

Date: 05-03-2025

To,
LIC of India
Branch Office
318

Proposal No. 8692

Name of the Life to be assured AJAY KUMAR AHLAWAT

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

(Signature)

Signature of the Pathologist/ Doctor

Name: DR. HEMANT KAPOOR

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 35535

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

Ajay Kumar

(Signature of the Life to be assured)

Name of life to be assured: AJAY KUMAR AHLAWAT

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>Deformity Quos</u>	✓

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



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

Branch Code:
Proposal/ Policy No: 8692
MSP name/code :
Date & Time of Examination: 05-03-2025
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9910627010
Identity Proof verified: AADHAR CARD ID Proof No. xxxx xxxx 4180
(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".

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

1	Full name of the life to be assured: <u>AJAY KUMAR AHLAWAT</u>	
2	Date of Birth: <u>17-05-1971</u> Age: <u>53</u>	Gender: <u>M</u>
3	Height (In cms): <u>179</u>	Weight (in kgs) : <u>81</u>
4	Required only in case of Physical MER	
	Pulse : <u>78</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>78</u> 2. Systolic <u>122</u> Diastolic <u>79</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 treatment/ medication including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any surgery / hospitalized 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> <u>YES</u> <u>Locomotor disability - congenital deformity of bilateral feet with amputation - 52%</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 diagnostic tests ? Please specify date , reason ,advised by whom & findings.	<u>NO</u>
7	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. If yes provide all investigation and treatment reports	<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?	- YES -
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, gonorrhea, 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 -

locomotor Disability - of Bilateral Feet with amputation of 4th and 5th toe of Right foot and amputation of 2nd, 3rd, 4th and 5th toe of Foot

For Female Proponents only	
i.	Whether pregnant? If so duration. NA
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) with congenital deformity of bilateral feet with amputation.

Declaration

You Mr/Ms AJAY KUMAR AHLAWAT 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.

Ajay Kumar

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 05-03-2025 day of 05-03-2025 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: 05/03/2025
Stamp:

Chapoor
Signature of Medical Examiner
Name & Code No:

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd No. 36638



Division _____

Branch Office 318**DEFORMITY QUESTIONNAIRE**Name of the proponent / Life Assured AJAY KUMAR AHLAWAT Age 53 Years

**Questions to be answered by the proponent's / policyholder's Personal Medical Attendant /
Medical Examiner regarding Deformity/ies and / or Impairment/s**

1.	a. What is the cause of deformity? Whether it is i. Congenital ii. Due to an accident or injury iii. Due to any underlying disease?	- congenital -
	b. Since when the deformity is present?	- by birth -
2.	If the deformity is due to any underlying disease, please state the following: i. What was the disease leading to deformity? ii. When did it occur? iii. Whether the disease is stationary or progressive? iv. If stationary, since when	- congenital - - by birth - - stationary - - by birth -
3.	Does he/she have control on bowel movements and bladder?	- YES -
4.	Exact parts of the body affected and extent	Bilateral feet (52%)
5.	Are there any restrictions in movements and function of the limbs or affected parts? Please give degree of disability	- 52% -
6.	Has he/she a limp?	- NO -
7.	Whether he /she can walk and run fast without any aid (in case of deformity in the leg)?	- walk -
8.	Can he/she squat, sit and get up properly?	- YES -
9.	Whether the affected limb is shorter than the other , and if so, to what extent (in cms)	- NO -
10.	If the deformity is due to poliomyelitis, please state whether the wasting of muscles is i. mild ii. moderate iii. severe	- NA -

11.	How many limbs are affected?	- both -
12.	Are there any respiratory complications? If yes, give details	- NO -
13.	Is there any restriction in movement of any of the fingers? Are any of the fingers removed? If so, upto which phalanx. Whether thumb and forefinger have been affected / removed?	- YES - RIGHT FOOT - 4 th and 5 th phalanx left Foot - 2 nd , 3 rd , 4 th and 5 th phalanx
14.	a. Whether he / she can lift articles without any difficulty and hold the articles without losing the grip (in case of deformity in the hands)? b. Is the grip firm and strong?	- YES - - YES -
15.	Are there any residual complications?	- NO -

My diagnosis as to the cause of the disability is congenital deformity of Bilateral Feet

I do for the reasons explained below / do not have any reason to suspect on clinical grounds a recent deterioration causing more pronounced disability:

- a. He / she is able / not able to perform routine self-care activities.
- b. He / she is / is not required to use wheel chair / crutches.
- c. Any other factors which are likely to add to the risk on account of the deformity / ies.

