

Date: 12/03/25

To,
LIC of India
Branch Office

119

Proposal No.

4971

Name of the Life to be assured

Anil Kapoor

The Life to be assured was identified on the basis of

pan

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. Anil Pal
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.

Anil
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ABMPK6849A

नाम/ Name
ANIL KAPOOR

पिता का नाम/ Father's Name
KRISHAN LAL KAPOOR

जन्म की तारीख/ Date of Birth
13/12/1963

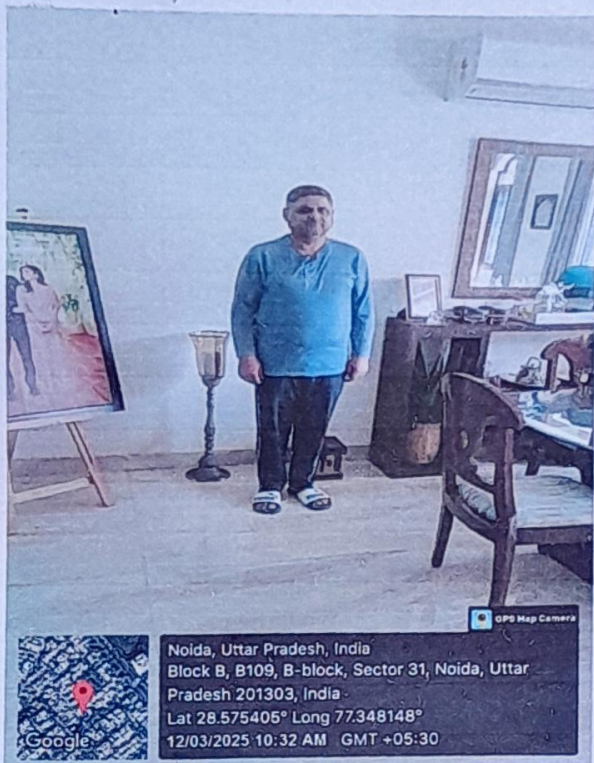

हस्ताक्षर/ Signature



13022017


Dr. MAHESH PAL
MBBS (MD)





Dr. MAHESH PAL
(MBBS - MD)



LIFE INSURANCE CORPORATION OF INDIA

Zone

Division

Branch

Proposal No.

Agent/D.O. Code:

Full Name of Life to be assured:

Age/Sex

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

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 ND on the day of 12/03/2025

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Clinical findings
(A)



Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
173	81	124/86	78

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10L	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	60L	T-wave	Normal
Ventricular Rate	60L	Q-Wave	Normal
Rhythm	Sinus		
Additional findings, if any.	No		

Conclusion:

LO NC

Dated at MD on the day of 12/23/2025 10:15 Am

Signature of the Cardiologist

Name & Address

Qualification

Code No.



