

-- Forwarded Message -----

From: "bo_112" <bo_112@licindia.com>

To: "harvind_pahwa2002@yahoo.com" <harvind_pahwa2002@yahoo.com>

Sent: Fri, Oct 11, 2024 at 17:06

Subject: FW: Medical Tests to be conducted

From: Life Insurance Corporation of India

Sent: Friday, October 11, 2024 5:05 PM

To: lic@medsave.in

Cc: bo_112

Subject: Medical Tests to be conducted

Dear Sir/Madam,

Medsave Health Insurance TPA Ltd.

Please arrange to conduct medical examination (reports required are mentioned below) of the Life Proposed at a location convenient to the Customer and submit the reports within the prescribed TAT.

Name & Address of Life Proposed.

MR MOHIT
205/13, WARD NO-11 NEAR
RAGUNATH MANDIR JAWAHAR NAPAR
HARYANA
PIN : 121002 ; Contact No : 9784867650
eMail :

Test/ Reports required.

1. [ECG at rest (tracing & report)]
2. [Hb%]
3. [Physical Medical Examiners Report]
4. [RUA Routine Urine Analysis]
5. [SBT-13 with Elisa Method HIV test]

Branch : 112 ; Proposal No : 2898 ; Proposal Yr : 2024

Date of Birth : 23/01/2000 ; Sum Under Consideration : 5575000

Proposer may be advised to carry original photo identity (Passport / Pancard / Driving licence / Voters ID etc) along with the photo copy to be submitted at the Diagnostic centre.



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

EMKPM0984F



नाम / Name
MOHIT

पिता का नाम / Father's Name
RAJ KUMAR

जन्म की तारीख / Date of Birth
23/01/2000

Mohit
हस्ताक्षर / Signature



26022018



Dr. MAHESH PAL
MBBS, (MD)

Date: 14/10/24

To,
LIC of India
Branch Office

Proposal No. 112 2898

Name of the Life to be assured Mohit

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

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
Dr. Rakesh Pal (MD)



Name: _____

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

Mohit
(Signature of the Life to be assured)

Name of life to be assured: _____

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





LIC

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

श्री लोकोत्तम लिमिटेड
एल आर कॉरपोरेशन ऑफ इंडिया

Branch Code: 112
Proposal/ Policy No: 2898
MSP name/code: 0018
Date & Time of Examination: 14/10/24 9:15 AM
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: pan ID Proof No. EMKPM098472
(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. pal (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: Mohit
2 Date of Birth: 23/01/2003 Age: 21 Gender: male
3 Height (In cms): 173 Weight (in kgs): 70.5

4 Required only in case of Physical MER
Pulse: 70 Blood Pressure (2 readings):
1. Systolic 126 Diastolic 82
2. Systolic 126 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

<p>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</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), 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</p>	<p>NO</p>



Dr. MAHESH PAL
MBBS, DMD



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>	NO
9	<p>a. Any history of chest pain, heartattack, 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
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

Dr. MAHESH PAL
MBBS (MD)



For Female Proponents only		NA
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	

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

Declaration

You Mr/Ms Mohit 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:
Date:
Stamp:

MD
14/10/24

Signature of Medical Examiner
Name: Code No:

DR. VISHESH PAL
(14/10/24)



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch _____

Proposal No. _____

Agent/D.O. Code: _____

Full Name of Life to be assured: *Mohit*

Age/Sex _____

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. *Mohit*

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 *14/10/24* *2024*

Signature of L.A. *Mohit*

Signature of the Cardiologist *RAJKUMAR*

Name & Address _____

Qualification _____

Code No. *9:15A*

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
173	70.5	126/82	70

(B) Cardiovascular System

214D

Rest ECG Report:

Position	Supine	P Wave	present
Standardisation Imv	100	PR Interval	normal
Mechanism	normal	QRS Complexes	normal
Voltage	normal	Q-T Duration	normal
Electrical Axis	normal	S-T Segment	normal
Auricular Rate	60	T-wave	normal
Ventricular Rate	60	Q-Wave	normal
Rhythm	Sinus		
Additional findings, if any.	None		

Conclusion: WNL

Dated at

MD on the day of 14/10/2024 9:15 AM

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

Mr. MOHIT
 LD : 26
 AGE/SEX : 24 Yr / M

HT/WT : /
 DATE : 14-10-2024 09:35:26 AM
 REF BY : Dr

MACHINE INTERPRETATION : Normal ECG.

