

Date: 16/11/2024

To,
LIC of India
Branch Office

Proposal No. 3979

Name of the Life to be assured NITIN KUMAR

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. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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	YES	IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM	YES	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)	YES	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test <u>HBAIC / UCT</u>	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





Dr. RAINA KHAN
MBBS, DMKD
Reg. No. 25508



irine diagnostic

healthpartner

S. No. : 16/NOV/15
Name : MR NITIN KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 16-11-2024
AGE : 36Years
SEX : MALE

H A E M A T O L O G Y

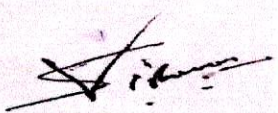
Test	Result	Units	Normal Range
Hemoglobin	14.8	gm%	12-16
Total Leucocytes Count {TLC}	9300	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	50	%	40-75
Lymphocytes	40	%	20-45
Eosinophils	04	%	01-06
Monocytes	06	%	02-10
Basophills	00	%	00-01
Erythrocyte Sedimentation Rate {ESR}	10	mm/1Hr	00-15
Red Blood Cell [RBC]	5.2	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	48.5	%	37-54
Mean Cell Value [MCV]	80.2	fI	76-96
Mean Cell Hemoglobin [MCH]	29.6	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	31.3	%	30-35
Platelet count	2.10	Lakhs	1.5-4.5

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019




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

irine diagnostic

healthpartner

S. No. : 16/NOV/15
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Cotinine

Test	Result
Cotinine	NEGATIVE



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DD-28 KALKAJI DELHI :- 110019

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SEX : MALE

H A E M A T O L O G Y

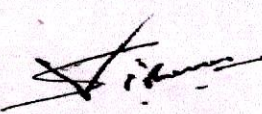
Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.2	%

INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the proceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.




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Date : 16-11-2024

S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen {HbsAg}

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"



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Name : MR NITIN KUMAR
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SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

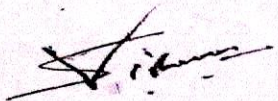
COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.009

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS	1-3/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL


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ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 3979
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: HITIN KUMAR
 Age/Sex : 36 Y/M

Instructions to the Cardiologist:

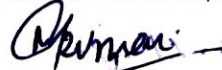
- Please satisfy yourself about the identity of the examiners to guard against impersonation
- The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted 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.



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 DELHI on the day of 16/11/2023 2023

Signature of L.A.



Signature of the Cardiologist
 Name & Address
 Qualification Code No.



Dr. RAJIA KHAN
 MBBS, DMRD
 Reg. No. 25508

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
190	95	116/78	70/4

(B) Cardiovascular System

①

Rest ECG Report:

Position	Supine	P Wave	②
Standardisation Inv	②	PR Interval	②
Mechanism	②	QRS Complexes	②
Voltage	②	Q-T Duration	②
Electrical Axis	R	S-T Segment	②
Auricular Rate	70/4	T-wave	②
Ventricular Rate	70/4	Q-Wave	②
Rhythm	Regular		
Additional findings, if any	MI-		

Conclusion: ECG - normal

Dr. RAINA KHAN
 MBBS, DMRD
 Reg. No. 25508

Dated at DEU on the day of 16/11/2024 200

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Proposal No. 3979
Agent/D.O. Code: _____ Introduced by: (name & signature)
Full Name of Life to be assured: HITESH KUMAR
Age/Sex: 36-16/M

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.

H. Kumar

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

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. 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 'Yes', submit all relevant papers with this form.

Dated at DELHI on the day of 16/11/2024 200

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Signature of L.A.

H. Kumar

Signature of the Cardiologist
Name & Address
Qualification
Code No.



COMPUTERISED TREADMILL TEST

- (a) Pre-test : Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II)
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 9:46

Maximum Blood Pressure - 146/90

Maximum Workload - 11.02

Maximum heart rate 169

Maximum predicted heart rate 184

Reason for termination -

Comments *NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA*

Dr. RAINA KHAN
MBS, DMRD
Reg. No. 25508



Signature of the Cardiologist
Name & Address
Qualification Code No.

