



Navya Hospital &lt;navyahospital9@gmail.com&gt;

## Health Check up Booking Request(43E1663)

1 message

Medsave <it@medsave.in>  
 To: navyahospital9@gmail.com  
 Cc: customercare@medwhoel.in

Mon, Nov 4, 2024 at 11:38 AM



011-41195959

Dear Navya Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

### You confirm this booking?

Name : MR RAMESH CHANDER  
 Proposal No : 5361  
 Branch Code : 311  
 Contact Details : 9211979789  
 Location : RZ-138, Block E, New Roshanpura,

Member Information		
Booked Member Name	Age	Gender
MR RAMESH CHANDER	61 year	Male

### Included Test -

- Urine Analysis
- Hb%
- Lipidogram
- BST Only fasting or Only PGBS
- ECG

Thanks,  
 Medsave  
 Team

*Ramesh chander*

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

Date: 05/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 5361

Name of the Life to be assured Mr. Ramesh CHANDER

The Life to be assured was identified on the basis of APD HAS 1000

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. K. K. NATH  
MBBS, MD  
REG. NO. 11391

Signature of the Pathologist/Doctor

Name:

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

Ramesh Chander  
(Signature of the Life to be assured)

Name of life to be assured: Ramesh Chander

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	<u>FVB</u>	9	<u>Hbogram</u>
2	<u>Rest ECG with Tracing</u>	10	<u>BST (Blood Sugar Test-Fasting &amp; PP) Both</u>
3	<u>Hgmogram</u>	11	<u>Hb 1c</u>
4	<u>Hb%</u>	12	<u>HBS (Fasting Blood Sugar)</u>
5	<u>SPT 13</u>	13	<u>PGBS (Post Glucose Blood Sugar)</u>
6	<u>Eisa lor -IV</u>	14	<u>CTMT with Tracing</u>
7	<u>RTA</u>	15	<u>Proposal and other documents</u>
8	<u>Chest X Ray with Plates (PA View)</u>		

16. Questionnaire: \_\_\_\_\_

17. Others (Please Specify) \_\_\_\_\_

Remarks of Health Assure PVT LTD

Authorized Signature, \_\_\_\_\_

**NAVY HOSPITAL**  
REG-18  
1000

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 5361

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

Full Name of Life to be assured: MR. RAMESH CHANDER

Age/Sex :

## 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

*Ramesh Chander*  
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 *Delhi* on the day of *05/11* 2024

*Ramesh Chander*  
Signature of L.A.

*Kailash Pruthi Gupta*  
Signature of the Cardiologist  
Name & Address: \_\_\_\_\_  
Qualification: MBBS, MD  
Code No: \_\_\_\_\_  
REG. NO. 11551

**NAVYA HOSPITAL**  
RZ-13B, NITAPGARH,  
NEW DELHI-110043

## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	108	120/80	89.

(B) Cardiovascular System

..... NAD .....

.....

## Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	Normal	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	10 ml	S-T Segment	Normal
Auricular Rate	89/min	T-wave	Normal
Ventricular Rate	89/min	Q-Wave	Normal
Rhythm	Sinus		-
Additional findings, if any.	None		-

Conclusion:

TBM

Dated at 26/05 on the day of 05/05 2024

Signature of the Cardiologist  
 Name & Address: Dr. KASHI NATH GUPTA  
 Qualification: MBBS, MD  
 Code No. REG.NO.- 11391

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

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_ DATE/TIME: 05/10/2024 09:10 AM  
 Proposal No. 5361  
 Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature)  
 Full Name of Life to be assured: RAMESH CHANDER  
 Age/Sex : 61/M

**HEAMETOLOGY**

Test	Result	Unit	
Hb%	12.8	MLD	13:00-15:00

  
 Dr. SAKSHI D. IRMANI  
 MDS, MD PATH  
 REG. NO. - 8941

Pathologist's name & Address  
 Qualification:  
 LIC Code No. :

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

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**  **Plus**  
**DIAGNOSTICS**

Address: Navya Hospital, RZ-13B, New Rohangarh, Najafgarh, New Delhi-110043

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA  
**SPECIAL HO - CHEMISCAL TESTS -13 (SBT13)**

