



GPS Map Camera

Gurugram, Haryana, India

Sohna Road, Badshahpur Village, Gurugram,
122101, Haryana, India

Lat 28.393234, Long 77.047134

11/15/2024 09:13 AM GMT+05:30

Note : Captured by GPS Map Camera





GPS Map Camera



Gurugram, Haryana, India

Sohna Road, Badshahpur Village, Gurugram,
122101, Haryana, India

Lat 28.393234, Long 77.047135

11/15/2024 09:13 AM GMT+05:30

Note : Captured by GPS Map Camera



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 : MR MUNESH KUMAR
Proposal No : 6304
Branch Code : 11w
Contact Details : 9873232256
Location : Advance near Pratham ultrasound, pillar no 78 sec badshahpur sohna, road, Gurgaon
Appointment Date : 15-11-2024

Member Information

Booked Member Name	Age	Gender
MR MUNESH KUMAR	35 year	Male

Included Test -

- Complete Heamogram
- HbA1c
- Urine Analysis
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 50,00,000 to Rs 99,99,999



To
LIC of India
Branch Office

11W

Date:

15/11/2024

Proposal No.

6304

Name of the Life to be assured

MUNESH KUMAR

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. AMIT
MBBS, 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.

(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	YES	MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM	NO	BST (Blood Sugar Test - Fasting & PP) Berh	NO
BLOOD SUGAR TOLERANCE REPORT	NO	FBS (Fasting Blood Sugar)	NO
SPECIAL BIO-CHEMICAL TESTS - 13 (SBI-13)	YES	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	Hb%	NO
ELISA FOR HIV	NO	Other Test	NO

HbA1C UCT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature:



MEDICAL EXAMINER'S REPORT
Form No LIC05-001 (Revised 2020)

Branch Code: 11W
Proposal/ Policy No: 6304
MSP name/code:

Date & Time of Examination: 15/11/2024, 09:15 AM
Medical Diary No & Page No:

Mobile No of the Proposer/ Life to be assured: 982323256
Identity Proof verified: PAN CARD ID Proof No. EDSPK12719
(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".

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

1. Full name of the life to be assured: MUNESH KUMAR
2. Date of Birth: 20/02/1989 Age: 35 Gender: Male
3. Height (In cms): 165 Weight (in kgs): 72

4. Required only in case of Physical MER
Pulse: 80/min regular Blood Pressure (2 readings):
1. Systolic 116 Diastolic 80
2. Systolic 116 Diastolic 80

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 NO

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 **diagnostic tests**?
Please specify date, reason, advised by whom & findings. NO

7. 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), 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 NO

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes 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 endocrine disorders 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, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</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 kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment 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 disorder of the Stomach / 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 / psychiatric disorder?</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 abnormality 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 HIV /AIDS Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition/ disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No

For Female Proponents only	
i.	Whether pregnant? If so duration.
ii.	Suffering from any pregnancy related complications
iii.	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynae ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

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

Healthy

Declaration

You Mr/Ms Monesh Kumar 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.

Monesh Kumar
 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 15 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. AMIT
MBBS, DNB
 Reg. No. 23344

Place: CCN
 Date: 15/11/24
 Stamp:

Signature of Medical Examiner
 Name & Code No:



ELECTROCARDIOGRAM

Proposal No.: 6304

Full Name of Life to be assured:

Age/Sex: 35/m

MUNESH KUMAR

Branch: 11W

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 pushed 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 I, 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]
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
165	72	116/80	80/min Regular

(B) Cardiovascular System

NAD

Rest ECG Report:

Position		P Wave	
Standardization line	N	PR Interval	220
Mechanism	N	QRS Complexes	220
Voltage	N	Q-T Duration	220
Electrical Axis	N	S-T Segment	220
Atrial Rate	65/min	T wave	220
Ventricular Rate	65/min	Q-Raw	220
Rhythm	Regular		
Additional findings, if any			

Dated at Churpan on the 15 day of 11 2024 at 09:30 a.m./p.m.

Conclusion:

TWNL

[Signature]
Signature & Name & Address of the Cardiologist
Reg. No. 04429





ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Mr. Munesh Kumar	Panel : LIC
Age : 35 Yrs 3 Mon 28 Days	TPA : MIDSAVE
Sex : Male	Received Date : 15/11/2024
Patient ID : 15241525	Report Date : 15/11/2024

Test Name	Results	Units	Reference Range
-----------	---------	-------	-----------------

