

Health Check up Booking Request(43E1676)

1 message

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

4 November 2024 at 14:13



011-41195959

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 : MR SAIDEEP PAMPANAI *Pampantai*  
Proposal No : 3007  
Branch Code : 118  
Contact Details : 9301103000  
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049

Member Information		
Booked Member Name	Age	Gender
MR SAIDEEP PAMPANAI	18 year	Male

Included Test -

- Urine Analysis
- Hb%
- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000
- SBT-13 with Elisa Method HIV test
- ECG

Thanks,  
Medsave  
Team







भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

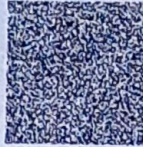
नामांकन क्रमांक / Enrollment No.: 2721/27655/82720

To  
साईदीप पमनानी  
Saideep Pamnani  
S/O: Deepak Pamnani,  
170 SABKA MALIK EK, PANCHWATI WASTRA NAGAR  
ROSHNI GHAR ROAD,  
VTC: Gird,  
PO: Lashkar City,  
Sub District: Gird, District: Gwalior,  
State: Madhya Pradesh,  
PIN Code: 474009,  
Mobile: 6269406000

165932242



MH659322421FL



आपका आधार क्रमांक / Your Aadhaar No. :

**4691**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 960172513



साईदीप पमनानी  
Saideep Pamnani  
जन्म तिथि / DOB : 25/09/2006  
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग करवायन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**4691**

मेरा आधार, मेरी पहचान

\*Tax Residency: Is your country of Tax Residency outside India?   
I hereby declare that the details furnished above are true and correct to  
the best of my knowledge and belief and I undertake to inform you of  
any changes therein within 30 days of such changes. In case any of the  
above information is found to be false, untrue or misleading, or  
misrepresenting I am aware that I shall be held liable for it.

Signature of Life to be Assured / Proposer

Dr. MAHEEPAL  
MBBS (MD)





**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office 118

M.P. PAL  
DR. M. HESH PAL  
MBBS, (MD)

Proposal No : 3007

Name of Life to be assured: Saideep Pammani Pammani

The Life to be assured was identified on the basis of: Saideep Pammani  
Acch

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 MD on the 04/11/24 day of 2024 at 9.30 a.m./p.m.

Signature of the Pathologist/Doctor (Name & Rubber stamp) Qualification  
M. HESH PAL  
MBBS, (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  
Name: Saideep

Reports enclosed.

- 1. KMR
- 2. ECG
- 3. Hb
- 4. SBT-13
- 5. RVA





**LIC**भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA**MEDICAL EXAMINER'S REPORT**  
Form No LIC03-001 (Revised 2020)Branch Code: 118  
Proposal/ Policy No: 3007  
MSP name/code: 60118  
Date & Time of Examination: 4/11/24 9.30 AM  
Medical Diary No & Page No:Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: Aadhar ID Proof No. 4691  
( 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.P. Pal..... (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)  
Saideep

1	Full name of the life to be assured: <u>Saideep Pammari</u>		
2	Date of Birth:	Age: <u>18</u>	Gender: <u>male</u>
3	Height (In cms): <u>167</u>	Weight ( in Kgs ): <u>75</u>	
4	Required only in case of Physical MER		
	Pulse : <u>80</u>	Blood Pressure (2 readings): 1. Systolic <u>118</u> Diastolic <u>76</u> 2. Systolic <u>118</u> Diastolic <u>76</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 <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> 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 <b>diagnostic tests</b> ? Please specify date , reason , advised by whom & findings.	No
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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

Dr. M. P. PAL  
MBBS, (MD)



8	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? 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 e. Whether developed any complications due to diabetes? f. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? g. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? 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 <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
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.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any <b>Circulatory disorder</b> ?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <b>physical impairment/ disability /amputation</b> 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 <b>disorder of the Stomach</b> / 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 / <b>psychiatric disorder</b> ? 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 <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?	No -1.5 B/E
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.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drug</b> etc) which is relevant in assessment of medical risk of examinee.	No



Dr. MAHESH PAL  
MBBS (MD)



For Female Proponents only		N/A
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
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Declaration

You Mr/Ms Sandeep Ramnani 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.

Sandeep  
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  
4/11/24

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:

Sai deep Punnam

Age/ Sex:

18 / m

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.

*Sai deep*

**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

*AD*

on the

4/11/24

day of 2024

at 9:30 a.m/p.m.

Signature of the L.A.

*Sai deep*



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

*R*  
KUMAR  
Card FMF



Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
167	75	118/76	80

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Sup	P Wave	N
Standardisation Imv	10r	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	60r	T-wave	N
Ventricular Rate	60r	Q-Wave	N
Rhythm	Sin		
Additional findings, if any.	No		

WNL

Conclusion:

MD

4/11/24

Dated at

on the

day of 2024

at 9:30 a.m./p.m.



