

Date: 12/03/2025

To,
LIC of India
Branch Office

Proposal No. 2768

Name of the Life to be assured KUNAL SINGH

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

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 of the Pathologist/ Doctor

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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:

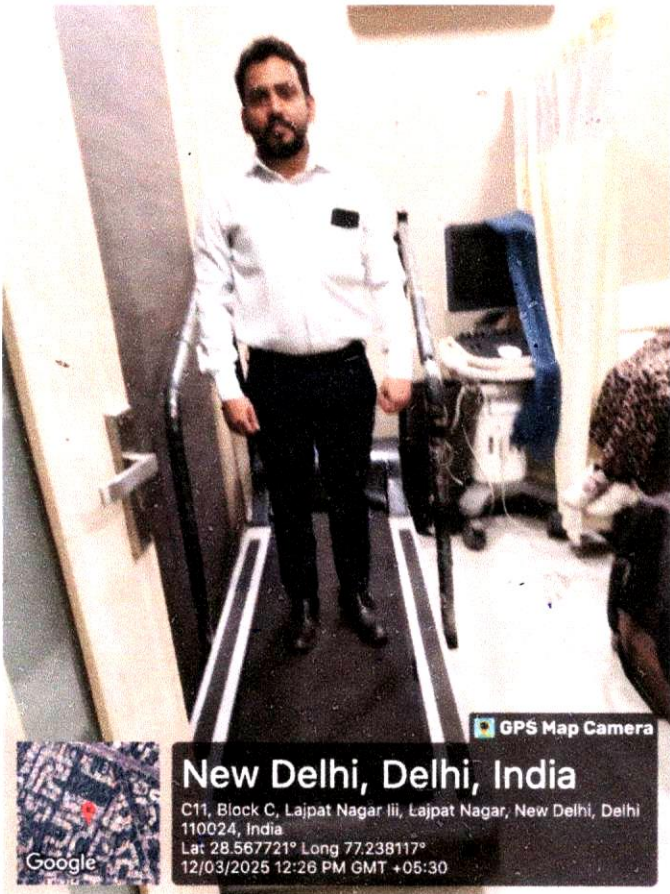
Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





Dr. RAINA KHAN
M.D. (PHYSICIAN)
Reg. No. 25508

irine diagnostic

healthpartner

S. No. : 12/MAR/09

Name : MR KUNAL SINGH

Ref. by : LIFE INSURANCE CORPORATION

Date : 12-03-2025

AGE : 36Years

SEX : MALE

B I O C H E M I S T R Y


Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	90	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.72	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.48	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.24	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	7.5	mg/dl.	(6.0-8.3)
ALBUMIN	4.9	mg/dl.	(3.5-5.0)
GLOBULIN	2.6	mg/dl.	(2.3-3.5)
A/G RATIO	1.88		(1.0-3.0)
S.G.O.T. (AST)	28	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	25	IU/L	(5.0-40.0)
GAMMA GT	33	U/L	(9-45)
ALKALINE PHOSPHATASE	122	U/L	(80-200)
URIC ACID	5.5	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	182	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	131	mg/dl.	(60-160)
LDL	115	mg/dl.	(UPTO-150)
VLDL	35	mg/dl.	(23-45)
SERUM CREATININE	0.77	mg%	(0.6-1.2)
BUN	13	mg/dl	(02-18)



8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

S. No. : 12/MAR/09
Name : MR KUNAL SINGH
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Date : 12-03-2025
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S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"


Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen {HbsAg}

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"




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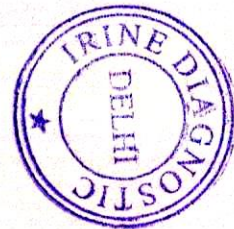
Cotinine

Test

Result

Cotinine

NEGATIVE



A handwritten signature in black ink, appearing to read "Shilpi Gupta".

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H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	14.3	gm%	12-16



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H A E M A T O L O G Y

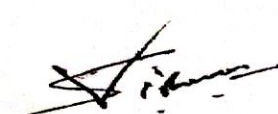
Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.1	%

INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin 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 proceeding 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.




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URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.016

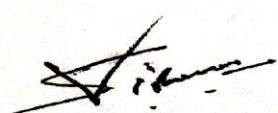
CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-4/HPF
EPITHELIAL CELLS	3-4/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL




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LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 2768

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: KUNAL SINGH

Age/Sex : 36-10/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion?
Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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 DECM on the day of 12/03/2025 2023

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification Code No.



