11/2024

AGE/SEX : 40 / M

HT/WGT : 0 / 0

REF. BY :

**TREADMILL TEST REPORT**

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					80	118 / 78	94	2.1	-0.7	1.6	
STANDING					82	118 / 78	96	1.8	-0.7	1.8	
HYPERVENT					90	118 / 78	106	3.2	-0.8	2.4	
Stage 1	2:55	0:22	2.7	10	138	118 / 78	162	0.8	-2.3	1.5	4.67
Stage 2	5:55	2:55	4	12	147	142 / 90	208	-0.1	-0.7	0.8	7.04
PK-EXERCISE	8:10	2:10	5.4	14	169	164 / 102	277	0.5	-0.9	0.8	9.19
RECOVERY	8:47	0:29			168	164 / 102	275	2.5	-0.3	1.4	
RECOVERY	11:13	2:55			121	144 / 96	174	1.1	-1	0.6	
RECOVERY	14:13	5:55			110	124 / 82	136	0.8	-0.6	1.6	

**RESULTS**

EXERCISE DURATION : 8:10  
 MAX HEART RATE : 171 bpm  
 MAX BLOOD PRESSURE : 164 / 102 mm Hg  
 REASON OF TERMINATION :  
 BP RESPONSE :  
 ARRHYTHMIA :  
 H.R. RESPONSE :  
 IMPRESSIONS :

MAX WORK LOAD : 9.19 METS

Negative for RMI  
 for other Ad



DR. **RAJESH KUMAR**  
 M.D. (Medicine) Card. Phys.

[Signature]

Technician :

CHEJAN MOKHJJA

I.D. 22

Age 40/M

Date 07/11/2024

RATE 80bpm  
B.P. 118/78

# SHRI DURGA HEALTH CARE

PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X-2

VI

1.8  
1.4

avR  
-1.9  
-1.7

V1  
-0.7  
-0.8

V4  
2.6  
2.4

2.1  
2.0

avL  
0.8  
0.4

V2  
1.5  
0.9

V5  
1.6  
1.6

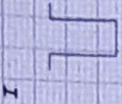
0.3  
0.7

avF  
1.2  
1.3

V3  
2.8  
2.5

V6  
2.1  
1.9

-0.7  
-0.8



I III avR avL V1 V2 V3 V4 V5 V6



DR. RAJ KUMAR  
M.D. (Medicine) & Card. FNIR

CHESTAN MOKHTJA

I.D. 22

Age 40/M

Date 07/11/2024

RATE 82bpm  
B.P. 118/78

# SHRI DURGA HEALTH CARE

PRETEST  
STANDING

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1

I 1.5  
1.6

aVR -1.7  
-1.6

V1 -0.7  
-0.4

V4 2.2  
2.3

II 1.8  
1.6

aVL 0.6  
0.8

V2 1.8  
1.4

V5 1.8  
1.4

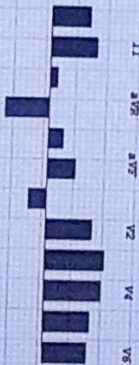
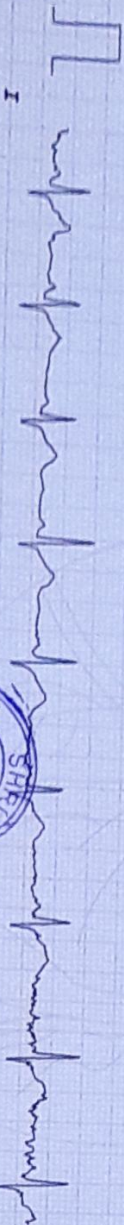
III 0.3  
0.1

