



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

Form No. LIC03-012

PHYSICIAN'S REPORT

DECLARATION

I, hereby authorise Dr Bindu to intimate LIC of Indian all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and answers to Questions in Part One and Part Two of this report are true and complete and I do hereby declare that these will form part of the proposal dated 21/Nov/2024 given by me to LIC of India.

Bindu
Signature of the L.A.

Part - I

1. Full Name of Life to be assured (L.A.) PIARE LAL

2. Has the L.A. suffered from - D, M, H

| Heart Disease | Hypertension | Diabetes |
|---------------|--------------|----------|
| Y/N ✓ | Y/N ✓ | Y/N |

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. Consume Tobacco, snuff, and other narcotic substances in any form?

| No. of Years | Quantity used | Date of cessation, if any |
|--------------|---------------|---------------------------|
| No | No | No |

4. Does L.A. consume alcoholic drinks?

| No. of Years | Quantity used | Date of cessation, if any |
|--------------|---------------|---------------------------|
| No | No | No |

Date : 21/Nov/2024

Signature of Physician

Name :

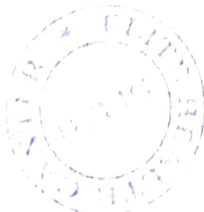
Address :

Qualification :

Reg. No.

Dr. BINDU
MBBS, MD
Reg. No. - 33435

Note : If Q.2 of Part - I is negative, no need of filling up Part - II



Part – II

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes Y/N*

| Investigations | Treatment | Hospitalisation | Present status | Prognosis |
|----------------|-----------|-----------------|----------------|-----------|
| <i>No</i> | <i>No</i> | <i>No</i> | <i>No</i> | <i>No</i> |

2. Blood Pressure Reading

| Current | At the time of detection of HT | Duration of HT, if taking regular treatment |
|-----------|--------------------------------|---|
| <i>No</i> | <i>No</i> | <i>No</i> |

3. Diabetes –

| Date of Diagnosis | Type | Duration |
|-----------------------|----------------|---|
| <i>October - 2023</i> | <i>D, M II</i> | <i>Taking medicine 3 months Currently no medication.</i> (Med formin) |

4. Are there any symptoms / signs of

| | | |
|-----|---|-----------|
| (a) | Renal Disease | <i>No</i> |
| (b) | Neurological involvement | |
| (c) | Eye Involvement | |
| (d) | Peripheral Vascular Disease | |
| (e) | Any other infectious diseases (esp. TB) | |

5. Is L.A. taking regular treatment for above disease/s? *No*

* (Enclose all relevant papers with this form)

Picard
Signature of the L.A.

Date : *21/Nov/2024*

Dr. Bindu
Signature of Physician
Name :
Address :

Dr. BINDU
MBBS, MD

Qualification :
Reg. No.:

Reg. No.-33435





ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 5662
S. NO. : 110538
NAME : **MR. PIARE LAL** **AGE/SEX - 59/M**
REF. BY : LIC
Date : NOVEMBER, 21, 2024

HAEMATOLOGY

| Test | Result | Units |
|----------------------------------|--------|-------|
| Glycosylated Haemoglobin (HbA1c) | 6.00 | % |

INTERPRETATION

| | | |
|-----------------------|---|---------------|
| Normal | : | 5.0 – 6.7 |
| Good Diabetic Control | : | 6.8 – 7.3 |
| Fair Control | : | 7.4 – 9.1 |
| Poor Control | : | more than 9.1 |

Note: - Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.


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

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD.NO. 19702

 Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically Please refer to the lab without any hasitation. This report is not for medico- legal cases.



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REF. BY : LIC
Date : NOVEMBER, 21, 2024

BIOCHEMISTRY

| Test | Result | Units | Normal Range |
|----------------------|--------|-------|--------------|
| Blood Sugar (PP) | 136.48 | mg/dl | 80-140 |
| S.Creatinine | 0.91 | mg/dl | 0.5-1.5 |
| Total Lipids | 569.5 | mg/dl | 400-700 |
| S.Triglycerides | 152.30 | mg/dl | 30-150 |
| S. Cholesterol | 198.60 | mg/dl | 130-250 |
| H.D.L. Cholesterol | 47.00 | mg/dl | 35-90 |
| L.D.L. Cholesterol | 121.20 | mg/dl | 0-150 |
| V.L.D.L. Cholesterol | 30.40 | mg/dl | 0-50 |


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

Please correlate with clinical conditions.

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NAME : **MR. PIARE LAL** **AGE/SEX - 59/M**
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ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.014

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 0-1. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.


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

Please correlate with clinical conditions.

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सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



प्यारे लाल

Piare Lal

जन्म तिथि / DOB: 05/04/1965

पुरुष / MALE

Mobile No.: 9210613371


8190 5130 1070

VID : 9122 4691 5392 9502

Issue Date: 31/07/2020

मेरा आधार, मेरी पहचान



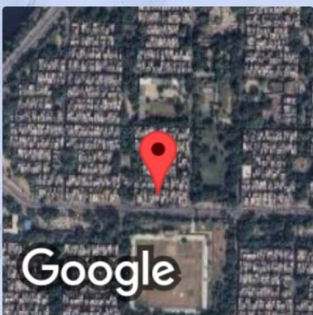
 GPS Map Camera

Delhi, Delhi, India

50, Block V, Mangolpur Khurd, Mangolpuri, Delhi, 110083, India

Lat 28.69738° Long 77.086563°

21/11/24 08:15 AM GMT +05:30



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