Date: 08 03 2025

To,	
LIC of I	
Branch	Office

Proposal No427	
Name of the Life to be assured SATISH KUMAR AGGARWAL	
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. BINDU

MBBS, MD Reg. No. 33435 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.

(Signature of the Life to be assured)

Name of life to be assured:

#### Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	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)	YBS	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	,
REPORT ON X-RAY OF CHEST (P.A. VIEW)		НЬ%	YES
ELISA FOR HIV	YES	Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



## ANNEXURE II - 1

Division

4271

Zone

Proposal No. -

# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

Branch

## ELECTROCARDIOGRAM

Agent/D	.O. Code:	Introduced by:	(name & sign	nature)	
Full Nan	ne of Life to be assure	d: SATISH	KUMAK	ACC. DRIVA	
Age/Sex	ne of Life to be assure	3/M	( cont	MARKWAL	
	ons to the Cardiologis				
i. ii. · iii.	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.				
iv.	and the most be steady. The tracing must be pasted on a louder.				
		DECLARA	TION		
questions	declare that the foregon.  They are true and continue will form part of the	omplete and no i	nformation has	after fully understanding the s been withheld. I do agree me to LIC of India.	
				GUANY	
Witness		Sig		mb Impression of L.A.	
uri	swers thereof.			ons to L.A. and to note the	
i.	Have you ever had Y/N	chest pain, palpi	tation, breathl	essness at rest or exertion?	
ii. 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 answ	wer/s to any/all above	e questions is 'Y	es', submit a	ll relevant papers with this	
Dated at D	SECULT on the day of	08/03/2025		BINDU MBBS MD Q. No -33435	
Signature of	of L.A.	AFALTA	Name & Add Qualification	he CardioTogist ress Code No.	
SeRW	X	DELEG		Code 140.	

## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
170	72.8	124/84	64/M

(B)	Cardiovascular System					
Rest I	ECG Report:					
	Position	Sypine.	P Wave			
	Standardisation Imv	(7)	PR Interval	(R)		
	Mechanism	(A)	QRS Complexes			
	Voltage	R	Q-T Duration			
	Electrical Axis	(N)	S-T Segment	(N)		
	Auricular Rate	64/M	T –wave	N		
	Ventricular Rate	64 m	Q-Wave	$\widetilde{\mathbb{A}}$		
	Rhythm	Lehra				
	Additional findings, if any	-				

Conclusion: WNL

Dated at No LHT on the day of 08/03/2025

Dr. BINDU

MBBS MD

Signature of the Cardiologist

Signature of the Cardiologist Name & Address Qualification Code No. Email - elitediagnostic4@gmail.com

PROP. NO. : 4271 S. NO. : 112342

NAME : MR. SATISH KUMAR AGGARWAL AGE/SEX - 63/M

REF. BY : LIC

Date : MARCH, 08, 2025

### **BIOCHEMISTRY-(SBT-13)**

Test	Result	Units	Normal Range
Blood Sugar Fasting S. Cholesterol H.D.L. Cholesterol L.D.L. Cholesterol S.Triglycerides S.Creatinine Blood Urea Nitrogen (BUN) Albumin Globulin S.Protein Total	Result  104.54 205.48 88.54 122.57 125.63 1.01 13.66 4.1 2.9 7.0	mg/dl mg/dl mg/dl mg/dl mg/dl mg/dl mg/dl ggm% gm%	70-115 130-250 35-90 0-160 35-160 0.5-1.5 06-21 3.2-5.50 2.00-4.00 6.00-8.5
AG/Ratio Direct Bilirubin Indirect Bilirubin Total Bilirubin S.G.O.T. S.G.P.T. Gamma Glutamyl Transferase (GGT) S. Alk. Phosphatase	1.41 0.2 0.8 1.0 35.90 34.33 42.50 98.90	mg/dl mg/dl mg/dl IU/L IU/L IU/L	0.5-3.2 0.00-0.3 0.1-1.00 0.1-1.3 00-42 00-42 00-60 28-111 mildren 151-471)

#### **SEROLOGY**

Test Name :Human Immunodeficiency Virus I&II {HIV}(Elisa method)

Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

Test Name :Hepatitis B Surface Antigen {HbsAg}} (Elisa method)

Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH) REGD.NO. 19702 Ponsultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico – legal cases.

Email – elitediagnostic4@gmail.com

PROP. NO.

4271

S. NO.

: 112342

NAME

MR. SATISH KUMAR AGGARWAL

AGE/SEX - 63/M

REF. BY

: LIC

Date

MARCH, 08, 2025

### **HAEMOGRAM**

Test	Result	Units	Normal Range
Hemoglobin	13.89	gm/dl	12-18

### **ROUTINE URINE ANALYSIS**

#### PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P.YELLOW
Transparency : Clear
Sp Gravity : 1.014

#### CHEMICAL EXAMINATION

Reaction : ACIDIC

Albumin : Nil /HPF

Reducing Sugar : Nil. /HPF

#### MICROSCOPIC EXAMINATION

2-3. /HPF Pus Cells/WBCs : Nil. /HPF RBCs 1-2. /HPF Epithelial Cells : Nil. Casts Nil. /HPF Crystals : Nil. Bacteria Nil. Others

\*\*\*\*\*\*\*\*End of The Report \*\*\*\*\*\*\*

Please correlate with clinical conditions.

#### DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD.NO. 19702

Tonsultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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आयकर विभाग INCOME TAX DEPARTMENT

SALEK CHAND AGGARWAL



भारत GOVT. OF INDIA

ALYS

ERAN

CALT

F CH

teal

01/01/1962

**Permanent Account Number** 

ADCPA4980E

Signature



Both

