

Health Check up Booking Request(43E1505)

1 message

Medsave <it@medsave.in>  
To: healthcareshridurga@gmail.com  
Cc: customercare@mediwheel.in

22 October 2024 at 16:04



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 KUNWAR PAL

**Proposal No** : 2893

**Branch Code** : 118

**Contact Details** : 7838246968

**Location** : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049

**Appointment Date** : 22-10-2024

Member Information		
Booked Member Name	Age	Gender
MR KUNWAR PAL	53 year	Male

**Included Test -**

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

Thanks,  
Medsave  
Team



Date: 30/10/24

To,  
LIC of India  
Branch Office

118  
Proposal No. 2893

Name of the Life to be assured Kunwar par

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

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.

Signature of the Pathologist/ Doctor

Name:

LIC of India  
Branch Office

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:  
of \_\_\_\_\_

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	<input checked="" type="checkbox"/>	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	<input checked="" type="checkbox"/>
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	<input checked="" type="checkbox"/>	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	<input checked="" type="checkbox"/>	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A VIEW)		Hb%	<input checked="" type="checkbox"/>
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

KUNWAR PAL

TARA CHAND

17/03/1971

Permanent Account Number

AMBPP6546M

*[Signature]*



*An LIC professional only*  
*[Signature]*

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*M. K. PAL*  
*Dr. MAHESH PAL*  
*MBBS, 71*





LIC

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

Branch Code: 118  
Proposal/ Policy No: 28958  
MSP name/code: 0018  
Date & Time of Examination: 30/10/24 9.00 AM  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: Pan ID Proof No: AMR3PP6546M  
(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. MPCM (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: Kamwar Pal  
2 Date of Birth: 12/03/71 Age: 53 Gender: male  
3 Height (In cms): 168 Weight (in kgs): 74

4 Required only in case of Physical MER  
Pulse: 82 Blood Pressure (2 readings):  
1. Systolic 124 Diastolic 82  
2. Systolic 124 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 ?  
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
- 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.
- 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), 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

Dr. MAHESH PAL  
MBBS (MD)



8	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? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	NO
9	a. Any history of chest pain, <b>heartattack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	NO
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?	
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	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental/ <b>psychiatric disorder</b> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	NO 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

Dr. MAHESH  
MBBS, (MCh)



**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_

Proposal No. \_\_\_\_\_

Agent/D.O. Code: \_\_\_\_\_

Full Name of Life to be assured: Khanwar Bai

Age/Sex: 53/M

**ELECTROCARDIOGRAM**

**ANNEXURE- 1**

LIC03-002

**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.

Proposal No. \_\_\_\_\_

**DECLARATION**

Agent/D.O. Code: \_\_\_\_\_

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.

**ELECTROCARDIOGRAM**

Witness \_\_\_\_\_

Signature or Thumb Impression of L.A. [Signature]

**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 MD on the day of 30/10/2024

[Signature]  
Signature of L.A.

[Signature]  
Signature of the Cardiologist

\_\_\_\_\_  
Name & Address

\_\_\_\_\_  
Qualification

\_\_\_\_\_  
Code No.

**Clinical findings**

(A) \_\_\_\_\_  
answers thereof

- i. Have you ever \_\_\_\_\_  
Y/N
- ii. Are you suffering \_\_\_\_\_  
disease? Y/N
- iii. Have you ever \_\_\_\_\_  
done? Y/N

If the answer/s to any/all \_\_\_\_\_

Dated at \_\_\_\_\_ on the \_\_\_\_\_



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 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

NA

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

Declaration

You Mr/Ms Ambar Pal 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.

i.	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
----	---

*[Handwritten Signature]*

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

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

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: \_\_\_\_\_  
Date: 30/10/24  
Stamp: \_\_\_\_\_

Signature of Medical Examiner  
Name & Code No: \_\_\_\_\_

*[Handwritten Signature]*  
DR. AMBAR PAL  
MBBS (MD)

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: \_\_\_\_\_  
Date: \_\_\_\_\_  
Stamp: \_\_\_\_\_



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
169	74	124/80	82

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10k	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60k	T-wave	Normal
Ventricular Rate	60k	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	NO		

(C) Cardiovascular

Conclusion:

CONL

Rest ECG Report:

Dated at

MD on the day of 30/10/24 2024

Standardisation
Mechanism
Voltage
Electrical Axis
Auricular Rate
Ventricular Rate
Rhythm
Additional findings

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Conclusion:

Dated at:





