



HELLA INDIA AUTOMOTIVE PRIVATE LIMITED  
POLICY NO : P0026300003/6115/100075  
POLICY PERIOD : 28 Sep 2025 TO 27 Sep 2026  
MEMBER NAME : Renugadevi S  
Mother F 24 Jun 1985  
E-CODE : 40004983  
MA ID : 4079929159

Toll Free Helpline: 011-26911004

- This card is only for identification purpose and is not an authorisation to proceed with the treatment or a guarantee for payment.
- In case identity cards are issued without photos to beneficiaries, acceptable proof of identity such as Passport / Driver's License / Ration Card / Voter's ID / Aadhaar Card / PAN Card should be presented at the hospital.
- This card will be valid for the current year as well as during subsequent renewal of your policy.
- All preauthorisation and/or settlement of claims is subject to the terms and conditions of the relevant policy.
- In case preauthorisation is not issued, the policy holder will be required to make payments to the hospital and submit the claim to Medi Assist for a possible reimbursement.
- Benefit of cashless is available only for treatments, investigations and expenses that are covered under your policy. All terms and conditions of the policy are applicable. Please read your policy document carefully.

 [info@mediassistindia.com](mailto:info@mediassistindia.com)

 [mediassist.in](http://mediassist.in)



Medi Assist Insurance TPA Pvt. Ltd  
Tower D, 4th Floor, IBC Knowledge Park,  
4/1 Bannerghatta Road, Bengaluru - 560 029

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with "\*" are mandatory fields.
- B) Tick "✓" wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.



For office use only      Application Type\*       New     Update     Delete  
 (To be filled by financial institution) KYC Number      (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)  
 Addition of Related Person     Deletion of Related Person     Updation      KYC Number of Related Person (if available\*)

Related Person Type\*     Guardian of Minor     Assignee     Authorized Representative

Name\*      Prefix      First Name      Middle Name      Last Name

HEMALATHA S

(If KYC number and name are provided, below details are optional)

Maiden Name

Father / Spouse Name      SIVASHANKARA N-V

Mother Name      RENUGA DEVI - S

Date of Birth\*      24-02-2002

Gender\*     M-Male     F-Female     T-Transgender

PAN\*      ONMPS8719F       Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS\*

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B-Voter ID Card
- C- Driving Licence
- D-NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar      388795548156
- II  E-KYC Authentication
- III  Offline verification of Aadhaar



Address

Line 1\*      20/27 MURUGESA MUDHALI STREET

Line 2      VILAPAKKAM, ARCOT TALUK

Line 3

District\*      VELLORE      Pin / Post Code\*      638521      State / U.T Code\*           ISO 3166 Country Code\*

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B-Voter ID Card
- C- Driving Licence
- D-NREGA Job Card
- E- National Population Register Letter
- F - Proof of Possession of Aadhaar
- II  E-KYC Authentication
- III  Offline verification of Aadhaar
- IV  Deemed Proof of Address - Document Type code
- V  Self Declaration

Address  
 Line 1\*  
 Line 2  
 Line 3  
 District\* Pin / Post Code\* City / Town / Village\* State / U.T Code\* ISO 3166 Country Code\*

**4. CONTACT DETAILS**

Tel. (Off) [ ]-[ ] Tel. (Res) [ ]-[ ] Mobile [ ]-[ ]  
 Email ID [ ]

**5. REMARKS (If any)**

[ ]  
 [ ]  
 [ ]

**6. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

*d for S. Balu*

Date: 24-06-2026

Place: CHENNAI

Signature /Thumb Impression of Applicant

**7. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

**KYC VERIFICATION CARRIED OUT BY**

Date [ ]-[ ]-[ ]  
 Emp. Name [ ]  
 Emp. Code [ ]  
 Emp. Designation [ ]  
 Emp. Branch [ ]


[ ]  
 [Employee Signature]

**INSTITUTION DETAILS**

Name [ ]  
 Code [ ]

[ ]  
 [Institution Stamp]

**OPD Summary**

UHID	GUC-00089012	Visit No	2603-001186
Patient Name	Mrs RENUGADEVI	Visit Date	03-03-2026 02:10 PM
DOB / Age /	14-08-1980 / 45 Y 6 M 17 D / Female	Consultation	First Visit
Doctor Name	Dr. MATHANGI RAJAGOPALAN		
Department	OBSTETRICS AND GYNECOLOGY		
Specialization	Senior Consultant - Obstetrics and Gynecology		

Ht : 155.50 Cms Wt : 73.40 kg BSA : 1.73 BMI : 30.36 Weight/m<sup>2</sup> Syst : 133.00 mm Hg Dia : 83.00 mm Hg Temp :

Symptoms and Examination Findings :