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the stracings)

Signature

IRINE DIAGNOSTIC

DD 23 KAL KA JI DELHI 110019

TREADMILL TEST REPORT

MR. NITIN KUMAR
 ID : IRINE112623
 DATE : 16/11/2024

PROTOCOL : Bruce

AGE/SEX : 36 / M
 HT/WT : 0 / 0
 REF. BY : LIFE INSURANCE CORPORATIO

HISTORY :
 INDICATION :
 MEDICATION : NIL

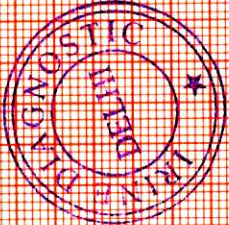
PHASE	TOTAL STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)		METS
							V1	V5	
SUPINE				77	120 / 80	92	1.6	1	1.6
HYPERVENT				68	120 / 80	81	1.5	0.9	1.6
VALSALVA				68	120 / 80	81	1.4	1	1.6
STANDING				88	120 / 80	105	1.5	1.1	1.6
Stage 1	0:5	2.7	10	113	130 / 80	146	2	1	2
Stage 2	2:55	4	12	122	134 / 86	163	1.4	0.7	1.7
Stage 3	5:55	5.4	14	155	140 / 86	217	1.5	-0.2	1.5
PK-EXERCISE	8:55	6.7	16	169	146 / 90	246	1.7	0.5	1.6
RECOVERY	9:46			132	146 / 90	192	2.6	1	2.5
RECOVERY	10:57			108	136 / 84	146	1.3	0.6	1.2
RECOVERY	12:53			103	124 / 80	127	1.2	1	1
RECOVERY	15:53								4.67
									7.04
									9.92
									11.0

RESULTS

EXERCISE DURATION : 9:46
 MAX HEART RATE : 169 bpm 91 % of target heart rate 184 bpm
 MAX BLOOD PRESSURE : 146 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
 IMPRESSIONS :
Negative for Provocable myocardial ischemia.

MAX WORK LOAD : 11.02 METS

Signature



Dr. RAJNAYAN
 MBBS, DMRD
 Reg. No. 25508

Technician :

