



ayush gupta <ayushkesar@gmail.com>

Health Checkup Booking Request(43E6817)

1 message

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

Sat, Mar 8, 2025 at 4:44 PM



Dear KESAR HOSPITAL,

Booking has been changed sucessfully,For the following health checkup

Proposal No : 4300

Branch Code : 126

New Diagnostic/Hospital : KESAR HOSPITAL

Address of Diagnostic/Hospital : 11, Shaheed Udham Singh Marg, Block AH, Poorbi Shalimar Bag, Shalimar Bagh

Appointment Date : 09-03-2025

Preferred Time : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
DEEPAK JAIN	45 year	M

Included Test -

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

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

KESAR HOSPITAL
AH-11, SHALIMAR BAGH, DELHI- 110088



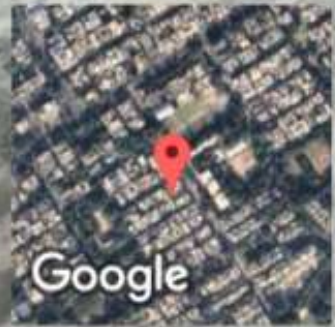
 **GPS Map Camera**

New Delhi, Delhi, India

Ah11, Block Ak, Poorbi Shalimar Bag, Shalimar Bagh, New Delhi, Delhi 110088, India

Lat 28.705942° Long 77.164568°

09/03/2025 09:03 AM GMT +05:30



Issue Date: 02/06/2013



भारत सरकार
Government of India

दीपक जैन

Deepak Jain

जन्म तिथि / DOB : 18/08/1979
पुरुष / Male

1190

भेरा आधार, भेरी पहचान



Handwritten signature

Dr. AYUSH GUPTA
M. D. Medicine, AIIMS
DMC No. 2930
MESAR HOSPITAL
A1-11, Shalimar Bagh, Delhi-88
Ph: 27478822, 27476823

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भारतीय विधि-अधिकरण

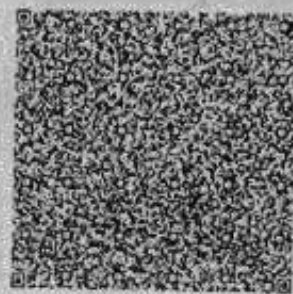
Unique Identification Authority of India



पता: दिलीप कुमार जैन, ए 27 फर्स्ट फ्लोर, सी
सी बस्ती, गोल्डन सर्वोडिया बाल विद्यालया, राना
प्रताप बग, राना प्रताप नगर, उत्तरी दिल्ली,
दिल्ली, 110007

Address: S/O Dilip Kumar Jain, A 27 First
Floor, C C Colony, Govt Sarvodya Baal
Viyalaya, Rana Pratap Bagh, Rana Pratap
Bagh, North Delhi, Delhi, 110007

Print Date: 11/08/2013



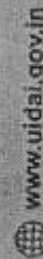
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1947



help@uidai.gov.in



www.uidai.gov.in

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office 126

Proposal No. : 4300

Name of Life to be assured: DEEPAK JAIN

The Life to be assured was identified on the basis of: Adhar Card

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 Delhi on the 9/3/25 day of 20 9 at am a.m./p.m.

A
Signature of the Pathologist/Doctor
(Name & Rubber stamp) Qualification:

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
H-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823

A
Signature of the Cardiologist (if LA has undergone CTMT/ECG)
(Name & Rubber stamp) Qualification:

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
H-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823

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 Deepak
Name..... Deepak Jain

- Reports enclosed.
- 1..... HBAc
 - 2..... Urine Analysis
 - 3..... Hb
 - 4..... SBT-13
 - 5..... ECG
 - 6..... PMR

MEDICAL EXAMINER'S REPORT

Form No. LIC03-001
(Revised 2020)

Branch Code: 126

Proposal/Policy No: 4300

MSP name/code :

Date & Time of Examination : 9/3/25 9am

Medical Diary No. & Page No. :

Mobile No. of the Proposer/Life to be assured : 8076457590

Identity Proof verified: Adhar Card ID Proof No. 1190

(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. Ayush Gupta (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/Video/Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: <u>Deepak Jain</u>		
2	Date of Birth: <u>18/8/1979</u>	Age: <u>45</u>	Gender: <u>Male</u>
3	Height (in cms): <u>176</u>	Weight (in kgs): <u>71</u>	
4	Required only in case of Physical MER		
	Pulse: <u>65/min</u>	Blood Pressure (2 readings):	
		1. Systolic <u>130</u>	Diastolic <u>86</u>
		2. Systolic <u>130</u>	Diastolic <u>86</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 treatment/medication including alternate medicine like ayurveda, homeopathy etc ?	NO	
	b. Undergone any surgery / hospitalized for any medical conditions / disability / injury due to accident?	NO	
	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 -	NO	
	i. Date of surgery/accident/injury/hospitalisation	NO	
	ii. Nature and cause	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	a. Suffering from Depression/Stress/Anxiety/Psychosis or any other Mental / psychiatric disorder? 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 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.	NA
ii.	Suffering from any pregnancy related complications.	NA
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 and treatment for the same.	NA

