



Navya Hospital <navyahospital9@gmail.com>

Health Check up Booking Request(43E1662)

1 message

Medsave <it@medsave.in>
To: navyahospital9@gmail.com
Cc: customercare@mediwheel.in

Mon, Nov 4, 2024 at 11:37 AM



011-41195959

Dear Navya Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking?

Name : MRS KALAWATI DEVI
Proposal No : 5352
Branch Code : 311
Contact Details : 9211979789
Location : RZ-138, Block E, New Roshanpura,

Member Information		
Booked Member Name	Age	Gender
MRS KALAWATI DEVI	56 year	Female

Included Test -

- Urine Analysis
- Hb%
- Lipidogram
- BST Only fasting or Only PGBS
- ECG

Thanks,
Medsave
Team



Date: 05/10/2024

To,
LIC of India
Branch Office

Proposal No. 5352

Name of the Life to be assured Kalawati Devi

The Life to be assured was identified on the basis of AROHAN CAR

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. PRESHOO GUPTA
Rashmi Road.

REG. NO. - 11390

Signature of the Pathologist/ Doctor

Name:

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

Kalawati Devi

(Signature of the Life to be assured)

Name of life to be assured: Kalawati Devi

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb% <input checked="" type="checkbox"/>	12	FBS (Fasting Blood Sugar) <input checked="" type="checkbox"/>
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Eisa for HIV <input checked="" type="checkbox"/>	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD

Authorized Signature, _____

NAVYA HOSPITAL
RZ-108, NAJAFGARH,
NEW DELHI-110043



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 5352

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: Kalavati Devi

Age/Sex : 56/F

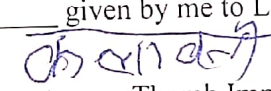
Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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.

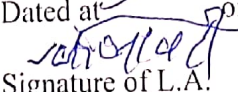
Witness


Signature or Thumb Impression of L.A.


Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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 Delhi on the day of 05/10 2024
Signature of L.A. 

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RZ-13B, NAJAFGARH,
NEW DELHI-110043


Dr. KALASH NATH GUPTA
Signature of the Cardiologist
Name & Address MBBS: MD
REG. NO. - 11391
Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
155	75	122/76	78

(B) Cardiovascular System

..... N.A.P.

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10 mV	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	78/min	T-wave	Normal
Ventricular Rate	78/min	Q-Wave	None
Rhythm	Sinus		-
Additional findings, if any.	Normal		-

Conclusion:

T.W.H.C.


Dated at 20 on the day of 05/11/2024

Signature: *[Signature]*
 Name & Address: **DR. K. NATH GOYAL**
MBBS. MD
 Qualification: **REG. NO. - 11391**
 Code No.

NAVYA HOSPITAL
 RZ-13B, NEW JAFGARH,
 NEW DELHI-110013

भारत सरकार
Government of India

कलवती देवी
KALAWATI DEVI
जन तिथि/DOB: 19/06/1968
लिंग/SEX: FEMALE

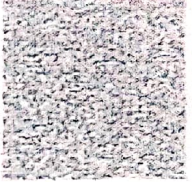


7798 1646 7051

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आ. सं.
W/O रमेश चण्डी - 92, का. नगर - 1
हरशुक्ति ब्लॉक, मिट्टी सुखनगर नगर निगम
आ. सं. दिल्ली पोस्टल - 110086
Address:
W/O Ramesh Chander - A 92, PREM NAGAR 1
HARSHUKTI BLOCK Kirti Sukh Nagar Nigam
North West Delhi, Delhi 110086



7798 1646 7051

Dr. RASHOO GUPTA
MBBS
REG.NO.-11390

NAVYA HOSPITAL
RZ-19, BANGARH,
NEW DELHI

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 05/10/2024 09:20 AM

Proposal No. 5352

Agent/D.O. Code:

Full Name of Life to be assured: KALAWATI DEVI

Introduced by: (name & signature)

Age/Sex : 56/F

- Physical Examination
 - (i) Colour : PILL YELLOW
 - (ii) Sediment: NIL
 - (iii) Transparency : CLEAR
 - (iv) Reaction : ACIDIC
- Chemical Examination
 - (i) Protein : NIL
 - (ii) Sugar : NIL
 - (iii) Bile salt : NIL
 - (iv) Bile pigments : NIL
- Microscopic Examination
 - (i) Red Blood Cells: NIL
 - (ii) Epithelial Cells : 02-04 /HPF
 - (iii) Crystals : NIL
 - (iv) Pus Cells : 01-02 /HPF
 - (v) Casts : NIL
 - (vi) Deposits : NIL
 - (VII) Bacterias : 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.

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Signature of the Pathologist: DR. SAIRAM VIRMANI

Pathologist's name & Address: MBBS, MD-PATH
REG. NO. - 8941

Qualification :

LICI Code No. :

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming, Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion. Please clinical correlation is mandatory.

