

Health Check up Booking Request(43E1227)

1 message

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

8 October 2024 at 12:31



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 KABIR

Proposal No : 3174

Branch Code : 12G

Contact Details : 9953145500

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

Appointment Date : 08-10-2024

Member Information		
Booked Member Name	Age	Gender
MR KABIR	24 year	Male

Included Test -

- Haemogram
- Urine Analysis
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 15,00,001 to Rs. 24,99,999

Thanks,  
Medsave  
Team





भारत सरकार  
Government of India



कबीर  
Kabir  
जन्म तिथि/DOB: 02/02/2000  
पुरुष/ MALE

7444 6104 5753

VID : 9152 7090 9832 1499

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



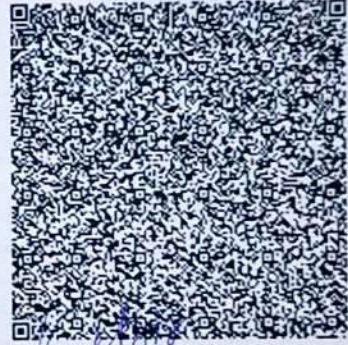
पता:

रामधन, एच - फर्स्ट - 277, नजदीक सेंट्रल मार्केट,  
मदनगीर, पुष्पा भवन, दक्षिण दिल्ली,  
दिल्ली - 110062

Address:

S/O, Ramdhan, H - First - 277, NEAR CENTRAL  
MARKET, Madangir, Pushpa Bhawan, South  
Delhi,  
Delhi - 110062

Download Date: 12/01/2022



7444 6104 5753

VID : 9152 7090 9832 1499



1947



help@uidai.gov.in



www.uidai.gov.in



Dr. MANJESH PAL  
MBBS (MD)

Kabir

**IDENTIFICATION & DECLARATION FORMAT**

To, LIC of India  
Branch Office 12-9  
Proposal No : 12-9 3174

Name of Life to be assured: Kabir

The Life to be assured was identified on the basis of: Address

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 07/10/24 day of 2024 at 8.4 o.a./p.m.

Signature of the Pathologist/Doctor  
(Name & Rubber stamp) Qualification: Dr. Manoj Kumar  
MBBS (MD)

Signature of the Cardiologist (if 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: Kabir

- Reports enclosed.
- 1. FMR
  - 2. ECG
  - 3. Holter
  - 4. SBT 13
  - 5. AUA





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

Branch Code: 126  
Proposal/ Policy No: 2474  
MSP name/code: 6018  
Date & Time of Examination: 07/10/21  
Medical Diary No & Page No: 8.40 Am

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: Aadhar ID Proof No. 5753  
(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. M.P. Sibal (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: <u>Kabir</u>	
2	Date of Birth: <u>2/2/2000</u> Age: <u>21</u>	Gender: <u>male</u>
3	Height (In cms): <u>165</u>	Weight (in kgs): <u>58</u>
4	Required only in case of Physical MER	
	Pulse: <u>78</u>	Blood Pressure (2 readings): 1. Systolic <u>116</u> Diastolic <u>78</u> 2. Systolic <u>116</u> Diastolic <u>78</u>

**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	<p>a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	NO
6	<p>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 <b>diagnostic tests</b>?</p> <p>Please specify date, reason, advised by whom &amp; findings.</p>	NO
7	<p>Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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.</p> <p>If yes provide all investigation and treatment reports</p>	NO



Dr. M.P. SIBAL  
MBBS, (MD)



8	<p>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?</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 <b>endocrine disorders</b> 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>	No
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b> ?</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 <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</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 <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, gonorrhea, 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. Anish Pal  
MBBS, (MD)

For Female Proponents only		
i.	Whether pregnant? If so duration.	NA
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	

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

Declaration

You Mr/Ms Kabir 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.

*Kabir*

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:  
Date:  
Stamp:

MD  
07/10/24

**Dr. MAHESH PAL**  
*M. Pal* (MD)  
Signature of Medical Examiner  
Name & Code No:



**LIFE INSURANCE CORPORATION OF INDIA**

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

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

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

Full Name of Life to be assured: **Kabir**

Age/Sex : **25/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.

**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. **Kabir**

**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 **27/10/24** on the day of **27/10/24** **8.40 AM**

Signature of L.A. **Kabir**

Signature of the Cardiologist **Raj Kumar**

Name & Address **M.D. (Medical) D. Card. F.N.C.**

Qualification **RAJ KUMAR**

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

Clinical findings  
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
165	58	116/78	78

(B) Cardiovascular System

NAD

Rest ECG Report:

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

Conclusion:

WNL

Dated at MD on the day of 07/10/2024 8.40 AM

Signature of the Cardiologist

Name & Address

Qualification

Code No.





