

Health Check up Booking Request(43E1676)

1 message

Medsave <it@medsave.in>
 To: healthcareshridurga@gmail.com
 Cc: customercare@med/wheel.in

4 November 2024 at 14:13



011-41195959

Dear Shri Durga Healthcare

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 SAIDEEP PAMPANAI *Pampani*
Proposal No : 3007
Branch Code : 118
Contact Details : 9301103000
Location : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049

Member Information		
Booked Member Name	Age	Gender
MR SAIDEEP PAMPANAI	18 year	Male

Included Test -

- Urine Analysis
- Hb%
- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000
- SBT-13 with Elisa Method HIV test
- ECG

Thanks,
 Medsave
 Team





भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन / Enrolment No. 2721/27655/82720

To
संदीप पवार
Sandeep Pawar
SO, Deepak Pawan,
170 BAZGA MALIK EK, PANCHWATI WASTHA NAGAR,
ROSHNI GHAR ROAD,
VTC, Gid
PO - LITPADA City,
Sub District Gid, District Gwalior,
State Madhya Pradesh,
PIN Code 474009,
Mobile: 8269409033

1800329292



MH55322421PL



आपका आधार नम्बर / Your Aadhaar No.

4691

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

संदीप पवार
Sandeep Pawar
पिन कोड / DOB: 25/08/2006
पुरुष / Male

आपका आधार नम्बर है, पहचान का सर्वोच्च साक्ष्य।
आपका आधार नम्बर को आपका पहचान, या बहुत कम
अन्य दस्तावेजों की तुलना में सही सिद्ध करेगा।
Aadhaar is proof of identity, not of citizenship.
As a rule of thumb, it should be used with verification just as
evidence of ID, or something of that kind / or the DMU.

4691

मेरा आधार, मेरी पहचान

*DR. MAHESH PAL
MBBS (MD)*



This Aadhaar is your primary mode of identification with the Government of India. It is based on the best of my knowledge available to me at the time of enrolment. Any changes made within 90 days of enrolment in any of the above information is liable to be treated as misrepresentation or misreporting and may lead to deactivation of the Aadhaar.

[Signature]

My Future is my Future / My Future is my Future

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office 118

M. P. PAL
OF THE HESH PAL
S. (MDA)

Proposal No : 3007

Name of Life to be assured: Saideepa Pammani Pammani

The Life to be assured was identified on the basis of Saideepa Pammani
Archi

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at MD on the 04/11/24 day of 2024 at 9:30 a.m./p.m.

Signature of the Pathologist/Doc (Name & Rubber stamp) Qualification

Signature of the Cardiologist (LA has undergone CTMT / ECG) (Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning) (Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured
Name.....

Reports enclosed.

- 1. KMR
- 2. ECG
- 3. Hb%.
- 4. SBT-13
- 5. RVA





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

Branch Code: 118
 Proposal/ Policy No: 3007
 MSP name/code: 00118
 Date & Time of Examination: 4/11/24 9:30 AM
 Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: Aadhar ID Proof No: 4691
 (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. manu..... (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: Sandeep Phommami
 2 Date of Birth: _____ Age: 18 Gender: male
 3 Height (In cms): 167 Weight (in Kgs): 75

4 Required only in case of Physical MER
 Pulse: 80 Blood Pressure (2 readings):
 1. Systolic 118 Diastolic 76
 2. Systolic 118 Diastolic 76

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

<p>5 a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathic etc ? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration</p>	<p>No</p>
<p>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.</p>	<p>No</p>
<p>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</p>	<p>No</p>



Dr. MANESH PAL
 MBBS, (MD)

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>e. Whether developed any complications due to diabetes?</p> <p>f. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>g. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
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>	No
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>	No No
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 -15 B/E
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/drug etc) which is relevant in assessment of medical risk of examinee.	No



Dr. MAHESH PAL
MBBS (MD)

For Female Proponents only		N/A
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 gynaecological 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	Yes
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Declaration

You Mr/Ms Sandeep Rammen 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 ___ day of ___ 20___ 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: MD
 Date: 4/11/24
 Stamp:


 Signature of Medical Examiner
 Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Sai deep Phommari

Age/ Sex:

18 / m

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 or Thumb Impression of L.A.

Sai deep

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.

Dated at

13 on the

4/11/24

day of 2024

at 9:30 a.m.

Sai deep
Signature of the L.A.



R
Signature of the Cardiologist
Cardiologist's Name & Address
Qualification:

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
167	75	118/76	80

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Sup	P Wave	N
Standardisation Imv	100	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	60	T-wave	N
Ventricular Rate	60	Q-Wave	N
Rhythm	sin		
Additional findings, if any.	No		

Conclusion:

LONL

Dated at

on the

4/11/24

at 9:30 a.m./p.m.