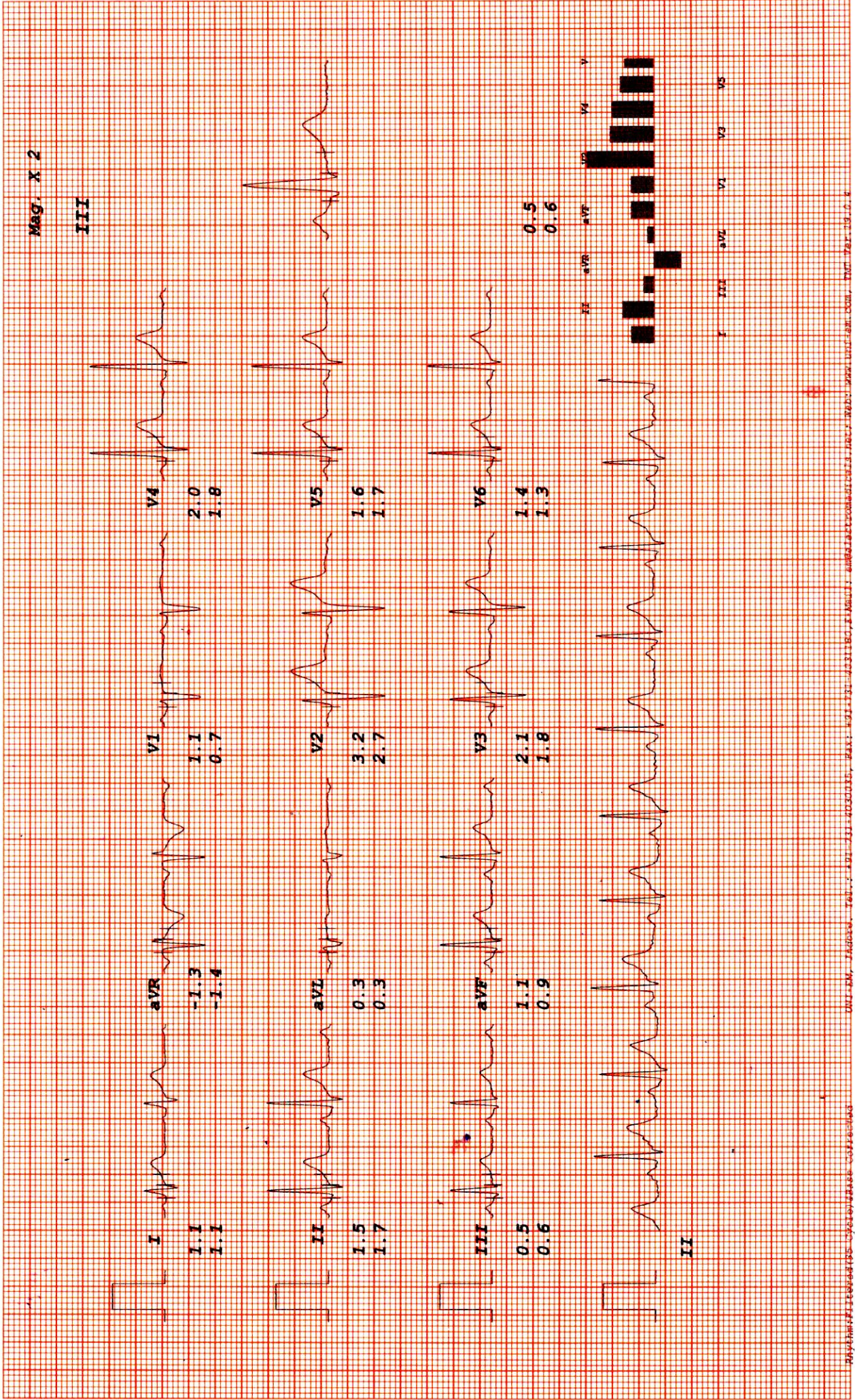
IRINE DIAGNOSTIC

MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

PRETEST
STANDING
RATE 88bpm
B.P. 120/80

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



