

Shri Durga Healthcare <healthcareshridurga@gmail.com>

Health Check up Booking Request(43E1134)
1 message

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

5 October 2024 at 14:04



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?

Name : MR JAYESH CHADHA
Proposal No : 6200
Branch Code : 310
Contact Details : 9999598967
Location : D83, Hari Gyan Singh Anya Marg, South Extension I, Block D, New Delhi, Delhi 110040
Appointment Date : 05-10-2024

Member Information		
Booked Member Name	Age	Gender
MR JAYESH CHADHA	30 year	Male

Included Test -

- Complete Hemogram
- HbA1c
- Urine Analysis
- SBT-13 with Elisa Method HIV test
- ECG
- Physical Medical Examination Report (PMER) Rs. 1,00,00,000/- and above

Thanks,
Medsave
Team




भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

नाम: S/O. मनोहर खासा, ब्लॉक-15/19, Address: S/O. Manoj Chudha,
 फरदा आराम, मीराना सामुदायिक क्षेत्र, W-15/19, Western Avenue, Sarai
 खाना, शीशवा फार्म, हीरा नगर, दिल्ली, Farms, Doodh, South Delhi,
 110062 Hauz Khas, Delhi, 110062

नाम: S/O. मनोहर खासा, ब्लॉक-15/19, Address: S/O. Manoj Chudha,
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 110062 Hauz Khas, Delhi, 110062

1800 180 1847 info@uidai.gov.in www.uidai.gov.in P.O. Box No. 1947
 Bangalore-560 001

Handwritten signature


भारत सरकार
GOVERNMENT OF INDIA

नरेश खासा
 Jayesh Chudha
 जन्म वर्ष / Year of Birth : 1994
 पुरुष / Male



3763 4686 5987

आधार — आम आदमी का अधिकार

*Dr. RAJESH PAL
 M.D.S. (ENT)*



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>e. Whether developed any complications due to diabetes?</p> <p>f. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>g. 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 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 -HSB/E
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/drug etc) which is relevant in assessment of medical risk of examinee.	No

Dr. MAHESH PAL
MBBS, (MD)



For Female Proponents only		N/A
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 gynaecailment 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
-------------------------------------------------------------------------------------------------------------------	-----

Declaration

You Mr/Ms Jayesh Chakraborty 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.

Jayesh ✓

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



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone:

Division:

Proposal No.:

Branch:

Full Name of Life to be assured:

Age/ Sex:

Instructions to the Cardiologist:

30/M Jayesh Chakr

- 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.

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 05/10/24 day of 2024 at 11.25 a.m./p.m.

Signature of the L.A.

Dr. B. KUMAR
Signature of the Cardiologist
Cardiologist's Name & Address
Qualification:





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	JAYESH CHADHA	Sex:	MALE
Lab. No:	202401005	Age	30
Date:	5/10/2024	Ref. By	LIC

Haemogram

TEST NAME	VALUE	UNIT	NORMAL VALUE
Hemoglobin (HB)	15.2	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)
Total Leukocyte Count	7,600	cells/cmm	4,000-11,000
Differential Leukocyte Count*			
Neutrophils	70	%	45 - 75
Lymphocyte	25	%	20 - 35
Eosinophil	03	%	01 - 06
Monocyte	02	%	02 - 10
Basophile	00	%	00 - 01
Band Form	00	%	-----
RBC	5.06	million/cmm	3.5 - 5.5
PCV	45.6	%	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	2.98	Lac/cmm	1.5 - 4.5

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



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:	JAYESH CHADHA	Sex:	MALE
Lab. No:	202401005	Age	30
Date:	5/10/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	98	mg/dl	70 - 110
Total Cholesterol	143	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	77	mg/dl	50 - 150
S. Triglycerides	120	mg/dl	25 - 160
S. Creatinine	0.7	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	10	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	0.7	g/dl	
Direct	0.3	mg/dl	0.1 - 1.00
Indirect	0.4	mg/dl	0.00 - 0.3
SGOT(AST)	20	mg/dl	0.00 - 0.7
SGPT(ALT)	18	IU/L	5 - 40
GGTP(GGT)	29	IU/L	5 - 45
S. Alkaline Phosphatase	105	IU/L	11 - 50
HIV 1&2 Elisa (Method)	NEGATIVE	IU/L	15 - 112
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE
		-	NEGATIVE

DR. SATYA RANA
MBBS MD (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 Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	JAYESH CHADHA	Sex:	MALE
Lab. No:	202401005	Age:	30
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	1.010	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	1-1	0-5 /HPF
Epithelial Cells	1-1	0-5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

SDHC



33, 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:	JAYESH CHADHA	Sex:	MALE
Lab. No:	202401005	Age:	30
Date:	5/10/2024	Ref. By:	LIC

HAEMATOLOGY

Test Name	Method	Value	Units
GLYCOSYLATED HEMOGLOBIN (HbA1c)	TURBIDOMETRY	5.2%	

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*****



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)

durga HEALTHCARE
(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

DR. NARINDER
DR. SIDDHARTH
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 10:48 AM GMT +05:30



Google



Dr. MANEJ PAL
MBBS. (MD)





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

Branch Code: 310
Proposal/ Policy No: 6200
MSP name/code: 603
Date & Time of Examination: 05/10/24
Medical Diary No & Page No:

11.25A2

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Aadhar ID Proof No. 5989
(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. M.P.H. (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: <u>Jayesh Chacka</u>		
2	Date of Birth: <u>1994</u>	Age: <u>30</u>	Gender: <u>male</u>
3	Height (In cms): <u>182</u>	Weight (in kgs): <u>72</u>	
4	Required only in case of Physical MER		
	Pulse: <u>82</u>	Blood Pressure (2 readings): 1. Systolic <u>118</u> Diastolic <u>76</u> 2. Systolic <u>118</u> Diastolic <u>76</u>	

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	<p>a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	/ NO
6	<p>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?</p> <p>Please specify date , reason , advised by whom & findings.</p>	/ NO
7	<p>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.</p> <p>If yes provide all investigation and treatment reports</p>	/ NO



Dr. MAHESH PAI
MBBS (MD)



Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
182	72	118/76	82

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10µ	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60b	T-wave	Normal
Ventricular Rate	60b	Q-Wave	Normal
Rhythm	Sin		
Additional findings, if any.	No		

Conclusion:

L0X/L

Dated at

MD

on the

05/10/24

day of 20..24

at 11.25 a.m./p.m.

