

Dear Advance Diagnostic & Research Centre

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** : ISHAN Chaudhary

**Proposal No** : 900165

**Branch Code** : SO-T001

**Contact Details** : 8447730001

**Location** : Advance near Pratham ultrasound, pillar no 78 sec badshahpur sohna road, Gurgoan

**Member Information**

Booked Member Name	Age	Gender
ISHAN Chaudhary	24 year	Male

**Included Test -**

- Urine Analysis
- Hb%
- SBT-13 with Elisa Method HIV test
- ECG
- FMR





 GPS Map Camera



Gurugram, Haryana, India  
01, Badshahpur Sohna Rd Hwy, Sector 68,  
Gurugram, Haryana 122101, India  
Lat 28.393206° Long 77.047032°  
06/11/24 10:52 AM GMT +05:30



भारत सरकार

Government of India

ईशान चौधरी

Ishan Chaudhary

जन्म तिथि / DOB : 15/12/2000

पुरुष / Male



9297 4323 9174

मेरा आधार, मेरी पहचान

GPS Map Camera



Google

Gurugram, Haryana, India

01, Badshahpur Sohna Rd Hwy, Sector 68,

Gurugram, Haryana 122101, India

Lat 28.393211° Long 77.047024°

06/11/24 10:52 AM GMT +05:30

To,  
LIC of India  
Branch Office

SO-TOOL.

Date:

06/11/2024

Proposal No.

900.165

Name of the Life to be assured

ISHAAN CHAUDHARY

The Life to be assured was identified on the basis of

AADHAR 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. AMIT  
MBBS (D) 23344  
REG. NO.

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 of the Life to be assured)

Name of life to be assured:

#### Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	NO
COMPUTERISED TREADMILL TEST	NO	IDENTIFICATION & DECLARATION FORMAT	NO
HAEMOGRAM	NO	MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM	NO	BST (Blood Sugar Test: Fasting & 2Hr) Both	NO
BLOOD SUGAR TOLERANCE REPORT	NO	FBS (Fasting Blood Sugar)	NO
SPECIAL BIO-CHEMICAL TESTS - 13 (SBI-13)	YES	PGBS (Post Glucose Blood Sugar)	NO
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	NO	Hb%	YES
ELISA FOR HIV	NO	Other Test	NO

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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

Branch Code: 50-7001  
Proposal/ Policy No: 900165  
MSP name/code:

Date & Time of Examination: 06/11/2024  
Medical Diary No & Page No:

10:52 AM

Mobile No of the Proposer/Life to be assured: 844733  
Identity Proof verified: AADHAR ID Proof No: 9174  
(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. Amit (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: ISHAAN CHAUDHARY  
2 Date of Birth: 15/12/2010 Age: 23  
3 Height (In cms): 162 Weight (in kgs): 89 Gender: MALE

4 Required only in case of Physical MER  
Pulse: 88/min Blood Pressure (2 readings):  
Regular 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


<p>5 a. Whether receiving or ever received any <b>treatment/medication</b> including alternate medicine like ayurveda, homeopathy etc?</p> <p>b. Undergone any <b>surgery / hospitalized</b> 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>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
<p>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 <b>diagnostic tests</b>? Please specify date, reason, advised by whom &amp; findings.</p>	<p>No</p>
<p>7 Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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</p>	<p>No</p>

8	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? b. Since when, any follow up, and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No No No No No No
9	a. Any history of chest pain, <b>heartattack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	No No No 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	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	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.	3 - 180ml whiskey / once a month X since 2018.

For Female Proponents only	
i. Whether pregnant? If so duration.	
ii. Suffering from any pregnancy related complications	N
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	A

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY.
Healthy

ISHAAN CHAUDHARY Declaration  
 You Mr/Ms \_\_\_\_\_ 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 06 day of 11 20 24 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.

**Dr. AMIT**  
**MBBS, DMB**  
**Reg. No. 23344**  
 Signature of Medical Examiner  
 Name & Code No:

Place:  
 Date:  
 Stamp:

GGN  
 06/11/2024



INSURANCE CORPORATION OF INDIA

ELECTROCARDIOGRAM

Proposal No.: 900/65

Full Name of Life to be assured: ISHAAN CHAUDHARY

Age/Sex: 23/Male

Branch: SO-7001

Instructions to the Cardiologist:

- 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 strip, each lead with minimum of 3 complexes, long lead II. If I-II 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 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.

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
162	89	124/80	88/min regular

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	N	P Wave	
Standardization line	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Atrial Rate	N	T-wave	N
Ventricular Rate	89/min	Q-wave	N
Rhythm	89/min		N
Additional findings, if any	regular		

Dated at CGN on the 06 day of 11 24 at 10:50 AM.

