



भारत सरकार  
GOVERNMENT OF INDIA



Aadhaar no. Issued on: 07/11/2013



सुनीता  
Sunita  
जन्म तिथि/DOB: 03/07/1989  
महिला/ FEMALE  
Mobile No: 9811347496

**5850 0996 1399**  
VID : 9158 0957 4694 7889

Details as on: 03/02/2024

मेरा आधार , मेरी पहचान



 GPS Map Camera



New Delhi, Delhi, India  
E615, Third Pushta, Nayagaon, Nayagaon Village, Shahdara, New  
Delhi, Delhi 110053, India  
Lat 28.686675° Long 77.260725°  
11/03/2025 07:31 AM GMT +05:30

Google

To,  
LIC of India  
Branch Office

Date: 11/03/2025

Proposal No. 6301

Name of the Life to be assured SUNITA

The Life to be assured was identified on the basis of Aadhar - 1399


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

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

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)

**GLOBL DIAGNOSTIC**  
**237, 2nd Floor Nilgandhi 2**  
**Indrapuram Gzb 201014**

Name of life to be assured:

**Reports Enclosed:**

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

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,

## ANNEXURE II - 1

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 6301

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

Full Name of Life to be assured: SUNITA

Age/Sex : 35/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 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 \_\_\_\_\_ given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

Sunita

**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
- 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 6/3 on the day of 11/03 2025

Signature of L.A.

Sunita

Signature of the Cardiologist

Name &amp; Address

Qualification

Code No.

Dr. Pankaj Nand Chaudhary  
M.D. (Medicine) MCI-39804  
Sol. Heart, Thyroid and Diabetes  
GLOBE DIAGNOSTIC  
237, 2nd Floor Niti Khand 2  
Indrapuram Gzb 201014

## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
156	70	118/78	100/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	100/min	T-wave	Ⓜ
Ventricular Rate	100/min	Q-Wave	Ⓜ
Rhythm	Regular		
Additional findings, if any	NIL		

Conclusion: ECG Sinus Tachycardia

Dated at Gzb on the day of 11/03 2005

Signature of the Cardiologist

Name &amp; Address

Qualification

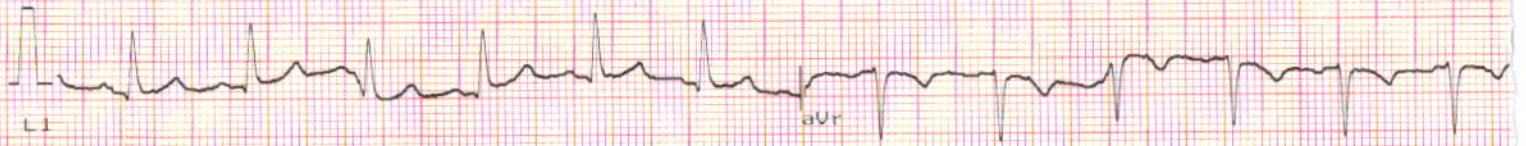
Code No.

Dr. Pankaj Nand Chaudhary  
 M.D. (Medicine) MCI-391  
 Spl. Heart, Thyroid and Diabetes

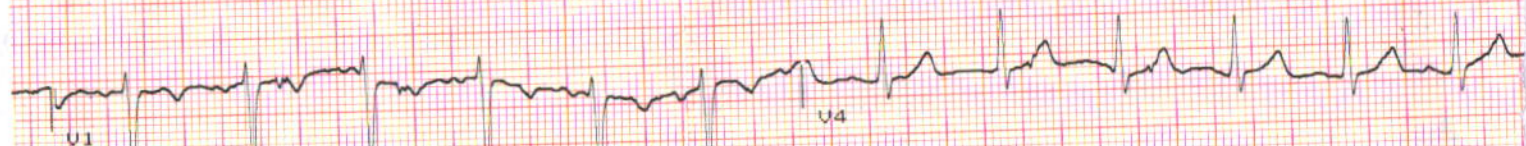
**GLOBL DIAGNOSTIC**  
 237, 2nd Floor Niti Khand 2  
 Indrapuram Gzb 201014

Name: \_\_\_\_\_  
yrs cm Kg BP \_\_\_\_\_

Sunita



L2  
Ver 10mm/mV Time:  
1.9 25mm/sec Date:





# GLOBL DIAGNOSTIC

237 2nd Floor Niti Khand-2 Indrapuram, Ghaziabad, 201014  
Mobile : 8744013600 | E-mail : globaldiagnostic23@gmail.com

## Electrocardiogram Report

Name - Mr./Ms. SUNITA Age - 35/Female K/C/O Hypertension/Dabetes Mellitus / IHD Lipids