Signature of the Cardiologist

Name & Address:

Qualification:



SHRI DURGA HEALTH CARE
D -63 NDSE-1 NEW DELHI-49



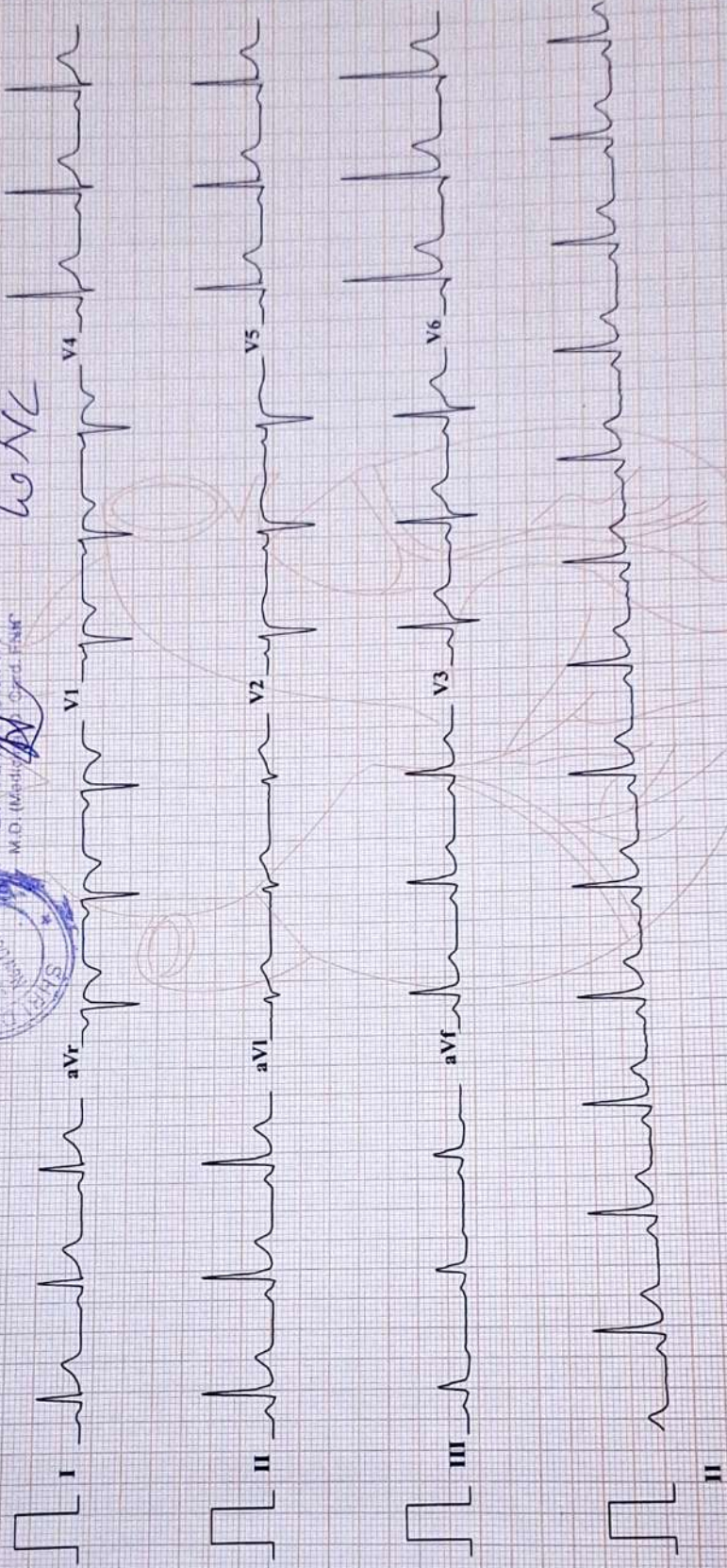
SH CHADHA
 25
 30 Yr/M
 05-10-2024 11:34:59 AM
 Dr.

Linked Median
 P Duration : 63 ms
 PR Duration : 125 ms
 QRS Duration : 89 ms
 QT Interval : 320 ms
 QTc Interval : 360 ms
 Speed : 25 mm/s
 Sensitivity : 10 mm/mV

RATE : 83 bpm
 BP : N/A
 P Axis : 49 deg
 QRS Axis : 60 deg
 T Axis : 22 deg

DR RAJ KUMAR
 M.D. (Medicine) D.O. (F.M.C.)

WNC



Dr.

Filtered(35 Cycle) And Base Corrected

To,
LIC of India
Branch Office

Date: 05/10/24

310

Proposal No. 6200

Name of the Life to be assured Jayesh chadha

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

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.

[Signature]
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.

[Signature]
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	✓	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM	✓	MEDICAL EXAMINER'S REPORT	✓
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	✓	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	✓	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test <u>HbA1C</u>	✓

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

