

**Health Check up Booking Request(43E1330)**  
1 message

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

11 October 2024 at 13:59



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** : ACHIT KUMAR SADH  
**Proposal No** : 3913  
**Branch Code** : 11s  
**Contact Details** : 9711529910  
**Location** : D63, Har Gyan Singh Arya Marg, South Extension I, Block D, New Delhi, Delhi 110049  
**Appointment Date** : 11-10-2024

Member Information		
Booked Member Name	Age	Gender
ACHIT KUMAR SADH	45 year	Male

**Included Test -**

- HbA1c
- CBC/ESR with Hb% & Peripheral smear
- Physical Medical Examination Report (PMER) Rs. 50,00,000 to Rs 99,99,999

Thanks,  
Medsave  
Team



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ACHIT KUMAR

ARVIND KUMAR

30/09/1979

Permanent Account Number

AYIPK6587C



अचित कुमार

Signature

Dr. MAHESH PAL  
2022



अचित कुमार



**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office

11-5

Proposal No

3913

Name of Life to be assured:

Achit Kumar Sakh

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

Pass

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

on the

14/10/24

day of 2024

at 10:15

a.m.p.m.

Signature of the Pathologist/Doctor  
(Name & Rubber stamp) Qualification:

Dr. Manish Pal  
MBBS. (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.....

31/2021 on 12

Reports enclosed.

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

FMR

HbA1c

CBC/ESR with Hb.1. Pheri-trust same





MEDICAL EXAMINER'S REPORT

Form No LIC03-001(Revised 2020)

Branch Code: 11-5  
Proposal/ Policy No: 3913  
MSP name/code: 0018  
Date & Time of Examination: 14/10/24  
Medical Diary No & Page No: 1320A2

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: \_\_\_\_\_ ID Proof No. AX18K6587C  
( 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. Mahesh 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: Achit Kumar Singh  
2 Date of Birth: 30/9/79 Age: 45 Gender: male  
3 Height (In cms): 176 Weight ( in kgs ): 73

4 Required only in case of Physical MER  
Pulse : 76 Blood Pressure (2 readings):  
1. Systolic 124 Diastolic 80  
2. Systolic 124 Diastolic 80

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

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.

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

Dr. MAHESH PAL  
MBBS, D



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>heartattack</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</b> /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 <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
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 PAL  
MBBS, (M-)



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
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Declaration

You Mr/Ms Achit Kumar Saha 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:

M)

14/10/24

14/10/24

Dr. MAHESH PAL  
MBBS, (MD)  
Signature of Medical Examiner  
Name & Code No:

Dr. MAHESH PAL  
MBBS, (MD)





# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	ACHIT KUMAR SADH	Sex:	MALE
Lab. No:	202401002	Age:	45
Date:	14/10/2024	Ref. By	LIC

## Haemogram

TEST NAME		UNIT	NORMAL VALUE
Hemoglobin (HB)	10.9	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,500	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	65	%	45 - 75
Lymphocyte	30	%	20 - 35
Eosinophil	03	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	3.63	million/cmm	3.5 - 5.5
PCV	32.7	%	36 - 52
MCV	90	fl	78 - 98
MCH	30	pg	27 - 32
MCHC	33	%	32 - 38
E S R (Wintrob's method)	20	mm/hr	0 - 15
PLATELETS COUNT	1.82	Lac/cmm	1.5 - 4.5

\*\*\*\*\*End of Report\*\*\*\*\*



DR. SAFIA RANA  
MBBS, M.D. (Path)



# SDHC

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:	ACHIT KUMAR SADH	Sex:	MALE
Lab. No:	202401002	Age:	45
Date:	14/10/2024	Ref. By	LIC

## HAEMATOLOGY

Test Name	Method	Value Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.5%

### Reference Range:

- Below 6.0 % -Normal Value
- 6.0 % - 7.0 % -Good Control
- 7.0 % - 8.0 % -Fair Control
- 8.0 % - 10 % -Unsatisfactory Control
- Above - 10 % -Poor Control

Technology: BIDIRECTIONALLY INTERFACED FULLY AUTOMATED TURBIDOMETRY BY ROCHE



\*\*\*\*\*End of Report\*\*\*\*\*



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# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Lab No.	202401003	Date	14/10/2024
Name	ACHIT KUMAR SADH	Age/Sex	45 Yrs. / M
Ref. By	LIC		

## HAEMATOLOGY

Test Name	Result	Units	Normal Range
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### PERIPHERAL BLOOD SMEAR EXAMINATION

RBC's - Predominantly Normocytic Normochromic with few macrocytes.  
No nucleated RBC's seen.

WBC's- Total count is Within Normal Limits  
No immature cells/blasts seen.

PLATELETS - Adequate in number and normal in morphology.  
No abnormal cell/haemoparasite seen.

IMPRESSION- NORMAL STUDY

\*\*\*\*\*End of Report\*\*\*\*\*



Dr. SAFIA RANA  
MBBS, M.D. (path)  
Consultant Pathologist

D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

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**sdurga** HEALTHCARE  
(CHAUDHARY DURGA SINGH)  
HEALTHCARE PRIVATE LIMITED



GPS Map Camera



**New Delhi, Delhi, India**  
D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,  
India  
Lat 28.672248°  
Long 77.221445°  
14/10/24 10:23 AM GMT +05:30

*Dr. M. K. Singh*  
M.D. (P)

