



GPS Map Camera



Palwal, Haryana, India

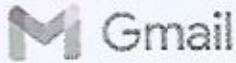
Old GT Road, Arya Nagar Colony, Palwal,
Haryana 121102, India

Lat 28.137175, Long 77.328963

03/07/2025 11:26 AM GMT+05:30

Note : Captured by GPS Map Camera

Maps



ashish gupta <apexfaridabad@gmail.com>

Health Check up Booking Confirmed Request(43E6728), Package Code-, Beneficiary Code-332586

2 messages

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

Fri, Mar 7, 2025 at 11:29 AM



Hi **Palwal Hospital,**

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

Proposal No : 8065
Branch Code : 11H
Contact Details : 8570059454
Appointment Date : 07-03-2025
Confirmation Status : Booking Confirmed
Preferred Time : 08:00 AM - 08:30 AM

Member Information		
Booked Member Name	Age	Gender
GEETA KHANNA	52 year	F

Included Test -

- Urine Analysis
- Hb%
- Lipidogram
- 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

ashish gupta <apexfaridabad@gmail.com>
To: palwalhospital <palwalhospital@hotmail.com>

Fri, Mar 7, 2025 at 11:30 AM

[Quoted text hidden]

To,
LIC of India
Branch Office
11-H

Date: 07/03/25

Proposal No. 8065

Name of the Life to be assured Geeta Khanna

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



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

Name: Dr. Ashish Gupta

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

Geeta Khanna
(Signature of the Life to be assured)

Name of life to be assured: Geeta Khanna

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	yes	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	yes	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	yes
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



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

Branch Code: 11-11
Proposal/ Policy No: 8065
MSP name/code :
Date & Time of Examination: 07/03/25
Medical Diary No & Page No:

Mobile No of the Proposer/ life to be assured:
Identity Proof verified: Aadhaar ID Proof No: 9386
(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".

Geeta Khanna

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

1 Full name of the life to be assured: Geeta Khanna
2 Date of Birth: 1973 Age: 52 Gender: Female
3 Height (in cms): 154cm Weight (in kgs): 73kg

4 Required only in case of Physical MER
Pulse: 87/min Blood Pressure (2 readings):
1. Systolic 120 Diastolic 80
2. Systolic 120 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.
If yes provide all investigation and treatment reports

No



8	<p>a. Suffering from <i>Hypertension</i> (high blood pressure) or <i>diabetes</i> 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 <i>endocrine disorders</i> 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>	No
9	<p>a. Any history of chest pain, <i>heartattack</i>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <i>high cholesterol</i>?</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 <i>kidney</i> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <i>Liver disorders</i> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <i>lung related</i> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <i>Blood disorder</i> like anaemia, thalassaemia or any <i>Circulatory disorder</i> ?	No
13	Suffering or ever suffered from any form of <i>cancer</i> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from <i>Epilepsy</i> , <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <i>physical impairment</i> / 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 <i>Hernia</i> or <i>disorder of the Stomach</i> / 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 / <i>psychiatric disorder</i>?</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 <i>abnormality</i> 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 <i>HIV/AIDS/Sexually transmitted diseases</i> (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <i>smoking/ tobacco chewing/ consumption of alcohol/drugs</i> etc) which is relevant in assessment of medical risk of examinee.	No



For Female Proponents only		
i.	Whether pregnant? If so duration.	/ No
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	Good
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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.

Gurta Khan

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:

Palwal
07/03/2025

Dr. Sonal Gupta
Signature of Medical Examiner
Name & Code No:
Stamp:
Dr. Sonal Gupta
HR 7735



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch 11-H
Proposal No. 8065
Agent/D.O. Code: _____
Full Name of Life to be assured: Geeta Khanna
Age/Sex: 52 yrs / female
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.

Geeta Khanna

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
- 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 07 on the day of 03 2025

Geeta Khanna

Signature of L.A.

Clinical findings
(A)

Signature of the Cardiologist

Name & Address

Qualification

Code No.