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

Yes

Declaration

You Mr/Ms Deepak Jain 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

	iii. Name of Medicine iv Degree of impairment if any v Whether unconscious due to accident, if yes, give duration.	NO NO 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 with last 14 days. If yes provide all investigation and treatment reports	NO
8	a. Suffering from Hypertension (high blood pressure) or diabetes 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. d. Whether developed any complications due to diabetes? e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	NO NO NO NO NO NO
9	a. Any history of chest pain, heartattack , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol ? 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 NO NO 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

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.



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 9/3/25 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: Delhi

Date: 9/3/25

Stamp: **Dr. AYUSH GUPTA**
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-69
Ph. 27478822, 27478823



Signature of Medical Examiner
Name & Code No.:

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-69
Ph. 27478822, 27478823

100%/MU
25MM/SEC

DEEPAK TRIN

451M

9/3/25

UNI-EM

I

II

III

AVR AVL AVF

CE CE

AVR

AVL

AVF

AVR AVL AVF
CE CE

V1

V2

V3

V4

V5

V6

D. AYUSHI GUPTA
M.D. Medicine, AIIMS
ONC No. 2200
KESAR HOSPITAL
A-11, Shaheen Bagh, Delhi-68
Ph: 27478922, 27478923

Deepak Jain 45/m

9/3/25



III
CE
Deep Deshpande

aVF

[Signature]

DR. AYUSH GUPTA
 M.D. Medicine, AIIMS
 DMC No. 2000
KESARI HOSPITAL
 At-11, Shalimar Bagh, Delhi-67
 Ph. 27478822, 27478623



KESAR HOSPITAL

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Celebrating
23 YEARS

AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

MEDICAL REPORT FORMATS

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **126**

Proposal No. **4300**

Agent/D.O. Code: _____

Full Name of Life to be assured: **Deepak Jain**

Age/Sex **45/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 A VF 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.

Deepak Jain

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 question is - Yes, submit all relevant papers with this form.

Dated at **Delhi** on the day of _____ 20

Deepak Jain

Signature of L.A.

9/3/25

Deepak Jain
Signature of the Cardiologist

Name & Address
Qualification Code No.

AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-110088
Ph. 27478822, 27478823

Clinical findings

(A)

Height (Cms)	Weight (Kgs)	Blood Pressure	Pulse Rate
176	71	130/86	65/min

(B) Cardiovascular System *Normal*

Rest ECG Report:

Position	<i>~</i>	P Wave	<i>normal</i>
Standardisation Imv	<i>10~</i>	PR Interval	<i>h</i>
Mechanism	<i>~</i>	QRS Complexes	<i>~</i>
Voltage	<i>~</i>	Q-T Duration	<i>~</i>
Electrical Axis	<i>~</i>	S-T Segment	<i>~</i>
Auricular Rate	<i>62</i>	T-Wave	<i>~</i>
Ventricular Rate	<i>62</i>	Q-Wave	<i>Absent</i>
Rhythm	<i>NS</i>		
Additional findings, if any.	<i>~</i>		

Conclusion: *normal*

Dated at *Delhi* on the day of *9/3/25*
20

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMG No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-89
PH: 27478222, 27478523



KESAR HOSPITAL

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AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

HAEMOGRAM

Zone:

Division:

Proposal No.4300

Branch:- 126


Full Name of Life to be assured: MR.DEEPAK JAIN

Age/ Sex: 45 YRS / MALE

INVESTIGATION	RESULT	REF.VALUES
1. Red Blood Cell Count :		
2. Hb% :	14.6gm/dl	12.5-17.0 g/dl
3. Hematocrit :		
4. Indices :		
(a) MCV (Mean Corpuscular Volume)		
(b) MCH (Mean Corpuscular Hb)		
(c) MCHC (Mean Corpuscular Hb Concentration)		
5. Morphology		
Macrocytes: NO	Microcytes:NO Hypochromia: NO	
Poikilocytosis: NO	Anisocytosis: NO	
6. <u>Target Cells</u> NO		
Spherocytes: NO	Eliptocytes: NO	
7. White Blood Cells	Total Count:	
<u>Differential Count</u> :		
a) Neutrophils:	c) Eosinophils:	
b) Lymphocytes:	d) Monocytes:	e) Basophils: 0
8. Platelets:		
9. Erythrocytes Sedimentation rate: (Method Westergreen)		

I declare that the person examined 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 DELHI on the 09.03.2025 At 09.00 A.M.


