

❖ This medical fitness is only on the basis of clinical examination. No COVID -19 and other investigation has been done to reveal the fitness

MEDICAL EXAMINATION REPORT

Name Vesha Maheshwari Age & Sex 29y/F Date of MER 26/03/24
 Identification Mark Nil ID Proof UID Card
 Ht 161 Wt 65 Chest Exp/Insp 75/80 Abd 82 PR 92/m BP 110/70
 BMI 25

Any Operation

No

Any Medicine Taken

K/O - Thyroid disorder X 1 year on regular Rx Tab. Thyroxine 100mg

Any Accident

No

Alcohol/Tabacco/Drugs No

Consumption.....Duration.....

Qty.....

Whether the person is suffering from any of the following diseases, give details

DISEASE	Yes/NO	DETAIL
Diabetes	<u>No</u>	
Hypertension	<u>No</u>	
Renal Complications	<u>No</u>	
Heart Disease	<u>No</u>	
Cancer	<u>No</u>	
Any Other	<u>No</u>	

Examination of systems

SYSTEMS(any evidence of past/present disease)	YES	NO	DETAILS
Brain or nervous system		<input checked="" type="checkbox"/>	
Lungs or other parts of respiratory system		<input checked="" type="checkbox"/>	
GI Tract		<input checked="" type="checkbox"/>	
Ears, Eyes, Nose, Throat, Neck		<input checked="" type="checkbox"/>	
Cardiovascular System		<input checked="" type="checkbox"/>	

Signature of client Vesha

Signature of Doctor Dr. R.S. Maheshwari
 M.B.B.S. (Paed) P.C.M.S. (Ex.) M.I.A.P
 Consultant Physician & Child Specialist
 Seal of Centre **LIFE LINE HOSPITAL**
 GILL ROAD, LUDHIANA-141003
 Registration No 34970

Feedback – Medical Checks

This is to confirm & certify that I have gone through the medical examination through centre on to complete the requisite medical formalities towards my application for life insurance from BOB vide Proposal Form bearing no dated 26/03/24

I do confirm specifically that the following medical activities have been performed for me:

- | | | |
|---|---|-----------------------------|
| 1. Full Medical Report (Medical Questionnaire) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. Sample Collection | | |
| a. Blood | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Urine | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. Electro Cardio Gram (ECG) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. Treadmill Test (TMT) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 5. Others <u>Pap smear, CxR, USG, Eyes Checkup,</u> | | |

I have furnished my ID Proof UID bearing ID No. 0699259235992 at the time of my medical.

Feedback Form

Pap smear samples refused by client.

- Behavior and cooperation of staff

Reception/ Clinic/ Hospital	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Technician/ Doctors	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
- Time Management Good Average Poor
- Upkeep of hospital Good Average Poor
- Technology & Skills Good Average Poor
- Please remark if the medical check procedure was satisfactory Yes No

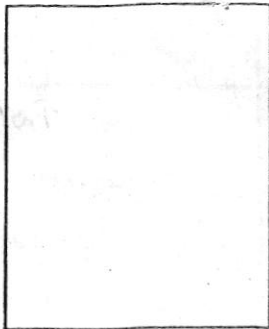
(Medical Facility- Location; Facility Set-up, instruments, cleanliness; Process followed; etc. Also on the Medical Staff: Appearance; Technical Know-how; Behavior etc.)

- If No please provide details or let us know of anything additional you would like to provide

.....

Signature of the Life to be Insured (Proposer in case of Life insured being minor) <u>Versha</u>	<p style="text-align: center;">Dr. R.S. Maheshwari</p> <p style="font-size: small; text-align: center;">M.B.B.S. MD. (Paed) P.C.M.S. (Ex.) M.I.A.P. Consultant Physician & Child Specialist</p> <p style="text-align: center;">LIFE LINE HOSPITAL GILL ROAD, LUDHIANA-141003</p> Name of Visiting/Attending Doctor <hr/> MC Registration No: <u>34970</u> Doctor Stamp with date <u>26/03/24</u>
Name of the Life to be Insured with date (Proposer (in case of Life insured being minor)) <u>Versha Maheshwari</u>	

Self Declaration & Special COVID-19 Consent



Date 26/03/24

Day:

Time:

Patient's Name/Client Name Neerasha Maheshwari

Age: 29y

Sex: F

Case No/Proposal no

Address

Profession:

1) Do you have Fever/Cough/Tiredness/Difficulty in Breathing?