Please submit details of previous treatment, previous special reports, x-rays etc. for perusal and return.

Dated at NEW DELHI on the WEDNESDAY day of 05-03 2025.

Abay Kumar
Signature of the proposer /
Policyholder

Dr. Hemant Kapoor
Signature of the Medical Examiner /
Medical Attendant DR. HEMANT KAPOOR
Code No.
Qualifications MD, DPR Dr. HEMANT KAPOOR
Registration No. 36636 MD, DPB
Address Consultant Pathologist
DMC Regd. No. 36638



भारत सरकार
GOVERNMENT OF INDIA



अजय कुमार अहलावत
Ajay Kumar Ahlawat
जन्म तिथि/ DOB: 17/05/1971
पुरुष / MALE



4337 2468 4180

आधार - आम आदमी का अधिकार

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



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O सुरत सिंह, डी-१६,
अनूप नगर, उत्तम नगर, वेस्ट
दिल्ली,
दिल्ली - 110059

Address:

S/O Surat Singh, D-16, ANCOOP
NAGAR, UTTAM NAGAR, West
Delhi,
Delhi - 110059



1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in P.O. Box No.1947,
Bengaluru-560 001

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



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)

W Kapoor
Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36638



GPS Map
Camera Lite

1445/1, Najafgarh Rd, Jatav Mohalla, Najafgarh, New Delhi, Delhi,
110043, India

Longitude
76.9851909°

Altitude 220 meters
Wednesday, 05.03.2025

Latitude
28.6139411°

Local 10:43:38 AM
GMT 05:13:38 AM

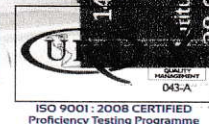


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Clinical Co-relation is essential. Please Contact us in Case of Unexpected results.

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

www.doctorsdiagnosticcentre.in



 **UNIQUE DISABILITY ID**
Government of India 

नाम / Name
अजय कुमार अहलावत
Ajay kumar ahlawat

UD ID
DL0740619710093850

Disability Type
Locomotor Disability

Year of Birth 1971 % of Disability **52% (Fifty Two Percent)**

Date of Issue **08/01/2024** Valid upto **Permanent**


Issuing Authority Sign

 **UNIQUE DISABILITY ID**
Government of India

STATE ID:
N/A

Aadhaar No.
*****4180



Card Issuing Authority
Deen Dayal Upadhyay Hospital, West, Delhi



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Deen Dayal Upadhyay Hospital
West, Delhi



Certificate No.: DL0740619710093850

Date: 08/01/2024

This is to certify that I/we have carefully examined Shri **Ajay Kumar Ahlawat**, Son of Shri **Surat Singh**, Date of Birth **17/05/1971**, Age **52**, M, Registration No. **0707/00000/2308/1523879**, resident of House No. **D-16 Anoop Nagar Uttam Nagar, Rajouri Garden, West Delhi - 110059**, Sub District **Rajouri Garden**, District **West**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **CONGENITAL DEFORMITY OF BILATERAL FEET WITH AMPUTATION OF 4TH AND 5TH TOE OF RIGHT FOOT AND AMPUTATION OF 2ND, 3RD, 4TH AND 5TH TOE OF FOOT.**
(C) He has **52%** (in figure) **Fifty Two** percent (in words) Permanent Disability in relation to his **BOTH LOWER LIMB**. as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Ajay Kumar

Signature / Thumb Impression of the Person with Disability

[Signature]
DR. RAJESH K. SHARMA
MBBS, MD
Senior Specialist (Ortho)
D-16/11, Anoop Nagar
Uttam Nagar, West Delhi
Phone No. 12676

Signatory of notified Medical Authority Member(s)



[Signature]

Deen Dayal Upadhyay Hospital
West, Delhi

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____

Proposal No. 8692

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

Full Name of Life to be assured: AJAY KUMAR AHLAWAT

Age/Sex : 53 yu/m

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. 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.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. 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 05/03/25 given by me to LIC of India.

