



ayush gupta <ayushkesar@gmail.com>

Health Checkup Booking Request Has Been Updated(43E6889)

1 message

Medsave <lic@medsave.in>
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Mon, Mar 10, 2025 at 6:37 PM



Dear KESAR HOSPITAL,

Booking has been changed successfully, For the following health checkup

Proposal No : 3362

Branch Code : 113

New Diagnostic/Hospital : KESAR HOSPITAL

Address of Diagnostic/Hospital : 11, Shaheed Udham Singh Marg, Block AH, Poorbi Shalimar Bag, Shalimar Bagh

Appointment Date : 11-03-2025

Preferred Time : 08:30 AM - 09:00 AM

Member Information		
Booked Member Name	Age	Gender
SHEETAL BAJAJ	43 year	F

Included Test -


- HbA1c
- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG

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

Thanks,
 Medsave Team



 **GPS Map Camera**

New Delhi, Delhi, India

25/1, Indra Nagar, A Block, Block A, Panchawati, New Delhi, Delhi
110033, India

Lat 28.71437° Long 77.173735°
11/03/2025 08:03 AM GMT +05:30





भारत सरकार
Government of India



शीतल बजाज
Sheetal Bajaj
जन्म तिथि/DOB: 29/01/1982
महिला/ FEMALE
Mobile No: 9811009305 -

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ 8740

मेरा आधार, मेरी पहचान

A

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O पवन बजाज, बी-26, पंचवटी, अज़दपुर, आदर्श
नगर, उत्तर पश्चिम,
दिल्ली - 110033

Address:
C/O Pawan Bajaj, B-26, PANCHWATI,
AZADPUR, Adarsh Nagar, North West Delhi,
Delhi - 110033



~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ 8740

1047



help@uidai.gov.in



www.uidai.gov.in

Sheetal

Sheetal

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India 113
Branch Office

Proposal No. : 3362

Name of Life to be assured : SHEETAL BAJAJ

The Life to be assured was identified on the basis of : Adhar Card.

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 Delhi on the 11/3/25 day of 20 at 8 am a.m./p.m.

Signature of the Pathologist/Doctor
(Name & Rubber Stamp) Qualification :

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823

Signature of the Cardiologist (if LA has undergone CTMT / ECG)
(Name & Rubber Stamp) Qualification :

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823

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 of the Life to be Assured

Name Sheetal Bajaj

Reports enclosed.

- 1..... HBA1C
- 2..... Urine
- 3..... Hb
- 4..... SBT-13
- 5..... ECG

100%/MU
25MM/SEC

Shrestha Rajiv

43/F

11/3/25

LSI-EM

I I

Shrestha

ASLW CE

II

III



AUR

AUL

ASLW CE

AUF



V1

V2

V3

ASLW CE



V4

V5

V6

ASLW CE



DR. AYUSH GUPTA
 M.D. Medicine, NIMS
 Director, Cardiac Hospital
 KESAR HOSPITAL, Bhubaneswar, Odisha
 PH. 0674282222, 0674282223

Sheetal Bajaj

43/F

11/3/25

III Deep Inspiration

AVF

1



DR. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2930
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A-11, Shalimar Bagh, Delhi-88
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MEDICAL REPORT FORMATS**LIFE INSURANCE CORPORATION OF INDIA**

Zone _____ Division _____ Branch 1) 3
 Proposal No. 3362
 Agent/D.O. Code: _____
 Full Name of Life to be assured: Sheetal Bajaj
 Age/Sex 43/F

ELECTROCARDIOGRAM

ANNEXURE-1

LIC03-002

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation.
- ii. 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.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and A VF 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.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. 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 question is - Yes, submit all relevant papers with this form.

Dated at Delhi on the day of _____ 20

Sheetal
Signature of L.A.

11/3/25

Dr
Signature of the Cardiologist

Name & Address
Qualification Code No.

DR. AYUSH GUPTA
Medicine, AIIMS
LIC No 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-110088
Ph. 27478822, 27478823

Clinical findings

(A)

Height (Cms)	Weight (Kgs)	Blood Pressure	Pulse Rate
165	68	120/80	62/min

(B) Cardiovascular System

Normal

Rest ECG Report:

Position	N	P Wave	0.42
Standardisation Imv	10--	PR Interval	120
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	1.42
Electrical Axis	N	S-T Segment	N
Auricular Rate	62	T-Wave	N
Ventricular Rate	62	Q-Wave	Absent
Rhythm	NSR		
Additional findings, if any.	N		

Conclusion: *Normal*

Dated at *Delhi* on the day of *11/3/25* 20

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. AYUSH GUPTA
 M.D. Medicine, AIIMS
 DMC No. 2900
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 Att-11, Shalimar Bagh, Delhi-68
 Ph: 27478822, 27478823



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HAEMOGRAM

Zone:

Division:

Proposal No.3362

Branch:- 113

Full Name of Life to be assured: MS.SHEETAL BAJAJ


Age/ Sex: 43 YRS / FEMALE

INVESTIGATION	RESULT	REF.VALUES
---------------	--------	------------

1. Red Blood Cell Count :		
2. Hb% :	12.8gm/dl	12.5-17.0 g/dl
3. Hematocrit :		
4. Indices :		
(a) MCV (Mean Corpuscular Volume)		
(b) MCH (Mean Corpuscular Hb)		
(c) MCHC (Mean Corpuscular Hb Concentration)		
5. Morphology		
Macrocytes: NO	Microcytes:NO Hypochromia: NO	
Poikilocytosis: NO	Anisocytosis: NO	
6. <u>Target Cells</u> NO		
Spherocytes: NO	Eliptocytes: NO	
7. White Blood Cells	Total Count:	
<u>Differential Count</u> :		
a) Neutrophils:	c) Eosinophils:	
b) Lymphocytes:	d) Monocytes:	e) Basophils: 0
8. Platelets:		
9. Erythrocytes Sedimentation rate: (Method Westergreen)		

I declare that the person examined 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 DELHI on the 11.03.2025 At 08.00 A.M..