IRINE DIAGNOSTIC

MR. NITIN KUMAR
 I.D. IRINE112623
 Age 36/M
 Date 16/11/2024

Rate 122bpm
 B.P. 134/86

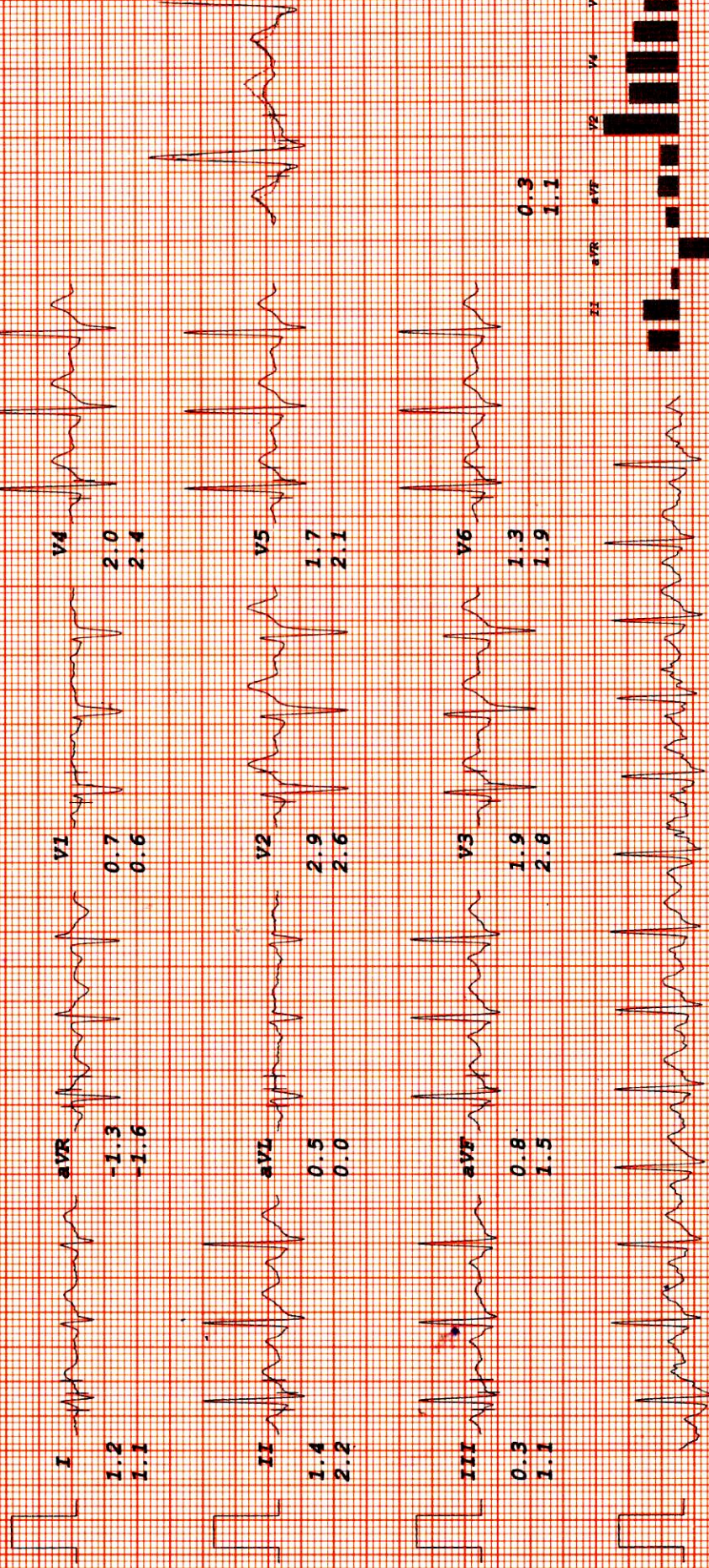
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 &

