



Sample Coll. Date :- 15/02/2025

Srl.No. :- 4001

Patient Name :- MRS. SONI BEGUM

Age :- 43 Yrs.

Referred By :- LIFE INSURANCE

Sex :- Female

HB

HAEMATOTOLOGY

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
HAEMOGLOBIN (HB)	11.8	gm/dl	12.0 - 15.0
BLOOD SUGAR FASTING	94.0	mg/dl	60 - 110
TOTAL CHOLESTEROL	170.2	mg/dL	130 - 240
H D L - DIRECT	63.0	mg/dL	35.0 - 80.0
L D L CHOLESTEROL	107.2	mg/dL	10 - 150.0
TRIGLYCERIDES	102.0	mg/dL	25 - 160
CREATININE	1.05	mg/dl	0.60 - 1.40
BLOOD UREA NITROGEN (BUN)	16.0	mg%	6.0 - 20.0
TOTAL PROTEIN	7.05	gm/dl	6.0 - 8.5
ALBUMIN	4.15	gm/dl	3.5 - 5.5
GLOBULIN	2.9	gm/dl	1.5 - 3.5
A/G RATIO	1.431		0.5 - 2.5
CONJUGATED (D. Bilirubin)	0.24	mg/dl	0.0 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.45	mg/dl	0.0 - 1.0
TOTAL BILIRUBIN	0.69	mg/dl	0.0 - 1.5
S.G.O.T	22.36	IU/L	0 - 31
S.G.P.T	31.52	IU/L	0 - 45
S.G.T.P	27.0	U/L	5.0 - 60.0

1 Contd...2



GLOBL DIAGNOSTIC



Plot NO 237 2ND Floor NITI KHAND 2 Indirapuram, Ghaziabad, 201014.

QMS/23N1117

Facilities: All Kind of Blood investigation, TMT, ECG, PFT

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Referred By :- LIFE INSURANCE	Sex :- Female

ALKALINE PHOSPHATASE	87.0	U/L	40 - 129
HEPATITIS B SURFACE ANTIGEN	NEGATIVE		
HIV ANTIBODY I & II	NEGATIVE		

COMMENTS :- HIV Elisa is a screening procedure. Positive specimens should be retested using another method before diagnosis.

URINE

COLOUR	PALE YELLOW		
SEDIMENT	ABSENT		
TRANSPARENCY	CLEAR		
PH	ACIDIC		ACIDIC
PROTEIN	NIL		
SUGAR	NIL		
BILE SALTS	NEGATIVE		
BILE PIGMENT	NEGATIVE		
RBC'S	NIL	/HPF	
EPITHELIAL CELLS	1-2	/HPF	
CRYSTALS	NIL		
PUS CELLS	3-4	/HPF	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

DR. SHIPRA VATS
MBBS
MD PATH

Date: 15/02/2025

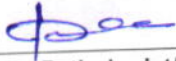
To,
LIC of India
Branch Office

Proposal No. 147894995

Name of the Life to be assured SONI BEGAM

The Life to be assured was identified on the basis of Aadhar - 3694

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

Name:

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

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

Soni begun
(Signature of the Life to be assured)

Name of life to be assured:

GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



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

Branch Code:
Proposal/ Policy No: 147894995
MSP name/code :
Date & Time of Examination:
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Aadhar ID Proof No. 3694
(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 (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: <u>SONI BEGAM</u>		
2	Date of Birth: <u>01/01/1982</u>	Age: <u>43</u>	Gender: <u>Female</u>
3	Height (In cms): <u>152</u>	Weight (in kgs) : <u>69</u>	
4	Required only in case of Physical MER		
	Pulse : <u>84/min</u>	Blood Pressure (2 readings): 1. Systolic <u>124</u> Diastolic <u>80</u> 2. Systolic <u>124</u> Diastolic <u>80</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	<p>a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<u>NO</u>
6	<p>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 diagnostic tests?</p> <p>Please specify date , reason ,advised by whom & findings.</p>	<u>NO</u>
7	<p>Suffering or ever suffered from Novel Coronavirus (Covid-19) 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.</p> <p>If yes provide all investigation and treatment reports</p>	<u>NO</u>

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes 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 endocrine disorders 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, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol ?</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 kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any physical impairment/ 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 disorder of the Stomach / 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 / psychiatric disorder?</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 abnormality 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 HIV /AIDS/ Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	NO

For Female Proponents only		
i.	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NO
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	NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	yes
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Declaration

You Mr/Ms _____ 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.

