Format of separate sheet to be sent along with computer generated special reports To LIC of India, Branch Office Proposal No. Name of the Life to be assured 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. Life to be assured has signed as below in my presence. The Dr. Deepika Agrawal Signature of the Pathologist Doctor Consultant Pathologist Name: The examination,/ tests were done with my consent (Signature of the Life to be assured) Name: Reports enclosed:

Rubber Stamp of TPA

E-7 / 636 arera colony near pnb bank new campion School chauraha

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

Full Nor	ne of life to be	neeurod		1 1 1 1 1 1	UAL	160	119-19 (361-13)			
1			_			_	RAVI RAI				
ı	POSAL NO-	45	83		Age [36/Y	GENDER	A-MAI	.E	
Division		ВНОРА	L					Branch	[359	
No.		Type	of Test				Antu	I Donding			
1	Fasting Blood					-	Actua	al Reading		Normal Rang	
	(Method - GO	-				-		80 2	/	0-110 MG/0)L
2,	Total Choieste	-				-		145.8	-	JP TO 200 N	MG/DI
	High Density L	ipid (HDL)						48.1		0-70 MG/DI	
	Low Density L	ipid (LDL)				\dashv		92.70		JP TO 130 A	
3	S. Triglyceride	5				+		129.7		IP TO 160 N	
						-		129.7	—ļ	P 10 160 K	IIG/DL
4	S. Creatinine							0.77	-	5-1.5 MG/D	L
5	Blood Urea Nit	rogen (BUN)						17.2		0-40 MG/DL	
- 6	S. Proteins					\neg		6.9		.7-8.7 MG/D	
	(a) Albumin					\neg		4.5		7-5.3 MG/D	
	(b) Globulin	- 4				\neg		2.4		3-3 6 MG/D	
	AG Ratio					\neg		1.9		5-2.0	
7	S. Billrubin					+		-	- 1	0-2.0	
	(a) Direct					+		0.31	0	2-0.4 MG/DI	
	(b) Indirect).53		1-1.0 MG/DI	
8	Total							84		2-1.2 MG/DI	
	SGOT (AST)						2	20 5	UF	TO 40 IU/L	
	SGPT (ALT)						2	6.9	5 7	TO 40 IU/L	
	GGTP (GGT)							2.7	3.0	0-28.7IU/L	-
	S. Alkalin phos					\perp		7.7	37	-147 IU/L	
	HbsAg (Austral a for HIV(Meth					_		ative			
	that the names	og	ELI	SA			Neg	ative			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	that the person nce and I am no	examined/inv of related to h	restingated, s im/her or the	igned/a Agent o	ffised the r the de	evelo	inpression opment Offi	n in the spa	ice ean	marked belo	w, in
Dated	BHOPAL	on the	11 d	ay of	1 20	24	at 1	0:21	∏am	/pm	
						Si	gnature of	the Patholo	gist:		\neg
							tholigist Na		1	0	\dashv
						Qu	alification	Dr. C)eep	ika Agr	awa
							dress	1		BŚ, MD.	
			/	AKA	R	_		Cons	ultar	nt Pathol	ogist
			(3)	An.	10)	1					
			12/	AKA BHO	18	15					