Witness _____

Signature or Thumb Impression of L.A. Ajay Kumar

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N NO
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N NO
- iii. 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 05/03/25 on the day of _____ 200

Signature of L.A. Ajay Kumar

Signature of the Cardiologist _____
Name & Address _____
Qualification Code No. _____

MBBS, DNB General Medicine
DMC Regn. No. 2332
Senior Consultant Diabetes Clinic
Dr. Ashish Singh, 46 A, New Roshanpura, 110043

05/03/25

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
179	81	121/82 123/84	79

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	-	P Wave	J K L M N O P Q R S T U V W X Y Z
Standardisation Inv	Yes	PR Interval	
Mechanism	-	QRS Complexes	
Voltage	Normal	Q-T Duration	
Electrical Axis	Normal	S-T Segment	
Auricular Rate	67 bpm	T-wave	
Ventricular Rate	67 bpm	Q-Wave	
Rhythm	Sinus		
Additional findings, if any.			

Conclusion:

ECG wave S
573725

Dated at 05/03/2025 on the day of 200

Signature of the Cardiologist
Name & Address
Qualification
Code No.

DR. ANAND SINGH
MBBS, DNB General Medicine
DMC Regn. No. 28332
Senior Consultant Medicine
S.4. Medical and Diabetes Clinic
A New Roshanpura, 110043

MR AJAY KUMAR AHLAWAT
Male 53Years

Diagnosis Information:
Sinus Rhythm
Normal ECG

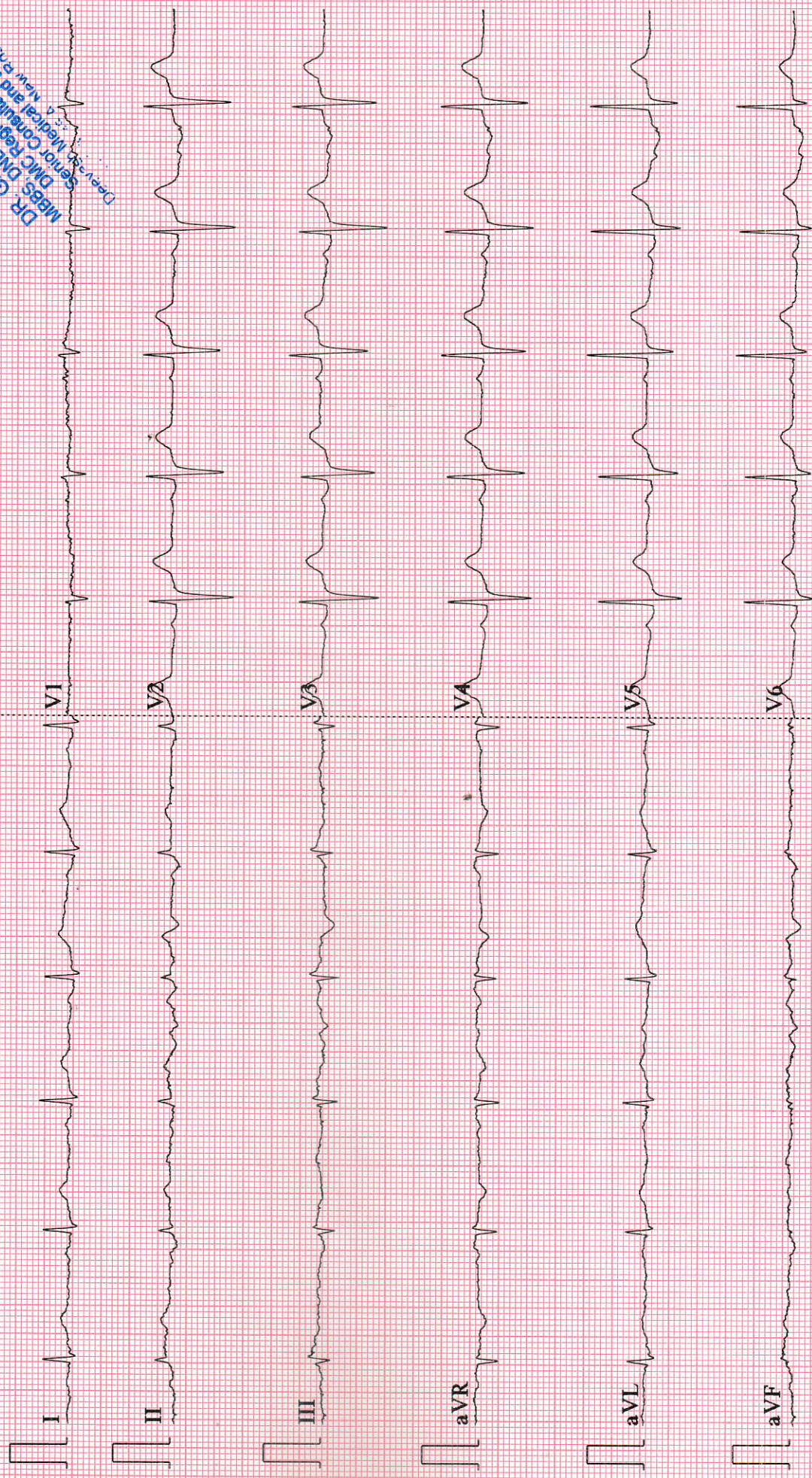
HR : 67 bpm
P : 97 ms
PR : 175 ms
QRS : 89 ms
QT/QTc : 415/440 ms
P/QRS/T : 39/22/21 °
RV5/SV1 : 0.967/0.309 mV