Yes/No

2) Have you travelled outside India and came back during pandemic of COVID 19 or

Have you come from other country during pandemic of COVID 19?

Yes/No

3) Have you travelled anywhere in India in last 60 days?

Yes/No

4) Any Personal or Family History of Positive COVID 19 or Quarantine?

Yes/No

5) Any history of known case of Positive COVID 19 or Quarantine patient in your

Neighbors/Apartment/Society area

Yes/No

6) Are you suffering from any following diseases?

Diabetes/Hypertension/Lung Disease/Heart Disease

Yes/No

7) Are you healthcare worker or interacted/lived with Positive COVID 19 patients?

Yes/No

During the Lockdown period and with current situation of Pandemic of COVID 19, I came to this hospital/home visit by this hospital at my home for medical checkup..e.g. MER, Blood Sample, Urine sample and ECG.

I also know that I may get infection from the hospital or from doctor, and I will take every precaution to prevent this from happening. for that I will never hold doctors or hospital staffs accountable if such infection occurs to me or my accompanying persons.

Above information is true as per best to my knowledge, I understand that giving false information or hiding the facts or any type of violence in the hospital are punishable offence in IPC.

Neerasha

Patient's Signature with Name

Dr. R.S. Maheshwari

Dr. R.S. Maheshwari

M.B.B.S., M.D. (Peds)
Consultant Physician & Child Specialist

LIFE LINE HOSPITAL

GILL ROAD, LUDHIANA-141003

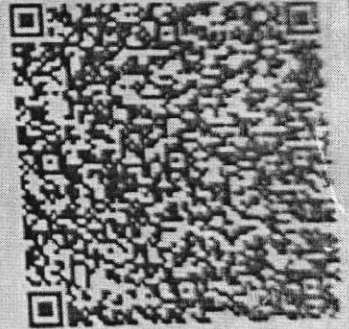
Registration No 34970



भारत सरकार
GOVERNMENT OF INDIA



ਵਰਸ਼ਾ ਮਹੇਸ਼ਵਰੀ
Versha Maheshwari
ਜਨਮ ਮਿਤੀ/DOB: 26/07/1994
ਅੰਦਾਜ਼/ FEMALE
Mobile No: 9814161153



6992 5923 5992

MEERA AADHAAR, MERI PEHCHAN

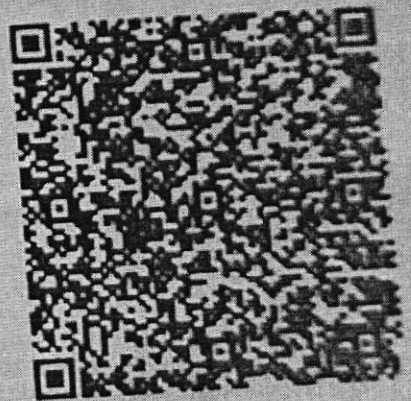
Versha
Dr. R.S. Maheshwari
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Registration No 34970



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA™

Download Date: 07/09/2017

ਪਤਾ:
D/O: ਪਵਨ ਕੁਮਾਰ, ਮਕਾਨ ਨੰਬਰ 2660,
ਗਲੀ ਨੰਬਰ 1, ਵਿਸ਼ਕਰਮਾ ਟਾਊਨ, ਮਿੱਲਰਗੰਜ,
ਲੁਧਿਆਣਾ,
ਪੰਜਾਬ - 141003



Address :
D/O: Pawan Kumar, House Number 2660,
Street Number 1, Vishkarma Town,
Millerganj, Ludhiana,
Punjab - 141003



Generation Date: 12/04/2013


1947
1800 300 1947


help@uidai.gov.in


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P.O. Box No. 1947,
Bengaluru-560 001

Versha Maheshwari

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LIFE HOS

ELINE SPITAL

Important Notice

1. Please Bring Original Photo ID (Latest) for Any Pre-Insurance Health Checkup

2. Center Will Not Conduct any Medical or Lab Test Without Original Photo ID

3. Please Come Fasting For Laboratory Tests As Per The Instructions All Given By Your Corporate or T.P.A.

4. Please Keep Silence, Wait Your Turn And Switch Off Your Mobile

5. Please Fill The "Feedback" Form And Do Not Hesitate to Face Any Problem In Front of Center

YOU ARE UNDER CCTV SURVEILLANCE

Dr. R.S. Maheshwari
M.B.B.S. M.D. (Paed) P.C.M.S. (Ex) M.I.A.F
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Registration No. 34970