aVF 1.1  
0.9

V3 2.3  
2.3

V6 1.7  
1.4

-0.7  
-0.4



DR. RAJKUMAR  
M.D. (M.B.B.S.)  
SHRI DURGA HEALTH CARE



CHETAN MOKHIA

I.D. 22

Age 40/M

Date 07/11/2024

RATE 90bpm  
B.P. 118/78

# SHRI DURGA HEALTH CARE

PRETEST  
HYPERVENT

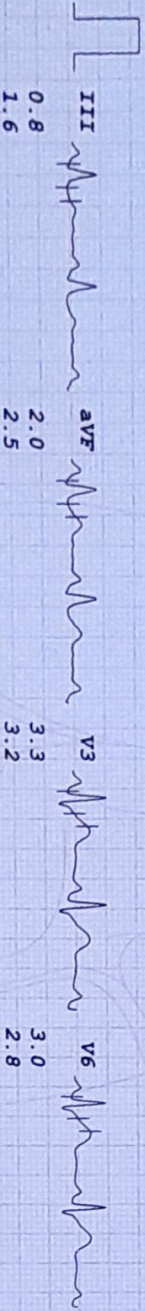
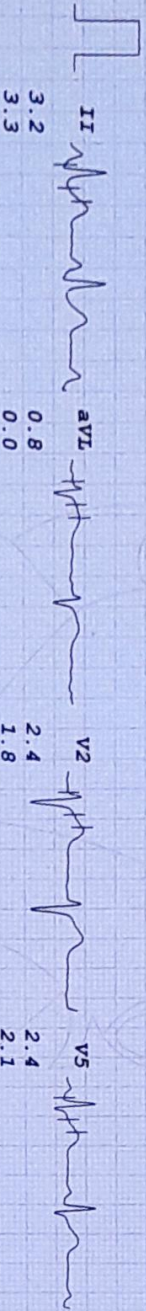
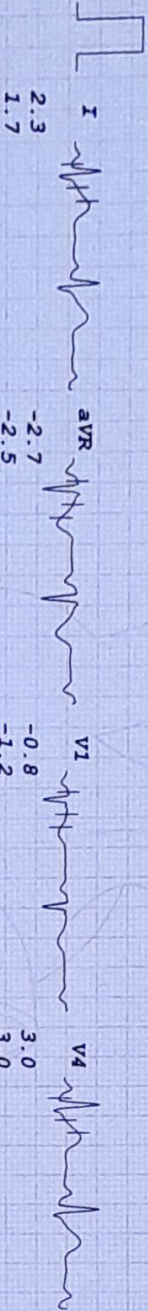
ST @ 10mm/mV  
80ms PostJ