Signature of the Cardiologist

Name & Address:

Qualification:

DR. RAJ KUMAR  
Card. FNIC



# SHRI DURGA HEALTH CARE

Mr. SAIDEEP PAMNANI  
 I.D. : 01  
 AGE/SEX : 18 Yr/M

RATE : 80 bpm  
 BP : N/A

Linked Median

HT/WT : /  
 DATE : 04/11/2024 09:35:12 AM  
 REF BY : Dr.  
 MACHINE INTERPRETATION :

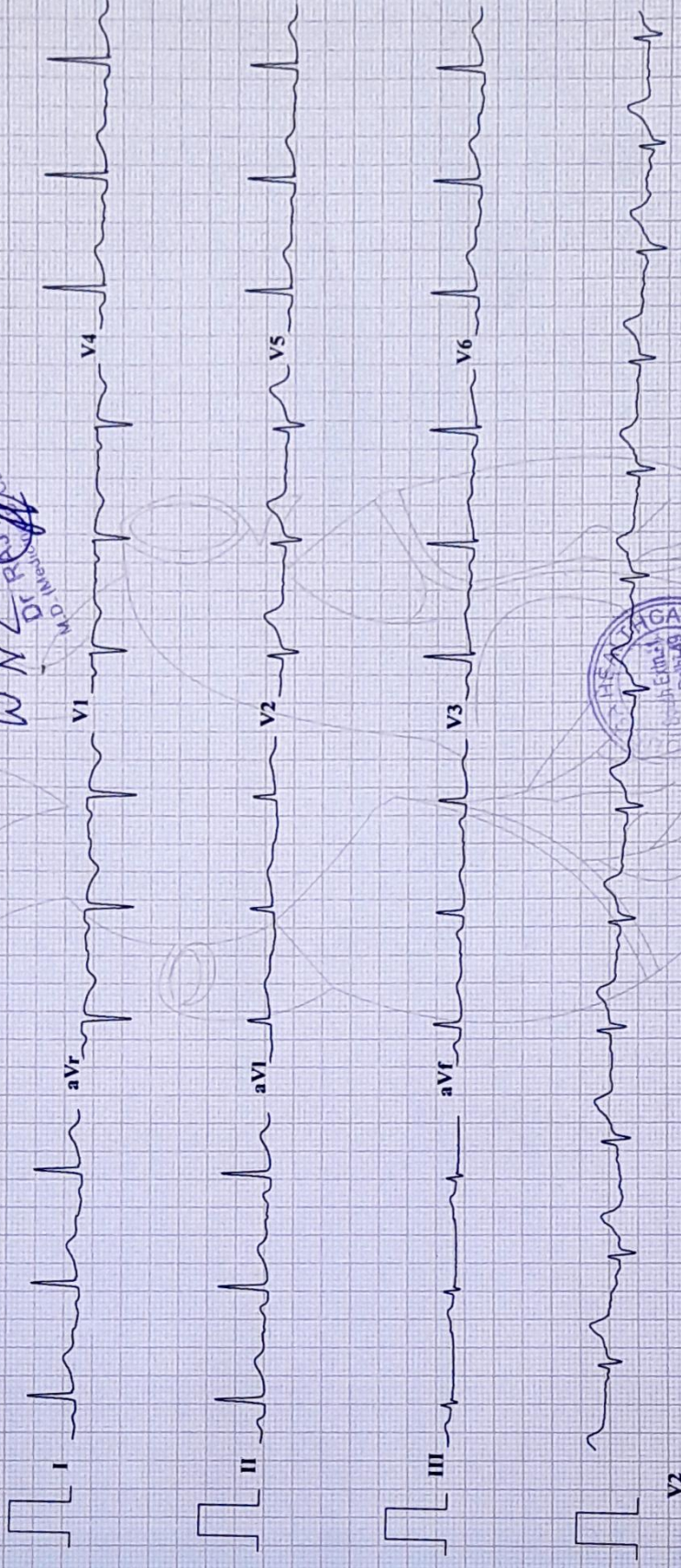
QRS Duration : 63 ms  
 QT Interval : 346 ms  
 QTc Interval : 383 ms

QRS Axis : 33 deg.  
 T Axis : 25 deg.

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

W N Z  
 DR. RAJESH KUMAR  
 M.D. (Medicine)  
 Sr. Card. Elect. Phys.

SHRI DURGA HEALTH CARE  
 Sr. Card. Elect. Phys.  
 Dr. Rajesh Kumar  
 Sr. Card. Elect. Phys.



Filtered(35 Cycle) And Base Corrected

Dr.





# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SAIDEEP PAMNANI	Sex:	MALE
Lab. No:	202401102	Age:	18
Date:	4/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	80	mg/dl	70 - 110
Total Cholesterol	150	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	95	mg/dl	50 - 150
S. Triglycerides	75	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	7.1	g/dl	6.4 - 8.2
Albumin	3.9	g/dl	3.4 - 5.0
Globulin	3.2	g/dl	2.3 - 3.3
A:G Ratio	1.2	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)	25	IU/L	5 - 40
SGPT(ALT)	31	IU/L	5 - 45
GGTP(GGT)	16	IU/L	11 - 50
S.Alkaline Phosphatase	90	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)	13.8	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:	SAIDEEP PAMNANI	Sex:	MALE
Lab. No:	202401102	Age:	18
Date:	4/11/2024	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	1.010	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

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

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



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

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

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HARINDER  
DR. SODHART  
DR. POOJA

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



*Dr. Mahesh Pal*

**GPS Map Camera**



**New Delhi, Delhi, India**

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003, India

Lat 28.572248°

Long 77.221445°

04/11/24 09:45 AM GMT +05:30