

**Name** : MR TEJAS GUPTA

**Proposal No** : 4060

**Branch Code** : 11E

**Contact Details** : 9899451523

**Location** : Partap Nagar, Opp. Metro Pole No. 112, Delhi, DELHI -  
110015

**Appointment Date** : 12-03-2025

Member Information		
Booked Member Name	Age	Gender
MR TEJAS GUPTA	16 year	Male

**Included Test -**

- Juvenile medical examination report

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Thanks

Saburi Path. Lab  
10559, Street No-8  
Partap Nagar Delhi-7

Date: 11/03/2025

To,  
LIC of India  
Branch Office

Proposal No.

11E

4060

Name of the Life to be assured

TEJAS GUPTA

The Life to be assured was identified on the basis of

Avelhear camelaaa 2583

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. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)  
Reg. No. 17854

Name:

Dr. Uday Nath Shashi

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:

Mr. Tejas Gupta

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	NO	PHYSICIAN'S REPORT	NO
COMPUTERISED TREADMILL TEST	NO	IDENTIFICATION & DECLARATION FORMAT	NO
HAEMOGRAM	NO	MEDICAL EXAMINER'S REPORT	NO
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)	NO	PGBS (Post Glucose Blood Sugar)	NO
ROUTINE URINE ANALYSIS	NO	Proposal and other documents	NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	NO	Hb%	NO
ELISA FOR HIV	NO	Other Test	JMR YES

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

Saburi Path. Lab  
10559, Street No-8  
Dwarka Nagar Delhi-11





## JUVENILE FMR

Zone: \_\_\_\_\_ Division: \_\_\_\_\_ Branch: 11E  
 Proposal No. 4060  
 Full Name of Life to be Assured: TEJAS GUPTA Age / Sex 17 year / M  
 Introduced by \_\_\_\_\_ Agent / Dev. Officer Code \_\_\_\_\_

Name of the child: (Master/ Miss) <u>TEJAS GUPTA</u>				
Marks of identification: Mole/Scar/any others (specify location) <u>NIL</u>				
Current Identity provided	School/college Identity card	Passport	Latest School Report Card	Others(specify) <u>Aadhaar card xxx 2583</u>
Age of the child: <u>17</u> Years/ <u>Months</u>			SEX: M <input checked="" type="checkbox"/> / F <input type="checkbox"/>	
Birth History: <u>END</u> / Forceps / Caesarean/ Others ( Please tick the relevant)				
<b>A. Details of Physical Examination</b>				
<b>For all children:</b>				
Height of the child: <u>175</u> cms		Weight of the child: <u>68</u> kgs		
Pulse and character <u>78/min</u>		Blood Pressure <u>116/78</u> mm of Hg		
Presence of any congenital defects or abnormalities: Yes / No <u>No</u> ( If yes, please provide details)				
<b>For Children Below 2 yrs:</b>				
Head Circumference <u>NA</u> cms		Chest Circumference <u>NA</u> cms		
<b>B. Medical History:</b>				
1) Is the proposed insured presently in good health?			Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	
2) Does the proposed insured have any physical and mental handicap or deformity?			Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> If yes provide details:	
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 <input type="checkbox"/> / No <input checked="" type="checkbox"/> If yes provide details of the tests conducted and treatment if any.	
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 <input type="checkbox"/> / No <input checked="" type="checkbox"/> If yes provide details:	
5) Is the child's behaviour / appearance / mental ability in line with his current age?			Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> If No provide details:	
6) If school going, has proposed insured taken any sick leave from school in the last 2 years?			Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> If yes provide details:	
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, thalassaemia, cancer kidney disease, any other hereditary / familial disorders			Father : <u>NO</u> Mother: <u>NO</u> Sibling 1 <u>NO</u> Sibling 2 <u>NO</u>	

