

To,  
LIC of India  
Branch Office

Date: 12-03-2025

119

Proposal No. 167970343

Name of the Life to be assured VINOD KUMAR

The Life to be assured was identified on the basis of ADDHAR 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.

(u)  
Signature of the Pathologist/ Doctor

Name: DR. HEMANT KAPOOR

Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636

Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Vinod  
(Signature of the Life to be assured)

Name of life to be assured: VINOD KUMAR

#### Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	✓	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	✓
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT- 13)	✓	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	✓	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	✓
ELISA FOR HIV		Other Test <u>HBA1C</u>	✓

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,



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

Branch Code:  
Proposal/ Policy No: 167970343  
MSP name/code :  
Date & Time of Examination: 12/03/2025  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9911466248  
Identity Proof verified: AADHAAR CARD ID Proof No. XXXX XXXX 3021  
( 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 HEMANT KAPUR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

1	Full name of the life to be assured: <u>VINOD KUMAR</u>	
2	Date of Birth: <u>10/04/1985</u>	Age: <u>39</u> Gender: <u>M</u>
3	Height (In cms): <u>170</u>	Weight ( in kgs ) : <u>76</u>
4	Required only in case of Physical MER	
	Pulse : <u>79</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>82</u> 2. Systolic <u>121</u> Diastolic <u>84</u>
	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	
5	a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident? 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 - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	<u>— NO —</u>
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 & findings.	<u>— NO —</u>
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	<u>— NO —</u>



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

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

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	FIT (YES)
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Declaration

You Mr/Ms VINDD KUMAR 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.

Vindd  
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 \_\_\_\_ day of 12-03-2025 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.

Place: NEW DELHI  
Date: 12/03/2025  
Stamp:

H  
Signature of Medical Examiner  
Name & Code No:

Dr. HEMANT KAPOOR  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636





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Consultant Pathologist  
DMC Regd. No. 36636



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DMC Regd. No. 36636

Vinod




**NABL**  
ACCREDITED LAB

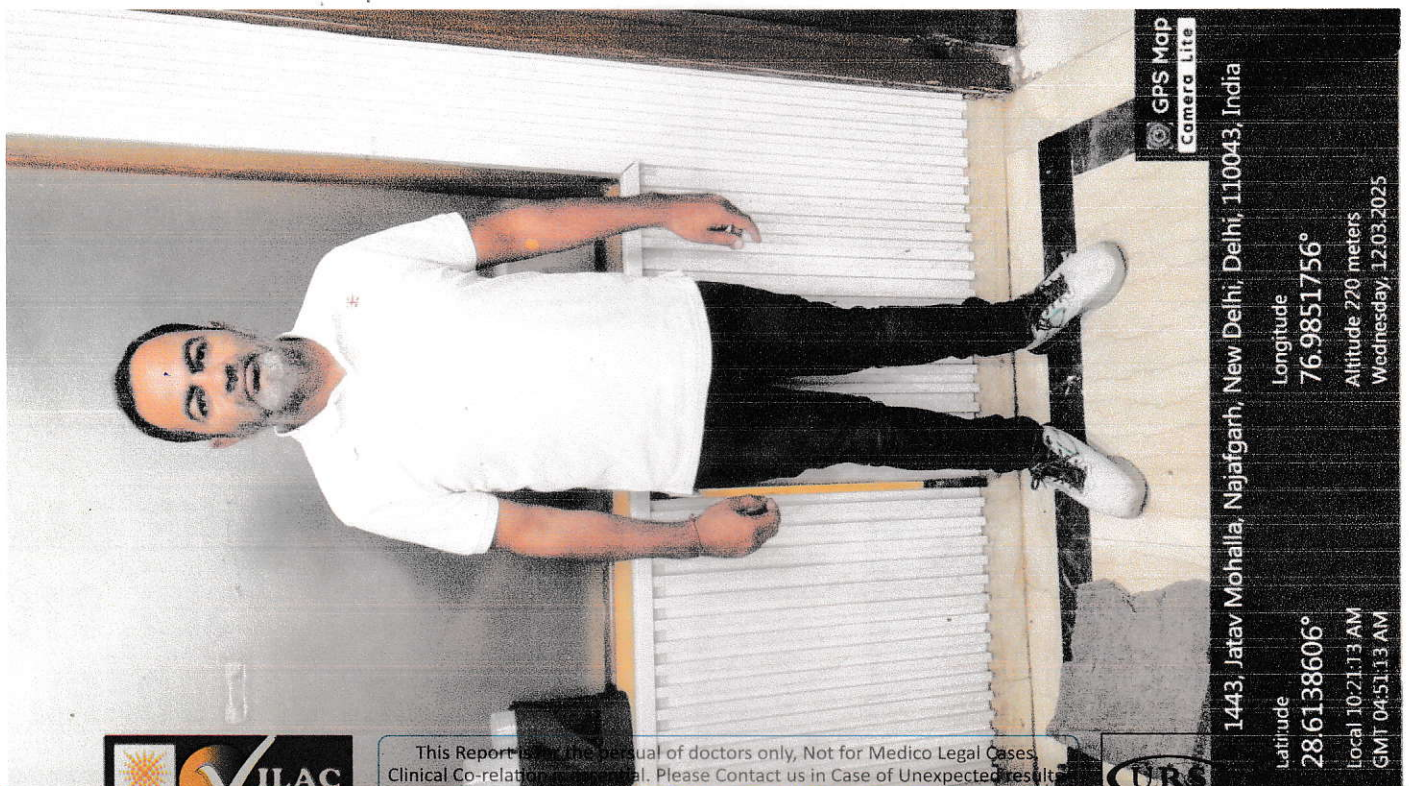
1441-A, WARD NO.-1, (Opp. R.H.T.C),  
NAJAFGARH, NEW DELHI-110043  
Tel : 011-25014099  
Mob : +91-8588864117 / 136  
Email : doctorsdiagnostic1996@gmail.com

# DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DPB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

  
**Dr. HEMANT KAPOOR**  
MD, DPB  
Consultant Pathologist  
DMC Regd. No. 36636

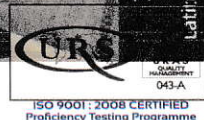


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Clinical Co-relation is essential. Please Contact us in Case of Unexpected results.

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**TIMINGS: Daily - 8.00 am to 10.00 pm, Sunday - 8.00 am to 08.00 pm**

[www.doctorsdiagnosticcentre.in](http://www.doctorsdiagnosticcentre.in)







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**DR. HEMANT KAPOOR**  
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Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

Lab NO	072503120001	Sr.No	500
NAME	MR.VINOD KUMAR	Ref. BY	LIC
Age / Sex	39 YRS/MALE	Sample Coll DATE	12/Mar/2025 09:53AM
S/O	UMED SINGH	Approved ON	12/Mar/2025 02:43PM
DATE	12/Mar/2025 09:52AM	Printed ON	12/Mar/2025 02:44PM
B A 380			

Test Name	Result	Status	Bio. Ref. interval	Unit
<b>HAEMATOLOGY</b>				
<b>Haemoglobin, Whole Blood EDTA</b>				
Haemoglobin (Hb)	16.0		13.00-18.00	gm/dl
Method : Cyanmeth Photometry				

Printed By: PUSHPA  
**DR. JAI PRABHAN**  
MBBS, MD  
PATHOLOGIST

*Chapoor*  
**DR. HEMANT**  
MD, DPB  
PATHOLOGIST

*b*  
**CHECKED**  
TECHNICAL OFFICER

Page 1 of 3



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## LIFE INSURANCE CORPORATION OF INDIA SPECIAL BIO-CHEMICAL TESTS -13 (SBT-13)

FORM NO.LIC03-013

ZONE

DIVISION

	Type of Test	Actual Reading	Range
1	Fasting Blood Sugar Method :GOD POD	110	70-110 mg/dL
2	Total Cholesterol	216	0.0-200 mg/dL
	High Density Lipid (HDL)	47	40-60 mg/dL
	Low Density Lipid (LDL)	124	0-100 mg/dL
3	S. Triglycerides	225 NOTE :- SERUM IS LIPAEMIC. IT MAY INTERFERE WITH TRIGLYCERIDE ESTIMATION. KINDLY CORRELATE CLINICALLY.	0.0-150 mg/dL
4	S. Creatinine	0.7	0.5-1.0 mg/dL
5	Blood Urea Nitrogen (BUN)	13.0	7.0-20.0 mg/dL
6	S. Proteins	7.0	6.6-8.3 g/dL
	(a) Albumin	4.0	3.50-5.00 g/dL
	(b) Globulin	3.00	0.00-3.00 mg/dL
	© AG Ratio	1.33	1.2-2.0 mg/dL
7	S.Bilirubin Total	0.9	0.2-1.3 mg/dL
	(a) Direct	0.2	0.0-0.3 mg/dL
	(b) Indirect	0.70	0.0-1.1 mg/dL