LINKED MEDIAN

Mag. X 2

III



II

IRINE DIAGNOSTIC

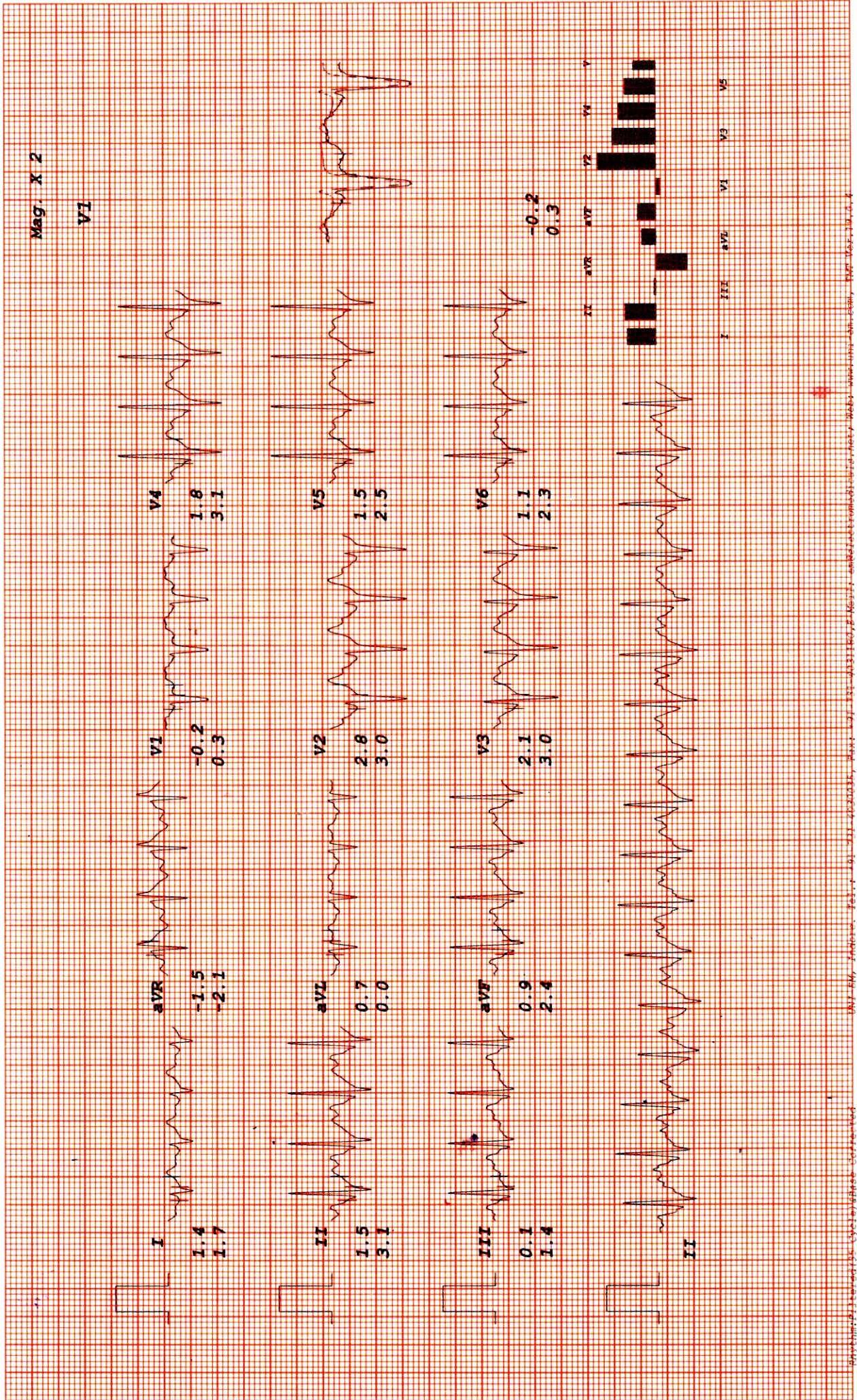
MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