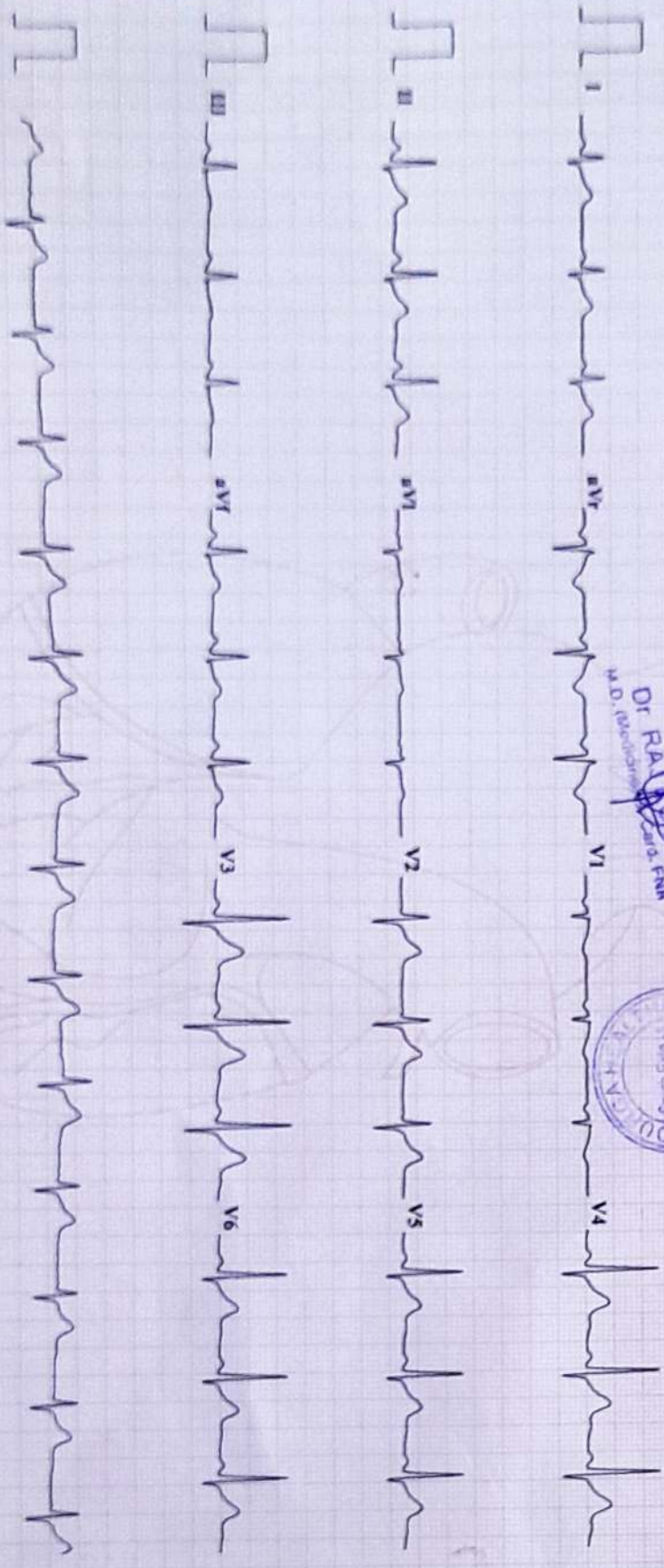
# SHRI DURGA HEALTH CARE

**MR. KANWAR PAL**  
 ID : 78  
 AGE/SEX : 53 Yr / M  
 HGT/WT : /  
 DUCT : 20-10-2024 09:00:39 AM  
 REG SV : DR.  
 MACHINE INTERPRETATION : Normal ECG.

RATE : 86 bpm  
 BP : N/A  
 P Axis : 66 deg  
 QRS Axis : 76 deg  
 T Axis : 50 deg  
 P Duration : 102 ms  
 PR Duration : 119 ms  
 QRS Duration : 76 ms  
 QT Interval : 307 ms  
 QTc Interval : 351 ms

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

DR. RAJ KANWAR  
 M.D. (Medicine)  
 Cardia. FMR



3/2



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	KUNWAR PAL	Sex:	MALE
Lab. No:	202401003	Age:	53
Date:	30/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	99	mg/dl	70 - 110
Total Cholesterol	167	mg/dl	120 - 220
High Density Lipid (HDL)	43	mg/dl	35-70
Low Density Lipid (LDL)	95	mg/dl	50 - 150
S. Triglycerides	142	mg/dl	25 - 160
S.Creatinine	0.9	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	16	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	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	37	IU/L	5 - 40
SGPT(ALT)	41	IU/L	5 - 45
GGTP(GGT)	30	IU/L	11 - 50
S.Alkaline Phosphatase	108	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

## HAEMATOTOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	14.2	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)

DR. SAFIA RANA  
MBBS, M.D. (Path)



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:	KUNWAR PAL	Sex:	MALE
Lab. No:	202401003	Age:	53
Date:	30/10/2024	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	1.020	1.010 - 1.030

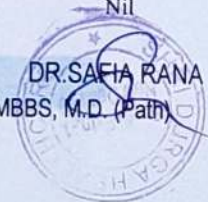
### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

Pus Cells	2-2	0 -5 /HPF
Epithelial Cells	2-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

DR. SAFIA RANA  
MBBS, M.D. (Path)



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**sdurga** HEALTHCARE  
(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

HARINDER  
MANAGERS

DR. SIDDHARTH  
MBBS, MD

DR. POOJA  
MBBS, MD



*Dr. V. K. Singh  
MBBS, MD*

 **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°

30/10/24 09:10 AM GMT +05:30