

**Health Check up Booking Request(43E1995)**

1 message

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

19 November 2024 at 13:31



**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 RAKESH KUMAR YADAV  
**Proposal No** : 3219  
**Branch Code** : 119  
**Contact Details** : 9310995357  
**Location** : D63, Har Gyan Singh Arya Marg, South Extension I, Block D,  
New Delhi, Delhi 110049  
**Appointment Date** : 20-11-2024

Member Information		
Booked Member Name	Age	Gender
MR RAKESH KUMAR YADAV	54 year	Male

**Included Test -**

- Complete Heamogram

Thanks,  
Medsave  
Team







भारत सरकार

GOVERNMENT OF INDIA



राकेश कुमार यादव

Rakesh Kumar Yadav

जन्म तिथि/ DOB: 01/08/1970

पुरुष / MALE



7190 8648 4465

मेरा आधार, मेरी पहचान

*Rakesh*

Dr. MAYA  
MBBS, (MD)





**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office 1A

Proposal No : 3219

Name of Life to be assured: Rakesh Kumar Yadav

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

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 AD on the 20/11/24 day of 2024 at 2.25 a.m./p.m.

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

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]

Signature of the Life to be Assured  
Name.....

- Reports enclosed.
1. Haemogram.....
  - 2.....
  - 3.....
  - 4.....
  - 5.....







# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	RAKESH KUMAR YADAV	Sex:	MALE
Lab. No:	202401101	Age:	54
Date:	20/11/2024	Ref. By	LIC

## Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	14.9	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,800	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	70	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	03	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.96	million/cmm	3.5 - 5.5
PCV	44.7	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	2.65	Lac/cmm	1.5 - 4.5

\*\*\*\*\*End of Report\*\*\*\*\*



# SDHC

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)



20/11/24

**durga HEALTHCARE**  
(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

**NARINDER**  
MBBS, MD

**DR. SIDHARTH**  
MBBS, MD

**DR. POOJA**  
MBBS, MD



 **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°  
20/11/24 02:26 PM GMT +05:30



**Dr. MAHESH PAL**  
MBBS, (MD)