



GPS Map Camera



Gurugram, Haryana, India  
01, Badshahpur Sohna Rd Hwy, Sector 68, Gurugram,  
Haryana 122101, India  
Lat 28.393199° Long 77.047022°  
26/11/24 10:22 AM GMT +05:30



 GPS Map Camera

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011-41195959

Dear **Advance Diagnostic & Research Centre**

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 KARNAIL SINGH SONDH

**Proposal No** : 3965

**Branch Code** : 12m

**Contact Details** : 8552973750

**Location** : Advance near Pratham ultrasound, pillar no 78  
sec badshahpur sohna road, Gurgaon

**Appointment Date** : 21-11-2024



Member Information		
Booked Member Name	Age	Gender
MR KARNAIL SINGH SONDH	49 year	Male

**Included Test -**

- Urine Analysis
- BST Only fasting or Only PGBS
- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000

Thanks,  
Medsave  
Team

To,  
LIC of India | 2M  
Branch Office

Date: 26/11/2024

Proposal No. 3965

Name of the Life to be assured: KAR NAIL SIMON SONDM

The Life to be assured was identified on the basis of PAN CARD

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 ANKIT MBBBS DNB  
Reg. No. 23344

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.

EW

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	No	PHYSICIAN'S REPORT	No
COMPUTERISED TRIADWELL TEST	No	IDENTIFICATION & DECLARATION FORMAT	No
HAI MOGRAM	No	MEDICAL EXAMINER'S REPORT	Yes
LIPIDOGRAM	No	IST (Blood Sugar Test - Fasting & PP) (both)	No
BLOOD SUGAR TOLERANCE REPORT	No	FBS (Fasting Blood Sugar)	Yes
SPECIAL BIO-CHEMICAL TESTS - 13 (MET 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	Hire	No
EUSA FOR HIV		Other Test	No

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature.



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

Branch Code: 12m  
Proposal/ Policy No: 3965  
MSP name/code :  
Date & Time of Examination: 26/11/2024, 10:24 AM  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 8552973950  
Identity Proof verified: PAN CARD ID Proof No: GLJPS5646N  
(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. Amit (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

[Signature]

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

1	Full name of the life to be assured:	<u>KARNAIL SINGH SONDI</u>	
2	Date of Birth:	<u>15/09/1975</u>	Age: <u>49</u> Gender: <u>Male</u>
3	Height (In cms):	<u>172</u>	Weight (in kgs): <u>60</u>
4	Required only in case of Physical MER		
	Pulse:	Blood Pressure (2 readings):	
	<u>80/min</u> <u>Regular</u>	1. Systolic <u>124</u>	Diastolic <u>82</u>
		2. Systolic <u>124</u>	Diastolic <u>82</u>

**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 <b>treatment/medication</b> including alternate medicine like ayurveda, homeopathy etc.?	<u>No</u>
	b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?	<u>No</u>
	c. Whether visited the doctor any time in the last 5 years?	<u>No</u>
	If answer to any of the questions 5(a) to (c) is yes -	<u>No</u>
	i. Date of surgery/accident/injury/hospitalisation	<u>No</u>
	ii. Nature and cause	<u>No</u>
	iii. Name of Medicine	<u>No</u>
	iv. Degree of impairment if any	<u>No</u>
	v. Whether unconscious due to accident, if yes, give duration	<u>No</u>
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 <b>diagnostic tests</b> ? Please specify date, reason, advised by whom & findings.	<u>No</u>
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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	<u>NO</u>

8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> 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 <b>endocrine disorders</b> 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>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <b>Blood disorder</b> like anemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <b>physical impairment</b> 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 <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other <b>Mental / psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	<p>NO</p> <p>NO</p>
18	Is there any <b>abnormality</b> 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 <b>HIV /AIDS/ Sexually transmitted diseases</b> (e.g. syphilis, gonorrhea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	NO

For Female Proponents only	
i	Whether pregnant? If so duration. <u>N</u>
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 <u>A</u>

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Healthy
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Declaration  
 You Mr/Ms KARNAIL SINGH SONDH 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.

Singh

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 26 day of 11 2024 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.

Dr. Anil  
 MBBS/DNB  
 Reg. No. 23344

Place: Gurgaon  
 Date: 26/11/2024  
 Stamp:

Signature of Medical Examiner  
 Name & Code No.







# ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Mr. Karnail Singh Yadav  
Age : 49 Yrs. 2 Mon. 14 Days  
Sex : Male  
Patient ID : 15241680

Panel : LIC  
TPA : MEDSAVE  
Received Date : 26/11/2024  
Report Date : 26/11/2024

Test Name	Results	Units	Reference Range
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### BIOCHEMISTRY

Blood Glucose Fasting	75.0	mg/dL	70.0 - 110.0
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### URINE EXAMINATION ROUTINE

#### PHYSICAL EXAMINATION

Colour	Pale yellow		
Appearance	Clear		
PH	5.5		
Specific Gravity	1.025		1.005 - 1.030

#### CHEMICAL EXAMINATION

Urine Protein	Nil		Nil
Urine Glucose	Nil		Nil
Ketone	Nil		Nil
Nitrite	Nil		Nil
Bile Pigments	Nil		Nil
Bile Salt	Nil		Nil

#### MICROSCOPIC EXAMINATION

Pus Cells	0-1	/HPF	0-3
Epithelial Cells	1-2	/HPF	0-3
RBCs	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil

— End of Report —



Page No. 1 of 1

Dr. GANDHI  
MD Pathology  
Reg. No. 18318  
Dr. Gandhi Kranti Deepak  
MD. Pathology