Signature of the Pathologist
Dr.S.K.Gupta M D Pathology
Kesar Hospital
DMC 1649





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SBT-13 Report

Zone:

Division:

Proposal No.3362

- Branch:- 113

Full Name of Life to be assured: MS.SHEETAL BAJAJ

Age/ Sex: 43 YRS / FEMALE

r. No	Type of Test	Actual Reading	Lab Range
1	Fasting Blood Sugar	88	70-110 mg/dl
2	Total Cholesterol	148	140-250 mg/dl
	High Density Lipid (HDL)	43	30-65 mg/dl
	Low Density Lipid (LDL)	87	60-160mg/dl
3	S. Triglycerides	92	60-165 mg%
4	S. Creatinine	0.79	0.6-1.4 mg/dl
5	Blood Urea Nitrogen (BUN)	13	10 – 20 mg/dl
6	S. Proteins Total	7.3	6 – 8 mg/dl
	a). Albumin	4.4	3.0 – 5.5 mg/dl
	b). Globulin	2.9	2.5 – 3.5 mg/dl
	c).AG Ratio	1.51	1-3
7	S.Bilirubin		
	a). Direct	0.2	0.1 – 0.4 mg/dl
	b). Indirect	0.3	0.2 – 0.8 mg/dl
	c). Total	0.5	0.2 – 1.0 mg/dl
8	SGOT (AST)	29	15 – 50 IU/L
9	SGPT (ALT)	35	10 – 50 IU/L
10	GGTP (GGT)	39	9 – 52 mg/dl
11	S. Alkaline Phosphatase	172	60-306lu/L
12	HbsAg (Australia antigen)	NEGATIVE	
13	Elisa for HIV (Method)	NEGATIVE	

I declare that the person examined 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/DO.

Dated at Delhi on the 11.03.2025 at.....08.00 A.M.

Signature of the Pathologist
Dr.S.K.Gupta M D Pathology, Kesar Hospital, DMC-1649



ON PANEL OF NDPL, DELHI UNIVERSITY, MEDICLAIM & TPA



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HAEMATOLOGY

Zone:

Proposal No.3362

Full Name of Life to be assured: MS.SHEETAL BAJAJ

Age/ Sex: 43 YRS / FEMALE

Division:

Branch:- 113

Test Name	Value	Unit
HbA1c	5.5	%

REFERENCE VALUES

Non-diabetic Level	4.5-6.0	%
Good Control	6.1-7.0	%
Fair Control	7.1-8.0	%
Poor Control	>8.0	%

SUMMARY & EXPLANATION OF THE TEST


Diabetes Mellitus is a leading cause of kidney failure, blindness and amputation in adults. It is also a major risk factor for heart disease, stroke and birth defects and shortens average life expectancy any up to 15 years. It is now well accepted that in patients with diabetes there is a direct relationship between blood sugar levels and complications associated with the disease.

The measurement of HbA1c is recommended for monitoring the long-term care of people with diabetes because the concentration of HbA1c within red blood cells reflects the average level of blood sugar over the previous 2-3 months. The level of HbA1c therefore rises proportionately in patients with higher levels of blood sugar, such as those with uncontrolled or undiagnosed diabetes.

I declare that the person examined 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 DELHI on the 11.03.2025.... at.....08.00 AM.




Signature of the Pathologist
Dr.S.K.Gupta M D Pathology
Kesar Hospital
DMC 1649



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ROUTINE URINE ANALYSIS

Zone:

Proposal No.3362

Full Name of Life to be assured: MS.SHEETAL BAJAJ

Age/ Sex: 43 YRS / FEMALE

Division:

Branch:- 113

- | | | | |
|----------------------------|-----|-----------------------|---------|
| 1. Physical Examination | | | |
| (i) Colour PALE YELLOW | | (ii) Sediment | NIL |
| (iii) Transparency CLEAR | | (iv) Reaction | ACIDIC |
| 2. Chemical Examination | | | |
| (i) Protein | NIL | (ii) Sugar | NIL |
| (iii) Bile salt | NIL | (iv) Bile pigments | NIL |
| 3. Microscopic Examination | | | |
| (i) Red Blood Cells | NIL | (ii) Epithelial Cells | 1-2/HPF |
| (iii) Crystals | NIL | (iv) Pus Cells | 0-1/HPF |
| (v) Casts | NIL | (vi) Deposits | NIL |
| (vii) Bacteria | 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.

Dated at DELHI on the 11.03.2025 at.....08.00 A.M..



S.K.
Signature of the Pathologist

Dr.S.K.Gupta M D Pathology

Kesar Hospital

DMC 1649