# SHRI DURGA HEALTH CARE

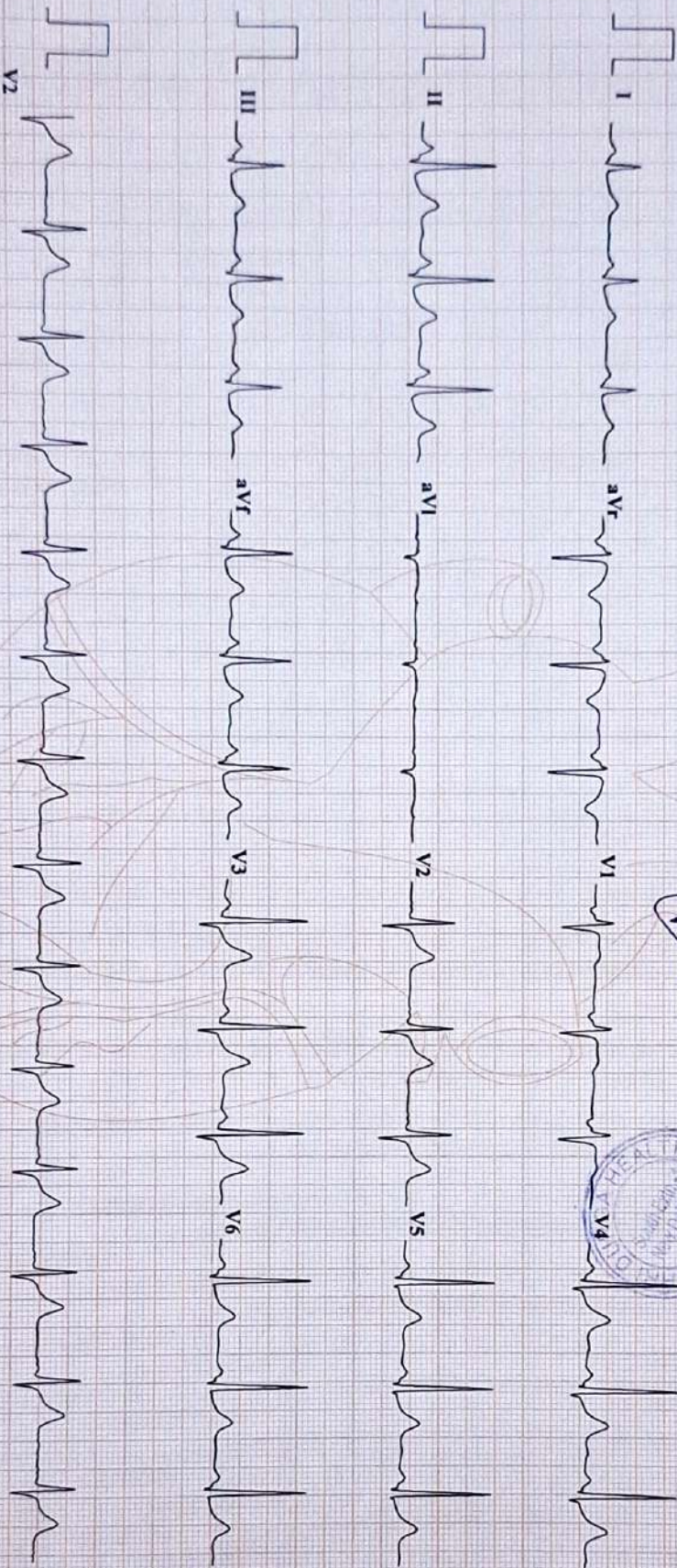
**MR. KABIR**  
 ID : 38  
 AGE/SEX : 24 Yr/M  
 HT/WT : /  
 DATE : 07-10-2024 08:40:46 AM  
 REF BY : Dr.  
 MACHINE INTERPRETATION : Normal ECG.

RATE : 84 bpm  
 BP : N/A  
 P Axis : 65 deg  
 QRS Axis : 69 deg  
 T Axis : 61 deg  
 P Duration : 106 ms  
 PR Duration : 109 ms  
 QRS Duration : 85 ms  
 QT Interval : 323 ms  
 QTc Interval : 365 ms

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

*WNL*

**Dr. RAJAN**  
 MD (Medical)  
 Sr. Card. Phys.



Filters(35 Cycle) And Base Corrected

UNIPIDA, Indore Tel: +91-731-4090033 Fax: +91-731-4031180 E-Mail: em@electromedicals.net Web: www.un-em.com ECG Ver: 1.0.1



Dr.



# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	KABIR	Sex:	MALE
Lab. No:	202401002	Age:	24
Date:	7/10/2024	Ref. By	LIC

## Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	14.2	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,000	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	70	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	02	%	01 - 06
Monocyte	03	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.73	million/cmm	3.5 - 5.5
PCV	42.6	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	10	mm/hr	0 - 15
PLATELETS COUNT	2.90	Lac/cmm	1.5 - 4.5

\*\*\*\*\*End of Report\*\*\*\*\*



SDHC



3, 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:	KABIR	Sex:	MALE
Lab. No:	202401002	Age:	24
Date:	7/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	76	mg/dl	70 - 110
Total Cholesterol	160	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	102	mg/dl	50 - 150
S. Triglycerides	86	mg/dl	25 - 160
S.Creatinine	0.7	mg/dl	0.7 - 1.4
Blood Urea Nitrogen (BUN)	10	mg/dl	6.0 - 21
S. Protien	7.6	g/dl	6.4 - 8.2
Albumin	4.4	g/dl	3.4 - 5.0
Globulin	3.2	g/dl	2.3 - 3.3
A:G Ratio	1.3	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)	20	IU/L	5 - 40
SGPT(ALT)	27	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

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



## SDHC



Ground Floor , South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	KABIR	Sex:	MALE
Lab. No:	202401002	Age:	24
Date:	7/10/2024	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	1.010	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

### MICROSCOPIC EXAMINATION

Pus Cells	2-1	0 -5 /HPF
Epithelial Cells	2-1	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)



63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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

NARINDIA  
DR. SIDHAR  
DR. POOJA



 **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°  
07/10/24 08:45 AM GMT +05:30



Dr. MAHESH PAL  
MBBS (MD)