SHRI DURGA HEALTH CARE

Mr. ANIL KAPOOR

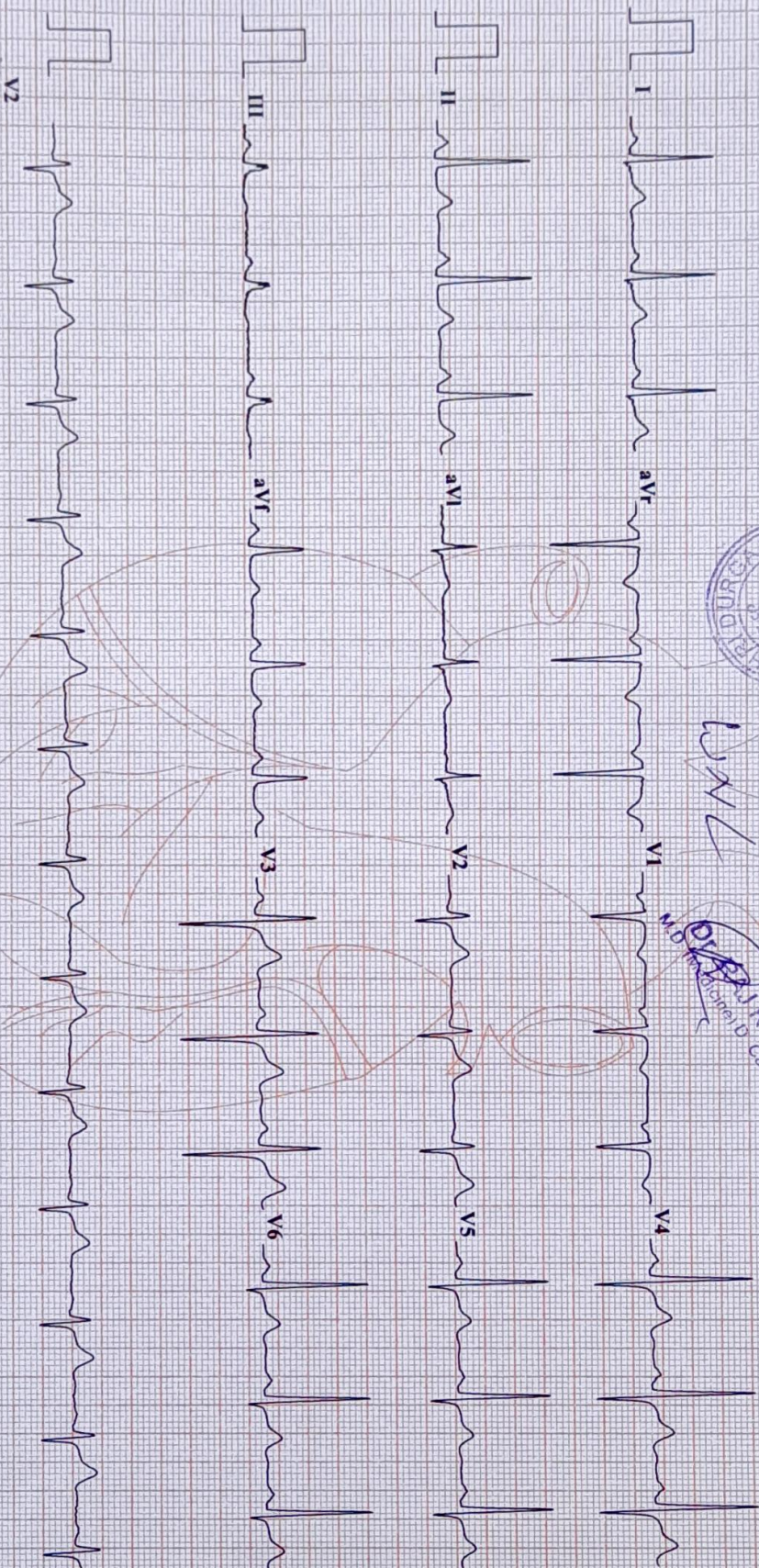
ID : 33
AGE/SEX : 61 Yr/M
HT/WT : /
DATE : 12-03-2025 10:45:05 AM
REF BY : Dr
MACHINE INTERPRETATION : Normal ECG.

RATE : 79 bpm
BP : N/A
P Axis : 58 deg
QRS Axis : 45 deg
T Axis : 32 deg

P Duration : 122 ms
PR Duration : 152 ms
QRS Duration : 82 ms
QT Interval : 350 ms
QTc Interval : 385 ms

Speed : 25 mm/s
Sensitivity : 10 mm/mV

Linked Median





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name :	ANIL KAPOOR	Sex:	MALE
Lab. No:	20250301	Age:	61
Date:	12/3/2025	Ref. By	LIC

LIPIDOGRAM

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Total Cholesterol	182	mg/dl	120 - 220
High Density Lipid (HDL)	44	mg/dl	35-70
Low Density Lipid (LDL)	111	mg/dl	50 - 150
S. Triglycerides	135	mg/dl	25 - 160

BIOCHEMISTRY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Blood Sugar Fastinig	104	mg/dl	70-110

HAEMATOLOGY

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
Hemoglobin (HB)	14.6	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



D-63, Ground Floor , South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name :	ANIL KAPOOR	Sex:	MALE
Lab. No:	20250301	Age:	61
Date:	12/3/2025	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

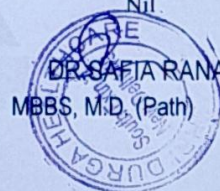
<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P. Yellow	P. Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.025	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-2	0 -5 /HPF
Epithelial Cells	2-2	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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