



NIMS HOSPITAL <nimshospitalfbd@gmail.com>

Health Check up Booking Confirmed Request(43E6614), Package Code-, Beneficiary Code-332249

2 messages

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

Wed, Mar 5, 2025 at 11:55 AM



Hi **National Institute Of Medical Sciences**,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Proposal No : 5886
Branch Code : 12J
Contact Details : 8218064225
Appointment Date : 05-03-2025
Confirmation Status : Booking Confirmed
Preferred Time : 08:00 AM - 08:30 AM

Member Information		
Booked Member Name	Age	Gender
PRAVEEN KUMAR MITTAL	57 year	M

Included Test -

- BST Only fasting or Only PGBS
- ECG
- Physical Medical Examination Report (PMER) Rs. 15,00,001 to Rs. 24,99,999

We request you to facilitate the employee on priority.

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



LIC : HO : Medsave <lic@medsave.in>
To: NIMS HOSPITAL <nimshospitalfbd@gmail.com>

Fri, Mar 7, 2025 at 1:54 PM


Dear Team,

8
7 6 5 4



NIMS HOSPITAL
SECTOR-23A
FARIDABAD



 GPS Map Camera

Faridabad, Haryana, India
Sector 23, Faridabad, Haryana 121005, India
Lat 28.357391, Long 77.296858
03/05/2025 10:20 AM GMT+05:30
Note : Captured by GPS Map Camera



To,
LIC of India
Branch Office
125

Date: 05/03/25

Proposal No. 5886

Name of the Life to be assured Pavleen Kumar Mittal

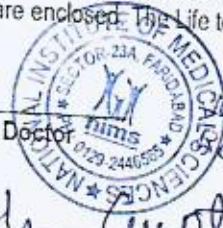
The Life to be assured was identified on the basis of _____

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

Name:

Dr. Ashish Gupta



Dr. ASHISH GUPTA
MBBS, MD
Regn. No. HN 8888

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

ਪ੍ਰੀਤਨਗਰ ਸਿ-ਓਮ

(Signature of the Life to be assured)

Name of life to be assured:

Pavleen Kumar Mittal

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



LIC

LIC Insurance Corporation of India

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

Branch Code: 12 J
Proposal/ Policy No: 5886
MSP name/code :
Date & Time of Examination: 05/3/25
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Aadhaar Proof No. 0893
(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 (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

प्रवीण कुमार मिश्रा

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

1 Full name of the life to be assured: Praveen Kumar Mittal
2 Date of Birth: 23/12/1968 Age: 56 Gender: M
3 Height (In cms): 166 cm Weight (in kgs): 69 kg
4 Required only in case of Physical MER

Pulse: 87/mt Blood Pressure (2 readings):
1. Systolic 130 Diastolic 80
2. Systolic 130 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 ?
b. Undergone any **surgery / hospitalized** 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 **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.

NO

If yes provide all investigation and treatment reports



8	<p>a. Suffering from Hypertension (high blood pressure) or Diabetes 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 endocrine disorders 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>yes (1) / (1) / (0) DM Type 2 for 1 year.</p> <p>No</p>
9	<p>a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</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>	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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	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/drugs etc) which is relevant in assessment of medical risk of examinee.	No



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
N/A	
FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	
Good	

Declaration

You Mr/Ms _____ 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.

Handwritten signature in Hindi

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.

DR. KATAR SINGH
MBBS, Dip. (Cardiology) *Katar*
Reg. No. HN3709



Place: Faridkot
Date: 05/3/25

Signature of Medical Examiner
Name & Code No:
Stamp: *Dr. Katar Singh*
HN 3709

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch 125
Proposal No. 5886
Agent/D.O. Code: _____
Full Name of Life to be assured: Roaveen Kumar mittal
Age/Sex: 56/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.

प्रवीण कुमार मिश्रा

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 K/C/O DM Type 2 for 1 year
- 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 05 on the day of 03 20 25

प्रवीण कुमार मिश्रा
Signature of L.A.

Katar
Signature of the Cardiologist

Name & Address

Qualification

Code No

Dr. Katar Singh

Clinical findings
(A)

HN9709
Dr. KATAR SINGH
MBBS, Dip. (Cardiology)
Reg. No. HN9709



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
166 cm	69 kg	130/80	68

(B) Cardiovascular System

Rest ECG Report:

Position	Supine	P Wave	Upright
Standardisation Imv	10	PR Interval	128ms
Mechanism	⊙	QRS Complexes	83ms
Voltage	1mv/10	Q-T Duration	368ms
Electrical Axis	⊙	S-T Segment	⊙
Auricular Rate	68	T-wave	⊙
Ventricular Rate	68	Q-Wave	⊙
Rhythm	Regular		
Additional findings, if any.	nil		

Conclusion:

WM

Dated at 05 on the day of 03 2025

Dr. KATAR SINGH
MBBS, Dip. (Cardiology)
Reg. No. HN9709

Signature of the Cardiologist

Name & Address

Dr. Katar Singh

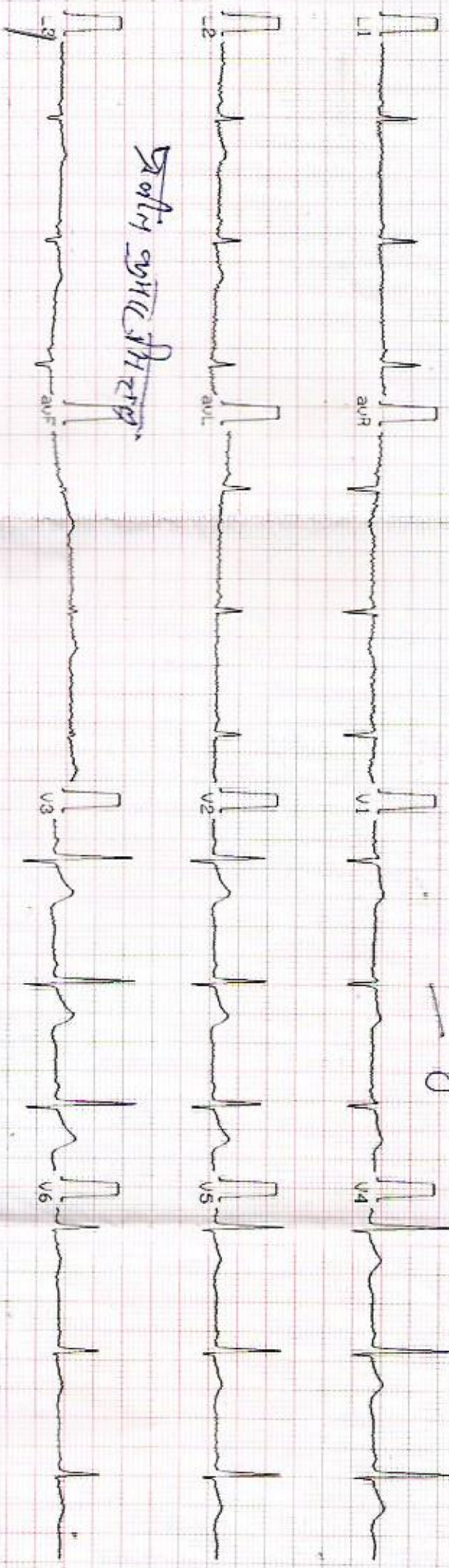
Qualification

Code No.

HN9709



Name: Praveen Kumar Mittal, Sr, Age: 56 Yrs, Sex: M, Height: 170 cm, Weight: 75 kg, Blood Pressure: 130/80 mmHg, Date: 05/03/2025



CLARITY TEST LAB 14:42:54 05/03/2025 C:\A:\Med ECG-100C Dr.:

Name: _____

Age: _____ Yrs, Ht: _____ cms, Wt: _____ Kg

Sex: M / F, BP: _____ mmHg

Heart Rate: 69 BPM

Interpretation Report For ADULT

Sinus Rhythm
Short PR Interval
Possibly Abnormal ECG

Parameter	Value	Parameter	Value
P (ms)	73	QT	368
QRS	83	QTc	391
PQ	117		
QT/QTc (%)	94	QT/QTc (ms)	48
P	29°	QRS	15°
QRS	15°	T	66°

REMARKS
Praveen
DR. KATAR SINGH
MBBS, Dip. (Cardiology)
Reg. No. HN9709




Unconfirmed Report
Dr: _____

PS: Not for medico legal purposes.

भारत सरकार

आधार

आधार नं. Issued: 13/08/2014



प्रवीन कुमार मित्तल
Praveen Kumar Mittal
 जन्म तिथि / DOB : 23-12-1968
 पुरुष / MALE
 Mobile: 7042444684
 0893
 VID : 9128 9763 9409 4062

मेरा आधार, मेरी पहचान



भारत सरकार

आधार

भारतीय पहचान प्राधिकरण

भारत सरकार

पता:

द्वारा: मंगल सेन मित्तल, हाउस नं.-95जीएफ, सेक्टर-3,
 बल्लबगढ़, बल्लबगढ़, फरीदाबाद,
 हरियाणा - 121004

Download Date: 10-01-2024

Address
 OO: Mangal Sen Mittal, House no.-95GF, Sector-3, VTC
 Balabgarh, PO: Balabgarh, Sub District: Balabgarh, District:
 Faridabad, State: Haryana, PIN Code: 121004.

0893
 VID : 9128 9763 9409 4062

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

प्रवीन कुमार मित्तल

7042444684



NATIONAL INSTITUTE OF MEDICAL SCIENCES

100 BEDDED MULTI-SPECIALITY HOSPITAL

ISO 9001 : 2008 Certified Centre

Sector - 23A, Faridabad - 121 005

Ph : 2446565, 2440745, 2440746, Fax : 2440747

Website : www.nimshospitals.com

DR. ANSHU GUPTA

MBBS, MD (PATHOLOGY)

CONSULTANT PATHOLOGIST : NIMS hospital / Palwal Hospital / Apex Diagnostics & Polyclinic, Faridabad

Date	05/03/2025	Srl No.	14			
Name	MR. PRAVEEN KUMAR MITTAL	Age	56 Yrs.	Sex	M	
Ref. By	SELF			Deptt		
Emp Cod						

BIOCHEMISTRY

Test Name	Value	Unit	Reference Value
BLOOD GLUCOSE FASTING	217.0	mg/dl	60 - 110

Reported by : MGR
Checked by : _____MGR

** End of Report **

[Signature]
LAB. TECH.

[Signature]
DR. ANSHU GUPTA
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

NOT VALID FOR MEDICO-LEGAL PURPOSES

All Investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory investigation never confirm the final diagnosis of the disease. The only help in arriving at a diagnosis in conjunctions with clinical presentation and other related investigations.

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