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**Pratap Nagar Delhi-7**



<b>C. Immunization History: (Mandatory for ages &lt; and equal to 5 yrs)</b>			
Vaccinated for			
1. OPV:	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	2. DPT:	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
3. BCG:	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	4. Hepatitis B:	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
5. Mumps, Measles, Rubella:	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	6. Typhoid (above 1 Yr):	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
7. Hepatitis A (Above 1 Yr):	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>		
<b>D. Medical Examination</b>			
Do you find any evidence of abnormality, disease or surgery of:			If yes please elaborate
1) the respiratory system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2) the central and peripheral nervous system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3) the genito urinary system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4) the abdominal organs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5) the head, face, mouth, throat, eyes, ears, nose and neck?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Spects - 2.5 B.E	
6) the skin, muscles, bones and joints?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7) The Cardiovascular system:			
a) Are the peripheral pulses abnormal?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b) Is there any evidence of heart enlargement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c) Are there murmurs or abnormal heart sounds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d) Do you suspect any abnormality of the cardiovascular system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [Signature] Name of the parent Harish Gupta

**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 Delhi on the 11/03/2025 day of 2025 at 8:53 a.m./p.m.

Tejas

Signature /Thumb impression of the Examinee

Signature of the Introducer:  
(Agent / Development Officer)  
Name : \_\_\_\_\_  
Code No. \_\_\_\_\_

[Signature]  
**Dr. UDAYNATH SHAHI**  
**M.B.B.S. MD. (Medicine)**  
**Reg. No. 17854**  
Signature of the Medical Examiner  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Qualification: \_\_\_\_\_  
Code No. : \_\_\_\_\_

**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

**Saburi Path. Lab;**  
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**Pratap Nagar Delhi-7**

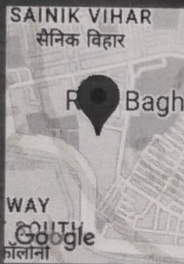
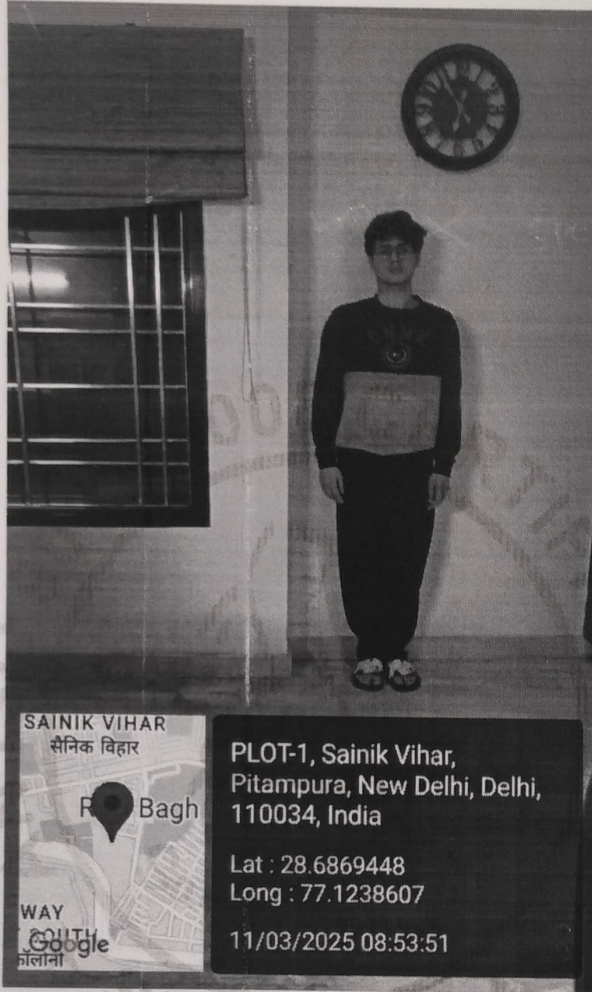




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PLOT-1, Sainik Vihar,  
Pitampura, New Delhi, Delhi,  
110034, India

Lat : 28.6869448  
Long : 77.1238607

11/03/2025 08:53:51

*Cooley*  
**Dr. UDAYNATH SHAH**  
M.B.B.S. MD. (Medicine)  
Reg. No.17854

**Saburi Path. Lab.**  
10559, Street No-3  
Pratap Nagar Delhi-7

Checked by

Timing : Mon. to Sat. 8 a.m. to 8 p.m. (Sunday 8 a.m. to 2 p.m.)

