

Dear Navya Hospital,

We request you to take note that the following booking is rescheduled.

Booking Id : 43E1817
Proposal No : 2713
Branch Code : 117
Contact Details : 9873632196
Booking Date : 11-11-2024
New Appointment Date: 13-11-2024
Preferred Time : 08:00 AM - 08:30 AM
Booking Status : Booking ReSchedule

Member Information

Booked Member Name Age Gender
MRS SARITA PATHAK YAJURVEDI 56 year Female

Included Test -

Urine Analysis

Hb%

Lipidogram

BST Only fasting or Only PGBS

EKG


NAVYA HOSPITAL
RE-138, GATEWAY,
NEW DEWAI-110043



Date: 14/01/2024

To,
LIC of India
Branch Office

Proposal No. 2713

Name of the Life to be assured SARITA PATHAK YAJURVEDE

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

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. SAKSHI VIRMANI
MBBS, MD, PATH
REG. NO - 8941

Signature of the Pathologist/ Doctor

Name:

I confirm, I was on testing for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

[Signature]
(Signature of the Life to be assured)

Name of life to be assured: SARITA PATHAK YAJURVEDE

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hbato
4	RU% <input checked="" type="checkbox"/>	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Eisa for HIV	14	CTMT with Tracing
7	RUA <input checked="" type="checkbox"/>	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

- 16. Questionnaires: _____
- 17. Others (Please Specify): _____

Remarks of Health Assure PVT LTD
Authorized Signature, _____

NAVYA HOSPITAL
RZ-136, DELHIGARH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. 2713
 Agent/D.O. Code: _____ Introduced by: (name & signature) _____
 Full Name of Life to be assured: SARITA PATHAK VAJURVEDI
 Age/Sex : 52/F

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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 or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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.

Dated at 24/11 on the day of 14/11 2027

Signature of L.A.

Str

NAVYA HOSPITAL
 RZ-13B, KANAPGARH,
 NEW DELHI-110043

Dr. KARLASH NATH GUPTA

MBBS. MD

Signature of the Cardiologist

Name & Address

Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
161	69	120/80	77

(B) Cardiovascular System

..... HPT

.....

Rest ECG Report:

Position	Sleeping	P Wave	Normal
Standardisation Inv	10/20	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	77/mt	T-wave	Normal
Ventricular Rate	77/mt	Q-Wave	Normal
Rhythm	Sinus		✓
Additional findings, if any.	Normal		✓

Conclusion:

TVNHL

Dated at 20/11 on the day of 14/11 2008

Kailash Nath Gupta
Dr. KAILASH NATH GUPTA
MBES, MD
REG.NO.- 11391

Signature of the Cardiologist
Name & Address
Qualification
Code No.

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RZ-13B, NAJAF GARDH,
NEW DELHI-110043



DR. SAKSHI VIRMANI
MRPS, SARITA PATHAK
REG. NO. - 8941

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RZ-13B, KAFGARH,
NEW DELHI-110043

ANNEXURE II - 8
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE/TIME 14/11/2024 08:55 AM

Proposal No. 2713

Agent/D.O. Code:

Full Name of Life to be assured: MRS. SARTTA PAHIAK YAJURVEDI Introduced by: (name & signature)

Age/ Sex: 56/F

1. Physical Examination

(i) Colour :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 :00-01 /HPF
(iii) Crystals :NIL	(iv) Pus Cells :01-02 /HPF
(v) Casts :NIL	(vi) Deposits :NIL
(VII) Bacterias :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.

Hemoglobin

Hemoglobin (Hb%) 12.6 g/dL 13.0-17.0
Normal range: 13.5

NAVYA HOSPITAL
RZ-138, NEW REHANPURA,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG. NO. - 8941

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming, Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion. Please clinical correlation is mandatory.

CARE AG+2A Plus
DIAGNOSTICS

Address: Navya Hospital, RZ-138, New Rehanpura, Nalka, New Delhi-110043

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone _____ Division _____ Branch _____ DATE/TIME 14/11/2024 08:55 AM

Proposal No. 2713

Agent/D.O. Code: _____ Introduced by: (name & signature)

Full Name of Life to be assured: MRS SARITA PATHAK YAJURVEDI

Age/Sex :56 /F

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	84.2	60-110 MG/DL
2	TOTAL CHOLESTEROL HIGH DENSITY LIPID (HDL) LOW DENSITY LIPID (LDL)	144.3 41.2 142.7	100-250 MG/DL 30-60 MG/DL 00-150 MG/DL
3	TRIGLYCERIDES	128.8	25-160 MG/DL
4	CREATININE		0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEINE (A) ALBUMIN (B) GLOBULINE (C) AG RATIO		6.5-8.5 MG/DL 3.5-6.0 MG/DL 1.8-2.5 MG/DL
7	S. BILIRUBIN (A) DIRECT (B) INDIRECT (C) TOTAL		0.0-02 MG/DL 0.2-0.8 GM/DL 0.2-1.0 MG/DL
8	SGOT (AST)		04-45 IU/DL
9	SGPT (ALT)		00-40IU/DL
10	GGTP (GGT)		11-50IU/DL
11	S. ALKANINE PHOSPATASE		15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		NEGATIVE