GPS Map Camera

Ludhiana, Punjab, India

VVM5+G8H, Dugri Rd, Dasmesh Nagar, New Kartar Nagar, Ludhiana, Punjab 141003, India

Lat 30.883773°

Long 75.85827°

26/03/24 11:23 AM GMT +05:30

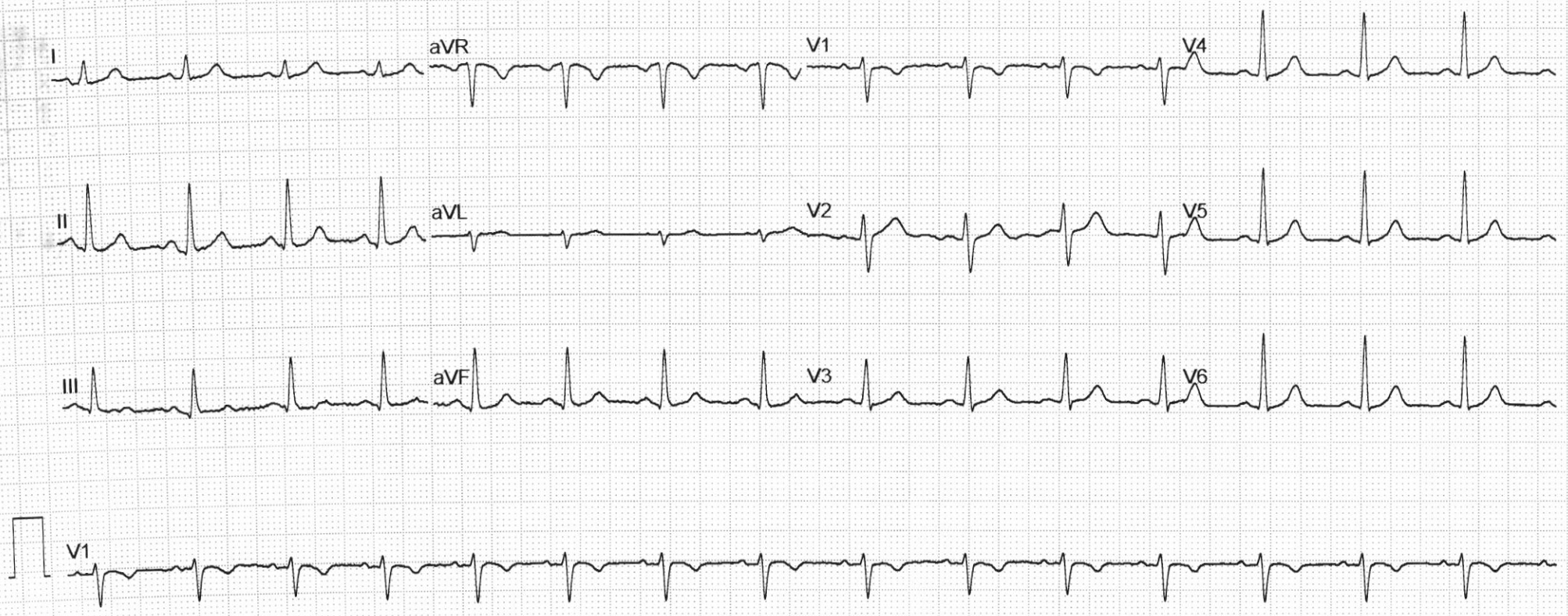
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QRS : 72 ms
QT / QTcBaz : 332 / 410 ms
PR : 146 ms
P : 110 ms
RR / PP : 654 / 652 ms
P / QRS / T : 61 / 71 / 47 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Versha
Dr. Ravi Kant Singla
Dr. Ravi Kant Singla
M.B.B.S. MD
Medical Specialist
Ex. Registrar CMC LDH.
Reg. No. 29182



