

**Health Check up Booking Request(43E1862)**

1 message

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

13 November 2024 at 11:22



**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 HIRA LAL  
**Proposal No** : 6458  
**Branch Code** : 310  
**Contact Details** : 9560428264  
**Location** : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049  
**Appointment Date** : 13-11-2024

Member Information		
Booked Member Name	Age	Gender
MR HIRA LAL	52 year	Male

**Included Test -**

- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 25,00,000 to Rs. 49,99,999

Thanks,  
Medsave  
Team



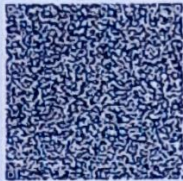


भारत सरकार  
Government of India

भारतीय विधि/पंजीकरण प्राधिकरण  
Unique Identification Authority of India

पंजीकरण क्रम/ Enrolment No.: 2714/53001/06427

To  
श्री लाल  
Hira Lal  
C/O: Jagdish  
33/1083  
DDA Flats  
Madangr  
Pushpa Bhawan  
South Delhi - 110062  
9560428264



आपका आधार क्रमांक / Your Aadhaar No. :

7199 4914 9681

VID : 9166 4279 4190 1608

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



श्री लाल  
Hira Lal  
जन्म तिथि/DOB: 01/04/1972  
पुरुष/ MALE

7199 4914 9681

VID : 9166 4279 4190 1608

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एकात्मक/ऑनलाइन प्रमाणीकरण में उपयोग के लिए पहचान सत्यापित करे।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। 12 अंकों की आधार संख्या के स्थान पर आठमांसी (विपुल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- 1 = सान में कम से कम एक बार आधार अपडेट जरूर करे।
- आधार आपके विभिन्न सरकारी और गैर-सरकारी योजनाओं सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट करे।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप इंस्टॉल करे।
- आधार/बायोमेट्रिक्स को सॉफ्टवेयरों/कॉडों की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करे।
- आधार (पत्र/ नंबर) चाहने वाली संस्थानों को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

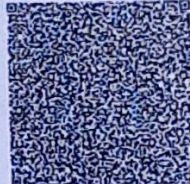


भारतीय विधि/पंजीकरण प्राधिकरण  
Unique Identification Authority of India



पता:  
जगदीश, 33/1083, डीडीए फ्लैट्स, मदनगिर, पुष्पा  
भवन, दक्षिण दिल्ली,  
दिल्ली - 110062

Address:  
C/O: Jagdish, 33/1083, DDA Flats, Madangr,  
Pushpa Bhawan, South Delhi,  
Delhi - 110062

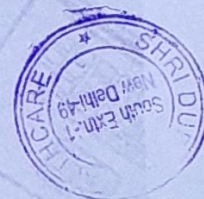


7199 4914 9681

VID : 9166 4279 4190 1608

1047 | help@uidai.gov.in | www.uidai.gov.in

Dr. MAHESH PAL  
M.B.B.S. (F.M.C.S.)



Scanned with OKEN Scanner

Hiralal

**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

Proposal No : 310 6458

Name of Life to be assured: Hiralal

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

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 3/11/24 on the 24 day of 2024 at 10:00 a.m./p.m.

Signature of the Pathologist/Doctor [Signature]  
(Name & Rubber stamp) Qualification: [Stamp]

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 Hiralal  
Name.....

Reports enclosed.

- 1..... fmr
- 2..... ECG
- 3..... Hb
- 4..... SBT-13
- 5..... RUA





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

Branch Code: 310  
Proposal/ Policy No: 6458  
MSP name/code: 0018  
Date & Time of Examination: 13/11/20  
Medical Diary No & Page No:

101-0A2

Mobile No of the Proposer/Life to be assured:  
Identity Proof verified: Aadhar ID Proof No. 9681  
(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. Singh (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: Higalal  
2 Date of Birth: 14/92 Age: 52 Gender: Male  
3 Height (In cms): 165 Weight (in kgs): 66.5

4 Required only in case of Physical MER  
Pulse: 80 Blood Pressure (2 readings):  
1. Systolic 126 Diastolic 86  
2. Systolic 126 Diastolic 86

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



Dr. **MAHESH PAL**  
M.B.B.S. (M.D.)