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8	SGOT (AST)	23	15-46	U/I
9	SGPT (ALT)	41	0.0-49	IU/L
10	GGTP (GGT)	49	9.00-62.0	U/L
11	S. Alkaline Phosphatase	71	30.00 – 120.00	U/L
12	HbsAg (Australia antigen)	NON-REACTIVE	NON-REACTIVE	
13	Elisa for HIV (Method ) TEST VALUE:	NON-REACTIVE	NON-REACTIVE CUTT OFF VALUE:	

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

DR. JAI PRABHAN  
MBBS, MD  
PATHOLOGIST

  
DR. HEMANT  
MD, DPB  
PATHOLOGIST

  
CHECKED  
TECHNICAL OFFICER



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B A 380			

Test Name	Result	Status	Bio. Ref. interval	Unit
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### CLINICAL PATHOLOGY

#### URINE FOR ROUTINE AND MICROSCOPY EXAMINATION, Urine

##### Physical Examination

Quantity	10		ML
Colour	PALE YELLOW	Pale yellow	
Transparency	TURBID	Clear	
Reaction	ACIDIC		
Specific Gravity, Urine	1.010	1.010 - 1.025	

##### Chemical Examination

Urine Protein	NIL	Nil	
Reducing Sugar (Urine)	NIL	Nil	
Urine Bilirubin	ABSENT	Absent	
Blood	ABSENT	Absent	
Urobilinogen	NOT INCREASED	Not Increased	
Nitrate	ABSENT	Absent	

##### Microscopic Examination:

Pus Cells.	1-2	0-4	/HPF
RBCs	NIL	NIL	
Casts	NIL	NIL	
Crystal	NIL	Nil	
Epithelial Cells	1-2	Occasional	

MUCUS THREAD PRESENT.

\*\*\* End Of Report \*\*\*



DR. JAI PRABHAN  
MBBS, MD  
Printed By: PUPATHOLOGIST

*Signature*  
DR. HEMANT  
MD, DPB  
PATHOLOGIST

*b*  
CHECKED  
TECHNICAL OFFICER

Page 2 of 3



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LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 167970343

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

Full Name of Life to be assured: VINOD KUMAR

Age/Sex : 39 YRS / 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 12/03/25 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 NO
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N NO
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N NO

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at 12/03/25 on the day of

200

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. Gajveer Singh  
M.B.B.S. DNB General Medicine  
MC Regd. No. 23332

12/31/26

## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
170	76	121/82 120/87	79

(B) Cardiovascular System

.....

.....

## Rest ECG Report:

Position	-	P Wave	
Standardisation Imv	Yes	PR Interval	
Mechanism	-	QRS Complexes	
Voltage	Normal	Q-T Duration	
Electrical Axis	Normal	S-T Segment	
Auricular Rate	66 bpm	T-wave	
Ventricular Rate	66 bpm	Q-Wave	
Rhythm	Sinus		
Additional findings, if any.			

Conclusion:

ECG - Normal

Dr. Gajveer Singh  
M.B.B.S. DNB General Medicine  
DMC. Regd. No.-28332

Dated at 12/03/25 on the day of 200

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.