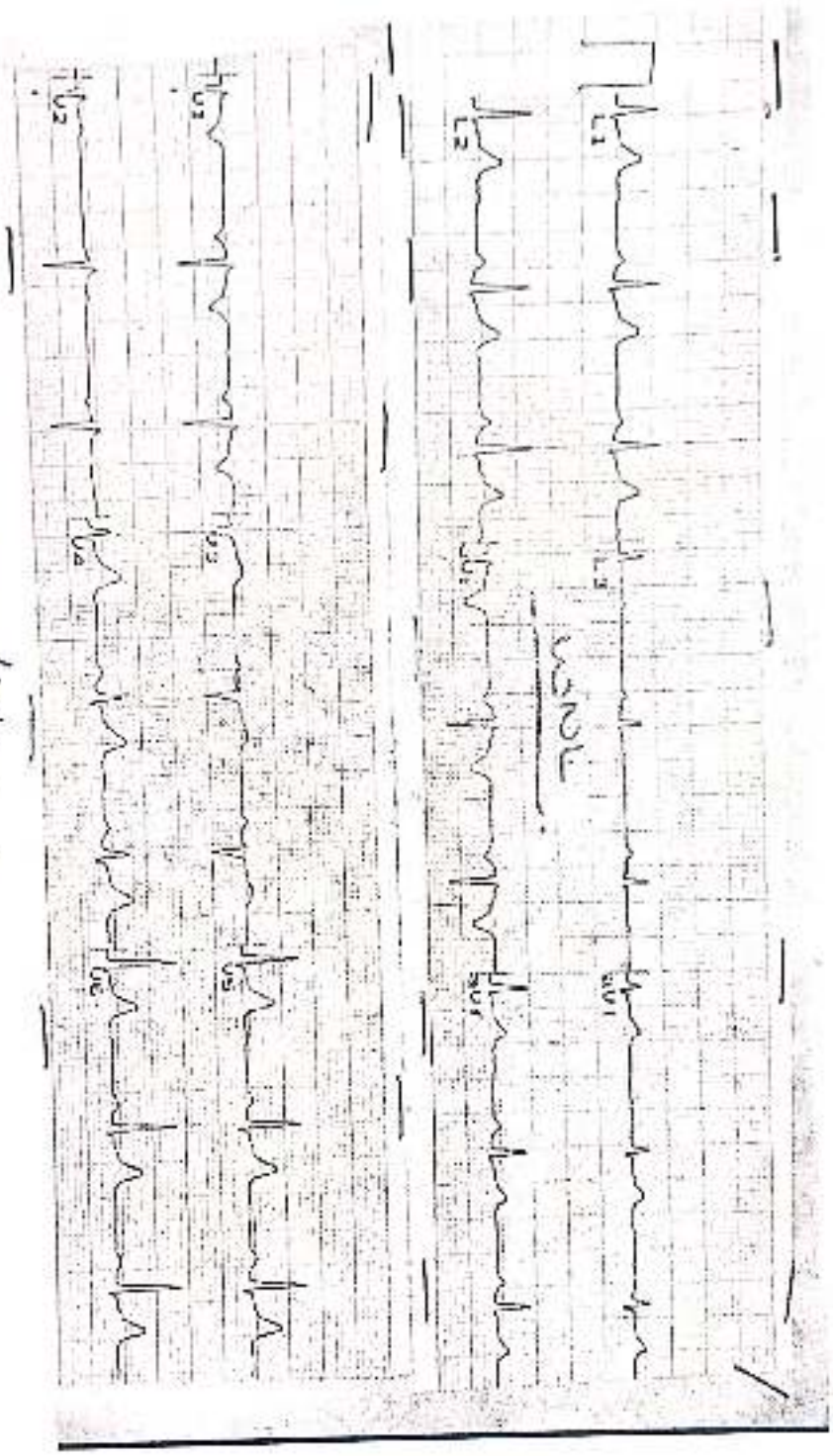
NAVYA HOSPITAL
RZ-138 NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VERMA
SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS - ATIFICATION
REG.NO.- 8941

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CARE Plus DIAGNOSTICS

Address: Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043



Kalash Nath Gupta
Dr. KALASH NATH GUPTA
MBBS, MD
REG. NO. - 11391

D
NAVYA HOSPITAL,
RZ-13B, GHAZIABAD,
NEW DELHI-110043



GPS Map Camera



delhi, delhi, india
plot -3/3205 Aastha kunj sector 3 Delhi 110059
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14/11/24 08:55 AM GMT +05:30