 GPS Map Camera



**Gurugram, Haryana, India**  
Sohna Road, Badshahpur Village, Gurugram,  
122101, Haryana, India  
Lat 28.393234, Long 77.047134  
11/15/2024 09:13 AM GMT+05:30  
Note : Captured by GPS Map Camera



GPS Map Camera



**Gurugram, Haryana, India**

Sohna Road, Badshahpur Village, Gurugram,  
122101, Haryana, India

Lat 28.393234, Long 77.047135

11/15/2024 09:13 AM GMT+05:30

Note : Captured by GPS Map Camera





Dear Advance Diagnostic & Research Centre

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 : MR MUNESH KUMAR  
Proposal No : 6304  
Branch Code : 11w  
Contact Details : 9873232256  
Location : Advance near Pratham ultrasound, pillar no 78 sec badshahpur sohna.  
road, Gurgoan  
Appointment Date : 15-11-2024

**Member Information**

Booked Member Name	Age	Gender
MR MUNESH KUMAR	35 year	Male

**Included Test -**

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



To,  
LIC of India  
Branch Office

11W

Date:

15/11/2024

Proposal No.

6304

Name of the Life to be assured

MUNESH KUMAR

The Life to be assured was identified on the basis of

PAN CARD

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.

Signature of the Pathologist/ Doctor

Dr. AMIT  
MBBS, DNB  
Reg. No. 23344

Name:

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

(Signature of the Life to be assured)

Name of life to be assured:



Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	NO
COMPUTERISED TREADMILL TEST	NO	IDENTIFICATION & DECLARATION FORMAT	NO
HAEMOGRAM	YES	MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM	NO	BST (Blood Sugar Test-Fasting & PP) Both	NO
BLOOD SUGAR TOLERANCE REPORT	NO	FBS (Fasting Blood Sugar)	NO
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	YES	PGBS (Post Glucose Blood Sugar)	NO
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	NO	Hb%	NO
ELISA FOR HIV	NO	Other Test	HbA1c UCT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

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

Branch Code: 11W  
Proposal/ Policy No: 6304  
MSP name/code :  
Date & Time of Examination: 15/11/2024, 09:15 AM  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9873232256  
Identity Proof verified: PAN CARD ID Proof No. EDSPK12719  
( 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 Amit (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: MUNESH KUMAR  
2 Date of Birth: 20/07/1989 Age: 35 Gender: Male  
3 Height (In cms): 165 Weight ( in kgs) : 72

4 Required only in case of Physical MER  
Pulse : 80/min regular Blood Pressure (2 readings):  
1. Systolic 116 Diastolic 80  
2. Systolic 116 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 ? NO  
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident? NO  
c. Whether visited the doctor any time in the last 5 years ? NO  
If answer to any of the questions 5(a) to (c) ) is yes -  
i. Date of surgery/accident/injury/hospitalisation NO  
ii. Nature and cause NO  
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	<p>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?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
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?	<p>NO</p> <p>NO</p>
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.?	<p>NO</p>
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	<p>NO</p>
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	<p>NO</p>
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	<p>NO</p>
15	Suffering or ever 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?	<p>NO</p>
16	Suffering or ever 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?	<p>NO</p>
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	<p>NO</p> <p>NO</p>
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?	<p>NO</p>
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.)	<p>NO</p>
20	Ascertain if any other condition/ disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	<p>NO</p>



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 gynaec ailment 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	Healthy
---	---------

Declaration

You Mr/Ms Munesh 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.

Munesh  
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 15 day of 11 2024 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:

CCN  
15/11/24

Dr. AMIT  
MBBS, DNB  
Reg. No. 23344  
Signature of Medical Examiner  
Name & Code No:



**ELECTROCARDIOGRAM**

Proposal No.: **6304**

Full Name of Life to be assured:

Age/ Sex: **35/m**

Branch: **TW**  
**MUNESH KUMAR**

**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

*Munesh*  
**Signature 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.

