



भारत सरकार
Government of India



बंसीलाल

Bansi Lal

जन्म तिथि/DOB: 28/09/1979

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

2675 7828 2201

मेरा **आधार**, मेरी पहचान



GPS Map Camera

Gurugram, Haryana, India

220, 9, Old Railway Rd, Near Aryan Hospital, Shivpuri,
Sector 7, Gurugram, Haryana 122001, India

Lat 28.469803° Long 77.019427°

10/03/2025 09:03 AM GMT +05:30





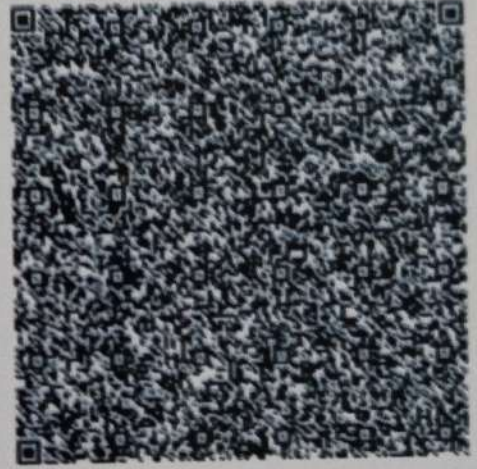
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



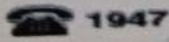
पता:
स/ओ लीलू राम, म-१९, फेज १, न्यू पालम विहार, बजघेड़ा,
कार्तरपुरी, गुडगाँव,
हरयाणा - 122017

Address:
S/O LILU RAM, M-19, PHASE 1, NEW PALAM
VIHAR, Bajghera, PO: Carterpuri, DIST: Gurgaon,
Haryana - 122017



2675 7828 2201

VID : 9137 2042 8684 4976



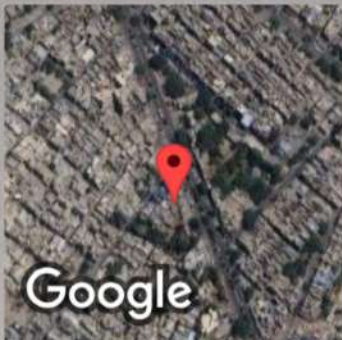
1947



help@uidai.gov.in



www.uidai.gov.in



GPS Map Camera


Gurugram, Haryana, India

220/11, Old Railway Rd, Shivpuri, Sector 7, Gurugram,
Haryana 122001, India

Lat 28.469797° Long 77.019433°

10/03/2025 09:03 AM GMT +05:30



 **GPS Map Camera**

Gurugram, Haryana, India

220, 9, Old Railway Rd, Near Aryan Hospital, Shivpuri,
Sector 7, Gurugram, Haryana 122001, India

Lat 28.469827° Long 77.019467°

10/03/2025 09:04 AM GMT +05:30



Google

Health Check up Booking Request(43E6821)

1 message

Medsave <lic@medsave.in>
To: orbithealthcarediagnostic@gmail.com
Cc: customercare@mediwheel.in

Sat, Mar 8, 2025 at 12:57 PM

Dear **Orbit Healthtech & Diagnostic Centre Pvt Ltd**

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** : BANSI LAL**Proposal No** : 1876**Branch Code** : 327**Contact Details** : 9810996771**Location** : Old Railway Rd, Rattan Garden, Shivpuri Extension,
Sector 7, Gurugram, Haryana 122001, GURUGRAM,
Haryana - 122001**Appointment Date** : 10-03-2025

Member Information		
Booked Member Name	Age	Gender
BANSI LAL	45 year	M

Included Test -

- Physical Medical Examination Report (PMER) Rs. 15,00,001 to Rs. 24,99,999

You have received this mail because your e-mail ID is registered with **Medsave TPA**. This is a system-generated e-mail please don't reply to this message.