Unconfirmed

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
ENTRY LEVEL



NAME: VERSHA MAHESHWARI

AGE/SEX: 29Y/F

HEIGHT: 161 cms

WEIGHT: 65 kgs

B.P: 110/70mmHg

PULSE: 92BPM

- CVS - N.A.D.
- CNS - N.A.D.
- P/A - N.A.D.
- R/S - N.A.D.
- Not k/c/o of DM,HTN
- ENT - NAD
- Skin Examination - NAD
- TUNING FORK TEST- NORMAL

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GILL ROAD, LUDHIANA-141003
Registration No 34970

Lifeline Hospital

Multi Speciality & Super Speciality Hospital

NABH Accredited
SINCE 1998



NAME Veersha Maheshwari

EMP.CODE _____

AGE / SEX 29 y / F

DATE 26/3/24

REF. BY Bank of Baroda

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VIA	SPH	CYL	AXIS	VIA
DISTANCE		<u>Plain</u>		<u>6/6</u>		<u>Plain</u>		<u>6/6</u>
FOR NEAR ADD	<u>—————</u>				<u>—————</u>			

COLOR VISION (ISHIHARA'S CHART)

COLOR VISION : Normal

OTHER OPINION: _____

Bhagwant Singh
EYE CARE DEPARTMENT
DOCTOR SIGNATURE
LIFELINE HOSPITAL
GILL ROAD, LUDHIANA-141003.



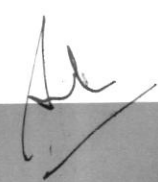
Lab ID. :	01	Date :	26/03/2024
Name :	VERSHA MAHESHWARI	Age/Sex :	29/ Years/Female
Ref. By :	BANK OF BARODA	Mac. No. :	536

Complete Blood Count

Test Performed on ERBA H360 Fully Automated Analyser

Parameters	Result	Units	Reference Range	Graphs
LEUKOCYTES				
Total WBC Count	5.68	10 ³ /uL	4.0 - 11.0	<p>WBC</p>
Lymphocytes%	33.0	%	20.0 - 50.0	
Mixed%	9.1	%	3.0 - 10.0	
Neutrophils%	57.9	%	50.0 - 70.0	
Lymphocytes#	1.87	10 ³ /uL	0.6 - 4.1	
Mixed#	0.52	10 ³ /uL	0.1 - 1.8	
Neutrophils#	3.29	10 ³ /uL	2.0 - 7.8	
ERYTHROCYTES				
Hemoglobin	9.7 L	g/dl	11.0 - 16.0	<p>RBC</p>
R.B.C Count	4.59	10 ⁶ /uL	3.50 - 5.50	
Haematocrit(PCV)	31.3 L	%	36.0 - 47.0	
MCV	68.2 L	fl	80.0 - 99.0	
MCH	21.1 L	pg	27.0 - 32.0	
MCHC	31.0 L	g/dl	32.0 - 36.0	
RDW-SD	42.4	fl	35.0 - 56.0	
RDW-CV	16.8 H	%	11.5 - 14.5	
THROMBOCYTES				
Platelets Count	341	10 ³ /uL	150 - 450	<p>PLT</p>
MPV	11.4 H	fl	7.4 - 10.4	
PDW	15.7	fl	10.0 - 17.0	
PDW-CV	15.3	%	10.0 - 17.0	
PCT	0.388 H	%	0.108 - 0.280	
P-LCR	39.5	%	13.0 - 43.0	
P-LCC	135.0 H	10 ³ /uL	30 - 90	
ESR	32 H	mm 1st hr	0 - 20	

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg. No 40195





NAME : VERSHA MAHESHWARI
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 26.03.2024

BLOOD EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
FBS	70-110mg/dl	82mg/dl
PPBS	70-140mg/dl	86mg/dl
UREA(BUN)	15-45mg/dl	24mg/dl
CREATININE	0.7-1.5mg/dl	0.82mg/dl
URIC ACID	3.0-6.2mg/dl	3.75mg/dl
CHOLESTEROL	140-200mg/dl	154mg/dl
TRIGLYCRIDE	60-160mg/dl	126mg/dl
CHOLESTEROL HDL	35-60 mg/dl	46mg/dl
CHOLESTEROL LDL	60-150 mg/dl	83mg/dl
VLDL	20-40 mg/dl	25mg/dl
CHOLESTEROL/HDL Ratio	4.0:1-4.16:1 mg/dl	3.3:1mg/dl
LDL/HDL Ratio	1.71-2.5mg/dl	1.8mg/dl

Recommendation:-

- 1 This report is not valid for medico legal purposes .
2. The test can be repeated free of cost in case of any discrepancy.
3. Test to be clinically correlated.
4. All card tests require confirmation by serology
5. False negative or false positive results may occur in some cases.

Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40199

NAME : VERSHA MAHESHWARI
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 26.03.2024

LIVER EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
BILLIRUBIN TOTAL	<1.2mg/dl.	0.70mg/dl
BILLIRUBIN DIRECT	<0.3mg/dl	0.20mg/dl
BILIRUBIN INDIRECT	<0.9mg/dl	0.50mg/dl
S.G.O.T.	5-50Units/L	33Units/L
S.G.P.T.	5-50 Units/L	28Units/L
GAMMA GT	9-52 Units/L	24Units/L
ALK. PHOSPHATASE	ADULTS-28-111Units/L CHILD-54-369units/L	102Units/L
TOTAL PROTEIN	6.0-8.0mg/dl	7.0mg/dl
ALBUMIN	3.5-5.3mg/dl	4.0mg/dl
S.GLOBULIN	2.0-4.0gm/dl	3.0gm/dl
A/G RATIO	1.25:1-1.75:1 mg/dl	1.33:1gm/dl

Recommendation:-

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M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Regd No 40195



NAME : VERSHA MAHESHWARI
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 26.03.2024

HbA1C

Test name	results	units
HbA1c{GLYCOSYLATED HEMOGLOBIN}BLOOD	5.30	%

Interpretation

As per American Diabetes association {ADA}	
Reference Group	HbA1c.in %
Non diabetic adults ≥ 18 years	4.0 - 6.0
At risk	≥ 6.0 to ≤ 6.5
Diagnosing diabetes	>6.5
Therapeutic goals for glycemic Control	Adults Goal of therapy : < 7.0 Action suggested : >8.0

Note : 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. target goals of < 7.0 % may be beneficial in patients with short duration of diabetes , long life expectancy and no significant cardiovascular disease .In patient with significant complications of diabetes , limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose level over the past 8-12 weeks & is a much better indicator of long term glycemic as compared to blood & urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c %	Mean plasma glucose {mg/dl }	HbA1c %	Mean plasma glucose {mg/dl}
5	98	9	212
6	126	10	240
7	154	11	269
8	183	12	298

Recommendation:-

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Dr. SURBHI GOYAL
M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
2023



NAME : VERSHA MAHESHWARI
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 26.03.2024

TEST ASKED : -T3,T4,TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGE</u>
T3	0.93 ng/ml	0.70-2.04 ng/ml
T4	9.87 µg/dl	4.6-10.5 µg/dl
TSH	5.701 µIU/ml	0.40-4.20µIU/ml

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M.B.B.S. M.D. (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No 40196

NAME : VERSHA MAHESHWARI
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 26.03.2024

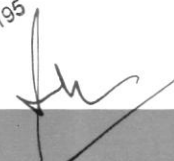
• URINE EXAMINATION REPORT

A. PHYSICAL EXAMINATION	
QUANTITY	25ml
COLOUR	P. YELLOW
DEPOSIT	ABSENT
REACTION	ACIDIC
SECIFIC GRAVITY	1.015
B. CHEMICAL EXAMINATION	
UROBILINOGEN	NIL
BLOOD	NIL
PROTEIN	NIL
SUGAR	NIL
KETONE BODIES	NIL
BILIRUBIN	NIL
NITRITE	NIL
LEUKOCYTES	NIL
C. MICROSCOPIC EXAMINATION	
EPITHELIAL CELLS	1-2/hpf
PUS CELLS	2-3/hpf
R.B.C.	NIL
CRYSTALS	NIL
CAST	NIL

Recommendation:-

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Reg No 40195





NAME : VERSHA MAHESHWARI
AGE/SEX : 29Y/F
REF BY : BANK OF BARODA
DATE : 26.03.2024

URINE EXAMINATION REPORT

DETERMINATION	NORMAL	RESULT
POST URINE SUGAR	NIL	NIL

*Recommendation:-

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CONSULTANT PATHOLOGIST
Reg No 40195

Name : VERSHA MAHESHWARI
Age/Sex : 29YRS/F
Date : 26/3/2024

X-ray Chest PA View

The cardiac size and shape is **normal**

Both hilla are normal.