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
<b>165</b>	<b>72</b>	<b>116/80</b>	<b>80/min Regular</b>

(B) Cardiovascular System

**NAD**

Rest ECG Report:

Position	<b>N</b>	P Wave	<b>N</b>
Standardisation Imv	<b>N</b>	PR Interval	<b>N</b>
Mechanism	<b>N</b>	QRS Complexes	<b>N</b>
Voltage	<b>N</b>	Q-T Duration	<b>N</b>
Electrical Axis	<b>N</b>	S-T Segment	<b>N</b>
Auricular Rate	<b>65/min</b>	T-wave	<b>N</b>
Ventricular Rate	<b>65/min</b>	Q-Wave	<b>N</b>
Rhythm	<b>Regular</b>		
Additional findings, if any.			

Dated at **CHURHAN** on the **15** day of **IT** 20 **24** **09:15** at **09:15** a.m./p.m.

Conclusion:

**TWNL**



**DR. MAYANK**  
Signature & Seal of the Cardiologist  
Name & Address: **MBBS, MD, FRCC, FNIC**  
Reg. No. **IN 04429**





# ADVANCE DIAGNOSTIC & RESEARCH CENTRE



Name : Mr. Munesh Kumar  
 Age : 35 Yrs 3 Mon 28 Days  
 Sex : Male  
 Patient ID : 15241525

Panel : LIC  
 TPA : MEDSAVE  
 Received Date : 15/11/2024  
 Report Date : 15/11/2024

Test Name	Results	Units	Reference Range
-----------	---------	-------	-----------------

## HAEMOGRAM

### COMPLETE BLOOD COUNT

Haemoglobin	15.2	g/dL	13.0 - 17.0
Total Leucocyte Count	4300	/cumm	4000 - 11000
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
Neutrophil	56	%	40 - 80
Lymphocyte	39	%	24 - 44
Eosinophil	01	%	01 - 06
Monocyte	04	%	02 - 06
Basophil	00	%	00 - 01
Hematocrit (PCV)	48.0	%	41.0 - 53.0
Total RBC Count (RBC)	5.48	10 <sup>6</sup> /uL	4.50 - 5.50
MCV	87.6	fL	80.0 - 100.0
MCH	27.7	pg	26.0 - 34.0
MCHC	31.7	g/dL	31.0 - 37.0
Platelet Count	1.81	Lakh/cumm	1.50 - 4.50
Erythrocyte Sedimentation Rate (ESR)	11.0	mm/1st hr.	0.0 - 20.0
HbA1C	5.3	%	4.5 - 6.0

### INTERPRETATIONS :-

Non Diabetic	=	< 6 %
Good Control	=	6 - 7 %
Fair Control	=	7 - 8 %
Poor Control	=	> 8 %

### SBT 13

Blood Glucose Fasting	79.0	mg/dL	70.0 - 110.0
Total Cholesterol	174.0	mg/dL	< 200.0
HDL Cholesterol	54.7	mg/dL	36.0 - 70.0
LDL Cholesterol	101.1	mg/dL	60.0 - 120.0
Serum Triglycerides	91.0	mg/dL	40.0 - 160.0
Serum Creatinine	0.76	mg/dL	0.60 - 1.30
Blood Urea Nitrogen	12.7	mg/dL	7.0 - 18.0
Serum Protein	7.48	g/dL	6.00 - 8.30
Serum Albumin	4.59	g/dL	3.50 - 5.00



Page No: 1 of 2

*Dr. Gandhi*  
**Dr. Gandhi Kranti Deepak**  
 MD. Pathology  
 Reg. No. 10847



# ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Mr. Munesh Kumar  
Age : 35 Yrs 3 Mon 28 Days  
Sex : Male  
Patient ID : 15241525

Panel : LIC  
TPA : MEDSAVE  
Received Date : 15/11/2024  
Report Date : 15/11/2024

