

Format of separate sheet to be sent along with computer generated special reports

Date 12-11-2024

To
LIC of India,
Branch Office
373

Proposal No. 2982

Name of the Life to be assured CHANDAN SINGH RAGHUWANSHZ

The Life to be assured was identified on the basis of Adhar card.

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 DR. ARUN MATHY has signed as below in my presence.

MD (PATHOLOGIST)
MGI Reg. No. : 8836

Signature of the Pathologist / Doctor
Name:

The examination / tests were done with my consent.

CSP
(Signature of the Life to be assured)

Name:

Reports enclosed:

- 1. VMER
- 2. SBT-13
- 3. RUA

- 4. HB%.
- 5. ECG
- 6. _____

Rubber Stamp of TPA



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO CHEMICAL TESTS-13 (SBT-13)

Full Name of life to be assured

CHANDAN SINGH RAGUWANSHI

PROPOSAL NO-

2982

Age

49

Sex - MALE

Zone

Division

Branch

No.	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar (Method	92.3	70-110 MG/DL
2	Total Cholesterol	166.5	UP TO 200 MG/DL
	High Density Lipid (HDL)	46.8	30-70 MG/DL
	Low Density Lipid (LDL)	80.72	UP TO 130 MG/DL
3	S. Triglycerides	142.4	UP TO 160 MG/DL
	S. Creatinine	0.61	0.5-1.5 MG/DL
5	Blood Urea Nitrogen (BUN)	18.3	10-40 MG/DL
6	S. Proteins	6.86	6.7-8.7 MG/DL
	(a) Albumin	4.26	3.7-5.3 MG/DL
	(b) Globulin	2.6	2.3-3.6 MG/DL
	AG Ratio	1.6	1.5-2.0
7	S. Billrubin		
	(a) Direct		
	(b) Indirect	0.29	0.2-0.4 MG/DL
	Total	0.33	0.1-1.0 MG/DL
8	SGOT (AST)	0.62	0.2-1.2 MG/DL
9	SGPT (ALT)	22.5	UP TO 40 IU/L
10	GGTP (GGT)	18.6	5 TO 40 IU/L
11	S. Alkaline phosphatase	18.4	3.0-28.7IU/L
12	HbsAg (Australia antigen)	82.5	37-147 IU/L
13	for HIV(Method -----ELISA-----)	Negative	
		Negative	

Dated BHOPAL on the 12 day of 11 20 24 at 11:42 am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

Dr. Arun Maity
DR. ARUN MAITY
 MD (PATHOLOGIST)
 MGI Reg. No. : 8836



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL MEDICAL REPORT

HAEMOGRAM

Full Name of life to be assured

CHANDAN SINGH RAGUWANSHI

Age

47

Sex

Male

PROPOSAL NO

2982

Division

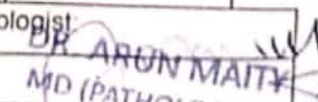
BHOPAL

Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count		4.5-6.5 million/cmm
2	Hb%	13.4	12-17 GMS%
3	Hematocrit		40-70%
4	Indices		
	(a) MCV (Mean Corpuscular Volume)		70-100fl
	(b) MCH (Mean Corpuscular Hb)		27.0-37.0 pg
	(c) MCHC (Mean Corpuscular Hb Concentration)		32-37 g/dl
5	Morphology	Nil	
	Macrocytes	Nil	
	Microcytes	Nil	
	Hypochromia:	Nil	
	Poikilocytosis:	Nil	
	Anisocytosis:	Nil	
6	Target Cell -	Nil	
	Spherocytes:	Nil	
	Eliptocytes :	Nil	
7	White Blood Cells		
	Total Count :		4000-11000/ microliter
	Differential Counts		
	a) Neutrophils:		45-75%
	b) Lymphocytes		20-45%
	c) Eosinophils		1-6%
	d) Monocytes:		1-10%
	e) Basophils :		0.0-1.0%
8	Platelets:		1,50000-4.50000 lac.
9	Erythrocytes Sedimentation rate :		
	(WINTRIOBE)Method		0-10 MM/HR

I declare that the person examined/Investigated, signed/affixed thumb impression in the space marked below, in my presence and I am not related to him/her or the Agent or the development officer.

