



GPS Map Came



New Delhi, Delhi, India

D-7, Badli Industrial Area, Phase 1, Samaypur, New Delhi, Delhi
110042, India

Lat 28.74858° Long 77.138005°

09/03/25 10:46 AM GMT +05:30

HOME VISIT

BRANCH UNIT-123, LIC OF INDIA

A-2, ADARSH NAGAR, G.T. KARNAL ROAD, DELHI- 110033

DATE:- 6/3/25

WALK IN TPA

TYPE OF CASE : REVIVAL/PS

DATA SHEET

NAME OF LIFE PROPOSED: SMT/SH Rakesh kumar

POLICY NUMBERS: 136899445

AGE OF LIFE PROPOSED: 52 DATE OF BIRTH: 11/6/1973 SEX: Male

SUM UNDER CONSIDERATION(SUC)RS.: 375000 MOBILE NO.: 7015631765

E-MAIL ID: _____

SPECIAL REPORTS REQUIRED

- | | | |
|---|-------------------------------|----------------------|
| <input checked="" type="checkbox"/> 1. FMR | 8. SBT-13 | 15. TSH |
| <input checked="" type="checkbox"/> 2. FBS | 9. HAEMOGRAM | 16. S.CREATININE |
| <input checked="" type="checkbox"/> 3. ECG TRACING & REPORT | 10. CTMT | 17. PHYSICIAN REPORT |
| <input checked="" type="checkbox"/> 4. RUA | 11. HBA1C | 18. S.BILIRUBIN |
| 5. LIPIDOGRAM | 12. CHEST X-RAY (with report) | |
| 6. HB% | 13. 2D ECHO | |
| 7. ELISA FOR HIV | 14. B.S.T. | |

18. ANY OTHER TEST: _____

KINDLY ARRANGE TO GET THE ABOVE PROPOSER/LA MEDICALLY EXAMINED UNDER THE TPA SYSTEM.

TIME: _____ DATE: _____ (FASTING 10 TO 12 HOURS)

L.A. TO TAKE THE SUPPORTING PHOTO ID ALONG WITH.

SIGN OF LA/AGENT/DO _____

NAME: _____

AGENCY/DO CODE: _____

MOBILE NUMBER: _____

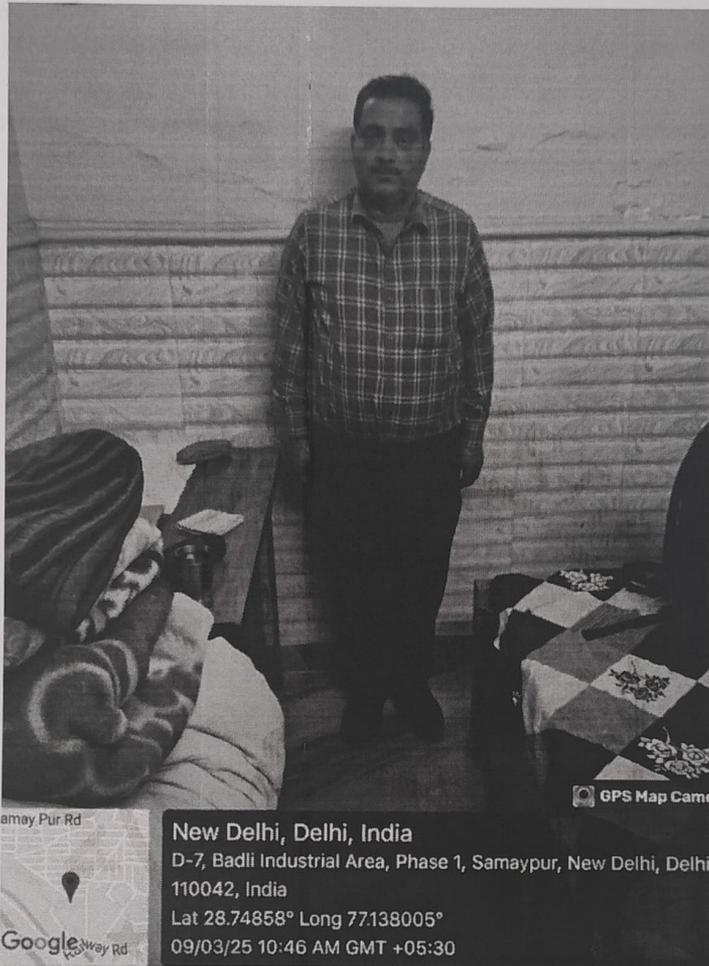
**Saburi Path. Lab.
18559, Street No-8
Prestap Nagar Delhi-9**



Saburi Path. Lab.