Test Name	Results	Units	Reference Range
Serum Globulin	2.89	g/dL	2.00 - 3.50
A:G Ratio	1.59		
Serum Bilirubin (Total)	0.75	mg/dL	0.30 - 2.00
Serum Bilirubin (Direct)	0.16	mg/dL	0.00 - 0.25
Serum Bilirubin (indirect)	0.59	mg/dL	0.10 - 1.00
SGOT (AST)	23.0	IU/L	0.0 - 37.0
SGPT (ALT)	32.0	IU/L	0.0 - 45.0
Gamma Glutamyl Transferase (GGT)	47.5	IU/L	10.0 - 64.0
Serum Alkaline Phosphatase (ALP)	103.0	IU/L	53.0 - 128.0
Hepatitis B Surface Antigen (HBsAg)	Negative		Negative
HIV I & II ELISA	NON-REACTIVE		NON-REACTIVE

## URINE EXAMINATION ROUTINE

### PHYSICAL EXAMINATION

Colour : Pale yellow  
Appearance : Clear  
PH : 5.5  
Specific Gravity : 1.015

### CHEMICAL EXAMINATION

Urine Protein : Nil  
Urine Glucose : Nil  
Ketone : Nil  
Nitrite : Nil  
Bile Pigments : Nil  
Bile Salt : Nil

### MICROSCOPIC EXAMINATION

Pus Cells : 0-1 /HPF  
Epithelial Cells : 1-2 /HPF  
RBCs : Nil /HPF  
Casts : Nil /LPF  
Crystals : Nil  
Bacteria : Nil  
Urine Cotinine Qualitative : Negative

----- End of Report -----



Page No: 2 of 2

Dr. GANDHI  
MD. Pathology  
Reg. No. 16318  
Dr. Gandhi Kranti Deepak  
MD. Pathology

# ADVANCE DIAGNOSTIC & RESEARCH CENTRE

BADSHAHPUR, GURUGRAM

*Munish*

Mr. MUNESH KUMAR

Age : 35/M

Ref. by : LIC

Indication1 :

Indication2 :

Indication3 :

COMMENTS : Sinus Rhythm.

ID : 187

H/W/1 : /

Recorded : 15-11-2024 9:41

Medication1 :

Medication2 :