HAEMOGRAM

COMPLETE BLOOD COUNT

Haemoglobin	15.2	g/dL	13.0 - 17.0
Total Leucocyte Count	4300	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophil	56	%	40 - 80
Lymphocyte	39	%	24 - 44
Eosinophil	01	%	01 - 06
Monocyte	04	%	02 - 06
Basophil	00	%	00 - 01
Hematocrit (PCV)	48.0	%	41.0 - 53.0
Total RBC Count (RBC)	5.48	10 ⁶ /ul.	4.50 - 5.50
MCV	87.6	fL	80.0 - 100.0
MCH	27.7	pg	26.0 - 34.0
MCHC	31.7	g/dL	31.0 - 37.0
Platelet Count	1.81	Lakh/cumm	1.50 - 4.50
Erythrocyte Sedimentation Rate (ESR)	11.0	mm/1st hr.	0.0 - 20.0
HbA1C	5.3	%	4.5 - 6.0

INTERPRETATIONS :-

Non Diabetic	=	< 6 %
Good Control	=	6 - 7 %
Fair Control	=	7 - 8 %
Poor Control	=	> 8 %

SBT 13

Blood Glucose Fasting	79.0	mg/dL	70.0 - 110.0
Total Cholesterol	174.0	mg/dL	< 200.0
HDL Cholesterol	54.7	mg/dL	36.0 - 70.0
LDL Cholesterol	101.1	mg/dL	60.0 - 120.0
Serum Triglycerides	91.0	mg/dL	40.0 - 160.0
Serum Creatinine	0.76	mg/dL	0.60 - 1.30
Blood Urea Nitrogen	12.7	mg/dL	7.0 - 18.0
Serum Protein	7.48	g/dL	6.00 - 8.30
Serum Albumin	4.50	g/dL	3.50 - 5.00



Dr. Gandhi
Dr. Gandhi Kanti Deepak
 MD, Pathology
 No. 111



ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Mr. Munesh Kumar
Age : 35 Yrs 3 Mon 28 Days
Sex : Male
Patient ID : 15241525

Panel : LIC
TPA : MEDSAVE
Received Date : 15/11/2024
Report Date : 15/11/2024

Test Name	Results	Units	Reference Range
Serum Globulin	2.89	g/dL	2.00 - 3.50
A:G Ratio	1.59		
Serum Bilirubin (Total)	0.75	mg/dL	0.30 - 2.00
Serum Bilirubin (Direct)	0.16	mg/dL	0.00 - 0.25
Serum Bilirubin (indirect)	0.59	mg/dL	0.10 - 1.00
SGOT (AST)	23.0	IU/L	0.0 - 37.0
SGPT (ALT)	32.0	IU/L	0.0 - 45.0
Gamma Glutamyl Transferase (GGT)	47.5	IU/L	10.0 - 64.0
Serum Alkaline Phosphatase (ALP)	103.0	IU/L	53.0 - 128.0
Hepatitis B Surface Antigen (HBsAg)	Negative		Negative
HIV I & II ELISA	NON-REACTIVE		NON-REACTIVE

URINE EXAMINATION ROUTINE

PHYSICAL EXAMINATION

Colour : Pale yellow
Appearance : Clear
PH : 5.5
Specific Gravity : 1.015

1.005 - 1.030

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

Pus Cells : 0-1 /HPF
Epithelial Cells : 1-2 /HPF
RBCs : Nil /HPF
Casts : Nil /LPF
Crystals : Nil
Bacteria : Nil
Urine Cotinine Qualitative : Negative

End of Report



Page No. 7 of 2

Dr. GANDHI
MD Pathology
No. 16318
Dr. Gandhi Kranji Deshpak
MD Pathology

ADVANCE DIAGNOSTIC & RESEARCH CENTRE

BADSHAHPUR, GURUGRAM

Handwritten signature

Mr. MUNESH KUMAR

Age : 35M

Ref. by : LIC

Indication1 :

Indication2 :

Indication3 :

COMMENTS : Sinus Rhythm

ID : 187

HR/WT : /

Recorded : 15-11-2024 9:41

Medication1 :

Medication2 :

Medication3 :