Signature of the Pathologist
Dr.S.K.Gupta M D Pathology
Kesar Hospital
DMC 1649





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AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

SBT-13 Report

Zone:

Division:

Proposal No.4300

Branch:- 126

Full Name of Life to be assured: MR.DEEPAK JAIN

Age/ Sex: 45 YRS / MALE

r. No	Type of Test	Actual Reading	Lab Range
1	Fasting Blood Sugar	83	70-110 mg/dl
2	Total Cholesterol	148	140-250 mg/dl
	High Density Lipid (HDL)	40	30-65 mg/dl
	Low Density Lipid (LDL)	91	60-160mg/dl
3	S. Triglycerides	86	60-165 mg%
4	S. Creatinine	0.75	0.6-1.4 mg/dl
5	Blood Urea Nitrogen (BUN)	12	10 - 20 mg/dl
6	S. Proteins Total	7.2	6 - 8 mg/dl
	a). Albumin	4.3	3.0 - 5.5 mg/dl
	b). Globulin	2.9	2.5 - 3.5 mg/dl
	c).AG Ratio	1.48	1-3
7	S.Bilirubin		
	a). Direct	0.2	0.1 - 0.4 mg/dl
	b). Indirect	0.4	0.2 - 0.8 mg/dl
	c). Total	0.6	0.2 - 1.0 mg/dl
8	SGOT (AST)	25	15 - 50 IU/L
9	SGPT (ALT)	33	10 - 50 IU/L
10	GGTP (GGT)	39	9 - 52 mg/dl
11	S. Alkaline Phosphatase	152	60-306lu/L
12	HbsAg (Australia antigen)	NEGATIVE	
13	Elisa for HIV (Method)	NEGATIVE	

I declare that the person examined 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/DO.

Dated at Delhi on the 09.03.2025 at.....09.00 A.M.

Signature of the Pathologist
Dr.S.K.Gupta M D Pathology, Kesar Hospital, DMC 1649





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AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

HAEMATOLOGY

Zone:

Proposal No.4300

Full Name of Life to be assured: MR.DEEPAK JAIN

Age/ Sex: 45 YRS / MALE

Division:

Branch:- 126

Test Name	Value	Unit
HbA1c	5.5	%

REFERENCE VALUES

Non-diabetic Level	4.5-6.0	%
Good Control	6.1-7.0	%
Fair Control	7.1-8.0	%
Poor Control	>8.0	%


SUMMARY & EXPLANATION OF THE TEST

Diabetes Mellitus is a leading cause of kidney failure, blindness and amputation in adults. It is also a major risk factor for heart disease, stroke and birth defects and shortens average life expectancy any up to 15 years. It is now well accepted that in patients with diabetes there is a direct relationship between blood sugar levels and complications associated with the disease.

The measurement of HbA1c is recommended for monitoring the long-term care of people with diabetes because the concentration of HbA1c within red blood cells reflects the average level of blood sugar over the previous 2-3 months. The level of HbA1c therefore rises proportionately in patients with higher levels of blood sugar, such as those with uncontrolled or undiagnosed diabetes.

I declare that the person examined 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 DELHI on the 09.03.2025.... at.....09.00 AM.


Signature of the Pathologist
Dr.S.K.Gupta M D Pathology
Kesar Hospital
DMC 1649





KESAR HOSPITAL

(GOVT. APPROVED)

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AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

ROUTINE URINE ANALYSIS

Zone: _____ Division: _____
 Proposal No.4300 Branch:- 126
 Full Name of Life to be assured: MR.DEEPAK JAIN
 Age/ Sex: 45 YRS / MALE

- | | | | |
|----------------------------|-----------------------|---------|--------|
| 1. Physical Examination | | | |
| (i) Colour PALE YELLOW | (ii) Sediment | | NIL |
| (iii) Transparency CLEAR | (iv) Reaction | | ACIDIC |
| 2. Chemical Examination | | | |
| (i) Protein NIL | (ii) Sugar | | NIL |
| (iii) Bile salt NIL | (iv) Bile pigments | | NIL |
| 3. Microscopic Examination | | | |
| (i) Red Blood Cells NIL | (ii) Epithelial Cells | 1-2/HPF | |
| (iii) Crystals NIL | (iv) Pus Cells | 0-1/HPF | |
| (v) Casts NIL | (vi) Deposits | NIL | |
| (vii) Bacteria NIL | | | |


Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

Dated at DELHI on the 09.03.2025 at.....09.00 A.M..


 Signature of the Pathologist
 Dr.S.K.Gupta M D Pathology
 Kesar Hospital
 DMC 1649