Soni begum

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 15 day of 02 20 25 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: Gzb
Date: 15/02/2025

[Signature]
Signature of Medical Examiner
Name & Code No:
Stamp:

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

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237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 147894995

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

Full Name of Life to be assured: SONI BEGAM

Age/Sex : 43/Female

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 VI 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.

Soni begum

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 Y
- 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 Gms on the day of 13/02 2025

Signature of L.A.

Soni begum

Signature of the Cardiologist

Name & Address

Qualification Code No.

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Indrapuram Gzb 201014

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
152	69	124/80	84/min

(B) Cardiovascular System

NIL

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	84/min	T-wave	Ⓜ
Ventricular Rate	84/min	Q-Wave	Ⓜ
Rhythm	Regula		
Additional findings, if any	NIL		

Conclusion: — ECG is WNL

Case Dated at 15/02 on the day of

2005

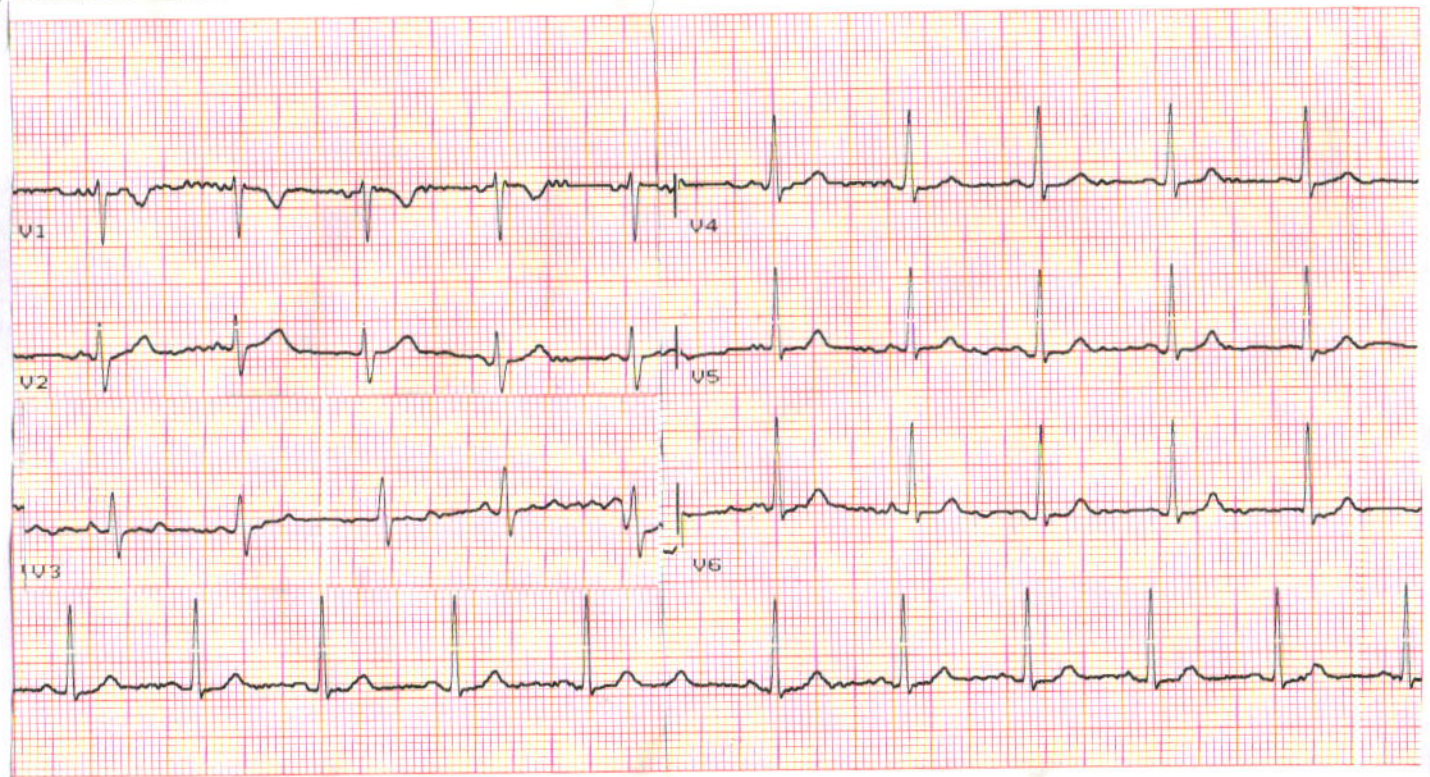
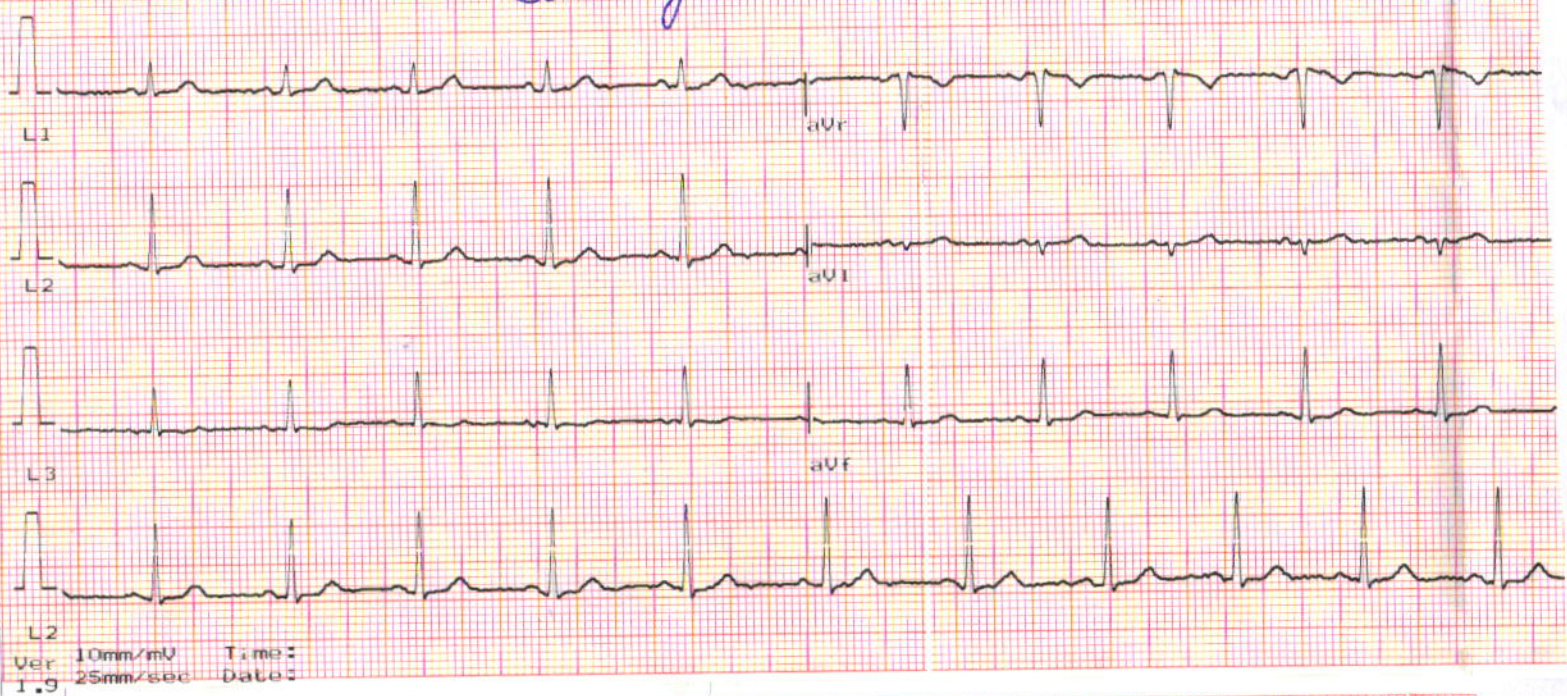
Signature of the Cardiologist
Name & Address
Qualification
Code No.

GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

Name: _____
yrs _____ cm _____ Kg BP _____

Soni begun SONI BEGAM





GLOBL DIAGNOSTIC

237 2nd Floor Niti Khand-2 Indrapuram, Ghaziabad, 201014

Mobile : 8744013600 | E-mail : globaldiagnostic23@gmail.com

Electrocardiogram Report

Name - Mr./Ms. SONI BEGAM Age - 43/female K/C/O Hypertension/Dabetes Mellitus / IHD Lipids

Clinical Summary

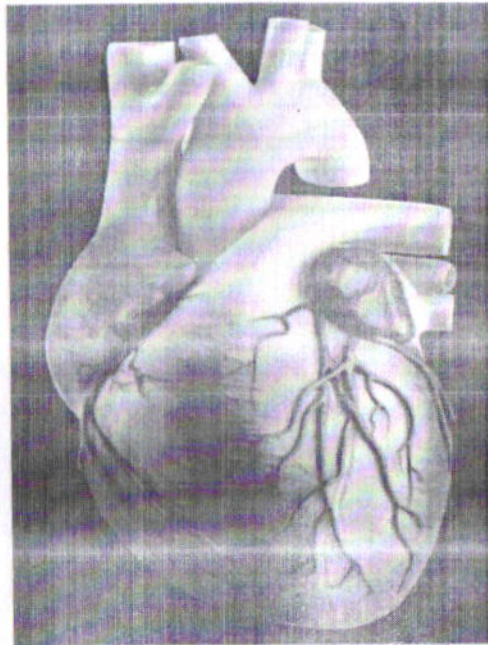
ECG Findings

Rate 84/min Rhythm Regular Mechanism — Axis —
P wave Ⓜ PR interval Ⓜ QRS Complex Ⓜ
ST Segment Ⓜ
T wave Ⓜ QT interval Ⓜ

Recommendations ECCG IS WNL

Date 15/02/2025 Dr. [Signature]

Appl. No./ Proposal No. _____

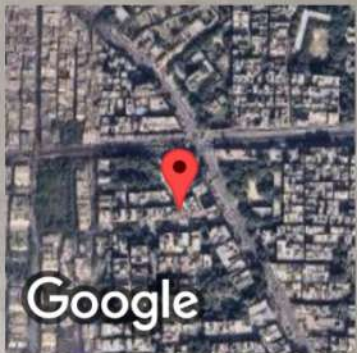


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Indrapuram Gzb 201014

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes



 **GPS Map Camera**



New Delhi, Delhi, India

18, E End Enclave Rd, East End Enclave, Laxmi Nagar,
New Delhi, Delhi 110092, India

Lat 28.642878° Long 77.281177°

15/02/2025 12:31 PM GMT +05:30



भारत सरकार
Government of India



सोनी बेगम
Soni Begam
जन्म तिथि/DOB: 01/01/1982
महिला/ FEMALE

Issue Date: 15/10/2019

5613 7869 3694

VID : 9155 5036 1805 7692

मेरा आधार, मेरी पहचान

Download Date: 29/10/2020

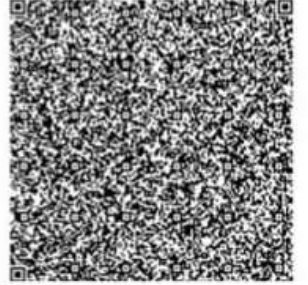


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
C/O मोह मुश्ताक, 19 तीसरा फ्लोर, ईस्ट एंड एन्क्लावे,
लक्ष्मी नगर, पूर्वी दिल्ली,
दिल्ली - 110092

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Enclave, Laxmi Nagar, East Delhi,
Delhi - 110092



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