**Chief Complaints :**

45 years old  
 married-26 years  
 P3I3- Svd3 sterilised  
 Heavy flow 20 years / very heavy for 4 months

**Past History :**

Dm/HT/ choletserol

**Examination :**

MRI pelvis - 2.8X2.7 / rt hysrosalpinx  
 Uterus normal/ ET 6 mm  
 Ca 125 normal

**Doctor Recommendations :**

for hysteroscopy / danc c/ mirena +left ovarian cystectomy /rt salpingectomy  
 diabetic control  
 Tab trapic 500 mg 2-0-2 X3days of bleeding

*R. Mathangi*

**Dr. MATHANGI RAJAGOPALAN**  
 FRCOG  
 Senior Consultant - Obstetrics and Gynecology  
 64877

Doctor Signature :

Prescription of drug must mention name of the drug, route, dose and frequency in clear handwriting.

**Rainbow Children's Medicare Limited**

No.157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015

**OUT PATIENT CARD CUM RECEIPT**



UHID : GUC-00089012  
Patient Name : Mrs RENUGADEVI  
DOB/Age/Gender : 14-Aug-1980/ 45Y 6M 17D / Female  
Doctor Reg : 64877  
Visit/Appt Type : First Visit / Physical  
Payor : SELF PAY

Bill No : OCS18-00526198 Bill amount : 850.0Rs  
Bill Date : 03-03-2026 14:11:33 PM  
Doctor Name : Dr. MATHANGI RAJAGOPALAN  
Department : OBSTETRICS AND GYNECOLOGY  
Specialization : Senior Consultant - Obstetrics and Gynecology

Temp :  
Payor :  
Height :  
\* This Card is Valid upto 10-03-2026 or First Visit - Which ever is the earliest \*\*

Symptoms and Examination Findings :

HT-155-SC-m wt-73kg

BP - 133/83  
pulse. 74b/m

45 yr old

Marrid - 26 yr

Periods - Regular 3/25 LMP - 11/2/2026

P3L3 - SVDX3 sterilised

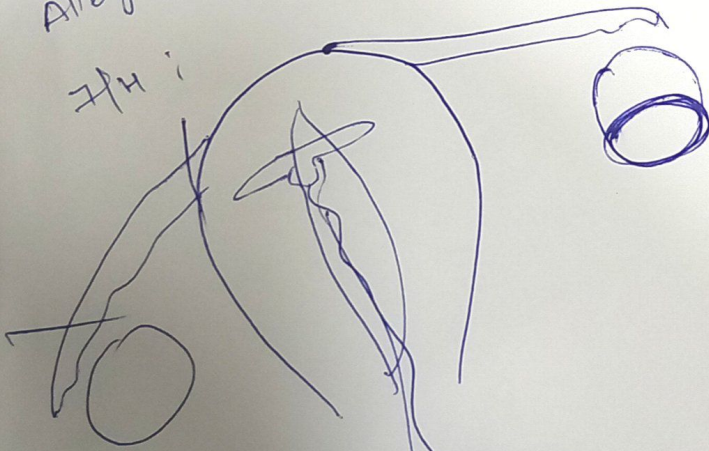
Heavy flow - 20 yr - very heavy for 2-3 months

PMH : DM/HT / cholesterol on R

PSH : sterilised

Allergis : m

H/H :



Doctor Signature :

\* Prescription of drug must mention name of the drug, route, dose and frequency in clear handwriting.

**Rainbow Children's Medicare Limited**

No.157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015

24/7 Pharmacy

For Appointments call: 1800 2122

You can take "ONLINE APPOINTMENT" from our website at ANY TIME : Log on to "www.rainbowhospitals.in"

www.rainbowhospitals.in

CIN : L85110TG1998PLC029914

info@rainbowhospitals.in

**TAMILNADU GOVERNMENT MULTI SUPER SPECIALITY HOSPITAL  
TNMSC CT/ MRI SCAN CENTRE  
OMANDURAR ESTATE, CH-2**

NAME	Mrs. RENUGADEVI	AGE / SEX	46yrs/FEMALE
DATE	19/02/2026	MRI NO	SSAR06650

**MRI PELVIS**

**URINARY BLADDER:**

Appear normal in contour and wall thickness.

**UTERUS:**

Uterus appears normal in size measuring about 7.7 x 4.7 x 5.5 cm.

Endometrial thickness measuring about 6 mm.

Junctional zone normal, measures 8 mm.

Myometrium shows normal signal intensity. No focal lesion made out.

Cervix appears normal.

Vagina – normal.

No free fluid in pelvis.

No significant pelvic nodes.

Soft tissue appears normal.