Ajay Kumar

*3.6g
15*

DR. GAJVER SINGH
MBS DNB General Medicine
Senior Consultant Medicine
DMC Regn. No. 28332
Senior Medical and Diabetes Clinic
Dr. V. S. & New Prashant
11713

Report Confirmed by:





Excellence In Diagnostics & Healthcare Services

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

Consultant Radiologist
DR. BIPUL BISWAS
 MD (Radiology)

Lab NO	072503050003	Sr.No	502
NAME	MR.AJAY KUMAR AHLAWAT	Ref. BY	LIC
Age / Sex	53 YRS/MALE	Sample Coll DATE	05/Mar/2025 11:22AM
S/O	SURAT SINGH	Approved ON	05/Mar/2025 03:12PM
DATE	05/Mar/2025 10:10AM	Printed ON	05/Mar/2025 03:21PM

Test Name	Result	Status	Bio. Ref. interval	Unit
BIOCHEMISTRY				
BLOOD SUGAR FASTING (FBS), Sod.Fluoride				
Blood Sugar Fasting <i>Method: GOD/POD</i>	99		70-110	mg/dL
Urine for Glucose	NIL			

NOTE:

- 1) The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dl and /or a random/ 2hr postglucose value of ≥ 200 mg/dL on least 2 occasions.
- 2) Very high glucose levels (> 450 mg/dl in adults) may result in diabetic ketoacidosis & is considered critical.

Interpretation: (As per WHO guidelines)

Status	Fasting plasma glucose in mg/dl	PP plasma glucose in mg/dl
Normal	70 - 110	70 - 140
Impaired fasting glucose	110 - 125	70 - 140
Impaired glucose tolerance / pp	70 - 110	141 - 199
Pre-Diabetes	110 - 125	141 - 199
Diabetes mellitus	>126	>200

Note :- Each individual's target range should be agreed by their doctor or diabetic consultant.

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

DR. JAI PRABHAN
 MBBS, MD
 PATHOLOGIST

Printed By: RE
 Duplicate Report

[Signature]
DR. HEMANT
 MD, DPB
 PATHOLOGIST

[Signature]
CHECKED
TECHNICAL OFFICER



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Excellence In Diagnostics & Healthcare Services

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

Consultant Radiologist
DR. BIPUL BISWAS
 MD (Radiology)

Lab NO	072503050003	Sr.No	502
NAME	MR.AJAY KUMAR AHLAWAT	Ref. BY	LIC
Age / Sex	53 YRS/MALE	Sample Coll DATE	05/Mar/2025 11:22AM
S/O	SURAT SINGH	Approved ON	05/Mar/2025 03:12PM
DATE	05/Mar/2025 10:10AM	Printed ON	05/Mar/2025 03:21PM

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

URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine

Physical Examination

Quantity	20			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	2-3		Occasional	

MUCUS THREAD PRESENT.

*** End Of Report ***



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-3237; Validity till 03/01/2029

DR. JAI PRABHAN
 MBBs, MD
 PATHOLOGIST

Hemant Kapoor
DR. HEMANT
 MD, DPB
 PATHOLOGIST

B
CHECKED
 TECHNICAL OFFICER

Printed By: RENA
 Duplicate Report



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