ID: 1625

MR VINOD KUMAR

Male 39Years

12-03-2025 10:19:24 AM COPY

## Diagnosis Information:

Sinus Rhythm

\*\*\*Normal ECG\*\*\*

HR : 66 bpm

P : 95 ms

PR : 148 ms

QRS : 96 ms

QT/QTc : 363/383 ms

P/QRS/T : 36/43/45 °

RV5/SV1 : 1.826/0.831 mV

Vivek

ECG Wm  
8/13/25

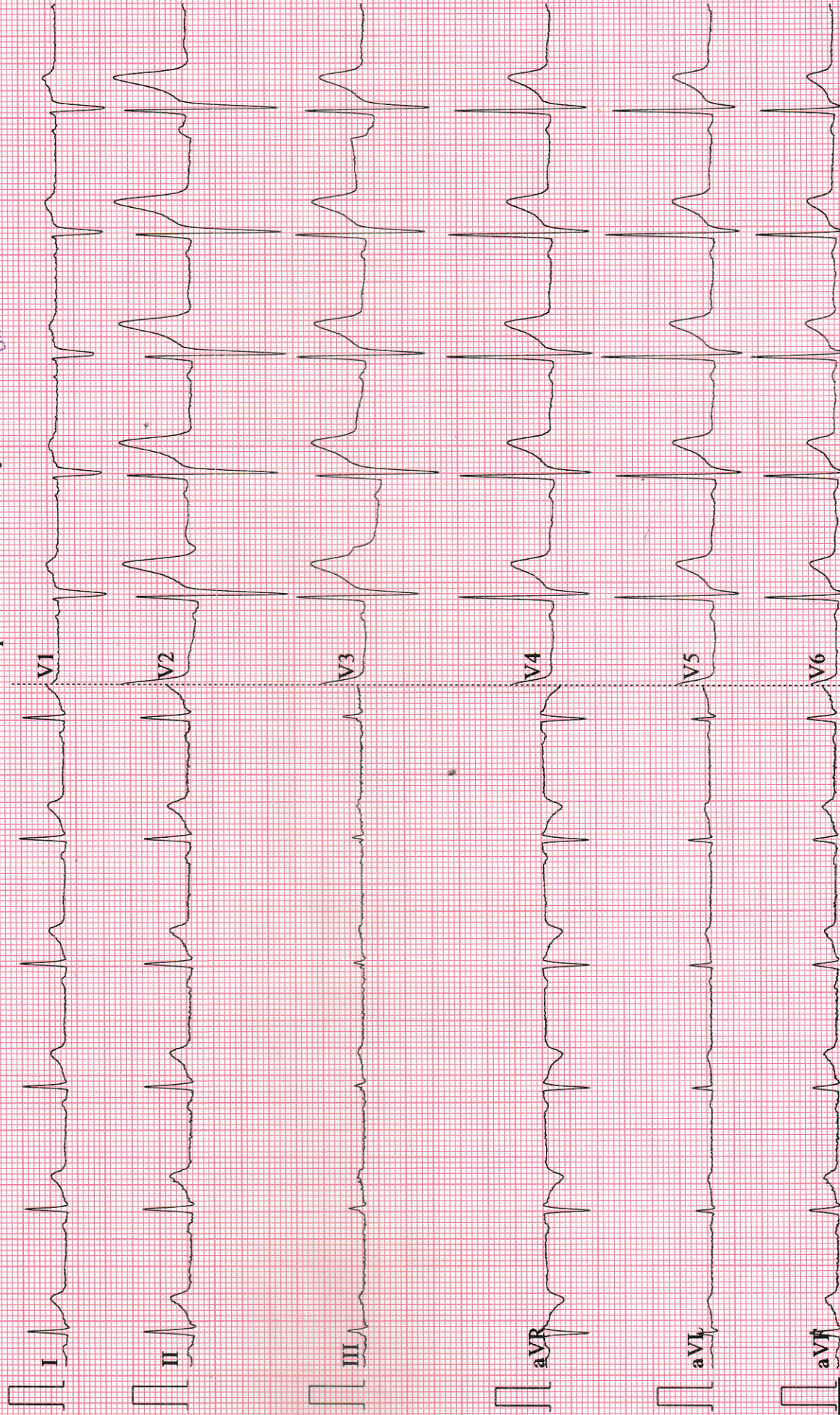
Dr. Galveer Singh

M.B.B.S. DNB General Medicine

Regd. No. 283323

Report Confirmed by:

DNC, Regd. No. 283323





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MD (Radiology)

Lab NO	072503120001	Sr.No	500
NAME	MR.VINOD KUMAR	Ref. BY	LIC
Age / Sex	39 YRS/MALE	Sample Coll DATE	13/Mar/2025 05:39PM
S/O	UMED SINGH	Approved ON	13/Mar/2025 05:48PM
DATE	12/Mar/2025 09:52AM	Printed ON	13/Mar/2025 05:48PM

Test Name	Result	Status	Bio. Ref. interval	Unit
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**HEMATOLOGY**

**HBA1C Glycosylated Haemoglobin \*, Whole Blood  
EDTA\***

HbA1c (Glycosylated Haemoglobin)	5.3	%
----------------------------------	-----	---

Reference Range in %

- |                                     |   |     |
|-------------------------------------|---|-----|
| 1) Non Diabetic Adults              | = | < 6 |
| 2) Good Control                     | = | 6-7 |
| 3) Action Suggested or Poor Control | = | >7  |

**Note**

HBA1C provides an index of average blood glucose levels over the past 8-12 weeks and is a much better

Indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**This is for the persual of Insurance Company for pre policy checkup purpose only.**

Instrument Used: Bio-rad D10.

\*\*\* End Of Report \*\*\*

The tests marked with '\*' are not in the scope of NABL Accreditation.

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MBBS, MD  
PATHOLOGIST

DR. HEMANT  
MD, DPB  
PATHOLOGIST

CHECKED  
TECHNICAL OFFICER

Page 1 of 1