Examined at **BHOPAL** on the **12** day of **11** 20**24** at **11:42 AM** v/m/pm

Signature of the Pathologist: 
Pathologist Name: **DR. ARUN MAITY**
MD (PATHOLOGIST)
M&I Reg. No. **1**



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

ROUTINE URINE ANALYSIS

Full Name of life to be assured

CHANDAN SINGH RAGUWANSHI

PROPOSAL NO- 2982

Age 49 Sex Male

Division Bhopal

Branch

1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii)
(ii) Transparency	CLEAR	(iv)

Sediment	Absent
Reaction	Alkaline

2 CHEMICAL EXAMINATION

(i) Protein	Absent	(ii)
(iii) Bile Salt	Absent	(iv)

Sugar	Absent
Bile Pigments	Absent

3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii)
(iii) Crystal	Absent	(iv)
(v) Casts	Absent	(vi)

Epithelial Cell	1-2/HPF
Pus Cells	2-3/HPF
Deposits	Absent

(Bacterias --Absent)

REMARKS :

If Pus cells are present GRAM STA in is necessary.
If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at Bhopal on the 12 day of

11	20	24	at	11:42	am/pm
Signature of the Pathologist:					
Pathologist Name: DR. ARUN MAITY					
Qualification : MD (PATHOLOGIST)					
Address MCI Reg. No. 8836					



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal
ELECTROCARDIOGRAM

Full Name of life to be assured

Age Sex

Division Branch

Proposal No. Agent/ Code No. Dev. Officer Code No.

Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation. The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG traings.
- ii The base line must be steady **The tracing must be pasted on a folder.**
- iii 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 V, shows a tall R-wave, additional lead V, R be recorded.

DECLARATION

I declare that the Foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated _____given by me to LIC of India.

Note: Cardiofogist is requested to explain following to L.A and to note the answers there of.

- i Have you ever had chest pain. Palpitaion. Breathlessness at rest or exertion ?
- ii Are you suffering from heart disease. Diabetes high or low Blood Pressure or kidney disease ?
- iii Have you ever had chest X-Ray, ECG. Blood sugar Cholesterl or any other lest done ?

If the answer/s to any/ all of the above question is 'Yes' submit ail relevant papers with this from.

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 with held. I do agree that these will from part of the proposal dated _____given by me to LIC of India.

Date at on the day of 20 at am/pm



Signature of the Pathologist: *Dr. GIRISH RAIPAL*

Pathologist Name: **DR. GIRISH RAIPAL**

Qualification : **NBBS PGDCC (Dip. Card.)**
Reg. No. M.E. & Code No. 19781

Name & Address of the Hospital/Clinic/Lab :

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

Full Name of life to be assured

CHANDAN SINGH RAGUWANSHI

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse
164	70	122/78	73

(B) Cardiovascular System-----NORMAL

Rest ECG Report:

Position	SUPINE	P Wave	NORMAL
Standardisation IMV	NORMAL	PR Interval	NORMAL
Mechanism	NORMAL	QRS Complexes	NORMAL
Voltage	NORMAL	Q-T Duration	NORMAL
Electrical Axis	NORMAL	S-T Segment	NORMAL
Auricular Rate	73/MIN.	T-wave	NORMAL
Ventricular Rate	73/MIN.	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If any	NO		