Signature of the Cardiologist

Name & Address:

Qualification:

DR. PRANJAN KUMAR
MBBS, MD, FRAC
Cardiologist

SHRI DURGA HEALTH CARE

Mr. SAIDEEP PAMNANI
 ID : 01
 AGE/SEX : 18 Yr/M
 HT/WT :

DATE : 04/11/2024 09:35:12 AM
 REF BY : Dr
 MACHINE INTERPRETATION :

RATE : 80 bpm
 BP : N/A

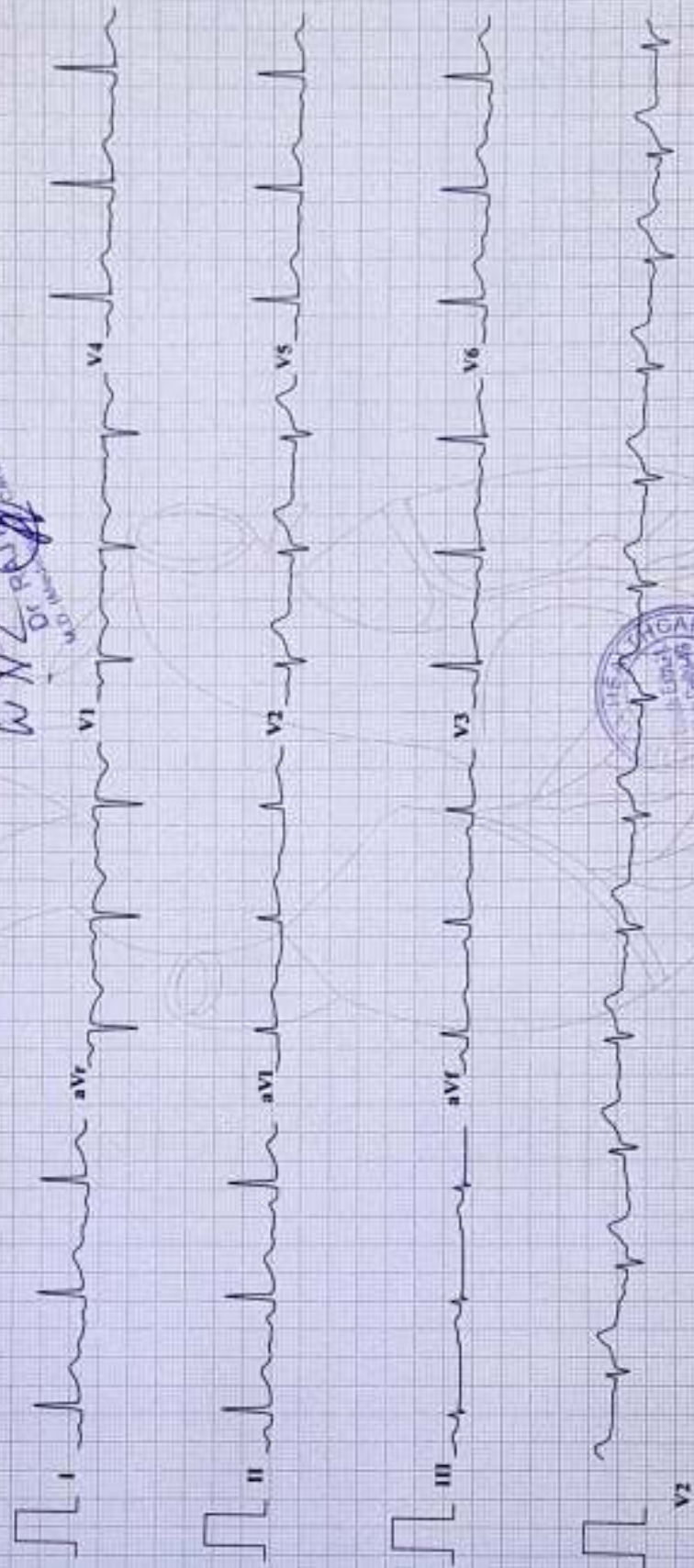
QRS Duration : 83 ms
 QT Interval : 346 ms
 QTc Interval : 383 ms

Speed : 25 mm/s
 Sensitivity : 10 mm/mV

Linked Median

WNL
 Dr. P. S. JAYARAM
 M.D. (General Medicine)

SHRI DURGA HEALTH CARE
 10/10/2024
 10:10:10





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SAIDEEP PAMNANI	Sex:	MALE
Lab. No:	202401102	Age:	18
Date:	4/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	80	mg/dl	70 - 110
Total Cholesterol	150	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	95	mg/dl	50 - 150
S. Trglycerides	75	mg/dl	25 - 160
S.Creatinine	0.7	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	10	mg/dl	6.0 - 21
S. Protien	7.1	g/dl	6.4 - 8.2
Albumin	3.9	g/dl	3.4 - 5.0
Globulin	3.2	g/dl	2.3 - 3.3
A:G Ratio	1.2	g/dl	
S. Bilirubin	0.6	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.3	mg/dl	0.00 - 0.7
SGOT(AST)	25	IU/L	5 - 40
SGPT(ALT)	31	IU/L	5 - 45
GGTP(GGT)	16	IU/L	11 - 50
S. Alkaline Phosphatase	90	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	13.8	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049
 Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	SAIDEEP PAMNANI	Sex:	MALE
Lab. No:	202401102	Age:	18
Date:	4/11/2024	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P. Yellow	P. Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.010	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	1-1	0-5 /HPF
Epithelial Cells	1-1	0-5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

DR. SAFIA RANA
MBBS, MD. (Path)



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049
Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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durga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

DR. HARINDER

DR. SOHANI

DR. POOJA



DR. MAHESH DNI

GPS Map Camera



New Delhi, Delhi, India

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003, India

Lat 28.572248°

Long 77.221445°

04/11/24 09:45 AM GMT +05:30