The lungs on either side shows equal translucency.

The peripheral vasculature is normal

The domes of the diaphragm is normal

The pleural spaces are normal.

Dr. R.S. Maheshwari
DR. R.S. MAHESHWARI
M.B.B.S., M.D., M.P.H., M.T.A.P.
Consultant Physician & Child Specialist
M.B.B.S., M.D.
Reg No. 34970
LIFE LINE HOSPITAL
GILL ROAD, LUDHIANA-141003
Registration No 34970



Patient's Name: **VERSHA MAHESHWARI**

AGE/SEX : **29Y /F**

DATE : **26/03/2024**

ULTRASONOGRAPHY OF ABDOMEN

LIVER : Liver is normal in size & shape. Hepatic bleary radicals are normally outlined. Portal vein normal in caliber. No evidence of liver abscess. Movements of diaphragm are not restricted. No evidence of secondaries. CBD is of normal calibre.

GALL BLADDER : Gall Bladder is distended. Walls are normal.. Lumen shows normal echo

PANCREAS : Pancreas is normal in size, shape and echotexture. No evidence of any collection in lesser sac.

SPLEEN : Spleen is normal in size, shape and echotexture. Calibre splenic vein at hilum is WNL.

RIGHT KIDNEY : Right kidney is normal in size & shape . Cortical thickness is WNL, Corticomedullary differentiation is well maintained. Pelvi-calyceal system is normally outlined. No evidence of calculus, backpressure. Changes or S.O.L.

LEFT KIDNEY : Left kidney is normal in size & shape. Cortical thickness is WNL. Pelvi-calyceal system is normaly outlined. No evidence of calculus, backpressure changes or S.O.L.. Corticomedullary differentiation is well maintained.

URETERS: Both ureter are normal and not dilated

URINARY BLADDER : UB is seen filled stage . lumen is echo free walls are normal

UTERUS: Uterus is normal in size and outline . no focal is seen in myometrium . endometrial echo is 4mm in thickness .

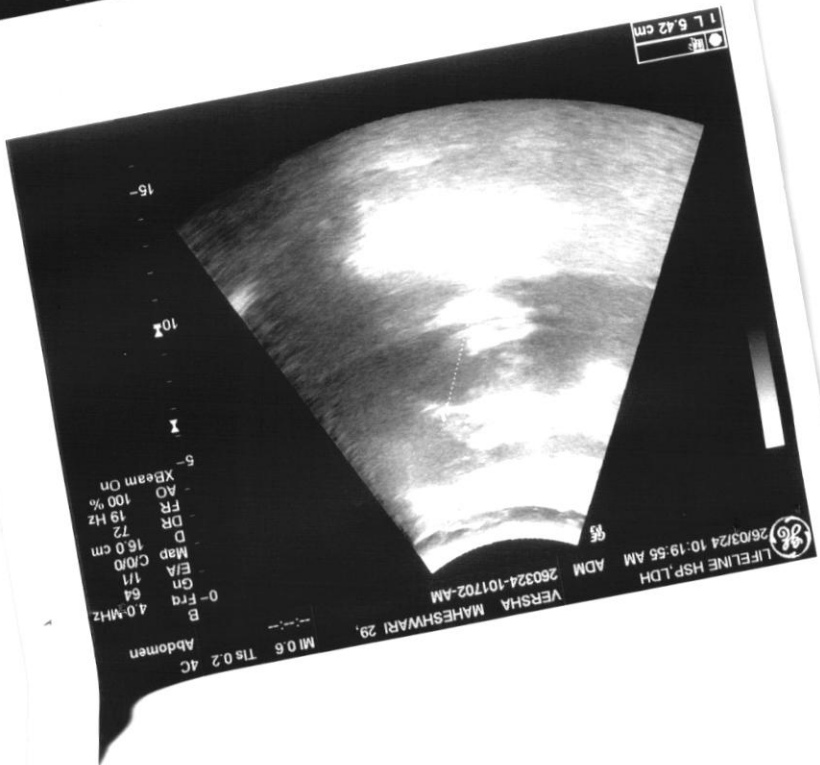
OVERIES : Both adenexa shows normal ehogenic appearance .

