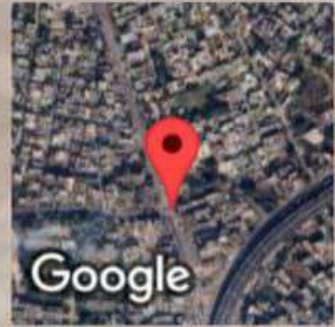
 GPS Map Camera



Palwal, Haryana, India
Old G.t Road, Near Palwal Hospital, 48ph+wh7, Moti Colony,
Palwal, Haryana 121102, India
Lat 28.137196° Long 77.328939°
06/03/2025 09:49 AM GMT +05:30



ashish gupta <apexfaridabad@gmail.com>

Health Check up Booking Confirmed Request(43E6648), Package Code-, Beneficiary Code-332205

1 message

Thu, Mar 6, 2025 at 11:37 AM

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



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 : 9657
Branch Code : 11H
Contact Details : 9255934986
Appointment Date : 06-03-2025
Confirmation Status : Booking Confirmed
Preferred Time : 08:00 AM - 08:30 AM

Member Information		
Booked Member Name	Age	Gender
PARAS RAM	51 year	M

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

Date: 06/03/25

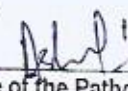
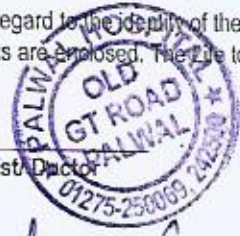
To,
LIC of India
Branch Office
11-H

Proposal No. 9657

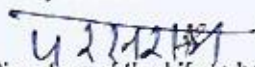
Name of the Life to be assured Paras Ram

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

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: Paras Ram

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-H
Proposal/ Policy No: 9657
MSP name/code :
Date & Time of Examination: 06/3/25
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Adhaar ID Proof No. 4070
(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".

22/2/21
Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1 Full name of the life to be assured: Pooja Ram
2 Date of Birth: 05/05/1973 Age: 51y Gender: M
3 Height (In cms): 165 Weight (in kgs): 75
4 Required only in case of Physical MER

Pulse: 78/- Blood Pressure (2 readings):
1. Systolic 100 Diastolic 60
2. Systolic Diastolic

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 Circulatory disorder?	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 Epilepsy, <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <i>physical impairment/ disability/ amputation</i> 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 <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.
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]

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)
Reg. No. HN9709

Katar

Signature of Medical Examiner

Name & Code No:

Stamp:

Dr. Katar Singh
HN9709

Place:
Date:

Palwal

06/03/2025



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch 11-H
Proposal No. 9657
Agent/D.O. Code: _____
Full Name of Life to be assured: Paras Ram
Age/Sex : 51 years Male
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.

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 06 on the day of 03 20 25

Paras Ram
Signature of L.A.

Katar
Signature of the Cardiologist
Name & Address Dr. Katar Singh
Qualification _____ Code No. HN9707

Clinical findings
(A)

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



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
165 cm	75 kg	100/60	65

(B) Cardiovascular System WNL

Rest ECG Report:

Position	Supr	P Wave	240ms
Standardisation Imv	10	PR Interval	175ms
Mechanism	⊙	QRS Complexes	116ms
Voltage	1mV/10	Q-T Duration	491ms
Electrical Axis	⊙	S-T Segment	⊙
Auricular Rate	65	T-wave	⊙
Ventricular Rate	65	Q-Wave	⊙
Rhythm	Regular		
Additional findings, if any.	None		

Conclusion: WNL

Dated at 06 on the day of 03 2025

Katar Dr. KATAR SINGH
MBBS, Dip. (Cardiology)
Signature of the Cardiologist Reg. No. HN0709

Name & Address Dr. Katar Singh

Qualification

Code No.





भारत सरकार

Government of India



पराश राम

Paras Raim

जन्म तिथि/DOB: 05/05/1973
पुरुष/ MALE

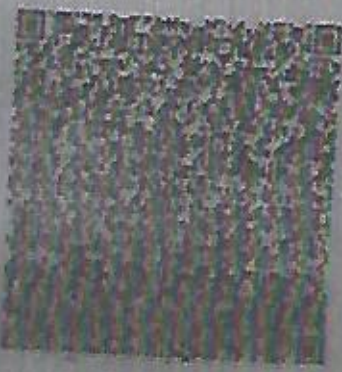


15111211

3361 3032 4070

VID: 9160 0465 0752 5518

श्री अशोक, श्री पद्मजा



Lasar Raw



GPS Map Camera



Palwal, Haryana, India
Old G.t Road, Near Palwal Hospital, 48ph+wh7, Moti Colony,
Palwal, Haryana 121102, India
Lat 28.137196° Long 77.328939°
06/03/2025 09:49 AM GMT +05:30



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O किशोरी लाल, कैलाश नगर, पलवल, पलवल,
हरियाणा - 121102

Address:
S/O Kishori Lal, kailash nagar, palwal,
Palwal, Palwal,
Haryana - 121102