Conclusion : WNL

Date at BHOPAL on the 12 day of 11 20 24 at 11:42 ✓/pm



Signature of the Pathologist

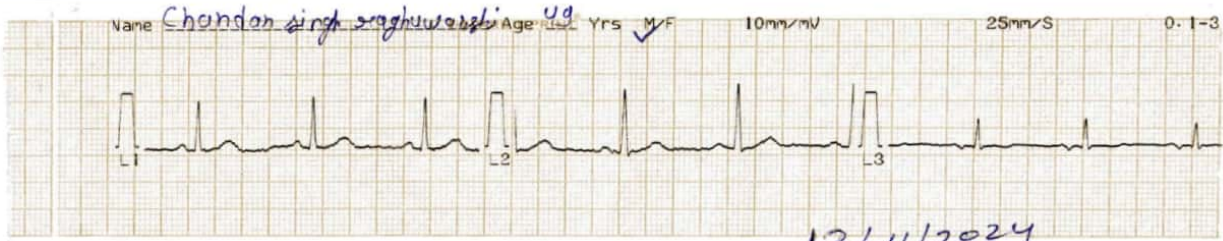
Pathologist Name

Dr. GIRISH RAJPAL

Qualification

MBBS, PGCC (Dip. Card.),
Reg. No. M.E. 2781

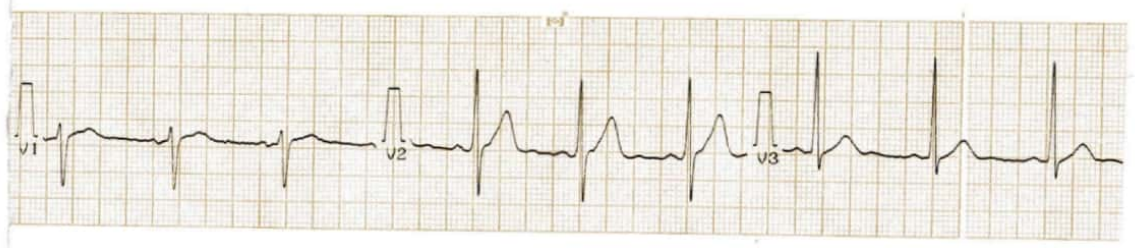
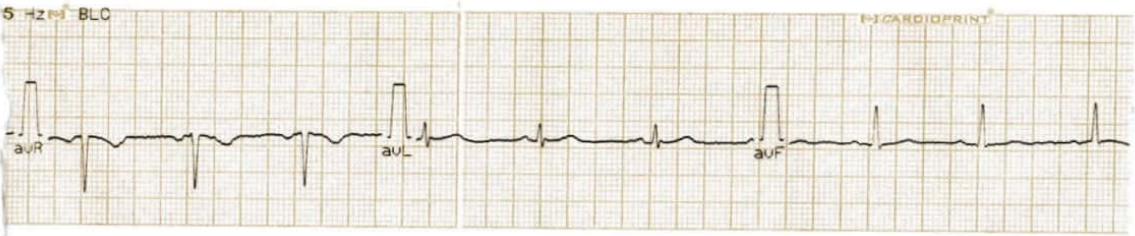
Name & Address of the Hospital/Clinic/Lab



StarTruMed ECG50-1CH

Dr:

12/11/2024



Handwritten signatures and initials in blue ink.

DR. GURISH RAJPAL
 MBBS, PGDCC (Dip. Card.)
 Reg. No. MP-12781

Heart Rate	73 BPM				
(mS)	P	QRS	PQ	QT	QTc
	120	92	152	346	378
(%)	QT/QTc	QT/RR			
	92	42			
Axis	P	QRS	T		
	0°	0°	0°		

SL

भारत सरकार
Government of India

आधार

चन्दन सिंह रघुवंशी
Chandan Singh Raghuwanshi
जन्म तिथि/DOB: 10/09/1975
पुरुष/ MALE

Issue Date: 02/05/2013

7097 0516 2442
VID : 9132 0042 1582 1110

मेरा आधार, मेरी पहचान



DR. CITRANG RAJ PAL
MBBS, Post CC (Dip. Card)
Reg. No. - MP-12781



DR. ARUN MAITY
M.D. (PATHOLOGIST)
MGI Reg. No. : 8836



GPS Map Camera

Bhopal, Madhya Pradesh, India
Hig-24, No 6 Locality, Shivaji Nagar, Bhopal, Madhya Pradesh 462016, India
Lat 23.228207° Long 77.43445°
12/11/24 11:42 AM GMT +05:30

Google