Form No. LIC03 - 011

ELISA FOR HIV

Zone

Division

Branch

DATE/TIME 05/10/2024 09:10 AM

Proposal No, S361

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: RAMESH CHANDER

Age/Sex : 51/M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING		
2	TOTAL CHOLESTEROL	97.1	60-110 MG/DL
	HIGH DENSITY LIPID (HDL)	210.3	100-250 MG/DL
3	LOW DENSITY LIPID (LDL)	39.8	30-60 MG/DL
	TRIGLYCERIDES	139.7	00-150 MG/DL
4	CREATININE	149.8	25-160 MG/DL
5	BLOOD URAE NITROGEN (BUN)		0.2-1.3 MG/DL
6	5 PROTEINE		6.0-21.0 MG/DL
	(A) ALBUMIN		6.5-8.5 MG/DL
	(B) GLOBULINE		3.5-5.0 MG/DL
	(C) AG RATIO		1.8-2.5 MG/DL
7	S. BILIRUBIN		0.0-0.2 MG/DL
	(A) DIRECT		0.2-0.8 CM/DL
	(B) INDIRECT		0.2-1.0 MG/DL
	(C) TOTAL		04-45 IU/DL
8	SGOT (AST)		00-40IU/DL
9	SGPT (ALT)		11-50IU/DL
10	GGT (GGT)		15-112IU/DL
11	S. ALKALINE PHOSPHATASE		NEGATIVE
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		

NAVYA HOSPITAL  
B-17, SECTOR-17, Gurgaon,  
Haryana-122002

DR. SAKSHI KIRMANI  
MBBS, MD PATH  
SIGNATURE OF PATHOLOGIST  
PATHOLOGIST'S NAME & ADDRESS ALIFICATION

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**CARE DIAGNOSTICS**  
AG-101, NEWERHOUSING, SECTOR-17, GURGAON, HARYANA  
New Delhi-122002

भारत सरकार  
GOVERNMENT OF INDIA



रमेश चण्ड  
Ramesh Chander  
रमेश चण्ड 11003  
पुनः मातु



9765 4556 0255

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता	Address
S/O शेव रम 92, हर सुख	S/O Sheo Ram A 92 HAR
ब्लॉक प्रेम नगर, किरारी	SUKH BLOCK, PREM NAGAR- 1, KIRARI SULEMAN NAGAR,
सुतानपुरी नगर, सुतानपुरी रो	Sultanpur C Block, North West
ब्लॉक, नॉर्थ वेस्ट दिल्ली	Delhi, 110086
दिल्ली, 110086	

Aadhaar - Aam Aadmi ka Adhikar

NAVYA HOSPITAL  
B2-13B, DOKRE GARDH,  
NEW DELHI-110043

Dr. SAKSHI FIRMANI  
MBBS, MD PATH  
REG. NO. - 0941

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE / TIME 05/11/2024 09:10 AM

Proposal No. 5361

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: RAMESH CHANDER

Age/Sex : 61/M

- 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 :01-02 /HPF
  - (iii) Crystals :NIL
  - (iv) Pus Cells : 01-02 /HPF
  - (v) Casts :NIL
  - (vi) Deposits : NIL
  - (vii) Bacterias :NIL

Remarks

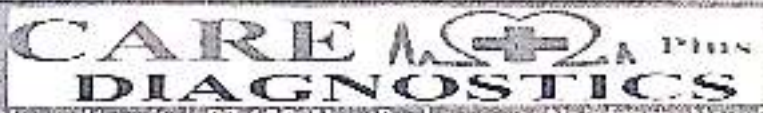
If pus cells are present GRAM STAIN is necessary  
If haematuria is present ZIEHL NEELSEN METHOD is necessary

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.

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

Signature of the Pathologist  
Dr. SAKSHI VERMANI  
MBBS, MD PATH  
REG. NO. 6044  
Qualification :  
LIC Code No. :

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Address- Navya Hospital, RZ-138, New Rohtanpore, Najafgarh, New Delhi-110043



Ramesh Chandra 61/M 05/10/2024

10 mm/mV 25 mm/s



NAVYA HOSPITAL  
B2-12B/ROHDFGARH,  
GATE DELHI-110043

Dr. K. K. Sharma  
MBBS MD  
REG. NO. - 11391

0.50-15 Hz 50 Hz