PHASE TIME 0:22

LINKED MEDIAN

Mag. X 2

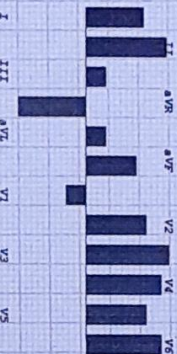
V1



-0.8  
-1.2



**DR RAJ KUMAR**  
M.D. (Medicine) D Card-FNC



# SHRI DURGA HEALTH CARE

**CHETAN MOKHIJA**

I.D. 22  
Age 40/M  
Date 07/11/2024

RATE 138bpm  
B.P. 118/78

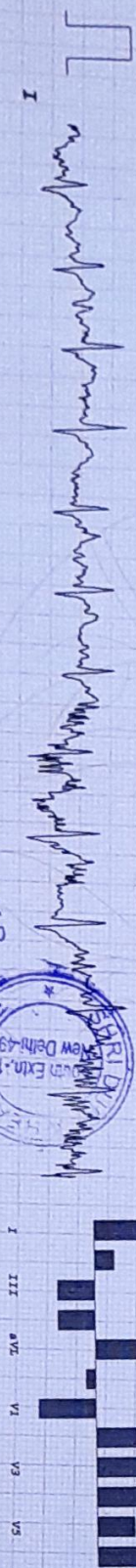
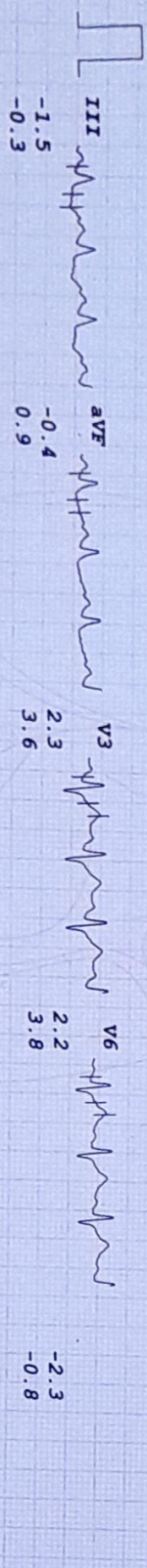
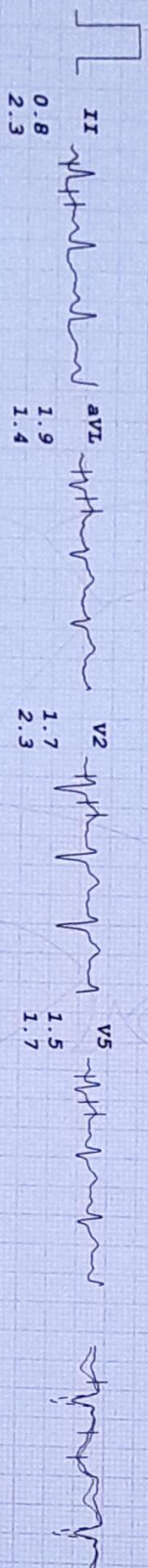
Brice  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10.8

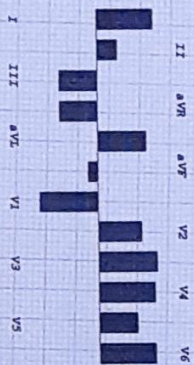
**LINKED MEDIAN**

MAG. X 2

V1



**DR RAJ KUMAR**  
M.D. (Medicine) Card. FNIC





# SHRI DURGA HEALTH CARE

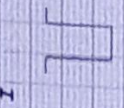
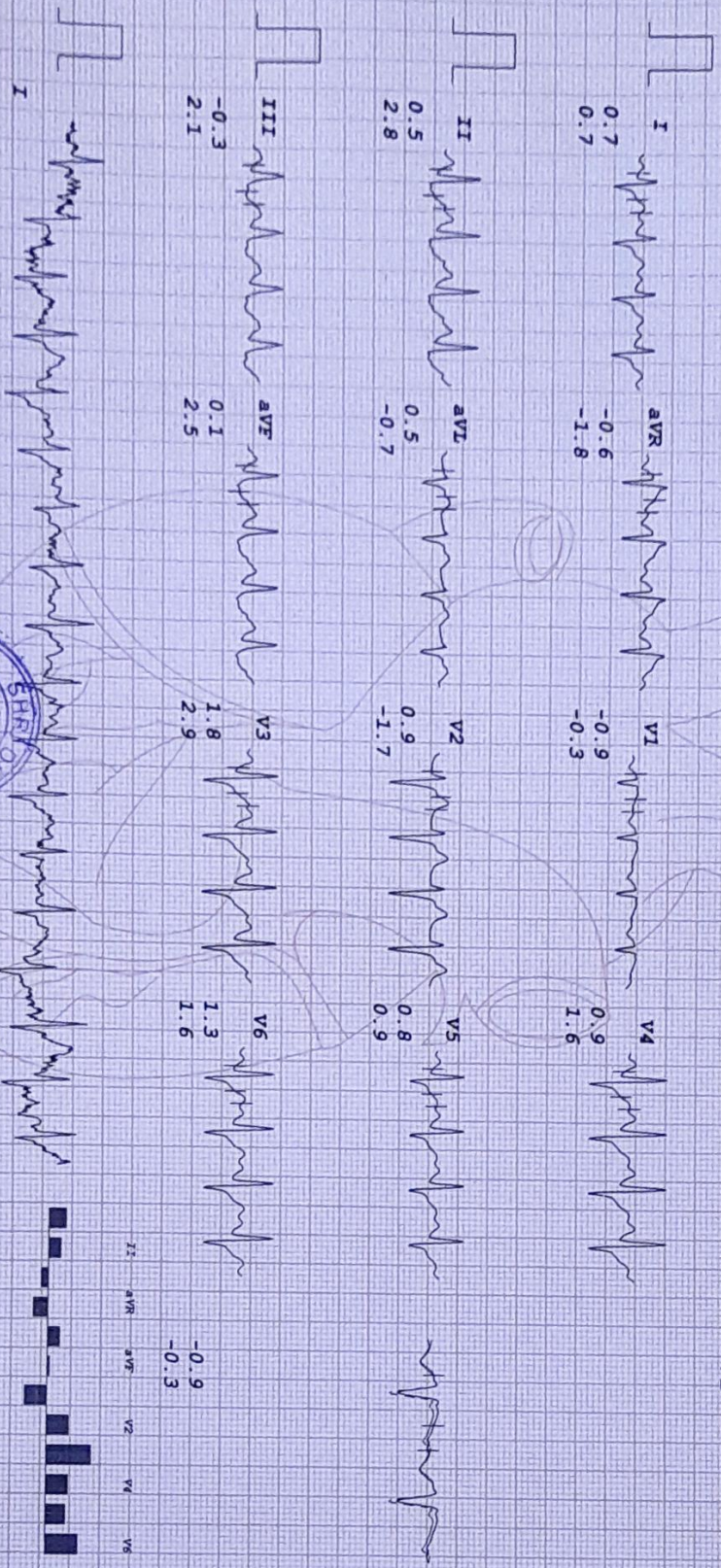
**CHEYAN MOKHJIA**  
 I.D. 22  
 Age 40/M  
 Date 07/11/2024

