



Navya Hospital <navyahospital9@gmail.com>

Health Check up Booking Request(43E1662)

1 message

Medsave <it@medsave.in>
 To: navyahospital9@gmail.com
 Cc: customercare@mediwheel.in

Mon, Nov 4, 2024 at 11:37 AM



011-41195959

Dear Navya Hospital

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

You confirm this booking?

Name : MRS KALAWATI DEVI
 Proposal No : 5352
 Branch Code : 311
 Contact Details : 9211979789
 Location : RZ-138, Block E, New Roshanpura,

Member Information		
Booked Member Name	Age	Gender
MRS KALAWATI DEVI	56 year	Female

Included Test -

- Urine Analysis
- Hb%
- Lipidogram
- BST Only fasting or Only PGBS
- ECG

Thanks,
 Medsave
 Team



Date: 05/10/2024

To,
LIC of India
Branch Office

Proposal No. 5352

Name of the Life to be assured: Kalawati Devi

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

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:

Dr. PESHOO GUPTA
Peshoo Gupta
REG. NO. - 11390

Signature of the Pathologist/ Doctor

Name:

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

Kalawati Devi

(Signature of the Life to be assured)

Name of life to be assured: Kalawati Devi

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	T picogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test - Fasting & P.M) Both
3	Haemogram	11	HbA1c
4	Urea	12	FBS (Fasting Blood Sugar)
5	SST-13	13	PGBS (Post Glucose Blood Sugar)
6	Urea for HIV	14	OTMT with Tracing
7	+HCA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify): _____

Remarks of Health Assure PVT LTD

Authorized Signature: _____

NAVYA HOSPITAL
B-110, MANJARGAON,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No. 5352

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: Kalavati Devi

Age/Sex : 56/F

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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)
Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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 Delhi on the day of 05/10 2024

Signature of L.A.

Dr. KALASH NATH GUPTA

Signature of the Cardiologist
Name & Address

Qualification Code No.

NAVYA HOSPITAL
RZ-13B, HAUZ KHAS,
NEW DELHI-110043

MBS: MD
REG. NO. - 11391

Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
155	75	122/76	78

(B) Cardiovascular System

..... N/A

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Inv	10 mV	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	78 / min	T-wave	Normal
Ventricular Rate	78 / min	Q-Wave	Normal
Rhythm	Sinus		-
Additional Findings, if any.	Normal		-

Conclusion: *Normal*Dated at *20* on the day of *05/11* 20*24*

Signature: *[Signature]*
 Name & Address: **BBS, MD**
 Qualification: **REG. NO. - 11391**
 Code No.

NAVYA HOSPITAL
 22-138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000


भारत सरकार
 Government of India

कालवती देवी
KALAWATI DEVI
 19/11/1960 - 19/06/1962
 4500778461




7798 1646 7051

मेरा आधार, मेरी पहचान


भारतीय विशिष्टता-संकेत-संस्थान
 Unique Identification Authority of India

19/11/1960 - 19/06/1962
 19/11/1960 - 19/06/1962
 4500778461

Address:
 W/O Ramesh Chandra, A-42, PHEM HAZAR I
 HARSHERI BLOCK, Kalyan, Suburban Nagar, Mumbai
 South West India, India - 400001



7798 1646 7051

Dr. RASHOO GUPTA
Rashoo Gupta
 REG.NO.-11390


NAVYA HOSPITAL
 HZ-19, ...GARH,
 NEW L...

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA
Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE / TIME 05/11/2024 09:20 AM

Proposal No. 5352

Agent/D.O. Code:

Full Name of Life to be assured: KALAWATI DEVI

Introduced by: (name & signature)

Age/Sex : 56/F

1. Physical Examination

(i) Colour : PILL YELLOW	(ii) Sediment: NIL
(iii) Transparency : CLEAR	(iv) Reaction : ACIDIC

2. Chemical Examination

(i) Protein : NIL	(ii) Sugar : NIL
(iii) Bile salt : NIL	(iv) Bile pigments : NIL

3. Microscopic Examination

(i) Red Blood Cells: NIL	(ii) Epithelial Cells : 02-04 /HPF
(iii) Crystals : NIL	(iv) Pus Cells : 01-02 /HPF
(v) Casts : NIL	(vi) Deposits : NIL
(vii) Bacterias : NIL	

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

NAVYA HOSPITAL
RZ-133/ RAJAPURH,
NEW DELHI-110043

Signature of the Pathologist: **VIRMANI**
Dr. S. S. Virmani
MBBS, MD, PATH
REG. NO. - 8941
Qualification :
LIC Code No. :

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming, Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion. Please inform the doctor. Information is mandatory.

CARE 24 Plus
DIAGNOSTICS

Address: Navya Hospital, RZ-133, New Rohanpura, Najafgarh, New Delhi, India

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone _____ Division _____ Branch _____ DATE / TIME 05/10/2024 09:15 AM

Proposal No. 5352

Agent/D.O. Code: _____ Introduced by: (name & signature)

Full Name of Life to be assured: MRS KALAWATI DEVI

Age/Sex : 56/F

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	94.4	60-110 MG/DL
2	TOTAL CHOLESTEROL	198.4	100-250 MG/DL
	HIGH DENSITY LIPID (HDL)	37.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	119.7	00-150 MG/DL
3	TRIGLYCERIDES	157.8	25-160 MG/DL
4	CREATININE		0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEINE		6.5-8.5 MG/DL
	(A) ALBUMIN		3.5-6.0 MG/DL
	(B) GLOBULINE		1.8-2.5 MG/DL
	(C) AG RATIO		
7	S. BILIRUBIN		0.0-02 MG/DL
	(A) DIRECT		0.2-0.8 GM/DL
	(B) INDIRECT		0.2-1.0 MG/DL
	(C) TOTAL		
8	SGOT (AST)		04-15 IU/DL
9	SGPT (ALT)		00-40IU/DL
10	GCTP (GGT)		11-50IU/DL
11	S. ALKALINE PHOSPHATASE		15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		NEGATIVE

NAVYA HOSPITAL
RZ-185, NEW ROUSHANPUR, NARAYAN, NEW DELHI-110043

DR. SAKSHI VIRMANI
MBBS, MD PATH
REG NO - 8941

SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS ALIFICATION

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE Plus DIAGNOSTICS
Address: Navya Hospital, RZ-185, New Roushanpur, Narayan, New Delhi-110043

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA

Zone: Division Branch DATE /TIME 05/10/2024 09:15 AM

Proposal No.5352

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MRS KALAWATI DEVI

Age/Sex : 56/F

HEAMETOLOGY

Test	Result	Unit	
Hb%	11.3	MLDL	13.00-15.00

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MDRPTD PATH
REG. NO-8941
Pathologist's name & Address
Qualification:
LIC Code No. :

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE  **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-13B, New Roshanpura, Najafgarh, New Delhi-110043

Kalawati Devi S6/F

05/11/2024

NAVYA HOSPITAL
R2-108, ANAPART, NEW DELHI-110042



Dr. KAILASH SINGH
M.D. (GEN. MED.)
REG. NO. 11391