



Health Check up Booking Request(43E1160)

Medicare info@medicare.in
To: healthcare@shridurga@gmail.com
Cc: customercare@medicare.in

3 October 2024 at 10:51



011-41199999

Dear Shri Durga Healthcare

We have received a booking request with the following details. Provide your confirmation by clicking on the 'Reschedule'.

You confirm this booking?

Name : MRS MOHINI SATHYAPAL
 Proposal No : 3837
 Branch Code : 007
 Contact Details : 9811307720
 Location : GRS, Mir Gyan Singh Arja Marg, South Extension I, Block D, New Delhi, Delhi 110048
 Appointment Date : 05-10-2024

Member Information		
Booked Member Name	Age	Gender
MRS MOHINI SATHYAPAL	50 year	Male

Included Test -

- Haemogram
- Urine Analysis
- SBT-IG with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 25,00,000 to Rs. 49,99,999

Thanks,
Medicare
Team



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MONICA SABHARWAL
KULDEEP CHAND SOOD

25/06/1974
Permanent Account Number

APVPS8374R



Monica
Signature

Dr. PABETI DHIMAN
P. B. S.

Monica



IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office 11-F

Proposal No : 3617

Name of Life to be assured: Monica Sabharwal

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

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 ND on the 05/10/24 day of 2024 at 11.45 a.m./p.m.

Dr. PREE D DHIMAN
Signature of the Pathologist/Doctor
(Name & Rubber stamp) Qualification:

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

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

Reports enclosed.

- 1. FMR
- 2. ECG
- 3. Hanging
- 4. S.O.T-13
- 5. R.V.A





भारतीय जीवन बीमा निगम
LIC INSURANCE CORPORATION OF INDIA

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

Branch Code: 11-F
Proposal/ Policy No: 3617
MSP name/code: 0018
Date & Time of Examination: 05/10/24
Medical Diary No & Page No: 11.15A

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: pan ID Proof No. APLPS8734R
(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 preeti..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: Monica Sabharwal
2 Date of Birth: 25/6/74 Age: 50 Gender: Female
3 Height (In cms): 167 Weight (in kgs) : 90

4 Required only in case of Physical MER
Pulse : 68 Blood Pressure (2 readings):
1. Systolic 128 Diastolic 86
2. Systolic 128 Diastolic 86

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

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



Dr. PREETI DHIMAN
preeti M.B.B.S

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. PREEI DHIMAN
M.P.



For Female Proponents only		
i.	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NO
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	NO

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 Monica Sabharwal 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.

swaree

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
05/10/24

DR. PREETI DHIMAN
Preeti
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: Mohica

Age/Sex : 50

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. [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 ND on the day of 05/10 2024 11.15 AM

[Signature]
Signature of L.A.

Signature of the Cardiologist
Dr RAJAJUMAR
M.D. (Medicine), D. Card. FNIC
Name & Address
Qualification Code No.

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
167	90	128/86	68

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	NAD
Standardisation Imv	10k	PR Interval	NAD
Mechanism	NAD	QRS Complexes	NAD
Voltage	NAD	Q-T Duration	NAD
Electrical Axis	NAD	S-T Segment	NAD
Auricular Rate	60k	T-wave	NAD
Ventricular Rate	60k	Q-Wave	NAD
Rhythm	2:2		
Additional findings, if any.	NO		

WNL

Conclusion:

