

Medical Test of Kapil Saroha policy No.128648498

bo_12P

Sent: Thursday, March 6, 2025 4:49 PM

To: lic@medsave.in

Sir,

Please conduct medical of life assured Kapil Saroha Age 38
contact No. 9811763823 , Mail : drkapilsaroha.ortho@gmail.com

1. FMR
2. SBT-13
3. RUA
4. HB %

With thanks

Branch Manager

Branch-12P , Bharat Base Building,

No.10, Daryaganj, Delhi-110002.

Saburi Path. Lab.
10559, Street No-8
Vastap Nagar Delhi-9.

Date: 11/03/2025

To,
LIC of India
Branch Office 12P

Proposal No. 128648498

Name of the Life to be assured KAPIL SAROHA

The Life to be assured was identified on the basis of Pan card AWNPS 278067

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.

Dr. UDAYNATH SHAHI
M.B.B.S. MD. (Medicine)
Reg. No. 17854

Name: Dr. Uday Nath Shashi

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: Mr. Kapil Saroha

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

Saburi Path. Lab,
10559, Street No-8
Pratap Nagar Delhi-7



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

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Branch Code: 12 P
Proposal/ Policy No: 128648498
MSP name/code : SABURI Pathlab
Date & Time of Examination: 11/03/2025 10:19 AM
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9811763823
Identity Proof verified: Pan card ID Proof No. AWNPS978067
(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. Uday Nath Shukla (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: KAPIL SAROHA

2 Date of Birth: 01/04/1987 Age: 38 year Gender: M

3 Height (In cms): 169 Weight (in kgs) : 81.2 kgs

4 Required only in case of Physical MER

Pulse : 82/min Blood Pressure (2 readings):
1. Systolic 118 Diastolic 80
2. Systolic 118 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 ? NO
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident? NO
c. Whether visited the doctor any time in the last 5 years ? NO
If answer to any of the questions 5(a) to (c)) is yes -
i. Date of surgery/accident/injury/hospitalisation NO
ii. Nature and cause NO
iii. Name of Medicine NO
iv. Degree of impairment if any NO
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**? NO
Please specify date, reason, advised by whom & findings.

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 N/A

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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>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
9	<p>a. Any history of chest pain, heartattack, 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>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
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>	<p>NO</p> <p>NO</p>
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

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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	✓ NIA

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

You Mr/Ms KAPIL SAROHA 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.

(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 11 day of 03 2023 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: SABURI Path Lab
Date: 11/03/2025

(Signature)
Dr. UDAYNATH SHAHI
MBBS, MD (Medicine)
Name & Code No.
Stamp: **Reg. No. 17854**

Saburi Path. Lab.
10559, Street No-8
Patap Nagar Delhi-9

आयकर विभाग
INCOME TAX DEPARTMENT

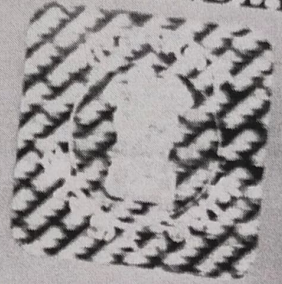


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AWNPS2780G



नाम / Name
KAPIL SAROHA

पिता का नाम / Father's Name
RANBIR SINGH

जन्म की तारीख / Date of Birth
01/04/1987

Kapil

Kapil
हस्ताक्षर / Signature



03102017

Saburi Path, Laha,
10559, Street No-8
Pentap Nagar Delhi-7

Udaynath
Dr. UDAYNATH SHAHI
M.B.B.S. MD. (Medicine)
Reg. No.17854



Saburi Path. Lab.

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New Delhi, Delhi, India
10560, Street No. 4, Basant Nagar, Partap Nagar,
Gulabi Bagh, New Delhi, Delhi 110007, India
Lat 28.667469° Long 77.196698°
11/03/2025 10:19 AM GMT +05:30

Google

SINCE : 2004

U. Shahi
Dr. UDAYNATH SHAHI
M.B.B.S. MB. (Medicine)
Reg. No.17854

Saburi Path. Lab.
10559, Street No-1
Partap Nagar Delhi-1

Checked by

Timing : Mon. to Sat. 8 a.m. to 8 p.m. (Sunday 8 a.m. to 2 p.m.)

कोरोना से बचने के लिए मुँह पर मास्क लगाएँ, उचित दूरी बनाएँ रखें और हाथ नियमित धोते रहें।

10559, Street No. 3, Opp. Metro Pole No. 112, Near Metro Station, Partap Nagar, New Delhi-110007

Phones : 011-46543015, Mobile : 9818068572, 9718068572

This is only professional opinion, not the diagnosis. • If test results are unexpected, immediately contact laboratory for review. • This report is not valid for medico legal aspects.