8	<p>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?</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>e. Whether developed any complications due to diabetes?</p> <p>f. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>g. 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, <b>heart attack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</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 <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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	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
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		NA
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
---	-----

Declaration

You Mr/Ms Miralal 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.

Miralal  
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  
13/11/24

Signature of Medical Examiner  
Name & Code No:

Dr. M. K. SHESH PAL  
(MD)



# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

Instructions to the Cardiologist:

Hiralal  
52/M

- 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

Hiralal  
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

1/2

on the

13/11/24

day of 2024

at 10:30 a.m./p.m.

Hiralal  
Signature of the L.A.



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

M.D. (Medicine)  
Dr. Rakesh Kumar

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
165	66.5	126/86	80

(B) Cardiovascular System

.....  
 NAD  
 .....

Rest ECG Report:

Position	Supine	P Wave	NAD
Standardisation Imv	10/1	PR Interval	NAD
Mechanism	NAD	QRS Complexes	NAD
Voltage	NAD	Q-T Duration	NAD
Electrical Axis	NAD	S-T Segment	NAD
Auricular Rate	60/	T-wave	NAD
Ventricular Rate	60/	Q-Wave	NAD
Rhythm	Sine		
Additional findings, if any.	no		

Conclusion:

WNL

Dr. RAJ KUMAR  
 M.D. (Medicine) D. Card. FNIC

Dated at

NAD

on the

13/11/24

day of 20.24

at 10:00 a.m./p.m.

13/11/24



Signature of the Cardiologist

Name & Address:

Qualification:



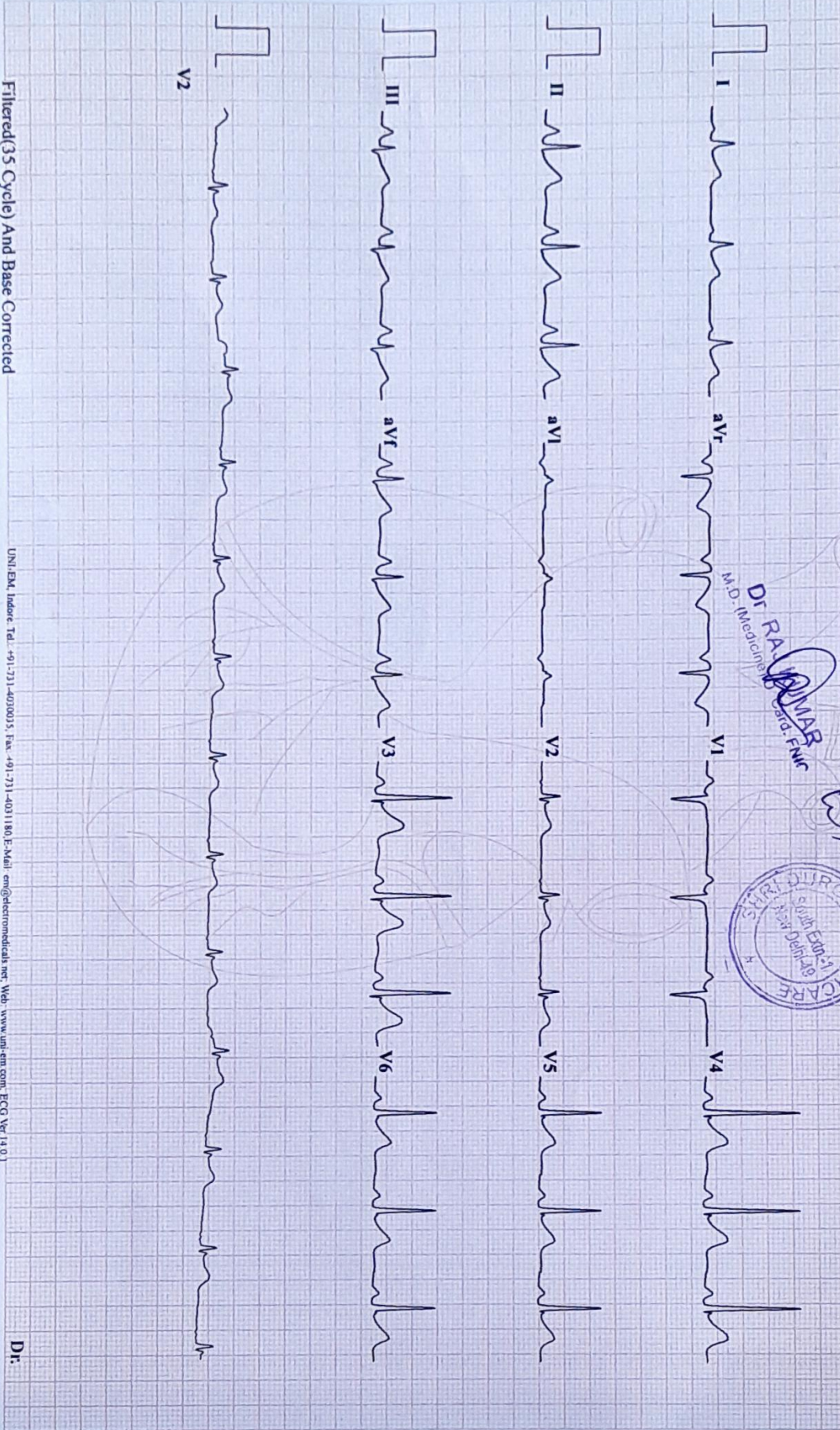
# SHRI DURGA HEALTH CARE

**MR. HIRALAL**  
 ID : 24  
 AGE/SEX : 52 Yr/M  
 HT/WT : /  
 DATE : 13-11-2024 10:20:16 AM  
 REF BY : Dr  
 MACHINE INTERPRETATION : Normal ECG.

RATE : 80 bpm  
 BP : N/A  
 P Axis : 81 deg  
 QRS Axis : 44 deg  
 T Axis : 63 deg  
 P Duration : 89 ms  
 PR Duration : 125 ms  
 QRS Duration : 66 ms  
 QT Interval : 323 ms  
 QTc Interval : 360 ms

**Linked Median**  
 Speed : 25 mm/s  
 Sensitivity : 10 mm/mV

M.D. (Medicine)  
**DR. RAJESH KUMAR**  
 Sr. Registrar, F.M.R.



Filtered(35 Cycle) And Base Corrected

UNI,EM, Indore, Tel. +91-731-4030035, Fax. +91-731-4031180, E-Mail: em@electromedicalshri.net, Web: www.uni-em.com, ECG Ver 14.01

Dr:



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	HIRA LAL	Sex:	MALE
Lab. No:	202401101	Age:	52
Date:	13/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	101	mg/dl	70 - 110
Total Cholesterol	176	mg/dl	120 - 220
High Density Lipid (HDL)	44	mg/dl	35-70
Low Density Lipid (LDL)	107	mg/dl	50 - 150
S. Triglycerides	124	mg/dl	25 - 160
S.Creatinine	0.8	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	10	mg/dl	6.0 - 21
S. Protien	7.6	g/dl	6.4 - 8.2
Albumin	4.3	g/dl	3.4 - 5.0
Globulin	3.3	g/dl	2.3 - 3.3
A:G Ratio	1.3	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	32	IU/L	5 - 40
SGPT(ALT)	40	IU/L	5 - 45
GGTP(GGT)	38	IU/L	11 - 50
S.Alkaline Phosphatase	104	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)	14.6	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:	HIRA LAL	Sex:	MALE
Lab. No:	202401101	Age:	52
Date:	13/11/2024	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	1.020	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

Pus Cells	2-3	0 -5 /HPF
Epithelial Cells	2-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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)

*sdurga*

HEALTHCARE

(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

NARINDER

DR. SIDHARTH

DR. POOJA K



*M. SHARMA*

 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°

13/11/24 10:13 AM GMT +05:30

