

Date: 12/11/2024

To,
LIC of India
Branch Office

Proposal No. 6544

Name of the Life to be assured CHANCHAL BHATNAGAR

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.

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

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.

Chanchal Bhatnagar
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of *Med Save* TPA Services PVT LTD
Authorized Signature.





GPS Map Camera

Ghaziabad, Uttar Pradesh, India
9/19a, Judge Colony, Vaishali Extension, Sector 9, Vaishali,
Ghaziabad, Uttar Pradesh 201012, India
Lat 28.652037° Long 77.351734°
12/11/24 10:34 AM GMT +05:30



आयकर अधिकारी (कंप्यूटर कार्य)
DR. RAINAKHAN
Regional Commissioner of Income-tax (Computer Operations)
25508

Chanchal Bhatnagar
20-10-98

हस्ताक्षर / SIGNATURE

(PRADYOT K. MISRA)

29-07-1959

जन्म तिथि / DATE OF BIRTH



RAJENDRA SARUP BHATNAGAR

पिता का नाम / FATHER'S NAME

CHANCHAL BHATNAGAR

नाम / NAME

ACKPB7110Q

स्थायी लेखा संख्या / PERMANENT ACCOUNT NUMBER



irine diagnostic

healthpartner

S. No. : 12/NOV/06
Name : MRS CHANCHAL BHATNAGAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 12-11-2024
AGE : 65Years
SEX : FEMALE

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

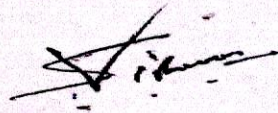
Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	95	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.62	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.42	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.20	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.7	mg/dl.	(6.0-8.3)
ALBUMIN	4.2	mg/dl.	(3.5-5.0)
GLOBULIN	2.5	mg/dl.	(2.3-3.5)
A/G RATIO	1.68		(1.0-3.0)
S.G.O.T. (AST)	28	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	30	IU/L	(5.0-40.0)
GAMMA GT	30	U/L	(9-45)
ALKALINE PHOSPHATASE	138	U/L	(80-200)
URIC ACID	5.8	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	175	mg/dl.	(150-200)
HDL CHOLESTEROL	45	mg/dl.	(30-63)
S. TRIGLYCERIDES	130	mg/dl.	(60-160)
LDL	121	mg/dl.	(UPTO-150)
VLDL	38	mg/dl.	(23-45)
SERUM CREATININE	0.72	mg%	(0.6-1.2)
BUN	12	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/NOV/06

Name : MRS CHANCHAL BHATNAGAR

AGE : 65Years

Ref. by : LIFE INSURANCE CORPORATION

SEX : FEMALE

Date : 12-11-2024

H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	12.1	gm%	12-16



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S. No. : 12/NOV/06
Name : MRS CHANCHAL BHATNAGAR AGE : 65Years
Ref. by : LIFE INSURANCE CORPORATION SEX : FEMALE
Date : 12-11-2024

S E R O L O G Y

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

Result : "Non-Reactive"

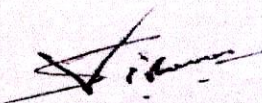
Normal-Range : "Non-Reactive"

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

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"




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Ref. by : LIFE INSURANCE CORPORATION SEX : FEMALE
Date : 12-11-2024

URINE EXAMINATION

PHYSICAL EXAMINATION

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

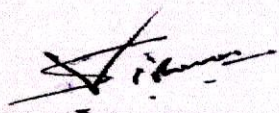
CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

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




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DD-23 KALKAJI DELHI :- 110019

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 6544

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

Full Name of Life to be assured: CHAM CHAL BHATNAGAR

Age/Sex : 65+6/F

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 hereby declare that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

Chetal Bhatnagar



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 DELHI on the day of 12/11/2023 2023

Signature of L.A.

Chetal Bhatnagar

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. RAJESH KHAN
MBBS, DMARD
Reg. No. 25508

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
153	54	118/84	76/4

(B) Cardiovascular System

.....

Rest ECG Report:

Position	<i>Supine</i>	P Wave	<i>✓</i>
Standardisation Imv	<i>2</i>	PR Interval	<i>✓</i>
Mechanism	<i>2</i>	QRS Complexes	<i>✓</i>
Voltage	<i>2</i>	Q-T Duration	<i>✓</i>
Electrical Axis	<i>2</i>	S-T Segment	<i>✓</i>
Auricular Rate	<i>76/4</i>	T-wave	<i>✓</i>
Ventricular Rate	<i>76/4</i>	Q-Wave	<i>✓</i>
Rhythm	<i>Regular</i>		
Additional findings, if any	<i>MI</i>		

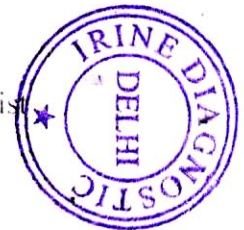
Conclusion: *ECG-NIL*

DEVI *12/11/2024*

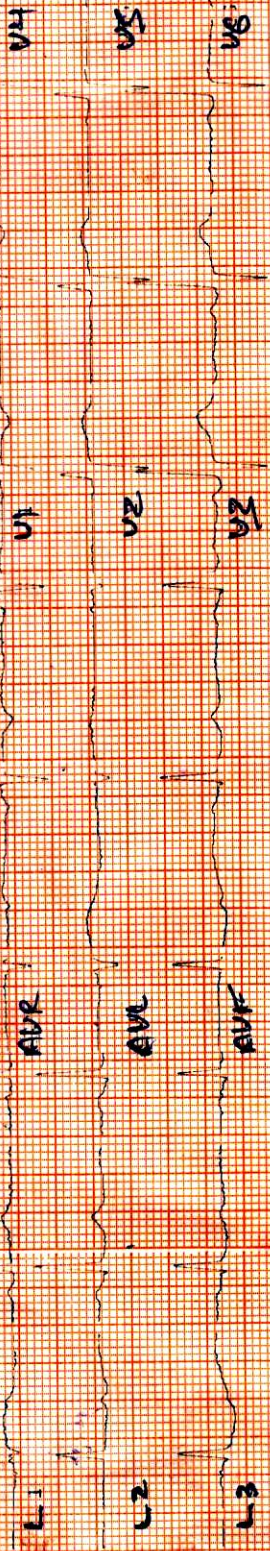
Dated at _____ on the day of _____ 200

Dr. RAINA KHAN
 MBBS, DMRD
 Reg. No. *1225508*

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



Chanchal Bhatnagar



NAME - CHANCHAL BHATNAGAR

AGE - 65 YVIF

ECG - WNL

DATE - 12/11/24

Dr. RAJNA KHAN
Reg. No. 20508