Rate 155bpm
B.P. 140/86

Bruce
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN



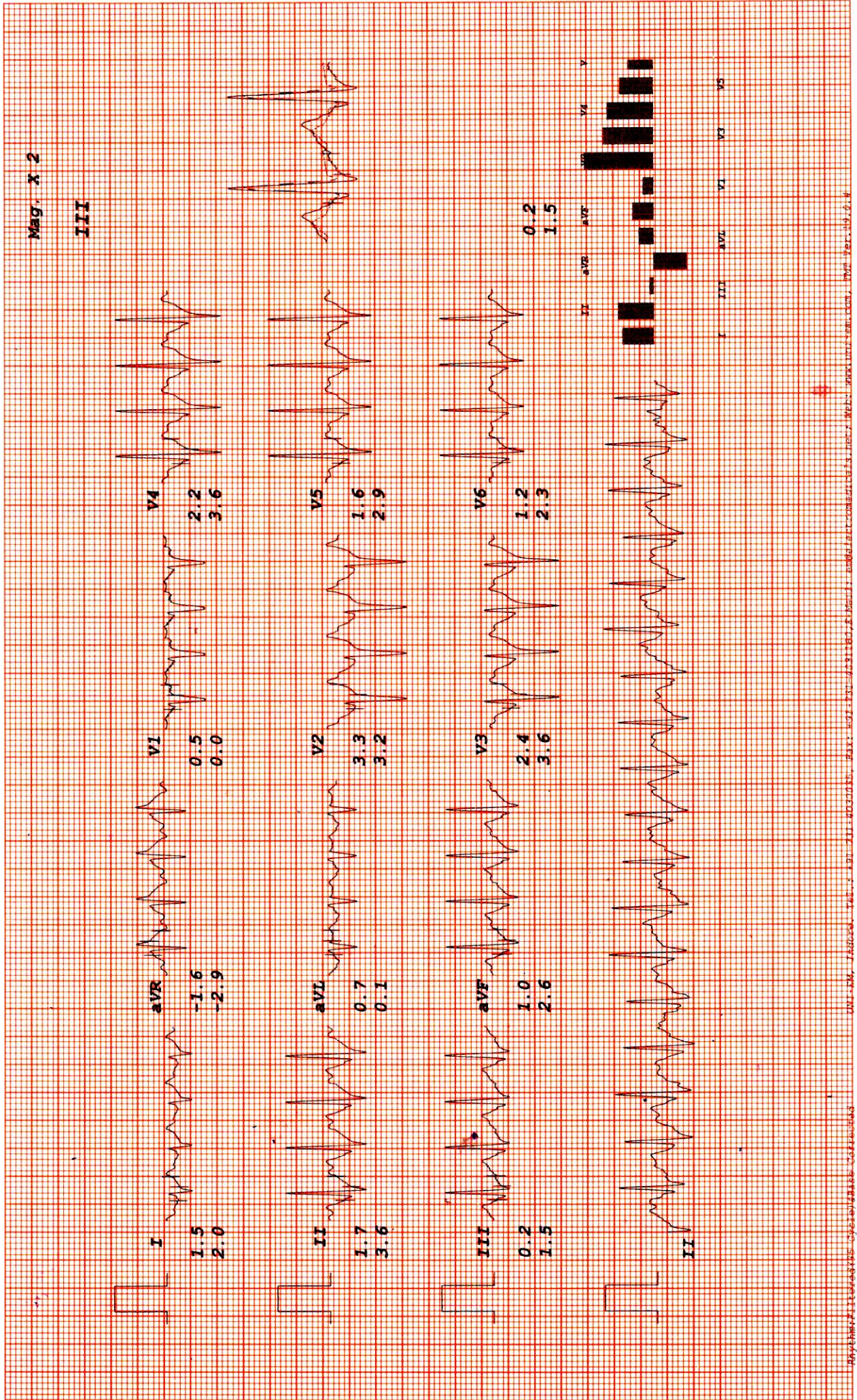
IRINE DIAGNOSTIC

MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

Bruce
PK-EXERCISE
TOTAL TIME 9:46
PHASE TIME 0:46

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN



IRINE DIAGNOSTIC

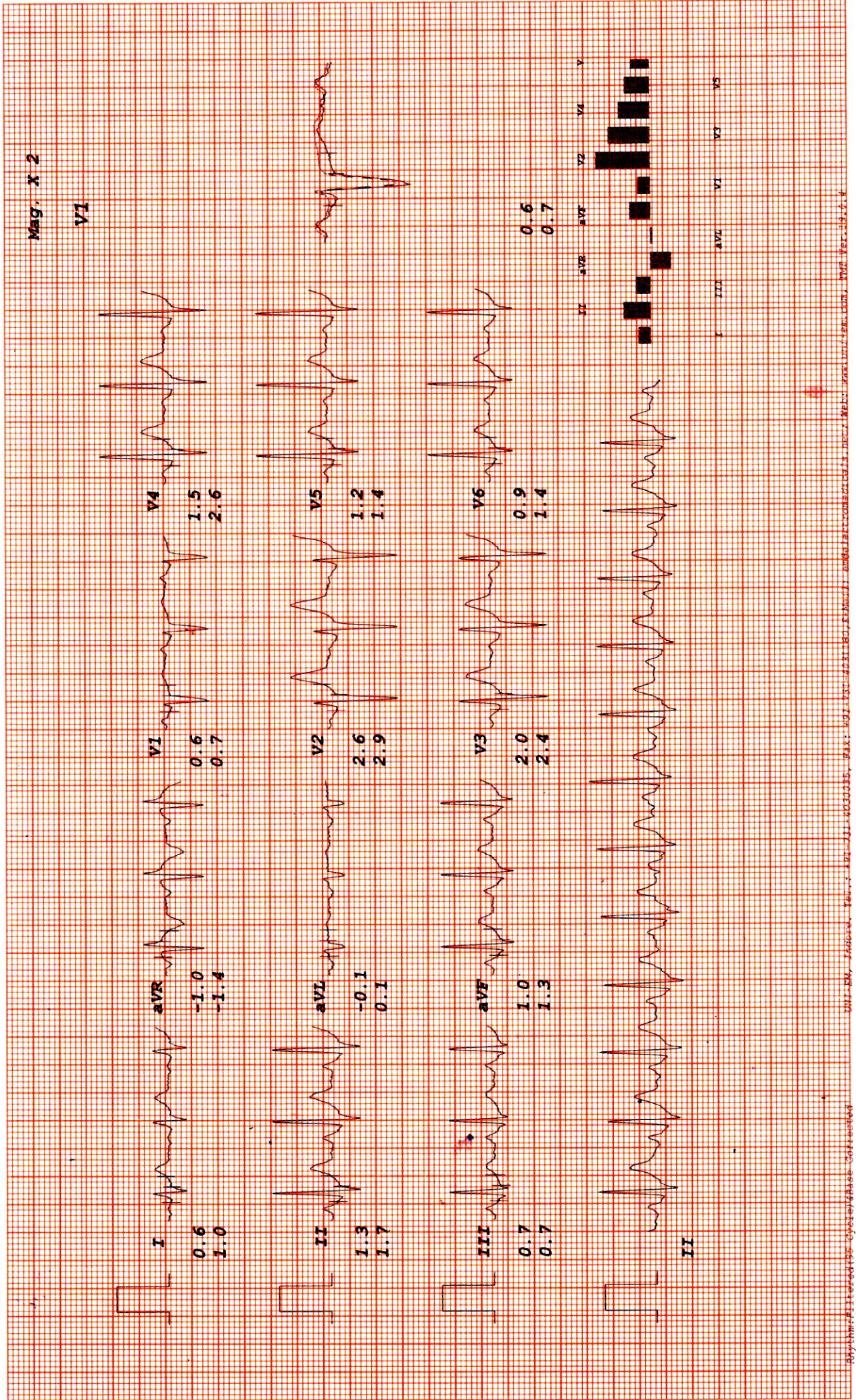
MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

Rate 108bpm
B.P. 136/84

Bruce
RECOVERY
TOTAL TIME 12:53
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



irine diagnostic

healthpartner

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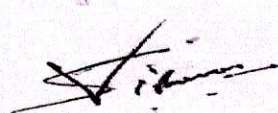
B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	90	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.70	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.46	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.24	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.9	mg/dl.	(6.0-8.3)
ALBUMIN	4.3	mg/dl.	(3.5-5.0)
GLOBULIN	2.6	mg/dl.	(2.3-3.5)
A/G RATIO	1.65		(1.0-3.0)
S.G.O.T. (AST)	27	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	25	IU/L	(5.0-40.0)
GAMMA GT	22	U/L	(9-45)
ALKALINE PHOSPHATASE	122	U/L	(80-200)
URIC ACID	5.8	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	180	mg/dl.	(150-200)
HDL CHOLESTEROL	37	mg/dl.	(30-63)
S. TRIGLYCERIDES	120	mg/dl.	(60-160)
LDL	112	mg/dl.	(UPTO-150)
VLDL	27	mg/dl.	(23-45)
SERUM CREATININE	0.68	mg%	(0.6-1.2)
BUN	09	mg/dl	(02-18)

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