Dated at NAD on the day of 05/10/2024 11.15 AM

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



SHRI DURGA HEALTH CARE

D-63 NDSE-1 NEW DELHI-49

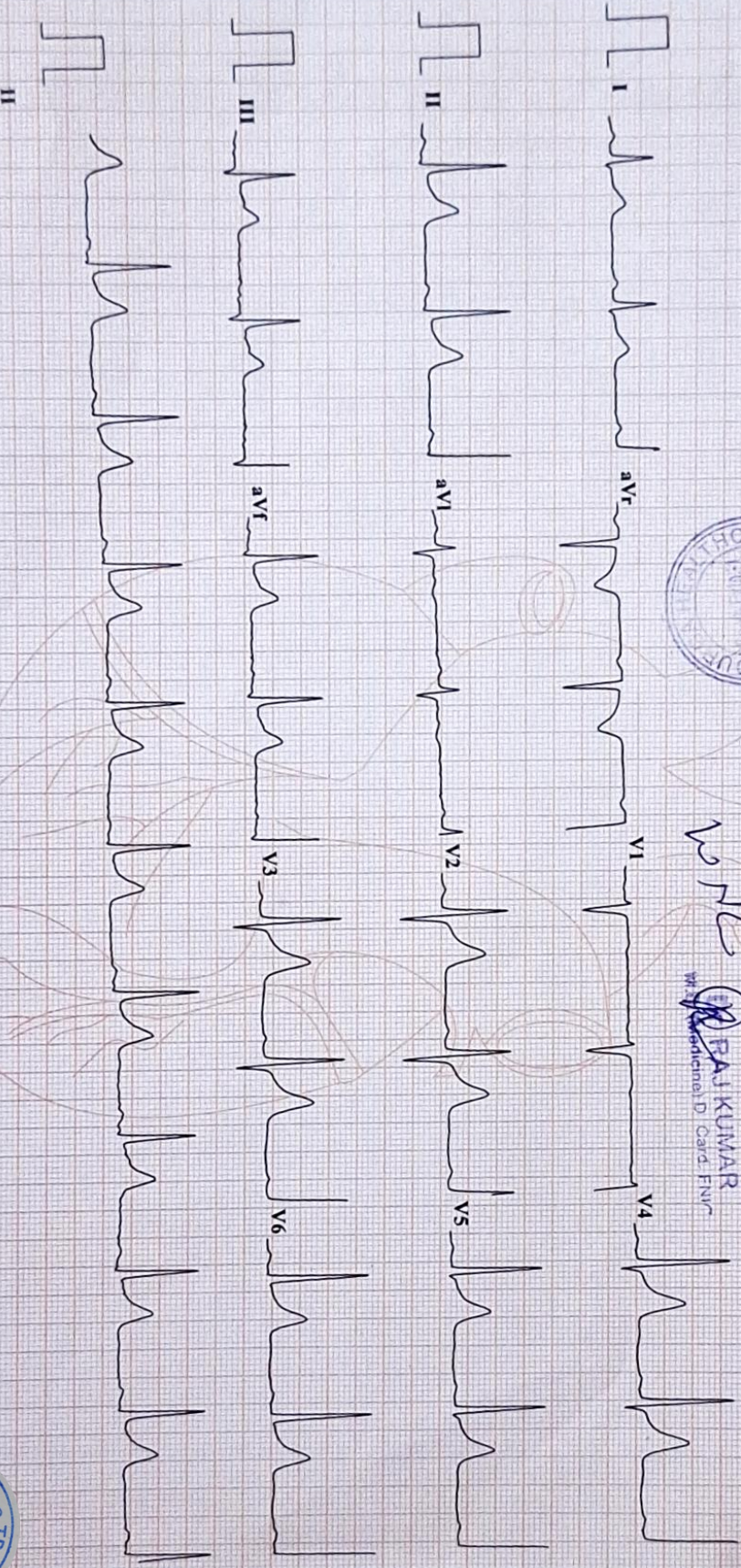
MS. MONICA SABHARWAL
 LD : 12
 AGE/SEX : 50 Yr/F
 HT/WT : /
 DATE : 05-10-2024 11:31:48 AM
 REF BY : Dr.



RATE : 63 bpm
 BP : N/A
 P Axis : 27 deg
 QRS Axis : 62 deg
 T Axis : 66 deg
 P Duration : 109 ms
 PR Duration : 145 ms
 QRS Duration : 109 ms
 QT Interval : 409 ms
 QTc Interval : 418 ms

WNL
RAJKUMAR
 Medical ID Card ENR

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



Filtered(35 Cycle) And Base Corrected

UNI-EM, Indore Tel: +91-731-4030035 Fax: +91-731-4031180 E-Mail: em@electromedics.in Web: www.uni-em.com ECG Ver 14.0.1





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	MONICA SABHARWAL	Sex:	FEMALE
Lab. No:	202401007	Age	50
Date:	5/10/2024	Ref. By	LIC

Haemogram

TEST NAME	VALUE	UNIT	NORMAL VALUE
Hemoglobin (HB)	13.4	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	8,000	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	65	%	45 - 75
Lymphocyte	29	%	20 - 35
Eosinophil	03	%	01 - 06
Monocyte	03	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	4.46	million/cmm	3.5 - 5.5
PCV	40.2	%	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	1.99	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

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:	MONICA SABHARWAL	Sex:	FEMALE
Lab. No:	202401007	Age	50
Date:	5/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	98	mg/dl	70 - 110
Total Cholesterol	150	mg/dl	120 - 220
High Density Lipid (HDL)	40	mg/dl	35-70
Low Density Lipid (LDL)	84	mg/dl	50 - 150
S. Triglycerides	130	mg/dl	25 - 160
S. Creatinine	0.8	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	12	mg/dl	6.0 - 21
S. Protien	6.9	g/dl	6.4 - 8.2
Albumin	3.8	g/dl	3.4 - 5.0
Globulin	3.1	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)	34	IU/L	5 - 40
SGPT(ALT)	42	IU/L	5 - 45
GGTP(GGT)	29	IU/L	11 - 50
S. Alkaline Phosphatase	109	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE		NEGATIVE
HbsAg (Australia antigen)	NEGATIVE		NEGATIVE



SDHC



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Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	MONICA SABHARWAL	Sex:	FEMALE
Lab. No:	202401007	Age:	50
Date:	5/10/2024	Ref. By:	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

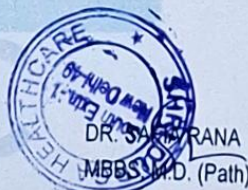
<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.025	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-3	0-5 /HPF
Epithelial Cells	2-4	0-5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

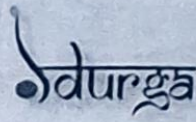


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HEALTHCARE

(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

NARINDER
DR. SICHAR
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°

05/10/24 11:24 AM GMT +05:30



Dr. PREEBHAWA
M.B.B.S