Conclusion:

TWNL

Signature & Seal of the Cardiologist  
 Name & Address of the Cardiologist  
 Reg. No. IN004429







# ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Mr. Ishan Chaudhary	Panel : LIC
Age : 23 Yrs 10 Mon 22 Days	TPA : MEDSAVE
Sex : Male	Received Date : 06/11/2024
Patient ID : 15241368	Report Date : 06/11/2024

Test Name	Results	Units	Reference Range
<b>SBT 13</b>			
Blood Glucose Fasting	72.0	mg/dL	70.0 - 110.0
Total Cholesterol	164.0	mg/dL	<200.0
HDL Cholesterol	45.1	mg/dL	36.0 - 70.0
LDL Cholesterol	101.7	mg/dL	60.0 - 120.0
Serum Triglycerides	86.0	mg/dL	40.0 - 160.0
Serum Creatinine	0.83	mg/dL	0.60 - 1.30
Blood Urea Nitrogen	12.7	mg/dL	7.0 - 18.0
Serum Protein	7.42	g/dL	6.00 - 8.30
Serum Albumin	4.72	g/dL	3.50 - 5.00
Serum Globulin	2.70	g/dL	2.00 - 3.50
A:G Ratio	1.75		
Serum Bilirubin (Total)	0.91	mg/dL	0.30 - 2.00
Serum Bilirubin (Direct)	0.24	mg/dL	0.00 - 0.25
Serum Bilirubin (indirect)	0.67	mg/dL	0.10 - 1.00
SGOT (AST)	24.0	IU/L	0.0 - 37.0
SGPT (ALT)	35.0	IU/L	0.0 - 45.0
Gamma Glutamyl Transferase (GGT)	44.1	IU/L	10.0 - 64.0
Serum Alkaline Phosphatase (ALP)	102.0	IU/L	53.0 - 128.0
Hepatitis B Surface Antigen (HBsAg)	Negative		Negative
HIV I & II ELISA	NON-REACTIVE		NON-REACTIVE

### HAEMATOLOGY

Haemoglobin	14.2	g/dL	13.0 - 17.0
-------------	------	------	-------------

### URINE EXAMINATION ROUTINE

#### PHYSICAL EXAMINATION

Colour	Pale yellow	
Appearance	Clear	
PH	6.5	
Specific Gravity	1.030	1.005 - 1.030

#### CHEMICAL EXAMINATION

Urine Protein	Nil	Nil
Urine Glucose	Nil	Nil
Ketone	Nil	Nil
Nitrite	Nil	Nil
Bile Pigments	Nil	Nil
Bile Salt	Nil	Nil



Page No. 1 of 2

Dr. Gandhi  
 Pathology  
 Dr. Gandhi Kranti Deepak  
 MD Pathology  
 Reg. No. 10000000000000000000



# ADVANCE DIAGNOSTIC & RESEARCH CENTRE



9001:2015

Name : Mr. Ishan Chaudhary  
Age : 23 Yrs 10 Mon 22 Days  
Sex : Male  
Patient ID : 15241368

Panel : LIC  
TPA : MEDSAVE  
Received Date : 06/11/2024  
Report Date : 06/11/2024

Test Name	Results	Units	Reference Range
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	0-1	/HPF	0-3
Epithelial Cells	0-1	/HPF	0-3
RBCs	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil

— End of Report —



Page No. 5 of 2

Dr. GANDHI  
MD Pathology  
Reg. No. 16318  
Dr. Gandhi Kranti Deepak  
MD. Pathology

# ADVANCE DIAGNOSTIC & RESEARCH CENTRE

SADSHAI PUR, GURUGRAM

Mr. ISHMAN CHAUDHARY

Age : 23M

Ref by: LIC

Indication1:

Indication2:

Indication3:

COMMENTS : Normal ECG.

ID : 178

HWAT : 7

Recorded : 5-11-2024 11:09

Medication1:

Medication2:

Medication3:

HRM : 89

BP :

P-Axis : 60 deg

QRS Axis : 75 deg

T Axis : 30 deg

P duration : 96 msec

PR duration : 143 msec

QRS duration : 108 msec

QT interval : 263 msec

QTc interval : 343 msec

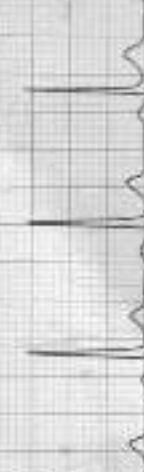
Raw E.C.G

Unconfirmed Report Reviewed By:

Cardiologist



DR. ANSHANK  
MBBS, DNB, DCC, FMC  
Reg. No. HN004429



Filtered

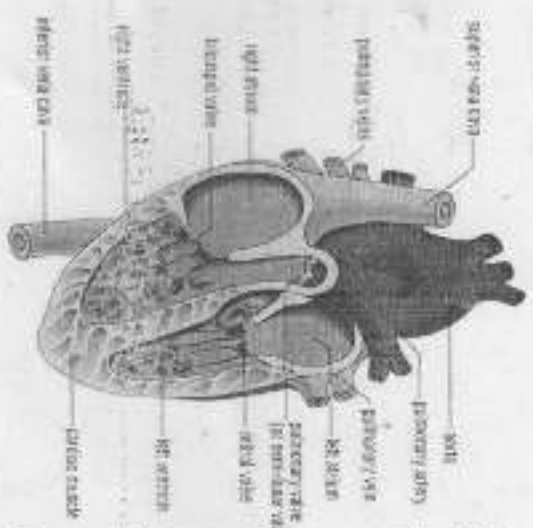
25mm/sec 10mm/mV

CardiCom, INDIA

# ADVANCE DIAGNOSTIC & RESEARCH CENTRE

## ELECTROCARDIOGRAM

Name ISHAN CHAUDHARY Age & sex 23/m Company etc



### EKG FINDINGS:

Rate 89 min Rhythm Regular

Mechanism N

Axis N P Wave N

PR Interval N

QRS Complex: N QT Interval: N

Q Wave N

ST Segment N T Wave N

TWNC

Conclusion \_\_\_\_\_



Doctors Signature \_\_\_\_\_

Date 06/11/2024

Dr. MARYANK  
MBBS/PGDCC, FNIC  
Reg. No. HN004429