

Health Check up Booking Request(43E1229)

1 message

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

8 October 2024 at 12:32



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** : MR AMIT SEVANTILAL SHAH

**Proposal No** : 2667

**Branch Code** : 118

**Contact Details** : 9999768979

**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
MR AMIT SEVANTILAL SHAH	46 year	Male

**Included Test -**

- Urine Analysis
- BST Only fasting or Only PGBS
- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000

Thanks,  
Medsave  
Team



Issue Date: 06/04/2015



अमित सेवन्तिलाल साह  
Amit Sevantilal Shah  
जन्म तिथि/DOB: 21/12/1977  
पुरुष/ MALE



*Dr. Manoj Kumar*  
MPHS

7496 0856 8484

VID : 9179 5819 7739 9536

मेरा आधार, मेरी पहचान

*Asshal*

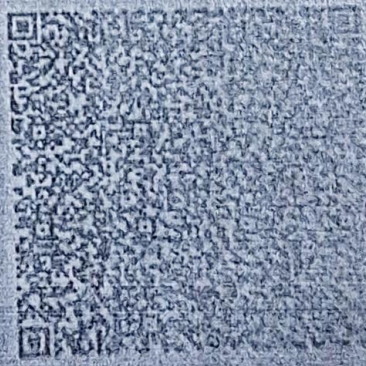


भारत  
भारतीय पहचान प्राधिकरण  
भारतीय पहचान प्राधिकरण  
Ministry of Health and Family Welfare  
Government of India



पता:  
श्री. सेवन्तिलाल हिमन्तिलाल साह, बी/80 पहला फ्लोर,  
मानसरोवर गार्डन, भारत धर्म काटा के पास, मानसरोवर  
गार्डन, पश्चिम दिल्ली,  
दिल्ली - 110015

Address:  
C/O: Sevantilal Himantlal Shah, B/80 1st Floor,  
Mansarovar Garden, Near Bharat Dharam  
Kata, Mansarovar Garden, West Delhi,  
Delhi - 110015



7496 0856 8484

VID : 9179 5819 7739 9536

PM-NOTE B PRO

help@uidai.gov.in

www.uidai.gov.in



**IDENTIFICATION & DECLARATION FORMAT**

To,  
LIC of India  
Branch Office 118

Proposal No : 2667

Name of Life to be assured: Amit Sevantibal Shah

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

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 08/10/24 day of 2024 at 8:30 a.m./p.m.

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

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

Amit Shah  
Signature of the Life to be Assured  
Name.....



- Reports enclosed.
- 1..... FMR
  - 2..... FBS
  - 3..... RVA
  - 4.....
  - 5.....





**LIC**

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

भारतीय जीवन बीमा निगम  
LIC INSURANCE CORPORATION OF INDIA

Branch Code: 118  
Proposal/ Policy No: 2667  
MSP name/code: 0018  
Date & Time of Examination: 08/10/24  
Medical Diary No & Page No:

8.30 AM

Mobile No of the Proposer/Life to be assured:  
Identity Proof verified: Aadhar ID Proof No. 8484  
( 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.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)  
Aashah

1 Full name of the life to be assured: Amit Srivastava  
2 Date of Birth: 21/12/77 Age: 47 Gender: Male  
3 Height (In cms): 172 Weight ( in kgs ) : 67  
4 Required only in case of Physical MER

Pulse : 74 Blood Pressure (2 readings):  
1. Systolic 126 Diastolic 84  
2. Systolic 126 Diastolic 84

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

No

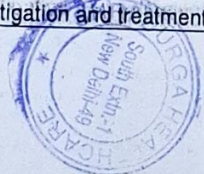
6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or **diagnostic tests**?  
Please specify date , reason ,advised by whom &findings.

No

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.

No

If yes provide all investigation and treatment reports



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>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 Circulatory disorder?	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</b> / 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 <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

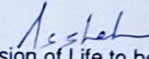


DR. HANSHU PAL  
MBBS, (MD)

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

Declaration


You Mr/Ms Amit Sevanti Lal Sakti 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:

MD  
08/10/24

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





# Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	AMIT SEVANTILAL SHAH	Sex:	MALE
Lab. No:	202401002	Age:	46
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	20ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.015	1.010 - 1.030

### CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

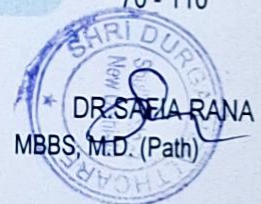
### MICROSCOPIC EXAMINATION

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

### BIOCHEMISTRY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Blood Sugar fasting(FBS)	96	mg/dl	70 - 110

# SDHC



3, 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)

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

NARINDER  
DR. SIDHARTH  
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°  
08/10/24 08:36 AM GMT +05:30



*mpa*  
DR. MAHESH PAL  
MBBS