CARE  Plus
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

ANNEXURE II – 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 – 011

ELISA FOR HIV

Zone _____ Division _____ Branch _____ DATE /TIME 05/10/2024 09:15 AM

Proposal No.5352

Agent/D.O. Code: _____

Introduced by: (name & signature)

Full Name of Life to be assured: MRS KALAWATI DEVI

Age/Sex : 56/F

S.NO.	TYPE OF TEST.	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	94.4	60-110 MG/DL
2	TOTAL CHOLESTEROL	198.4	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	37.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	119.7	00-150 MG/DL
3	TRIGLYCERIDES	167.8	25-160 MG/DL
4	CREATININE		0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEINE		6.5-8.5 MG/DL
	(A) ALBUMIN		3.5-6.0 MG/DL
	(B) GLOBULINE		1.8-2.5 MG/DL
	(C) AG RATIO		
7	S. BILIRUBIN		0.0-02 MG/DL
	(A) DIRECT		0.2-0.8 GM/DL
	(B) INDIRECT		0.2-1.0 MG/DL
	(C) TOTAL		
8	SGOT (AST)		04-45 IU/DL
9	SGPT (ALT)		00-40IU/DL
10	GGTP (GGT)		11-50IU/DL
11	S. ALKANINE PHOSPATASE		15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		NEGATIVE

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RZ-13B, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG NO - 8941

SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS ALIFICATION

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CARE A Plus
DIAGNOSTICS

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ANNEXURE II – 10

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____ DATE /TIME 05/10/2024 09:15 AM
 Proposal No.5352
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: MRS KALAWATI DEVI
 Age/Sex : 56/F

HEAMETOLOGY

Test	Result	Unit	
Hb%	11.3	ML/DL	13.00-15.00

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
M.D. (MD) PATH,
LIC NO - 8941
Pathologist's name & Address
Qualification:
LIC Code No. :

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CARE  **Plus**
DIAGNOSTICS

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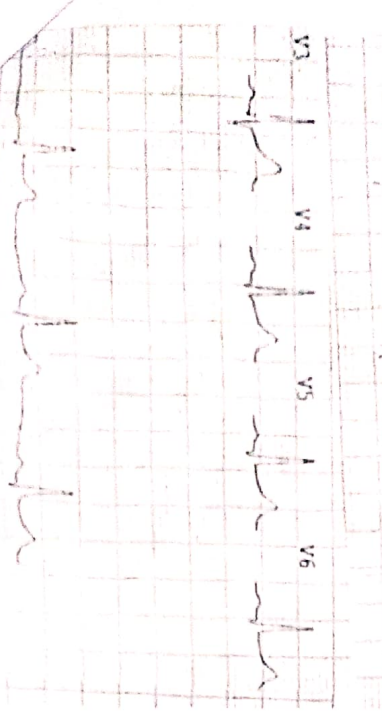
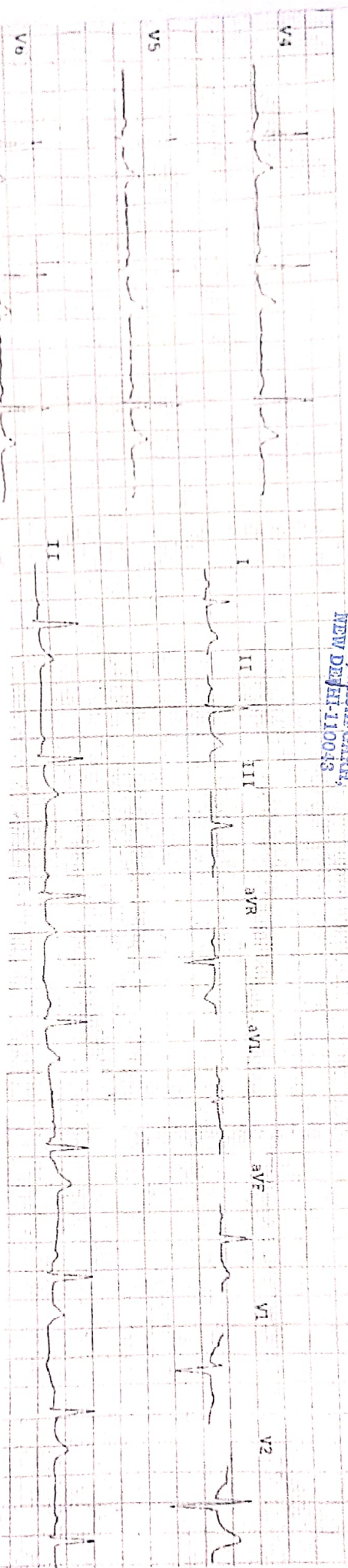
Kala Wati Devi

56/F

05/11/2024



NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043



Dr. KAIL KANATH GUPTA
MBBS, MD
REG. NO. - 11391