"For any queries, please feel free to reach out to us at lic@medsave.in. **Our team will be happy to assist you!**"



**Orbit
Healthtech**

Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

भारत सरकार
Government of India

आधार

बंसीलाल
Bansi Lal
जन्म तिथि/DOB: 28/09/1979
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
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2201

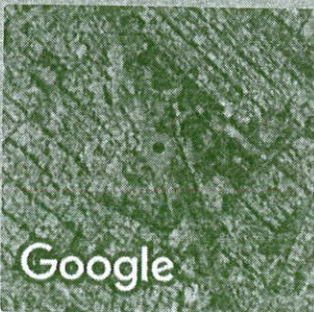
मेरा आधार, मेरी पहचान

Dr. HIMANSHU PUNIA

MBBS

Regn. No. HN-015235

GPS Map Camera



Gurugram, Haryana, India

220, 9, Old Railway Rd, Near Aryan Hospital, Shivpuri,
Sector 7, Gurugram, Haryana 122001, India

Lat 28.469803° Long 77.019427°

10/03/2025 09:03 AM GMT +05:30

Bansi Lal



+91 - 9891 75 7515
+91 - 9911 84 6182
+91 - 9910 49 2712
0124 - 4 2 1 9 1 7 5



orbitcorporate1482@gmail.com



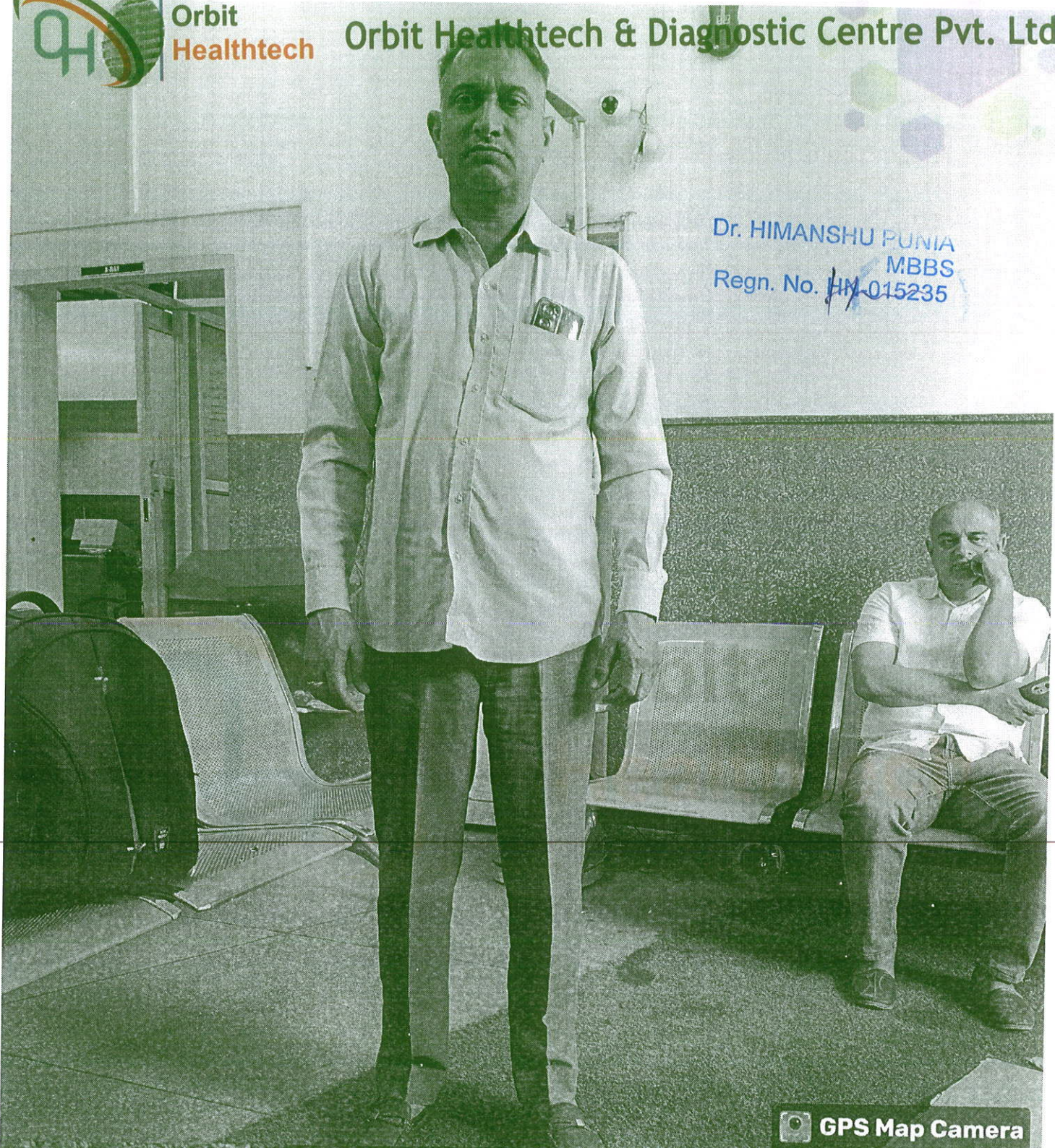
Regional Office & Diagnostic Center :
325/11, Old Railway Road, Opposite Gupta Medicos, Near
Aryan Hospital, Rattan Garden, Gurugram - 122001 (Hr.)
Reports are Not Valid for Medico Legal Cases