**RATE 169bpm**  
 B.P. 164/102

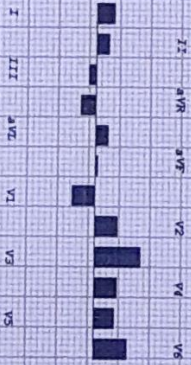
**Brucce**  
 PK-EXERCISE  
 TOTAL TIME 8:10  
 PHASE TIME 2:10  
 ST @ 10mm/mv  
 80ms Post J  
 Speed 5.4 km/hr  
 SLOPE 14 s

**LINKED MEDIAN**

Mag. X 2



**DR. RAJ KUMAR**  
 M.D. (Medicine)  
 D. Card. (FNI)



# SHRI DURGA HEALTH CARE

CHETAN MUKHJIA

I. D. 22

Age 40/M

Date 07/11/2024

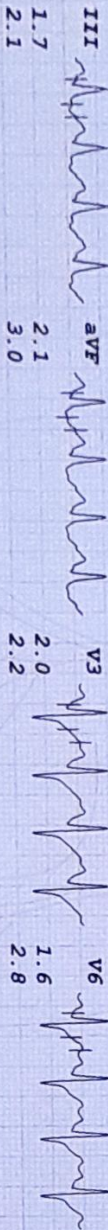
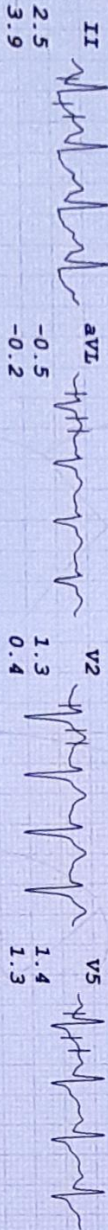
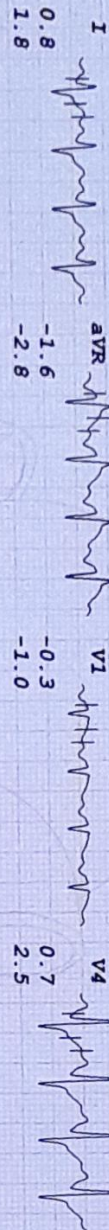
RATE 168bpm  
B.P. 164/102