कोरोना से बचने के लिए मुँह पर मास्क लगाएँ, उचित दूरी बनाएँ रखें और हाथ नियमित धोते रहें।

10559, Street No. 3, Opp. Metro Pole No. 112, Near Metro Station, Pratap Nagar, New Delhi-110007

Phones : 011-46543015, Mobile : 9818068572, 9718068572

This is only professional opinion, not the diagnosis. • If test results are unexpected, immediately contact laboratory for review. • This report is not valid for medico legal aspects.



PLOT-1, Sainik Vihar,  
Pitampura, New Delhi, Delhi,  
110034, India

Lat : 28.6869448  
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Government of India

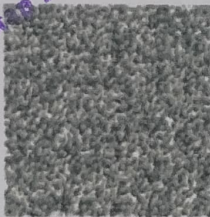
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Unique Identification Authority of India

Enrolment No.: 0651/88754/01091

To  
Tejas Gupta  
C/O Harish Gupta,  
H. No. 9, Upper Ground Floor.,  
New Sainik Vihar.,  
Near Gurudwara,  
Pitampura,  
VTC: Pitampura,  
PO: Saraswati Vihar,  
Sub District: Saraswati Vihar,  
District: North West Delhi,  
State: Delhi,  
PIN Code: 110034,  
Mobile: 8307988300

Sabuzi Path, LAD,  
10559, Street No-8  
Pragati Nagar Delhi-7

Signature of Tejas Verified  
Digitally signed by Tejas Gupta  
Unique Identification Authority of India  
DN: cn=Tejas Gupta, o=UIDAI, email=tejas.gupta@uidai.gov.in, c=IN



आपका आधार क्रमांक / Your Aadhaar No. :

5009 5616 2583

VID : 9139 9121 0637 1307

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 26/10/2013



Tejas Gupta  
Date of Birth/DOB: 22/04/2008  
Male/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
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सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरीफ ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लोकेशनलॉक सुविधा का उपयोग करें।
- आधार की जांच करने वाले सहमति लेने के लिए बाध्य हैं।
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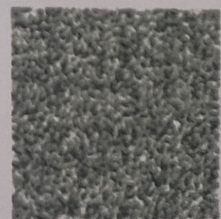
Dr. UDAYNATH SHAHI  
M.B.B.S. MD-(Medicine)  
Reg. No.17854



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Pitampura, Pitampura, PO: Saraswati Vihar,  
DIST: North West Delhi,  
Delhi - 110034



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Tejas

*[Handwritten signature]*





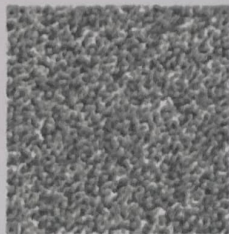
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Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2714/45200/22955

To  
हरीश गुप्ता  
Harish Gupta  
HOUSE NO.9 UPPER GROUND FLOOR,  
NEW SAINIK VIHAR PITAMPURA,  
GURUDWARA,  
VTC: Pitampura,  
PO: Saraswati Vihar,  
Sub District: Saraswati Vihar,  
District: North West Delhi,  
State: Delhi,  
PIN Code: 110034,  
Mobile: 9899451523

Dr. UDAYNATH SHARMA  
M.B.B.S.-MD. (Medicine)  
Reg. No. 17654



Validity: unknown  
Display's valid until the date of birth of the person  
Date: 2014-09-01 11:45:04  
QART-001-00

आपका आधार क्रमांक / Your Aadhaar No. :

9227 3888 8144

VID : 9130 9809 2674 1306

मेरा आधार, मेरी पहचान

Aadhaar no. Issued: 27/05/2013

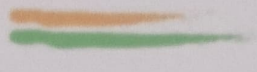


हरीश गुप्ता  
Harish Gupta  
जन्म तिथि/DOB: 22/12/1972  
पुरुष/ MALE

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इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
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9227 3888 8144

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Government of India

सूचना / INFORMATION

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- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
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- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
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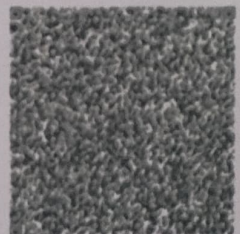


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
हाउस नं.9 अपर ग्राउंड फ्लोर, नई सैनिक विहार पीतम्पुरा,  
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