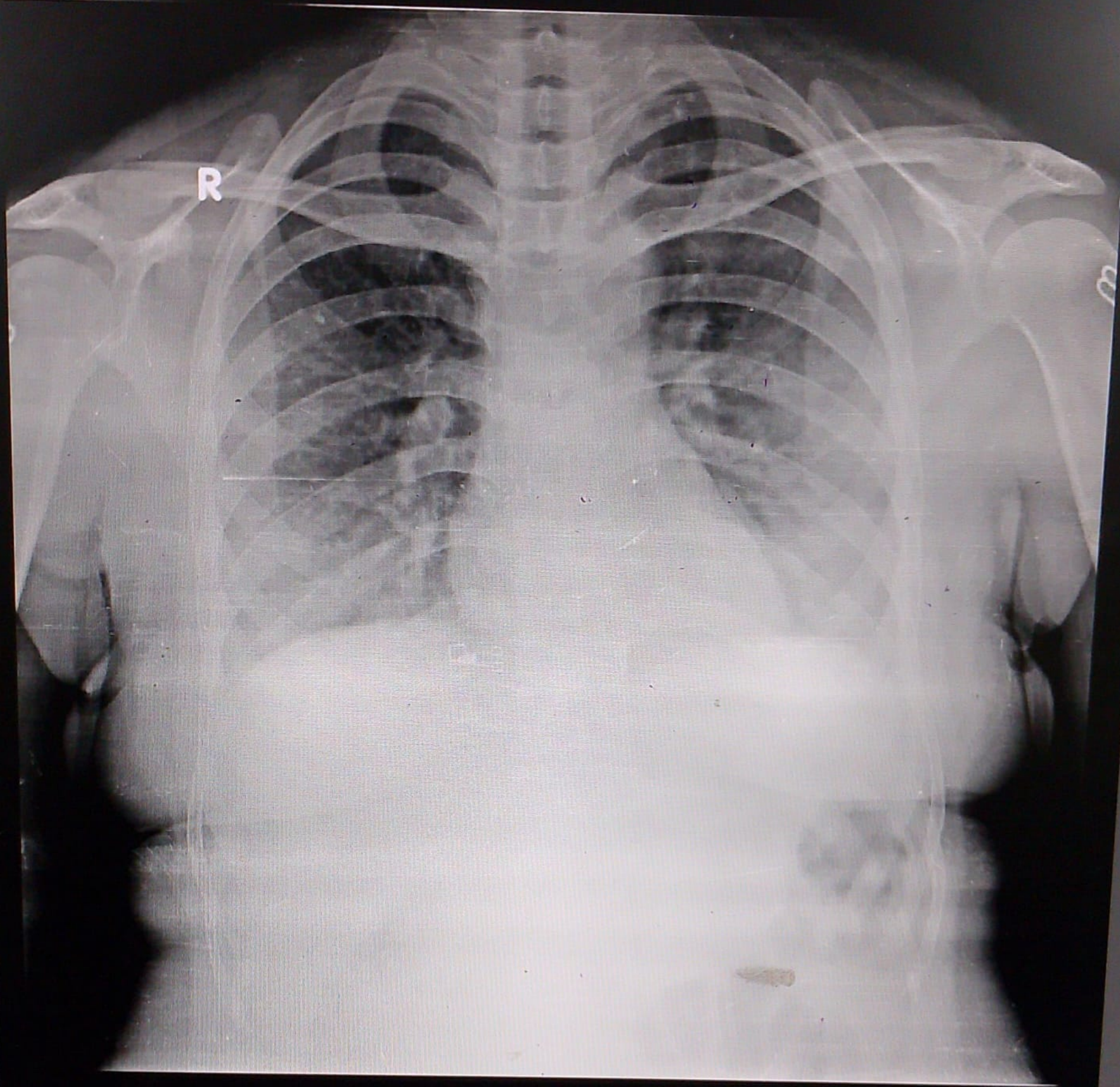
IMP..... USG **NORMAL**
Dr. R. S. Maheshwari
M.B.B.S., M.D (Ped)
SONOLOGIST

DR. R. S. MAHESHWARI

ULTRASONOLOGIST :-This is only professional opinion and not diagnosis . It should be correlated clinically.







VERSHA MAHESHWARI 29 4501 F CHEST,FRN P->A 26-03-2024 11:35
LIFELINE HOSPITAL, GILL ROAD ,LUDHIANA