Recovery  
TOTAL TIME 8:47  
PHASE TIME 0:29

ST @ 10mm/mV  
80ms Post-T

LINKED MEDIAN

Mag. X 2



-0.3  
-1.0

V1



**Dr. Raj Kumar**  
M.D. (Physiology) and F.M.R.

CHESTAN MORELIA  
 I.D. 22  
 Age 40/M  
 Date 07/11/2024

RATE 121bpm  
 B.P. 144/96

**SHRI DURGA HEALTH CARE**

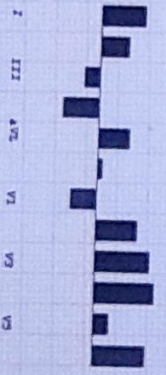
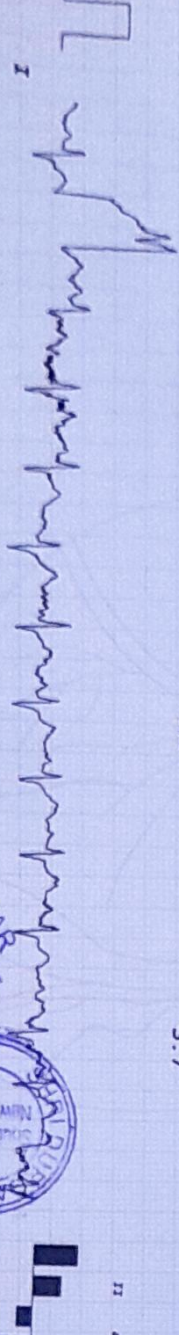
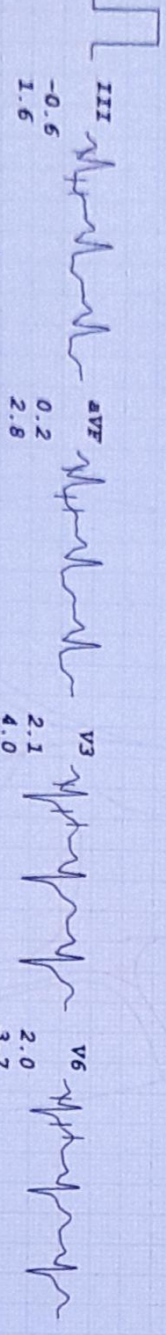
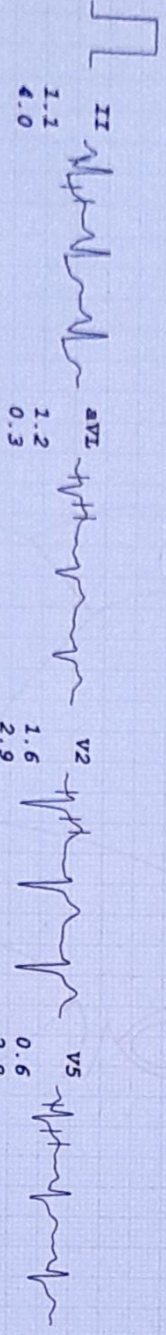
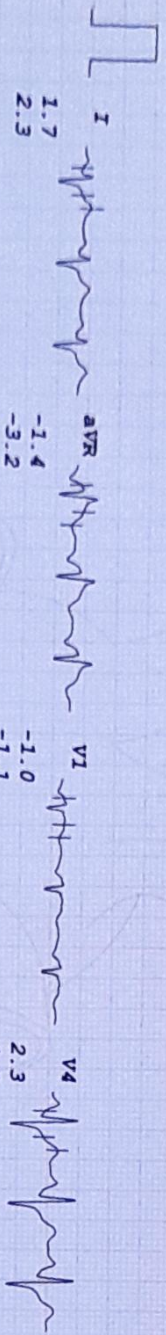
Bluce  
 RECOVERY  
 TOTAL TIME 11:13  
 PHASE TIME 2:55