HRM : 65

PR : 143 msec

P Axis : 14 deg

QRS Axis : 49 deg

T Axis : -10 deg

P duration : 143 msec

PR duration : 156 msec

QRS duration : 90 msec

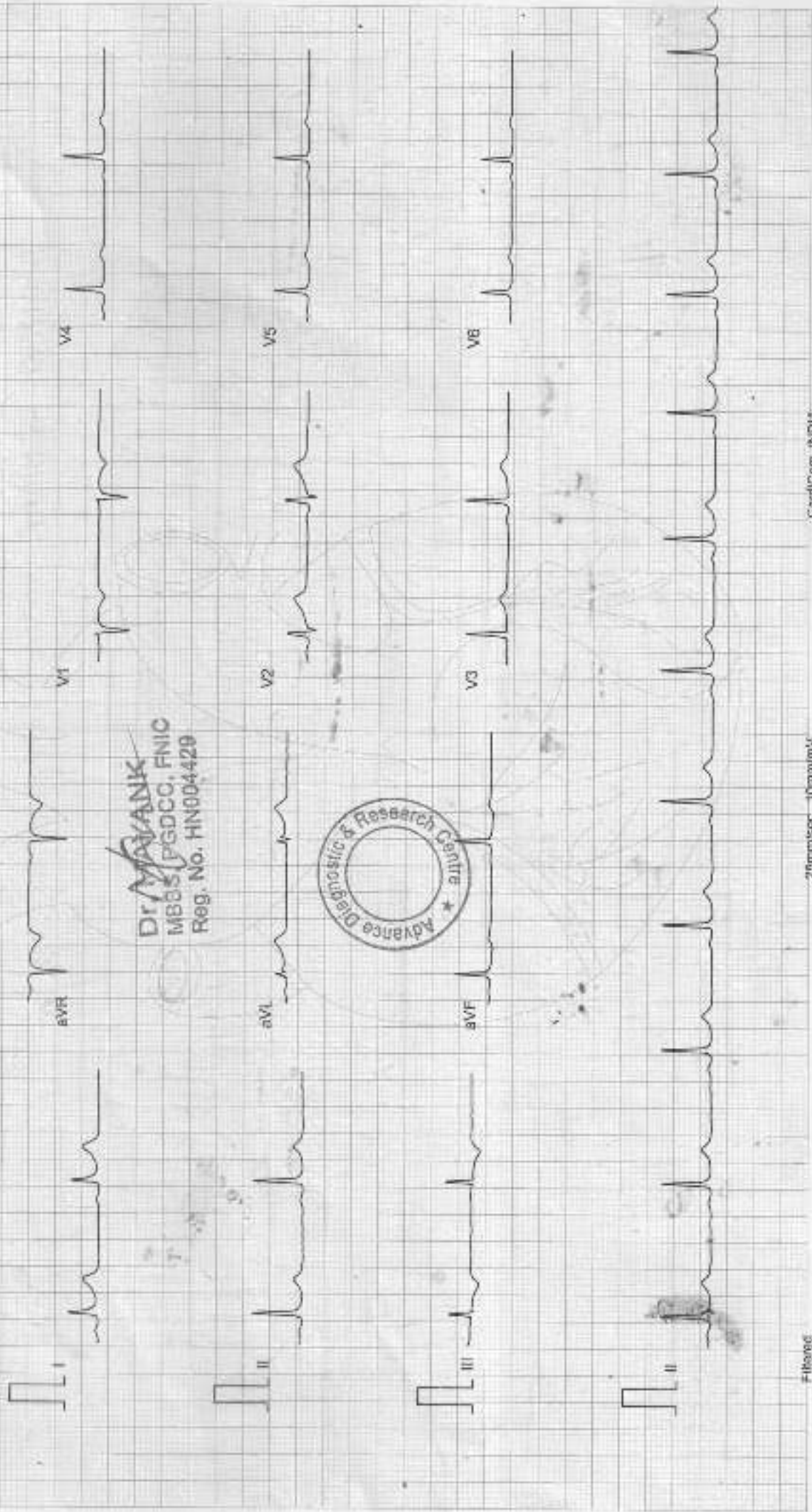
QT interval : 330 msec

QTc interval : 338 msec

Raw E.C.G.

Unconfirmed Report Reviewed By:

Cardiologist



DR. ANKANK
MBBS PGDCC, FNIC
Reg. No. HN004429



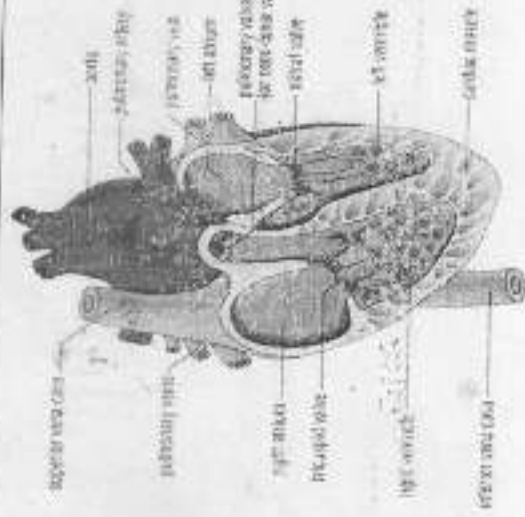
ADVANCE DIAGNOSTIC & RESEARCH CENTRE

ELECTROCARDIOGRAM

Name MUNESH KUMAR

Age & sex 35/m

Company Cic



ECG FINDINGS:

Rate 65/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 Normal

Date 15/1/2024



Dr. MAYANK
Doctors Signatures: M.S.S. P.D.C.C. FNIC
Reg. No. FN0004429