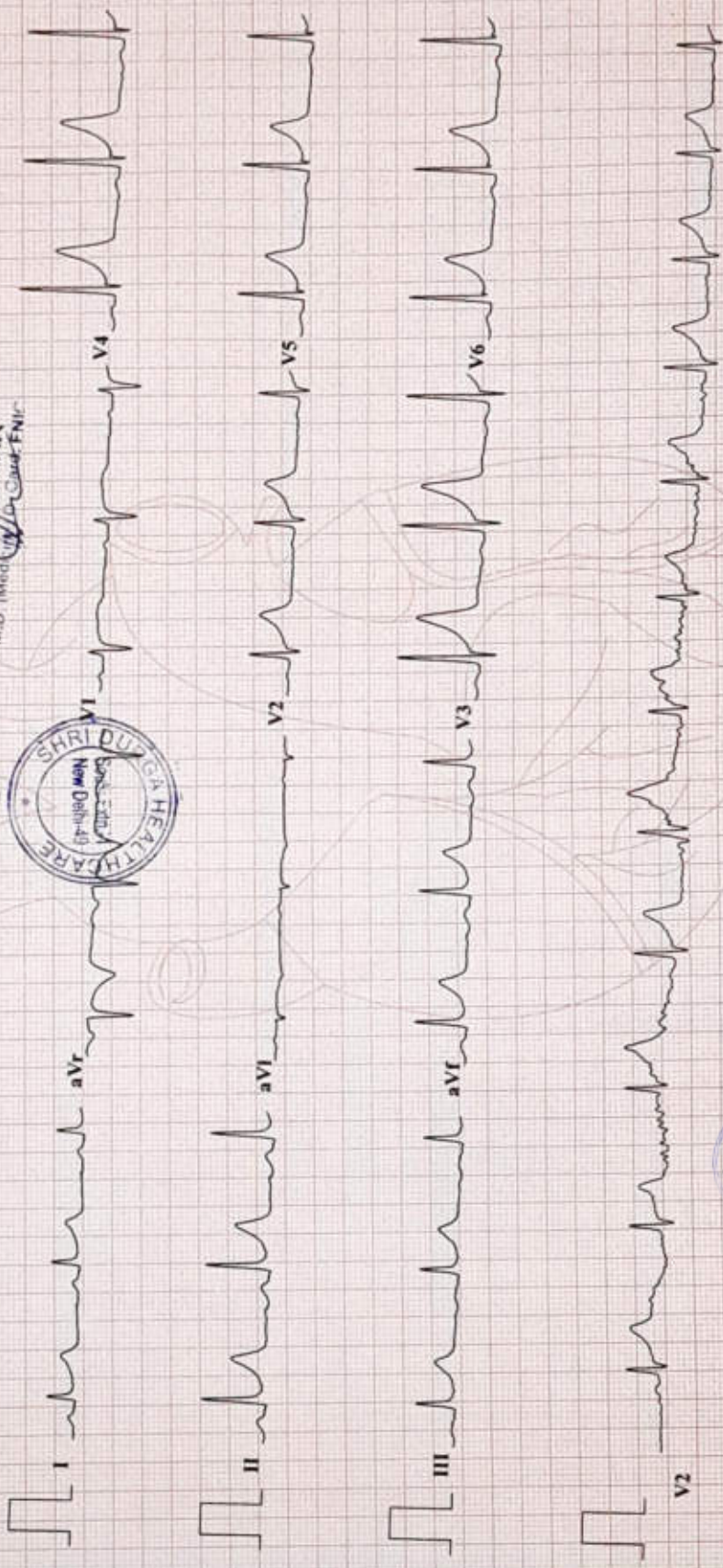
RATE : 69 bpm
 BP : N/A
 P Axis : 50 deg
 QRS Axis : 66 deg
 T Axis : 66 deg

P Duration : 112 ms
 PR Duration : 162 ms
 QRS Duration : 80 ms
 QT Interval : 379 ms
 QTc Interval : 398 ms

Linked Median

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

WNL
Dr. RAJKUMAR
 M.D. (Med) *Dr. Gaurav FNIC*



Filtered(35 Cycle) And Base Corrected



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	MOHIT	Sex:	MALE
Lab. No:	202401001	Age:	24
Date:	14/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	84	mg/dl	70 - 110
Total Cholesterol	160	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	104	mg/dl	50 - 150
S. Triglycerides	76	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	7.2	g/dl	6.4 - 8.2
Albumin	3.9	g/dl	3.4 - 5.0
Globulin	3.3	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)	24	IU/L	5 - 40
SGPT(ALT)	30	IU/L	5 - 45
GGTP(GGT)	18	IU/L	11 - 50
S. Alkaline Phosphatase	80	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

Test Name	Value	Unit	Normal Value
HAEMATOLOGY			
Hemoglobin (HB)	14.8	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:	MOHIT	Sex:	MALE
Lab. No:	202401001	Age:	24
Date:	14/10/2024	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	1-1	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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)


sdurga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

NAVINDE

DR. SOHAM

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°

14/10/24 09:26 AM GMT +05:30



DR. MAHESH PAL
MBBS. (MD)