ST @ 10mm/mv  
 80ms PostJ

**LINKED MEDIAN**

Mag. X 2

III



DR. RAJ KUMAR  
 M.D. (Medicine) and FHM



CHESTAN MUKHJIA

I.D. 22  
Age 40/M  
Date 07/11/2024

RATE 110bpm  
B.P. 124/82

RECOVERY  
TOTAL TIME 14:13  
PHASE TIME 5:55

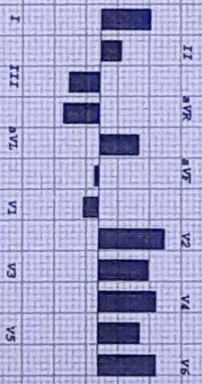
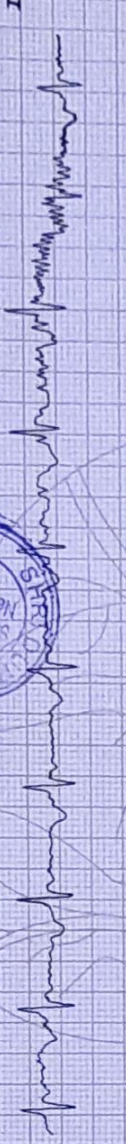
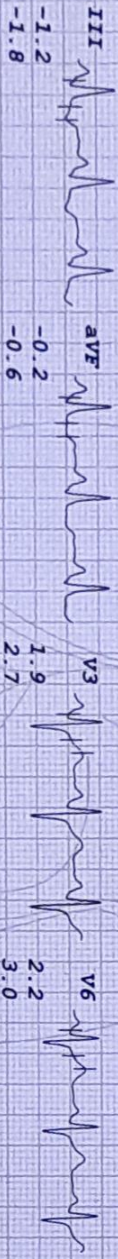
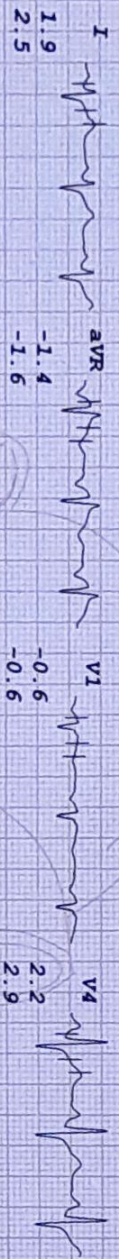
ST @ 10mm/mV  
80ms PostJ

# SHRI DURGA HEALTH CARE

LINKED MEDIAN

Mag. X 2

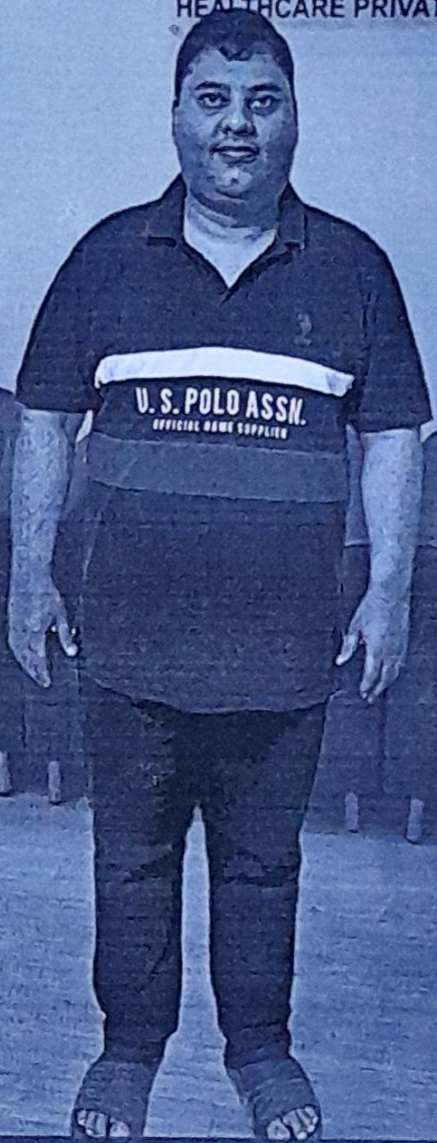
III



**DR. RAJKUMAR**  
M.D. (Medicine) / Card. F.M.I.C.

**durga** HEALTHCARE  
(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

NARINDER  
DR. SICHARTI  
DR. POOJA



DR. MAHESH PATEL  
MBBS, MD

GPS Map Camera

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