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



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
154 cm	73 kg	120/80	87

(B) Cardiovascular System *WNL*

Rest ECG Report:

Position	<i>Supine</i>	P Wave	<i>Normal</i>
Standardisation Imv	<i>1.0</i>	PR Interval	<i>120ms</i>
Mechanism	<i>⊙</i>	QRS Complexes	<i>Normal</i>
Voltage	<i>1mV/10</i>	Q-T Duration	<i>416ms</i>
Electrical Axis	<i>⊙</i>	S-T Segment	<i>⊙</i>
Auricular Rate	<i>87</i>	T-wave	<i>⊙</i>
Ventricular Rate	<i>87</i>	Q-Wave	<i>⊙</i>
Rhythm	<i>Regular</i>		
Additional findings, if any.	<i>Nil</i>		

Conclusion: *WNL*

Dated at *07* on the day of *03* 20 *25*

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Katar
Dr. Katar Singh
HN9709 KATAR SINGH
 MBBS, Dip. (Cardiology)
 Reg. No. HN0709





भारत सरकार
Government of India



गीता खन्ना
Geeta Khanna
जन्म वर्ष / Year of Birth 1973
महिला / Female



~~9386~~ 9386

आधार - आम आदमी का अधिकार



Geeta Khanna



भारतीय पहचान प्रणाली
Unique Identification Authority of India

पता: W/O: राजेश कुमार खन्ना,
हाउस 193, तेली वाड़ा मोहल्ला,
होडल, वॉर्ड 17, होडल, होडल,
पलवल, हरियाणा, 121106

Address: W/O: Rajesh Kumar Khanna,
house 193, tel wada mohalla, HODAL,
ward 17, Hodal, Hodal, Palwal, Haryana,
121106

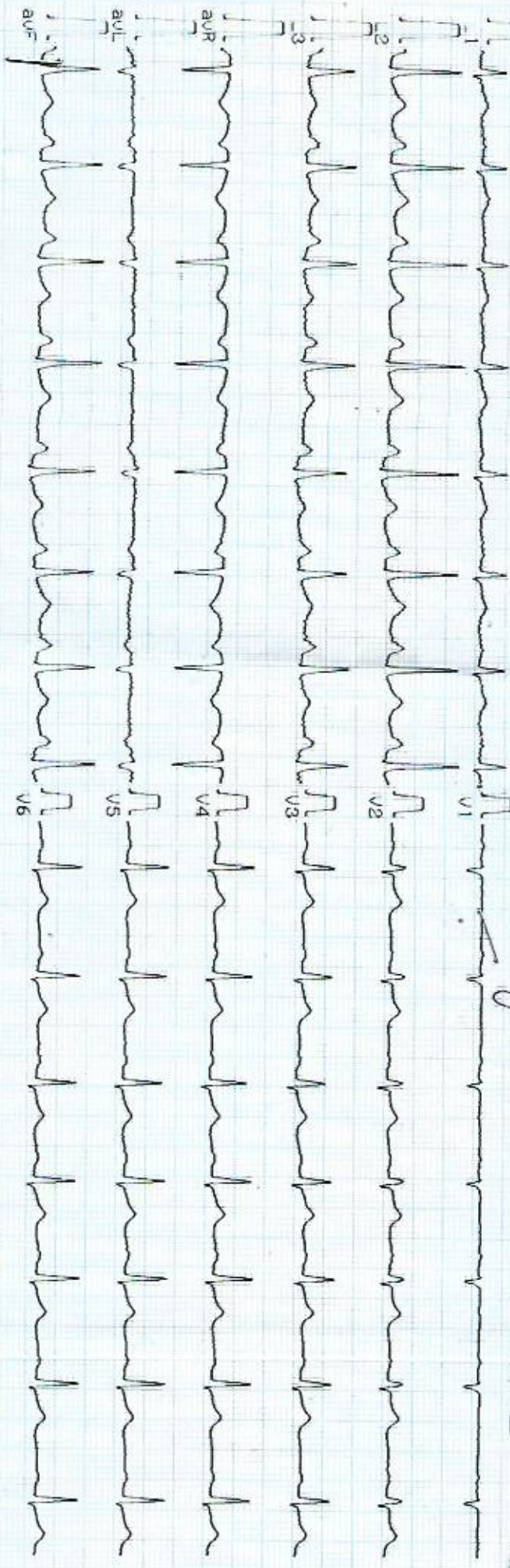
~~9386~~ 9386

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Name Geeta Khanna Age 52 Yrs M/F F Height 153 cm Weight 52 kg
 Date 07/13/25 87 bpm



