

DLNUMBER Blood Grp NAME S/W/D DOB

HR-5119940288905 VINOU BHATIA

CHARAN DASS

Inv Carr No.

08-Jul-1973

Validity (NT) 07-Jul-2033

H. NO FCA 3703 SGM NAGAR NITFARIDABAD 121001

Address

12-Oct-1994 Issue Date

Authorisation to Drive Date Of issue Aadhaar No

12-October-1994 12-October-1994

> Signature Holder

Signature Auth enssi





Date: 16-11-2024

To, LIC of India Branch Office

Proposal No	4287		- representative All Col
Name of the Life	to be assured V/N°D BI	IATEA	
The Life to be as:	sured was identified on the basis	of	
		1 15 to the annual hadaya conduction	an tooto /

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:

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:

	1102	OTTO ETIOIOGO	
Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

Questionnaires: 16.

Others (Please Specify) 17.

Remarks of
Authorized Signature,









-healthpartner

S. No. : 16/NOV/14

Name : MR VINOD BHATIA AGE : 51Years

Ref. by : LIFE INSURANCE CORPORATION SEX : MALE

Date : 16-11-2024

#### BIOCHEMISTRY

Test	Result	Units	Normal Range	
FASTING BLOOD SUGAR	91	mg/dl.	(60-110)	
POST GLUCOSE 75 gram AFTER 2HRS	118	mg/dl.	(UPTO 145)	



8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

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DR. SHILPI GUPTA M.B.B.S.MD(Path)64715 Consultant Pathologist

S. No. : 16/NOV/14

Name

: MR VINOD BHATIA

Ref. by : LIFE INSURANCE CORPORATION

: 16-11-2024 Date

AGE

51Years

SEX

MALE

HAEMATOLOGY

Test

Result

Units Normal Range

Hemoglobin

13.6

gm8

12-16



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healthpartner

S. No. : 16/NOV/14

Name

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AGE

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Ref. by

: LIFE INSURANCE CORPORATION

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MALE

Date

: 16-11-2024

### BIOCHEMISTRY

Test	Result	Units Nor	mal Range
SERUM CHOLESTEROL	178	mg/dl.	(150-200)
HDL CHOLESTEROL	40	mg/dl.	(30-63)
S. TRIGLYCERIDES	120	mg/dl.	(60-160)
LDL	112	mg/dl.	(UPTO-150)
VLDL	32	mg/dl.	(23-45)



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51Years

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AGE SEX

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Date

: 16-11-2024

#### URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR YELLOW
REACTION ACIDIC
APPEARANCE CLEAR
ALBUMIN NIL
SUGAR NIL
SPECIFIC GRAVITY 1.017

CHEMICALEXAMINATION

ALBUMIN NIL
SUGAR NIL
ACETONE NIL
BLOOD NIL
BILE SALT NIL
BILE PIGMENT NIL
UROBILINOGEN NIL

MICROSCOPIC EXAMINATION

PUS CELLS 3-4/HPF
EPITHELIAL CELLS 3-4/HPF
RBC NIL /HPF
BACTERIA NIL
CASTS NIL
CRYSTALS NIL
OTHERS NIL

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### LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

	ELECTROCARI	DIOGRAM
Zone	Division	Branch
Proposal No.	4287	20:
Agent/D.O. Code:	Introduced by:	(name & signature)
Full Name of Life to	o be assured: VINO9	BHATIA
Age/Sex	: 51 40/n	4
Instructions to the C	Cardiologist:	
iii. The examinate iii. The base iv. Rest EC minimum wave ch	mation minee and the person introduction the form signed in advance. A telline must be steady. The tra telline should be 12 leads along m of 3 complexes, long lead	entity of the examiners to guard against ucing him must sign in your presence. Do Also obtain signatures on ECG tracings. acing must be pasted on a folder. with Standardization slip, each lead with III. If L-III and AVF shows deep Q or T ed additionally in deep inspiration. If V1 V4R be recorded.
questions. They are	e true and complete and no in	TION given by me after fully understanding the information has been withheld. I do agree given by me to LIC of India.
that these will form	part of the proposal dated _	- great and a start of DIA
Witness	Si	gnature or Thumb Impression of L.A
i. Have you kidney of test don	bu ever had chest pain, palp a suffering from heart disease disease? Y/N bu ever had Chest X- Ray, Ede? Y/N	itation, breathlessness at rest or exertion?  e, diabetes, high or low Blood Pressure or  CG, Blood Sugar, Cholesterol or any other
C		Yes', submit all relevant papers with this
Dated at Signature of L.A.	on the day of 202	Signature of the Cardiologist Name & Address

Qualification Code No.

### Clinical findings

Cardiovascular System

(A)

(B)

182	96	114/82	78/4
Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate

CG Report:			
Position		P Wave	
Standardisation Imv	Sugare	3	(D)
New York Control of the Park Control of the Pa	l &	PR Interval	
Mechanism	0	QRS Complexes	(9
Voltage	(0		0
	(O	Q-T Duration	a
Electrical Axis	6	S-T Segment	(**
Auricular Rate	<u> </u>		(0)
	78/4	T -wave	a
Ventricular Rate	70/10	Q-Wave	- ("
Rhythm	78/4	Q-wave	O

Conclusion: ECG-WAC

Dated at on the day of 200

MBB KHAN No KHAN THI DELINITY OF THE POST OF TH

Signature of the Cardiologist Name & Address Qualification Code No.