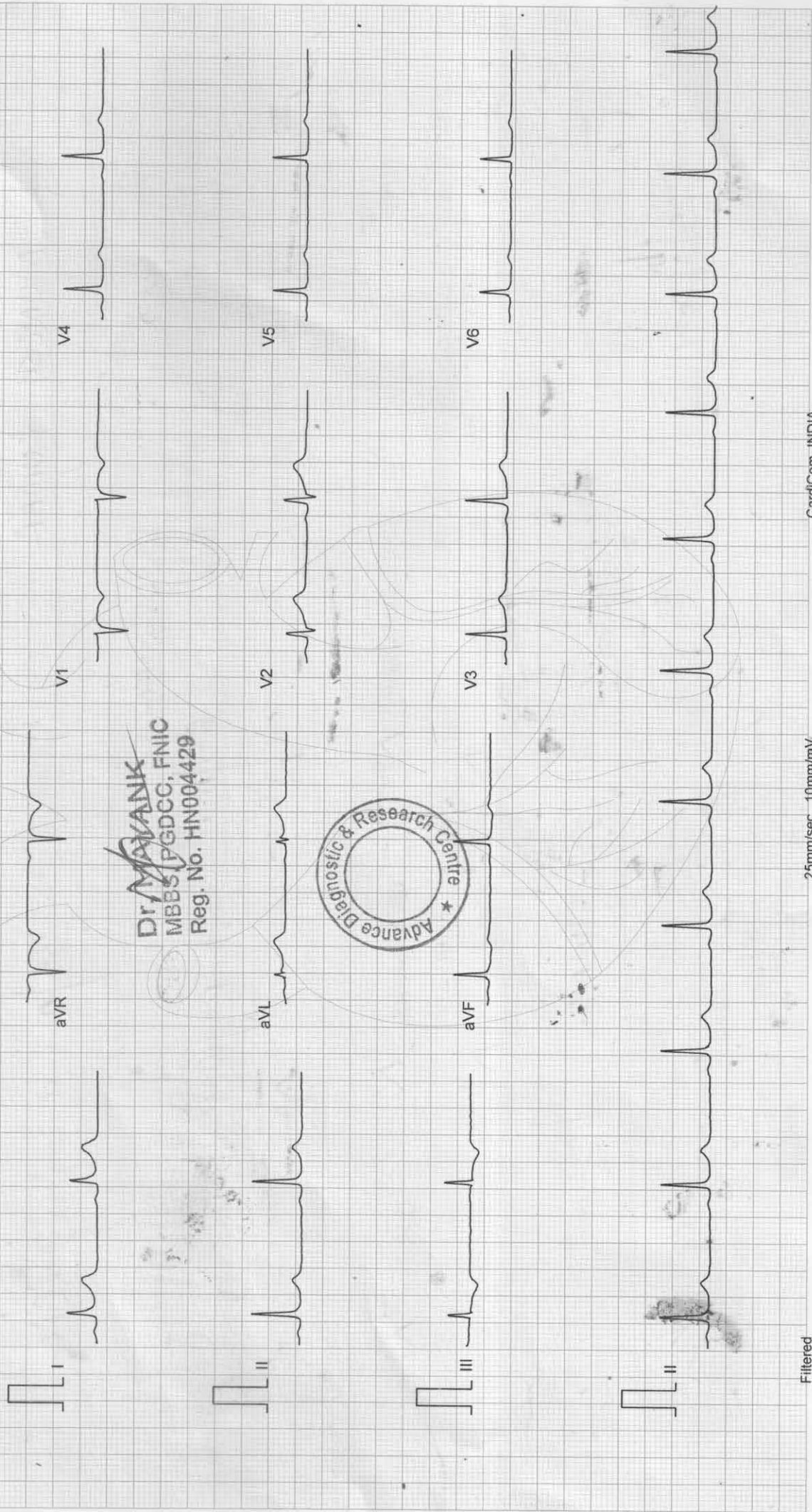
Medication3 :

BPM : 65  
 BP :  
 P Axis : 14 deg  
 QRS Axis : 49 deg  
 T Axis : -10 deg

Raw E.C.G.

Unconfirmed Report Reviewed By:

Cardiologist



**Dr. MANANK**  
 MBBS PGDCC, FNIC  
 Reg. No. HN004429



Filtered

25mm/sec 10mm/mV

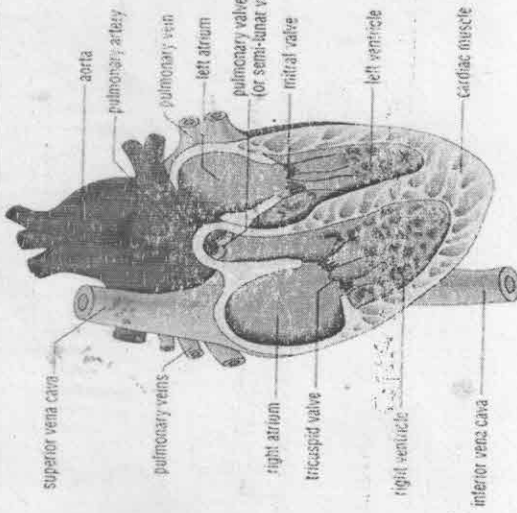
CardiCom, INDIA



# ADVANCE DIAGNOSTIC & RESEARCH CENTRE

## ELECTROCARDIOGRAM

Name MUNESH KUMAR Age & sex 35/m Company Cic



### ECG FINDINGS:

Rate 65/min Rhythm Regular Mechanism N  
 Axis N P Wave N PR Interval A  
 QRS: Complex N QT interval N Q Wave N  
 ST Segment N T Wave N

7wnc

Conclusion \_\_\_\_\_

Date 15/1/2024



Dr. MAYANK  
 Doctors Signat WSES, PDDCC, FNIC  
 Reg. No. AN004429