DR. RAINA KHAN
MED. DMRD
Reg. No. 25508

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
159	64.1	116/80	72/4

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	Supine	P Wave	ⓐ
Standardisation Imv	ⓐ	PR Interval	ⓐ
Mechanism	ⓐ	QRS Complexes	ⓐ
Voltage	ⓐ	Q-T Duration	ⓐ
Electrical Axis	ⓐ	S-T Segment	ⓐ
Auricular Rate	72/4	T-wave	ⓐ
Ventricular Rate	72/4	Q-Wave	ⓐ
Rhythm	Regular		
Additional findings, if any.	None		

Conclusion:

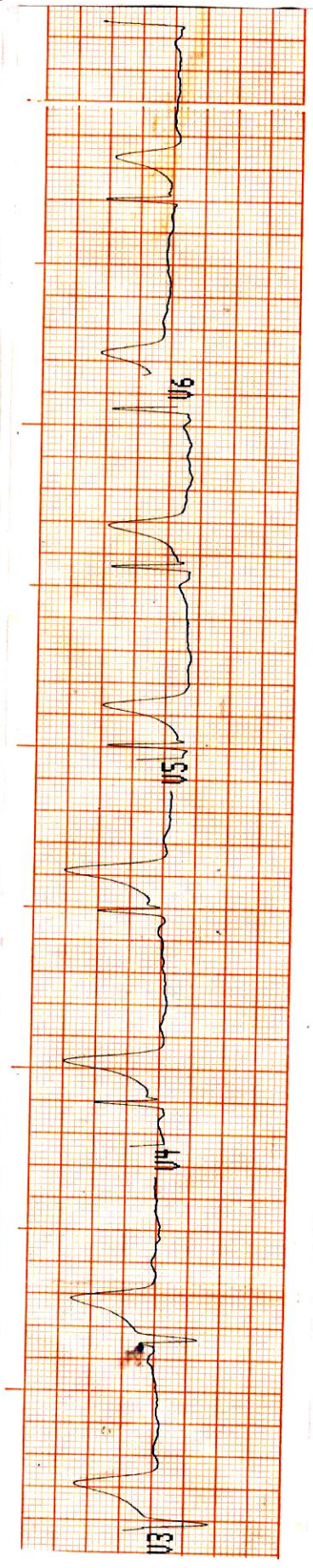
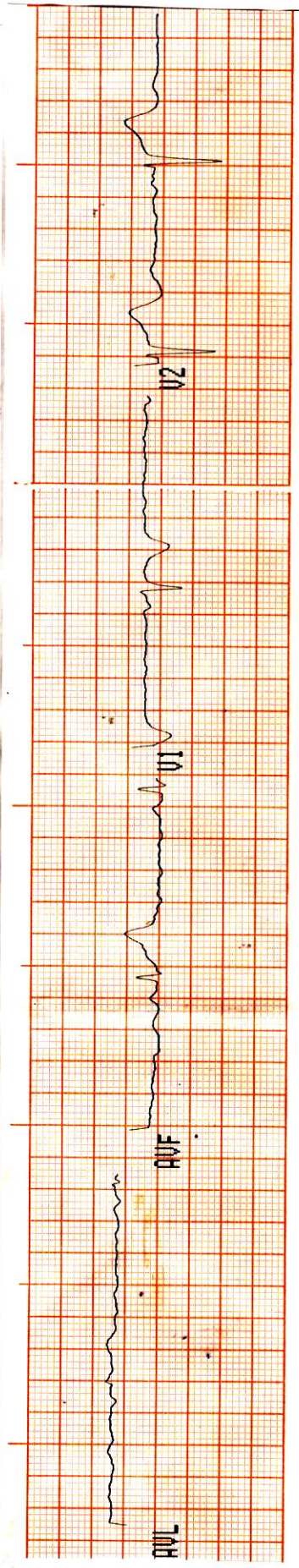
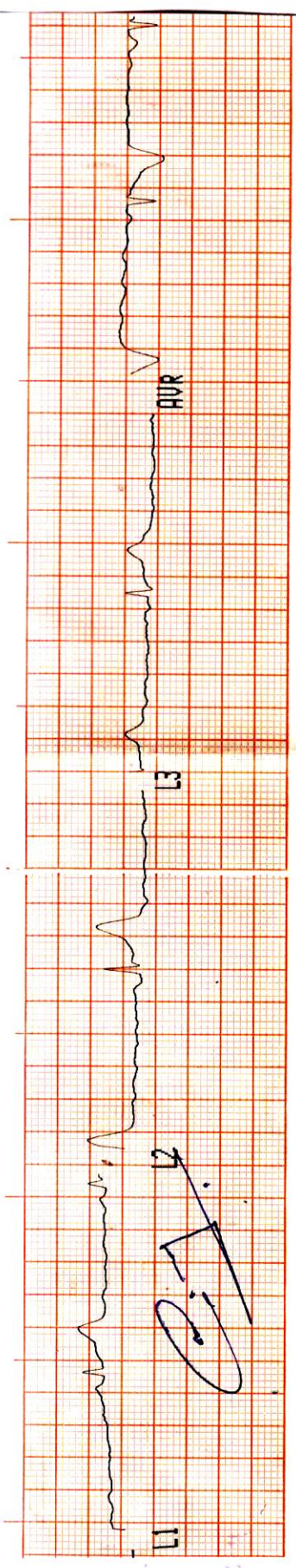
ECG-NAL

Dated at Delhi 12/03/2025 on the day of 200

Dr. RAINA KHAN
 M.D. / D.M.D.
 Reg. No. 25508

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





KUNAL SINGH

ECG - WNL

AGE \Rightarrow 36 Y/M

DATE \Rightarrow 12/03/2025



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