**BOTH OVARIES:**


Right ovary measuring 3.5 x 2.3 cm. **Small hydrosalpinx noted on the right side.**

Left ovary measuring 3.5 x 2.7cm. **T1 & T2 hyperintense lesion measuring 2.8 x 2.7 cm**

**noted in left ovary , which shows fat suppression on out of phase imaging.**

**IMPRESSION:**

- Small left ovarian dermoid cyst.
- Small right hydrosalpinx.

  
(CONSULTANT RADIOLOGIST)  
**Dr. K. ABIRAMI, MDRD, DMRD.**  
Reg. No. 69574  
Associate Professor,  
Dept. of Interventional Radiology  
Imaging Sciences  
TNGMSSH, Omandurar Govt. Estate, Ch-2



**AMMA MASTER HEALTH CHECKUP**  
Tamil Nadu Government Multi Super Speciality Hospital  
( Omandurar Government Estate Anna Salai Chennai-600002 )

Branch : TNGMSSH

SID No. : 01088834 / 26

Name : Mrs. RENUGADEVI S

Ref By : Self

Patient ID : 0100088247



Age / Sex : 46 Yrs / Female

Reg. Date & Time : 18/02/2026

Reported Date & Time : 24/02/2026

Page 1 / 2

**Test Report**

**Advanced Master Health Checkup-Female (Platinum)-3**

USG ABDOMEN

**ULTRA SOUND WHOLE ABDOMEN REPORT**

**TECHNIQUE:** Real time B- mode ultrasound was performed using curvilinear transducer.

**FINDINGS:**

**LIVER:** Normal in size and shows diffuse increase in echotexture. There are no visible lesions noted within. The intrahepatic biliary radicles appears normal. The portal vein and hepatic veins appear normal.

**GALL BLADDER:** Well distended and normal in contour. The wall thickness appears normal and there are no visible calculi noted within. The common bile duct appears normal.

**PANCREAS:** The head body and tail of pancreas appears normal in size and echotexture. There is no duct ectasia or calculi noted within.

**SPLEEN:** Normal in size and echotexture. The splenic vein appears normal.

**RIGHT KIDNEY:** It measures 12.0 x 4.5 cms normal in size. The cortical echoes appears normal. The corticomedullary differentiation is present. The pelvicalyceal system is not dilated. No calculi noted.

**LEFT KIDNEY:** It measures 11.8 x 4.7 cms normal in size. The cortical echoes appears normal. The corticomedullary differentiation is present. The pelvicalyceal system is not dilated. No calculi noted.

**URINARY BLADDER:** It is well distended and the wall thickness appears normal. No visible echogenic foci noted within.

**UTERUS :** Anteverted and measures 6.8 x 3.4 cms in size. Myometrial echoes appear normal. Endometrium measures 8.5 mm. (LMP - Feb 11th).

**OVARIES :** Right ovary measures 3.2 x 1.5 cms. Left ovary is not seen in LO fossa. There is a complex cyst showing irregular thick wall and internal echoes seen in left iliac fossa measures 4.0 x 3.0 cm in size.

There is no free fluid seen in pouch of Douglas.

**IMPRESSION:**

- **DIFFUSE FATTY LIVER.**
- **SMALL COMPLEX CYST IN LEFT ILIAC FOSSA - LIKELY LEFT OVARIAN PATHOLOGY - SUGGESTED MRI PELVIS / CA.125 EVALUATION.**



இந்திய அரசாங்கம்  
Government of India

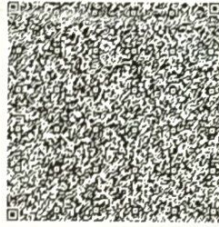
இந்திய தனித்துவ அடையாள ஆணையம்  
Unique Identification Authority of India

பதிவேட்டு எண் / Enrollment No.: 2726/51290/82285

To  
ரேணுகாதேவி சி  
Renugadevi S  
O/O: Sivashankaran V,  
No.6 Anna Nagar 1st Street,  
VTC: Vilapakkam,  
PO: Vilapakkam,  
Sub District: Arcot, District: Vellore,  
State: Tamil Nadu,  
PIN Code: 632521,  
Mobile: 9940139239

162450512

MH624505129FL



உங்கள் ஆதார் எண் / Your Aadhaar No. :

**9307 3075 4791**

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



Aadhaar no. issued: 22/09/2013



ரேணுகாதேவி சி  
Renugadevi S  
பிறந்த நாள் / DOB : 24/06/1985  
பெண் / Female

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்க்கப்படும் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை எடுக்கச் செய்தல்). (ஆன்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

**9307 3075 4791**

எனது ஆதார், எனது அடையாளம்

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

ONMPS8719F



नाम / Name  
HEMALATHA S

पिता का नाम / Father's Name  
SHIVA SHANKARAN

जन्म की तारीख / Date of Birth  
24/02/2002

S. Hemalatha S.  
हस्ताक्षर / Signature

73488