We Care for Accuracy.....

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



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

Saburi Path. Lab.
10559, Street No-3
Partap Nagar Delhi-9

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.

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
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

Saburi Path. Lab
16559, Street No-8
Pratap Nagar Delhi-7

Date: 09/03/2025

To,
LIC of India
Branch Office 123

Proposal No. 136899445

Name of the Life to be assured RAKESH KUMAR

The Life to be assured was identified on the basis of Aadhaar card xxx 9966

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)
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.

Rakesh Kumar
(Signature of the Life to be assured)

Name of life to be assured: Mr. Rakesh Kumar

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)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	NO	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%	NO
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



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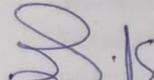
We Care for Accuracy.....

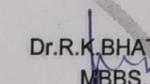
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LabNo: : S 81536 Date 09/03/2025
Name : Mr. RAKESH KUMAR Age : 52 yrs. Sex : Male
Refer by : LIC OF INDIA

BIOCHEMISTRY TEST

Test name	Result	Unit	Normal Range
BLOOD SUGAR (F)	95.8	mg%	(60-110)


Lab. Technician


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

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

Saburi Path. Lab.
10559, Street No-3
Partap Nagar Delhi-7

Checked by

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Saburi Path. Lab.

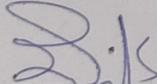
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LabNo: : S 81536 Date 09/03/2025
Name : Mr. RAKESH KUMAR Age : 52 yrs. Sex : Male
Refer by : LIC OF INDIA

URINE EXAMINATION

Test name	Result	Unit	Normal Range
ROUTINE URINE EXAMINATION			
1. PHYSICAL EXAMINATION			
QUANTITY	40 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	1-2	/ H.P.F	
CRYSTALS	NIL		
PUS CELLS	1-2	/ H.P.F	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		


LAB. TECHNICIAN

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

Saburi Path. Lab.
10559, Street No-3
Vastab Nagar Delhi-7

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

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Branch Code: 123
Proposal/ Policy No: 126899445
MSP name/code : SABURI Path Lab
Date & Time of Examination: 09/03/2025 10:46Am
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 7015631765
Identity Proof verified: Aadhaar card ID Proof No. 22449966
(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".

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

1 Full name of the life to be assured: RAKESH KUMAR
2 Date of Birth: 20/05/1973 Age: 52 year Gender: M
3 Height (In cms): 166 Weight (in kgs) : 84.0 kgs
4 Required only in case of Physical MER
Pulse : 78/min Blood Pressure (2 readings):
1. Systolic 128 Diastolic 86
2. Systolic 128 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 NO NO NO NO NO NO 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), Rhinorrhoea (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 NA

Saburi Path. Lab.
10559, Street No-8
Pratap Nagar Delhi-11

भारत सरकार
Government of India

राकेश कुमार
Rakesh Kumar
जन्म तिथि / DOB: 20/05/1973
पुरुष / Male

7279 6229 9966

आधार - आम आदमी का अधिकार

भारतीय विश्वविद्यालय प्राधिकरण
Unique Identification Authority of India

पता: S/O: नन्द किशोर, 4/20, काट मण्डी
सोनीपत के पास, हिंदू गर्ल्स कॉलेज,
सोनीपत, सोनीपत, हरियाणा,
131001

Address: S/O: Nand Kishor, 4/20, near kath
mandi sonipat, hindu girls college,
Sonipat, Sonipat, Haryana,
131001

7279 6229 9966

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

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

Suburi Path. Lab,
10559. Street No-8
Preetap Nagar Delhi-9

Rakesh Kumar
for LIC 01/07

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	NA

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

Declaration

You Mr/Ms RAKESH KUMAR 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.

Rakesh Kumar

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 09 day of 03 2025 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: 09/03/2025

Udaynath Shahi
Dr. UDAYNATH SHAHI
M.B.B.S. MD (Medicine)
Signature of Medical Examiner
Name & Code No.
Reg. No. 17854
Stamp:

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