RAVI RAI

E-7 / 636 arera colony near pnb bank new campion School chauraha

LIFE INSURANCE CORPORATION OF INDIA SPECIAL MEDICAL REPORT HAEMOGRAM

		Age	3	36/Y	Sex		MALE
PPOP	OSAL NO 4583	_			•		
	OSAL NO 4583	Div	ision [BHOPAL	Branch	359	060
No.	Type of Test						
1	Red Blood Cell Count			Val	nes	Norr	nal Range
2	HB%						million/cmm
3	Hematocrit		N.	14	.4		17 GMS%
4	Indices		(°.	-		4	10-70%
	(a) MCV (Mean Corpuscular Volum	10)					_
	(b) MCH (Mean Corpuscular Hb)	16)				7	'0-100fl
	(c) MCHC (Mean Corpuscular Hb C					27.	0-37.0 pg
5	Morphology	concen	tration)			32	2-37 g/dl
	Macrocytes			N	il		
				N	il		
	Microcytes			N	il		_
	Hypochromia:			N	il		
	Poikilocytosis:			N			
	Anisocytosis:			N			
6	Target Cell -			N			
	Spherocytes:			N			
	Eliptocyres :			N			
7	White Blood Cells						
	Total Count :					4000-11	000/ microliter
	Differential Counts					1000	ooor micronici
	a) Neutrophils:					-	5-75%
	b) Lymphocytes						0-45%
	c) Eosinophils						1-6%
	d) Monocytes:						1-10%
	e) Basophils :		1				.0-1.0%
	Platelets:						0-4.50000 lac.
9	Erythrocytes Sedimentation rate :					1,50000	7-4.50000 lac.

I declare that the person examined/Investingated, signed/affised thumb inpression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

(WINTRIOBE)Method

Dated at BHOPAL on the	11 day of 11 20	24 at Signature of the P	Inthologists	10:21 am/pm
		Patholigist Name: Qualification :	Dr. Desp	ka Agrawal
	18	OTA GAO		35, MD. T Pathologist
	DIWAK	BHODAL)CO		

E-7 / 636 arera colony near pnb bank new campion School chauraha

ROUTINE URINE ANALYSIS								
Full Name of life to be	assured	F						
	1500							
PROPOSAL NO-	4583	Age 36/	Υ		Sex	MALE		
B01-1-2	Di .							
Division	Bhopai		Branch					
1 PHYSICAL EX	KAMINATION							
(i) Colour	PALE	/ELLOW	(ii) Sedir	ment		Absent		
(ii) Transoparenc	y CL	EAR	(iv) Read	tion		Alkaline		
	XAMINATION							
7.6		e 1 - 1	-			Absent		
(III) Bile Salt	Ab	osent	(iv) Bile l	Pigments	nts Absent			
	PIC EXAMINATIO							
			2.2.2.2.2.2	7 No. 4		2-3/HPF		
			-			1-2/HPF		
(v) Casts	A	bsent	(vi) Depo	Deposits Absent				
REMARKS: If Pus cells are present GRAM STA in is necessary. If haematuria is present ZIEHL NEELSEN METHOD is necessary. I declare that the person examined/investingated, signed/affised thumb inpression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer. Dated at Bhopal on the 11 day of 11 20 24 at 10:21 am/pm Signature of the Pathologist: Patholigist Name: Qualification: Qualification: Dr. Deep ka Agrawal Address OIAGN Consultant Pathologist								
(i) Colour (ii) Transoparenc 2 CHEMICAL E (i) Protein (iii) Bile Salt 3 MICROSCOR (i) Red Blood Cr (iii) Crystal (v) Casts REMARKS: If Pus cells are present the permy presence and I a	PALE Y CL XAMINATION Ab PIC EXAMINATIO Ells AI AI AI AI AI THE GRAM STA in is recent ZIEHL NEELSEN son examined/Invest m not related to him/l	esent bsent bsent bsent bsent mecessary. I METHOD is necesingated, signed/affisher or the Agent or the 11 day of	(ii) Sugarity Bile I (iii) Equiration Pus (vi) Deport In 20 Signature of Patholigist N Qualification Address	thelial Cell Cells Dosits ession in the Officer. D 24 The Pathologame:	ogist:	Absent Absent 2-3/HPF 1-2/HPF Absent armarked below, in 10:21 am/pm		



दिवाकर डायग्नोरिस्क सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मेन रोड, अरेरा कॉलोनी, भोपाल (म.प्र.) मो.: 9826340190

Pt.Name:	Mr.Ravi Rai	
Age :-	36/M	
Refd. By :-	LIC	
P.No.:-	4583	
Date :-	11/11/2024	