Clinical Summary

ECG Findings

Rate 100/min Rhythm Regular Mechanism - Axis -  
P wave N PR interval N QRS Complex N  
ST Segment N  
T wave N QT interval N

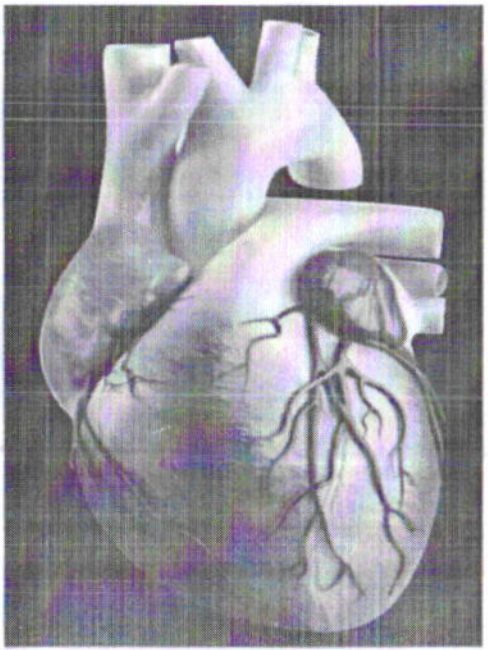
Recommendations ECG Sinus Tachycardia

Date 11/03/2025 Dr. [Signature]

Appl. No./ Proposal No. \_\_\_\_\_

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

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





# GLOBL DIAGNOSTIC



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

QMS/23N1117

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

<b>Sample Coll. Date :-</b> 11/03/2025	<b>Srl.No. :-</b> 3018
<b>Patient Name :-</b> MRS. SUNITA	<b>Age :-</b> 35 Yrs.
<b>Referred By :-</b> LIFE INSURANCE	<b>Sex :-</b> Female

HB

Investigation / Test Name	Patient Value	Unit	Reference Range
Test Name	Value	Unit	Normal Value

## HAEMATOLOGY

HAEMOGLOBIN (HB)	12.6	gm/dl	12.0 - 15.0
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1 Contd...2

DR. SHIPRA VATS  
MBBS  
MD PATH





# GLOBL DIAGNOSTIC

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

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



QMS/23N1117

**Sample Coll. Date :- 11/03/2025**  
**Patient Name :- MRS. SUNITA**  
**Referred By :- LIFE INSURANCE**

**Srl.No. :- 3018**  
**Age :- 35 Yrs.**  
**Sex :- Female**

BLOOD SUGAR FASTING	75.0	mg/dl	70 - 110
TOTAL CHOLESTEROL	173.2	mg/dL	130 - 240
H D L - DIRECT	62.0	mg/dL	35.0 - 80.0
L D L CHOLESTEROL	111.2	mg/dL	10 - 150.0
TRIGLYCERIDES	131.2	mg/dL	25 - 160
CREATININE	0.99	mg/dl	0.60 - 1.40
BLOOD UREA NITROGEN (BUN)	11.9	mg%	6.0 - 20.0
TOTAL PROTEIN	6.25	gm/dl	6.0 - 8.5
ALBUMIN	3.56	gm/dl	3.5 - 5.5
GLOBULIN	2.69	gm/dl	1.5 - 3.5
A/G RATIO	1.323		0.5 - 2.5
CONJUGATED (D. Bilirubin)	0.14	mg/dl	0.0 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.39	mg/dl	0.0 - 1.0
TOTAL BILIRUBIN	0.53	mg/dl	0.0 - 1.5
S.G.O.T	23.24	IU/L	0 - 31
S G.P.T	11.42	IU/L	0 - 45
G G T P	32.0	U/L	5.0 - 60.0
ALKALINE PHOSPHATASE	84.0	U/L	40 - 129
<b>HEPATITIS B SURFACE ANTIGEN</b>	<b>NEGATIVE</b>		
<b>HIV ANTIBODY I &amp; II</b>	<b>NEGATIVE</b>		

2 Contd...3

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

**DR. SHIPRA VATS**  
**MBBS**  
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# GLOBL DIAGNOSTIC



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QMS/23N1117

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

<b>Sample Coll. Date :-</b> 11/03/2025	<b>Srl.No. :-</b> 3018
<b>Patient Name :-</b> MRS. SUNITA	<b>Age :-</b> 35 Yrs.
<b>Referred By :-</b> LIFE INSURANCE	<b>Sex :-</b> Female

## URINE

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
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	2-3	/HPF	
CRYSTALS	NIL		
PUS CELLS	0-1	/HPF	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

3 of 3

**DR. SHIPRA VATS**  
**MBBS**  
**MD PATH**