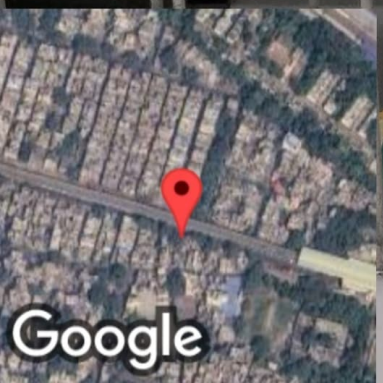
 **GPS Map Camera**

New Delhi, Delhi, India

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Lat 28.667469° Long 77.196698°

11/03/2025 10:19 AM GMT +05:30



Google



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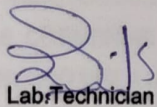
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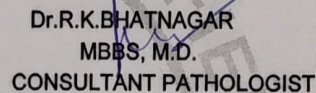
COMPUTERIZED LAB • ALL X-RAYS • E.C.G. • ULTRASOUND

LabNo:	: S 81548	Date	11/03/2025
Name	: Mr. KAPIL SAROHA	Age :	38 yrs. Sex : Male
Refer by	: LIC OF INDIA		

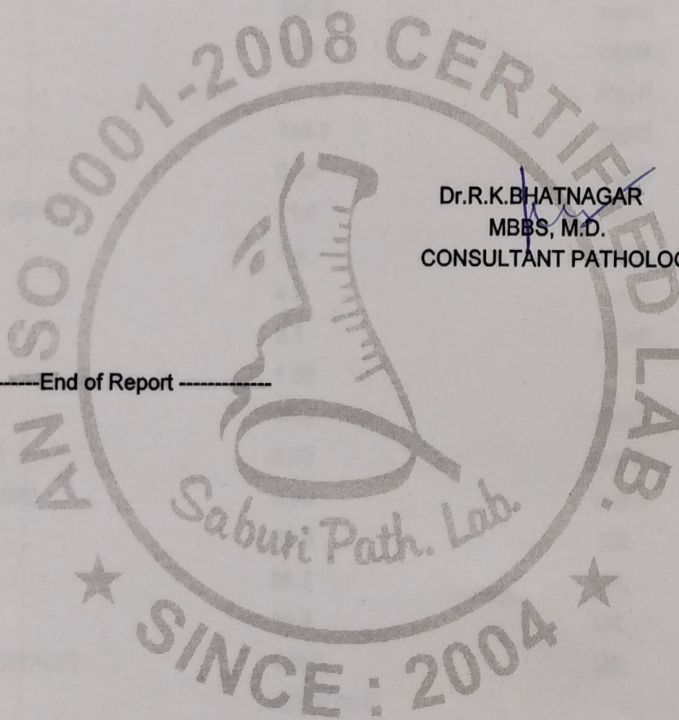
HAEMATOLOGY ROUTINE

Test name	Result	Unit	Normal Range
HAEMOGLOBIN :	15.2	gm%	(12-18)


Lab Technician


Dr. R.K. BHATNAGAR
MBBS, M.D.
CONSULTANT PATHOLOGIST

-----End of Report-----



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Partap Nagar Delhi-11

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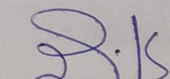
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LabNo: : S 81548 Date 11/03/2025
Name : Mr. KAPIL SAROHA Age : 38 yrs. Sex : Male
Refer by : LIC OF INDIA

SPECIAL BIO-CHEMICAL TESTS (SBT-13)

Test name	Result	Unit	Normal Range
BLOOD SUGAR FASTING(GOD-POD)METHOD	90.8	mg/dl	(70-110)
TOTAL CHOLESTROL	188.7	mg/dl	(UP TO-200)
HD CHOLESTROL	49.2	mg/dl	(30-70)
LDL CHOLESTROL	109.8	mg/dl	(UP TO-130)
TRIGLYCERIDES	148.7	mg/dl	(UP TO-150)
S. CREATININE	0.88	mg/dl	(0.60-1.20)
BLOOD UREA NITROGEN (BUN)	11.6	mg/dl	(7-18)
TOTAL PROTEIN	7.4	gm/dl	(6.0-8.3)
ALBUMIN	4.3	gm/dl	(3.5-5.0)
GOBULINE	3.1	gm/dl	(2.3-3.5)
A/G RATIO	1.38		
TOTAL BILIRUBIN	0.90	mg/dl	(0.00-1.30)
CONJUGATED (D.bilirubin)	0.30	mg/dl	(0.0-0.40)
UNCONJUGATED(I.D.bilirubin)	0.60	mg/dl	(0.0-0.80)
SGOT (AST)	32.5	U/L	(UP TO-40)
SGPT(ALT)	26.7	U/L	(UP TO-40)
GGTP(GGT)	36.4	U/L	(UP TO-55)
S.ALKALINE PHOSPHATASE(ALP)	142.0	U/L	(80-250)
HBsAG (Australian antigen)	NEGATIVE		(NEGATIVE)
HIV ANTIBODY 1& 11 (ELISA METHOD)	NEGATIVE		(NEGATIVE)


LAB. TECHNICIAN

DR. R. K. BHATNAGAR
MBBS, MD
CONSULTANT PATHOLOGIST

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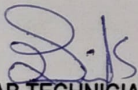
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LabNo: : S 81548 Date 11/03/2025
Name : Mr. KAPIL SAROHA Age : 38 yrs. Sex : Male
Refer by : LIC OF INDIA

URINE EXAMINATION

Test name	Result	Unit	Normal Range
ROUTINE URINE EXAMINATION			
1. PHYSICAL EXAMINATION			
QUANTITY	30 ML		
COLOUR	PALE YELLOW		
SEDIMENT	NIL		
TRANPARENCY	CLEAR		
REACTION	ACIDIC		
2. CHEMICAL EXAMINATION			
PROTEIN	NIL		
SUGAR	NIL		
BILE SALT	NEGATIVE		
BILE PIGMENTS	NEGATIVE		
3. MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	NIL	/H.P.F	
EPITHELIAL CELLS	0 - 1	/H.P.F	
CRYSTALS	NIL		
PUS CELLS	1 - 2	/H.P.F	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		


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