121102



236139344070

VID: 9160 0465 0752 5518

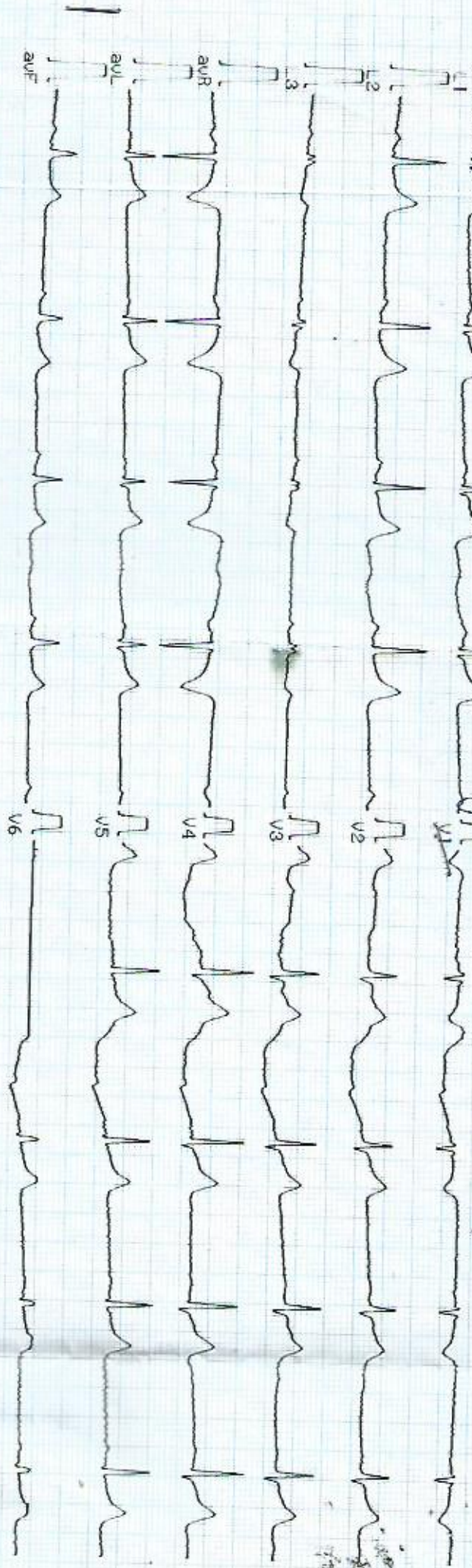


help@uidai.gov.in



www.uidai.gov.in

NAME: Paras Ravi Age: 51 M/F: Male Height: 171 cm Weight: 71 kg
 Date: 06/03/2025 Time: 10:35 HR: 65 bpm



CLARITY TEST LAB 37:77:77 37/12/2025 ClarityMed ECG-100C Dr. W. C. C.

Name: PARAS RAVI

Age: 51 Yrs, Ht: 171 cms, Wt: 71 Kg

Sex: M BP: 116/71 mmHg

Heart Rate: 65 BPM

42212157

P	QRS	PQ	QT	QTc
(ms)	101	116	171	491
QT/QTc	97	54		

P QRS T
 AXIS 119° 29° 21°

Interpretation Report For ADULT

observed Premature Atrial Contractions(PACs)
 observed Premature Ventricular Contractions(PVC)
 Prolonged QT interval
 Borderline ECG

Kata

REMARKS

Unconfirmed Report
 Dr.:

Dr. KATAR SINGH
 MBBS, Dip. (Cardiology)
 Reg. No. HN6709





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	06/03/2025	Srl No.	7			
Name	MR. PARAS RAM	Age	51 Yrs.	Sex	M	
Ref. By	LIC			Deptt		
Emp Cod						

HAEMATOLOGY

Test Name	Value	Unit	Reference Value
HAEMOGLOBIN (Hb)	14.30	gm/dl	12.0 - 16.0

BIOCHEMISTRY

Test Name	Value	Unit	Reference Value
BLOOD GLUCOSE FASTING	85.0	mg/dl	60 - 110

LIPID PROFILE

SERUM CHOLESTEROL	196.4	mg/dl	130 - 250
SERUM TRIGLYCERIDES	107.3	mg/dl	35 - 170
HDL CHOLESTEROL	46.0	mg/dl	30 - 70
VLDL	21.46	mg/dl	0.00 - 35
LDL CHOLESTEROL	128.94	mg/dl	50 - 150
TOTAL / HDL CHOLESTEROL RATIO	4.27		0.00 - 4.9
LDL / HDL CHOLESTEROL RATIO	2.803		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 is in conjunction with clinical presentation and other related investigations.

31/03/2025 10:55:19



PALWAL HOSPITAL

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Ph. 01275-242200, 242500 Fax : 01275-250069

DR. ASHISH GUPTA

MBBS, MD (PATHOLOGY)

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

Date	06/03/2025	Srl No.	7		
Name	MR. PARAS RAM	Age	51 Yrs.	Sex	M
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		ABSENT
BILE PIGMENT (BP)	ABSENT		ABSENT
SEDIMENT	NIL		NIL
TRANSPARENCY	clear		CLEAR
BACTERIA	NIL		NIL

Reported by : MGR

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 investigation 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.

Mysoft 2476519