CLARITY TEST LAB 30/12/2022

ClarityMed ECG-100C Dr:

Name Geeta Khanna

Age 52 Yrs, Ht 153 cms, Wt 52 Kg

Sex M/F BP 110/70 mmHg

Heart Rate 87 BPM

Geeta Khanna

P 106 QRS 83 PQ 172 QT 416 QTc 492

QT/QTc (%) 84 QT/RR 60

P 77° QRS 71° T 59°

Interpretation Report for ADULT

Sinus Rhythm
 Prolonged QT Interval
 Borderline ECG



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



Ceeta



GPS Map Camera

Palwal, Haryana, India
 Old GT Road, Arya Nagar Colony, Palwal,
 Haryana 121102, India
 Lat 28.137175, Long 77.328963
 03/07/2025 11:26 AM GMT+05:30
 Note : Captured by GPS Map Camera



PALWAL HOSPITAL

An ISO:9001: 2015 Certified Hospital

Old. G.T. Road, Near New Sohna Mod, Palwal
Ph. 01275-242200, 242500 Fax : 01275-250069

DR. ASHISH GUPTA

MBBS, MD (PATHOLOGY)

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

Date	07/03/2025	Srl No.	11		
Name	MRS. GEETA KHANNA	Age	52 Yrs.	Sex	F
Ref. By	LIC			Deptt	
Emp Cod					

HAEMATOTOLOGY

Test Name	Value	Unit	Reference Value
HAEMOGLOBIN (Hb)	12.00	gm/dl	11.0 - 15.0

BIOCHEMISTRY

Test Name	Value	Unit	Reference Value
BLOOD GLUCOSE FASTING	96.4	mg/dl	60 - 110

LIPID PROFILE

SERUM CHOLESTEROL	178.3	mg/dl	130 - 250
SERUM TRIGLYCERIDES	101.0	mg/dl	35 - 170
HDL CHOLESTEROL	47.3	mg/dl	30 - 70
VLDL	20.2	mg/dl	0.00 - 35
LDL CHOLESTEROL	110.8	mg/dl	50 - 150
TOTAL / HDL CHOLESTEROL RATIO	3.77		0.00 - 4.9
LDL / HDL CHOLESTEROL RATIO	2.342		0.00 - 3.5

URINE EXAMINATION REPORT

COLOUR	PALE YELLOW		
VOLUME	20	ml.	5.00 - 1000.00
SPECIFIC GRAVITY	1.020		1.005-1.035
DEPOSIT	NIL		NIL
REACTION	ACIDIC		ACIDIC
ALBUMIN	NIL		NIL
SUGAR	NIL		NIL

Contd...2

LAB. TECH.

DR. ASHISH GUPTA
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

NOT VALID FOR MEDICO-LEGAL PURPOSES

All Investigations 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 investigations never confirm the final diagnosis of the disease. The only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.



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

Date	07/03/2025	Srl No.	11			
Name	MRS. GEETA KHANNA	Age	52 Yrs.	Sex	F	
Ref. By	LIC			Deptt		
Emp Cod						

PUS CELLS	1-2/hpf	/HPF	0-4
EPITHELIAL CELLS	1-2/hpf	/HPF	0-4
RBC'S	NIL	/HPF	NIL
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
OTHERS	NIL		NIL
BILE SALTS (BS)	ABSENT		NIL
BILE PIGMENT (BP)	ABSENT		ABSENT
SEDIMENT	NIL		ABSENT
TRANSPARENCY	clear		NIL
BACTERIA	NIL		CLEAR
Reported by : MGR			NIL
Checked by : _____MGR			

** End of Report **

LAB. TECH.

DR. ASHISH GUPTA
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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All Investigations 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 investigations never confirm the final diagnosis of the disease. The only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.

3ussoft 27/06/19