**Orbit
Healthtech**

Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

Dr. HIMANSHU PUNIA
MBBS
Regn. No. HM-015235



 **GPS Map Camera**

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Lat 28.469827° Long 77.019467°

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Google

Banari



+91 - 9891 75 7515
+91 - 9911 84 6182
+91 - 9910 49 2712
0124 - 4 2 1 9 1 7 5



orbitcorporate1482@gmail.com



Regional Office & Diagnostic Center :
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Reports are Not Valid for Medico Legal Cases

To,
LIC of India,
Branch Office,
Branch No. 327

Date: 10/8/25

Proposal No. or Policy No. 1876

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

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. HIMANSHU PUNIA

Name of the Pathologist / Doctor: MBBS
Regn. No. HN-015235

Signature of the Pathologist / Doctor (Stamp of the DC)

I have observed the fasting of 12 hours & the examination / tests were done with my consent.


Bansi Lal
(Signature of the Life to be assured)

Name of the Life assured : BANSI LAL

Reports enclosed:

1. PMER
2. _____
3. _____

Time of Blood Collection: N/A

 <p>भारतीय आसुविमा महामंडळ भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA मुंबई विभाग - १/मुंबई मंडळ - IV/MUMBAI DIVISION-IV</p>	MEDICAL EXAMINER'S REPORT		Branch Code: 327
	Form No LIC03-001(Revised 2020)		Proposal/ Policy No: 1896
			MSP name/code :
			Date & Time of Examination: 10/3/25, 9:04 Am
			Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9810996771

Identity Proof verified: Aadhaar ID Proof No. 2201

(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. HIMANSHU PUNIA (Name of the Medical Examiner) is for conducting my Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: BANSI LAL		
2	Date of Birth: 28/09/1979	Age: 45	Gender: MALE
3	Height (In cms): 169	Weight (in kgs): 69	
4	Required only in case of Physical MER		

Pulse :	Blood Pressure (2 readings):
80/min Regular.	1. Systolic 138 Diastolic 82 mmHg
	2. Systolic 138 Diastolic 82 mmHg

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	<p>a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery / accident / injury / hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
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
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>	NO

9	a. Any history of chest pain, <i>heartattack</i> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <i>high cholesterol</i> ? 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
10	Suffering or ever suffered from any disease related to <i>kidney</i> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <i>Liver disorders</i> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <i>lung related</i> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <i>Blood disorder</i> like anaemia, thalassaemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of <i>cancer</i> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <i>physical impairment</i> / 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 <i>disorder of the Stomach</i> / 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 / <i>psychiatric disorder</i> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	NO
18	Is there any <i>abnormality</i> 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 <i>HIV/AIDS/Sexually transmitted diseases</i> (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <i>smoking/ tobacco chewing/ consumption of alcohol/drugs</i> etc) which is relevant in assessment of medical risk of examinee.	NO

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 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	Healthy.
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Declaration

I Mr/Ms Bansilal declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I 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/ 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 10 day of 03 2025 via 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.

Dr. HIMANSHU PUNIA

Place: 442
Date: 10/3/25
Stamp:

Signature of Medical Examiner
Name & Code No:
DR. HIMANSHU PUNIA
Regn. No. HN-015235