

Health Check up Booking Request(43E1230)

1 message

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

8 October 2024 at 12:34



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** : GEETANSH MALIK

**Proposal No** : 3133

**Branch Code** : 119

**Contact Details** : 9988776605

**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
GEETANSH MALIK	22 year	Male

**Included Test -**

- Urine Analysis
- ELISA Test for HIV
- Hb%
- Lipidogram
- Physical Medical Examination Report (PMER) Rs. 25,00,000 to Rs. 49,99,999

Thanks,  
Medsave  
Team



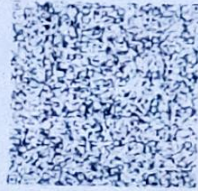
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
GHEPM6485E



नाम / Name  
GEETANSH MALIK

पिता का नाम / Father's Name  
TARUN MALIK

जन्म की तारीख /  
Date of Birth  
22/11/2001

*Geetansh*  
हस्ताक्षर / Signature

25092020

*Dr. PRADEEP PAL*  
MBBS.

*Geetansh*



*let*



**KIRTI RANI**

Development Officer (1577)  
Life Insurance Corporation of India  
Branch Unit-119, 38-C, Defence Colony, New Delhi-11  
(M) 9873438519, Kiru\_verma2k3@yahoo.com



**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

119

Proposal No : \_\_\_\_\_ 3133 \_\_\_\_\_

Name of Life to be assured: Geetansh malik

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

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 68/10/24 day of 2024 at 8.20 a.m./p.m.

Signature of the Pathologist/Doctor (Name & Rubber stamp) Qualification: MAHESH PAL CBS (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: Geetansh



Reports enclosed.

1. .... F.M.R .....
2. .... Ubi .....
3. .... Cipidogram .....
4. .... HR R.A .....
5. .... .....





LIC

भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

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

Branch Code: 8119  
Proposal/ Policy No: 3133  
MSP name/code: 0018  
Date & Time of Examination: 68/10/24  
Medical Diary No & Page No:

8:20 Am

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof, verified: Plan ID Proof No. GHEP26485E  
( 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. Madh (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: Geetansh Malik  
2 Date of Birth: 22/11/2001 Age: 23 Gender: male  
3 Height (In cms): 176 Weight ( in kgs ) : 84  
4 Required only in case of Physical MER  
Pulse : 76 Blood Pressure (2 readings):  
1. Systolic 112 Diastolic 78  
2. Systolic 112 Diastolic 78

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 <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> 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 <b>diagnostic tests</b>? Please specify date , reason ,advised by whom &amp; findings.</p>	<p>NO</p>
<p>7 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. If yes provide all investigation and treatment reports</p>	<p>NO</p>



DR. MAHESH PAL  
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>heart attack</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 <b>Circulatory disorder</b> ?	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/ disability/ amputation</b> 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 -1.00 D/E
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 Lal  
MBBS, (MD)



For Female Proponents only		
i.	Whether pregnant? If so duration.	N/A
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
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Declaration

You Mr/Ms Geetansh Malik 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.

*Geetansh*

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  
08/10/24

**Dr. MAHESH PAL**  
M.D. (S. MD)

Signature of Medical Examiner  
Name & Code No:





# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	GEETANSH MALIK	Sex:	FEMALE
Lab. No:	202401005	Age:	22
Date:	8/10/2024	Ref. By	LIC

## LIPIDOGRAM

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Total Cholesterol	140	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	84	mg/dl	50 - 150
S. Triglycerides	70	mg/dl	25 - 160
S.Creatinine	0.7	mg/dl	0.7 - 1.4

## SEROLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE

## HAEMATOTOLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Hemoglobin (HB)	12.8	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)

DR. SAEED 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

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:	GEETANSH MALIK	Sex:	FEMALE
Lab. No:	202401005	Age:	22
Date:	8/10/2024	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	1-1	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)



# SDHC



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

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*Sadurga*

HEALTHCARE

(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED

DR. SINGH  
DR. POOLIA



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°

08/10/24 08:28 AM GMT +05:30



Dr. M. P. PAL  
MBBS, D.M.