



 **GPS Map Camera**

**Check In**

**Gurugram, Haryana, India**

**Tower-b, Cluster\_manesar 2, Imt Manesar,**

**Gurugram, Haryana 122051, India**

**Lat 28.354283° Long 76.948382°**

**30/10/24 06:55 AM GMT +05:30**



**Google**



भारत सरकार

GOVERNMENT OF INDIA



धीरज कुमारी

Dhiraj Kumari

:

:

जन्म वर्ष / Year of Birth : 1966

महिला / Female

1903



आधार — आम आदमी का अधिकार



GPS Map Camera

Check In



Gurugram, Haryana, India

Tower-b, Cluster\_manesar 2, Imt Manesar,

Gurugram, Haryana 122051, India

Lat 28.354292° Long 76.948359°

30/10/24 06:47 AM GMT +05:30

Google




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?**



**Name** : MRS DHIRAJ KUMARI

**Proposal No** : 7521

**Branch Code** : 12H

**Contact Details** : 9582126747

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

**Appointment Date** : 30-10-2024

Member Information		
Booked Member Name	Age	Gender
MRS DHIRAJ KUMARI	57 year	Female

**Included Test -**

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

Thanks,  
Medsave  
Team



Date: 30/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 7521

Name of the Life to be assured DHIRAJ KUMARI

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

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. RASTOGI**  
**MBBS (DNB (Medicine))**  
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.



(Signature of the Life to be assured)

Name of life to be assured:



**Reports Enclosed:**

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	Yes	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	No	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,



**LIC****MEDICAL EXAMINER'S REPORT**

Form No LIC03-001(Revised 2020)

भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Branch Code:

Proposal/ Policy No: 7521

MSP name/code :

Date &amp; Time of Examination: 30/10/2020 06:47Am

Medical Diary No &amp; Page No:

Mobile No of the Proposer/Life to be assured: 9582126747

Identity Proof verified: Pancard ID Proof No. AAJPK4605N  
( 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 ... Kastogi ..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

1 Full name of the life to be assured: DHIRAJ KUMARI

2 Date of Birth: 03/11/1966 Age: 57 Gender: female

3 Height (In cms): 157 Weight ( in kgs ) : 49

4 Required only in case of Physical MER

Pulse :

76/min Regular

Blood Pressure (2 readings):

1. Systolic 126  
2. Systolic 126

Diastolic 82

Diastolic 82

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 ? NO  
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident? NO  
c. Whether visited the doctor any time in the last 5 years ? NO  
If answer to any of the questions 5(a) to (c) is yes -  
i. Date of surgery/accident/injury/hospitalisation NO  
ii. Nature and cause NO  
iii. Name of Medicine NO  
iv. Degree of impairment if any NO  
v. Whether unconscious due to accident, if yes, give duration NO6 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. NO7 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 <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 anaemia, 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 Mental / <b>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>	NO
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, gonorrhoea, 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.	NO
ii	Suffering from any pregnancy related complications	NO
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	NO

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

o Declaration

You ~~Mr/Ms~~ Ms. Shisaj Kumari 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.



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 30 day of 10 20 24 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:  
Date:  
Stamp:

GURGAON  
30/10/2024



**Dr. RASTOGI**  
MBBS, DNB (Medicine)  
Reg. No. 24819  
Signature of Medical Examiner  
Name & Code No:

INSURANCE CORPORATION OF INDIA

ELECTROCARDIOGRAM

Proposal No.: 7521  
 Full Name of Life to be assured: DHIRAJ KUMAR I  
 Age/ Sex: 57/F Branch:

**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 AVF 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 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 questions is 'Yes', submit all relevant papers with this form.

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
157	49	126/82	76/min Regular

(B)

Cardiovascular System

NAD

Rest ECG Report:

Position	N	P Wave	N
Standardisation Imv	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	76/min	T-wave	N
Ventricular Rate	76/min	Q-Wave	N
Rhythm	Regular		N
Additional findings, if any.	N		N

Dated at Gurgaon 30 day of 10 2024 at 06:47 a.m./p.m.

Conclusion:

TWNL

Dr. MAYANK  
 MBBS, PDDCC, ENIC  
 Signature & Seal of the Cardiologist  
 Reg. No: 110004429  
 Name & Address: Qualification:







# ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Ms. Dhiraj Kumari  
Age : 57 Yrs 11 Mon 28 Days  
Sex : Female  
Patient ID : 15241311

Panel : LIC  
TPA : MEDSAVE  
Received Date : 30/10/2024  
Report Date : 30/10/2024

Test Name	Results	Units	Reference Range
<b>BIOCHEMISTRY</b>			
Blood Glucose Fasting	80.0	mg/dL	70.0 - 110.0
----- End of Report -----			



Page No. 1 of 1

Dr. GANDHI  
MD Pathology  
Reg. No. 16318  
Dr. Gandhi Kranji Deepak  
MD. Pathology

Dhiraj

25MM/SEC

Pt. M/F

10MM/MV

L1

SHZ

lic

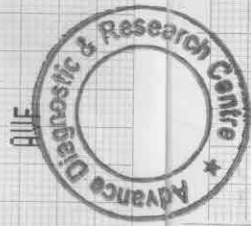
ARROW CE

AVR

AVL

AVF

ARROW CE



DR. MAYANK  
MBBS, PGDCC, FNIC  
Reg. No. HN004428

V1

V2

V3

V4

V5

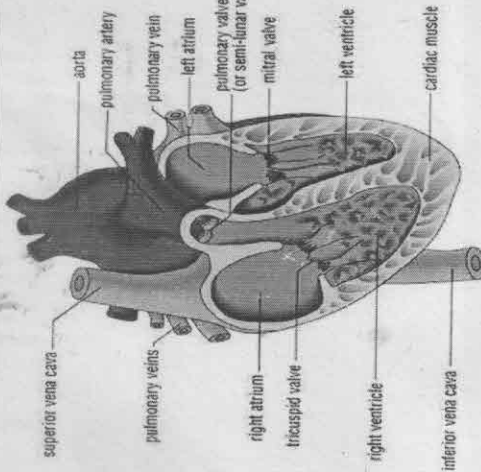
V6

ARROW CE

# ADVANCE DIAGNOSTIC & RESEARCH CENTRE

## ELECTROCARDIOGRAM

Name DHIRAJ KUMARI Age & sex 57/f Company LIC



### ECG FINDINGS:

Rate 76 min Rhythm Regular Mechanism N  
 Axis N P Wave N PR Interval N  
 QRS Complex N QT Interval N Q Wave N  
 ST Segment N T Wave N

Conclusion TWNL

Date 30/10/2024



Dr. MAYANK  
 MBBS, PGDCC, FNIC  
 Doctors Signature No. FN004429