EXAMINATION OF BLOOD

Glycosylated Hemoglobin HBA1c	4.5%	Below - 6.0 % -Non Diabetic contro 6-7 % -Excellent control Above- 8 % -Poor control
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Dr. Deepika Agrawal MBBS, MD. Consultant Pathologist

Pathologist



E-7 / 636 arera colony near pnb bank new campion School chauraha

LIFE INSURANCE CORPORATION OF INDIA

URINE COTININE EXAMINATION

Full Name of life to be assured		RAVI RAI		j
DATE 11/11/2024	Age	36/Y	Sex	MALE
Division BHOPAL	ZONE		Branch	
Proposal No.	4583		Agent/ D.O. Cord	

URINE COTININE EXAMINATION

INVESTIGATION	RESULTS	NORMAL RANGE
URINE COTININE	NEGATIVE	BY CARD METHOD

Immumochromatographic assay for Qualitative detection of cotinine in urine. A positive result indicates only that the presence of cotinine is above cut off concentration. It doesn't indicate or measure level of consumption. It is possible that technical procedure as well as other interfering substances in the specimen may cause erroneous results.

Interpretation of result:

Negative - Urine cotinine level below 200 ng ml Positive - Urine cotinine level above 200 ng ml

Dr. Deepika Agrawal Meßs, MD. Consultant Pathologist



E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal

ELECTROCARDIOGRAM Full Name of life to be assured **RAVI RAI** 35/Y Sex MALE BHOPAL Branch Division 4583 AgenV Code No. Proposal No. Dev. Officer Code No. Instructions to the Cardiologist: Please satisfy yourself about the identity of the examinee to guard against impersonation The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG traings. 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 V, shows a tall R-wave, additional lead V, R be recorded. I declare that the Foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated --given by me to LIC of India. Note: Cardiofogist is requested to explain following to L.A and to note the answers there of. I Have you ever had chest pain. Palpitaion. Breathlessness at rest or exertion? NO NO ii Are you suffering from heart disease. Diabetes high or low Blood Pressure or kidney disease Have you ever had chest X-Ray, ECG. Blood sugar Cholesterl or any other lest done? If the answer/s to anyl all of the above question is 'Yes' submit all relevant papers with this from 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 with held. I do agree that these will from part of the proposal dated given by me to LIC of India. BHOPAL 24 at Date at on the day of Signature of the Pathologist Patholigist Name: MD. FRCP (UK) M.E.'s Code No Consultant Qualification: Name & Address of the Hospital/Clinic (2004) Name & Address of the Hospital/Clinic (2004) Reg. No. : MP 4553

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal

Full Nan	ne of life to be ass	sured			-		RAVI RAI		
(A)	Measurements								
	Height (C	:m)	Weight	(Kg)	ВР			Pulse	
	165 CM 70 K		G	120/71			85/min	ı	
(B) Card	iovascular Systan	n			NORMAL				
Rest EC	G Report:								
Position	1	St	UPINE	P Wave		1	NORMAL		
Standari	isation IMV	NC	DRMAL	PR Interv	al	,	NORMAL		
Mechani	sm	NC	ORMAL	QRS Con	nplexes		NORMAL		
Voltage	Voltage NORMAL		DRMAL	Q-T Dura	tion	NORMAL			
Electrica	I Axis	NC	ORMAL	S-T Segment		NORMAL			
Auricula		8:	5/MIN	T-wave		NORMAL			
	Ventricular Rate 85/MIN			Q-Wava		NORMAL			
Rhythm			GULAR						
Addition	al findings. If an				NO				
Conclusi	lon :	,	WNL		*****************************				
								<u> </u>	
Date at	BHOPAL	on the	11]	11	20	24 at	10;21	AM
					Signature of the F	Pathologi		Se-	
					Patholigist Name:	:	Dr	. Althi Tiwari	
					0			Consultant	ardiology
				Name & Address	of the Ho	Internation ospital/Clinic/Lim	eg. No. : MP 4663)	
					CENTA	5			
					STOPE THOUSE				
				•	TO BA	*			





