



# ELITE DIAGNOSTIC

Email – [elitediagnostic4@gmail.com](mailto:elitediagnostic4@gmail.com)

24.10.2024

To  
The underwriter,  
LIC,

Sub:- Clarification

Dear Sir/madam,

This is to inform you that Mr. DHARMENDER, PROP No. 2588 medicals has been done by our centre dated on 24/10/2024.

THE CUSTOMER CAME TO OUR CENTER FOR MEDICAL TREATMENT AND HAD FULL DEFORMITY. HE COULDN'T WALK AT ALL, NOR COULD HE STAND UP. BECAUSE OF THIS FACE, ALL HIS WORK WAS DONE IN THE MEDICAL VEHICLE. ALL MEDICAL REPORTS HAVE BEEN SUBMITTED ABSOLUTELY CORRECT.

Kindly accept this,

Thanks

Dr. BINDU  
MBBS, MD  
Reg. No. - 33435

Dr. BINDU

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico – legal cases.



**Life Insurance Corporation of India**  
(Established by the Life Insurance Corporation Act 1956)

Proposal No. 2588

Division \_\_\_\_\_

Full Name of the Life to be Assured MR DHARMENDER  
(In Block Letters)

**SPECIAL QUESTIONS IN RELATION TO THE EXAMINATION OF CENTRAL NERVOUS SYSTEM TO BE COMPLETE BY THE MEDICAL EXAMINER**  
(The Medical Examiner should give his remarks against each item mentioned below)

1. Headache :-	-No-	2. Memory :-	Abnormal
3. Temper :-	-No-	4. Speech :-	Normal
5. Sleep :-	Normal	6. Delusions :-	Normal
7. Fits, Faints, Giddiness :-	-No-	8. Ataxy :-	-No-
9. Nervousness :-	-No-	10. Tremors :-	-No-
11. Sight :-	Normal	12. Strabismus :-	-No-
13. Hearing :-	Normal	Tinnitus :-	-No-
14. Taste :-	Good	Ear Discharge :-	-No-
15. General Weakness :-	-No-		
16. Type of Paralysis :-	-No-		
Upper Motor Neuron Type/Lower Motor Neuron Type			
17. Cramps :-	-No-		
18. Spinctors :-	(i) Rectal	Normal	
	(ii) Vesical	Normal	
19. Reflexes :-	Elbow, Wrist, Knee, Ankle planter Reflex	H/o Padio by Birth Both legs are not working	
20. Sensory Functions:-	Normal		
21. Motor System :-	(i) Involuntary movement	-No-	
	(ii) Atrophy or hypertrophy	Padio Both legs by Birth	
	(iii) Tone	Normal	
	(iv) Power	Both legs Not working	
	(v) Co-ordination	Normal	
22. Trophic Changes :-	-No-		
23. Posture & Gait :-	Abnormal		
24. General Remarks :-	-No-		

Dated at DALH of the 24 day of Oct 2014

Dharmender  
Signature of the life to be Assured

\_\_\_\_\_  
Signature of the Medical Examiner  
Qualifications :- \_\_\_\_\_

Corporation Code No. \_\_\_\_\_



**Dr. BINDU**  
MBBS, MD  
Reg. No.-33435

11.	How many limbs are affected?	Both Legs only.
12.	Are there any respiratory complications? If yes, give details	-No-
13.	Is there any restriction in movement of any of the fingers? Are any of the fingers removed?  If so, upto which phalanx. Whether thumb and forefinger have been affected / removed?	-No-
14.	a. Whether he / she can lift articles without any difficulty and hold the articles without losing the grip (in case of deformity in the hands)?  b. Is the grip firm and strong?	YES  YES
15.	Are there any residual complications?	-No-

My diagnosis as to the cause of the disability is -No-

I do for the reasons explained below / do not have any reason to suspect on clinical grounds a recent deterioration causing more pronounced disability:

- a. ✓ He / she is able / not able to perform routine self-care activities.
- b. He / she is / is ~~not~~ required to use wheel chair / crutches.
- c. Any other factors which are likely to add to the risk on account of the deformity / ies.

Please submit details of previous treatment, previous special reports, x-rays etc. for perusal and return.

Dated at DELHI on the 24 day of Oct 20 24.

**Dr. BINDU**  
  
 MBBS, MD  
 Reg. No.-33435

Shamsher  
 Signature of the proposer /  
 Policyholder

Signature of the Medical Examiner /  
 Medical Attendant  
 Code No.  
 Qualifications  
 Registration No.  
 Address





Division \_\_\_\_\_

Branch Office \_\_\_\_\_

**DEFORMITY QUESTIONNAIRE**Name of the proponent / Life Assured MR DHARMENDER Age 40 Years

Questions to be answered by the proponent's / policyholder's Personal Medical Attendant / Medical Examiner regarding Deformity/ies and / or Impairment/s

1.	<p>a. What is the cause of deformity? Whether it is</p> <p><input checked="" type="checkbox"/> i. Congenital ii. Due to an accident or injury iii. Due to any underlying disease?</p>	-No Podio by Birth Both Legs are not working
	b. Since when the deformity is present?	By Birth.
2.	<p>If the deformity is due to any underlying disease, please state the following:</p> <p>i. What was the disease leading to deformity? ii. When did it occur? iii. Whether the disease is stationery or progressive? iv. If stationery, since when</p>	N/A
3.	Does he/she have control on bowel movements and bladder?	YES
4.	Exact parts of the body affected and extent	Both Legs are not working
5.	Are there any restrictions in movements and function of the limbs or affected parts? Please give degree of disability	Both Legs 100%. Not working due to Podio by Birth
6.	Has he/she a limp?	- YES -
7.	Whether he /she can walk and run fast without any aid (in case of deformity in the leg)?	- NO -
8.	Can he/she squat, sit and get up properly?	- NO -
9.	Whether the affected limb is shorter than the other, and if so, to what extent (in cms)	Both Legs Same Size But not working
10.	<p>If the deformity is due to poliomyelitis, please state whether the wasting of muscles is</p> <p><input checked="" type="checkbox"/> i. mild ii. moderate iii. severe</p>	YES



ANNEXURE II - 1  
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

**ELECTROCARDIOGRAM**

Zone Division Branch

Proposal No. - 2588

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

Full Name of Life to be assured: MR. DHARMENDER

Age/Sex : 40/M

**Instructions to the Cardiologist:**

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. 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.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. 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.

*dharmender*

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

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. 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 24/Oct 2021,

Signature of L.A.

*dharmender*



Signature of the Cardiologist

Name & Address

Qualification Code No.

**Dr. BINDU**  
MBBS, MD  
Reg. No.-33435

## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
158	75	120/80	80/M

(B) Cardiovascular System

N

## Rest ECG Report:

Position	Supine	P Wave	N
Standardisation Imv	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	80/M	T-wave	N
Ventricular Rate	80/M	Q-Wave	N
Rhythm	Regular		
Additional findings, if any	NR		

Conclusion: ECG - WNL

Dated at DELHI on the day of 24/Oct/2024

**Dr. BINDU**  
 MBBS, MD  
 Reg. No.-33435

Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.



Date: 24/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 2588

Name of the Life to be assured MR DHARMENDER

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. BINDU  
MBBS, MD  
Reg. No.-33435

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.

Dharmender  
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

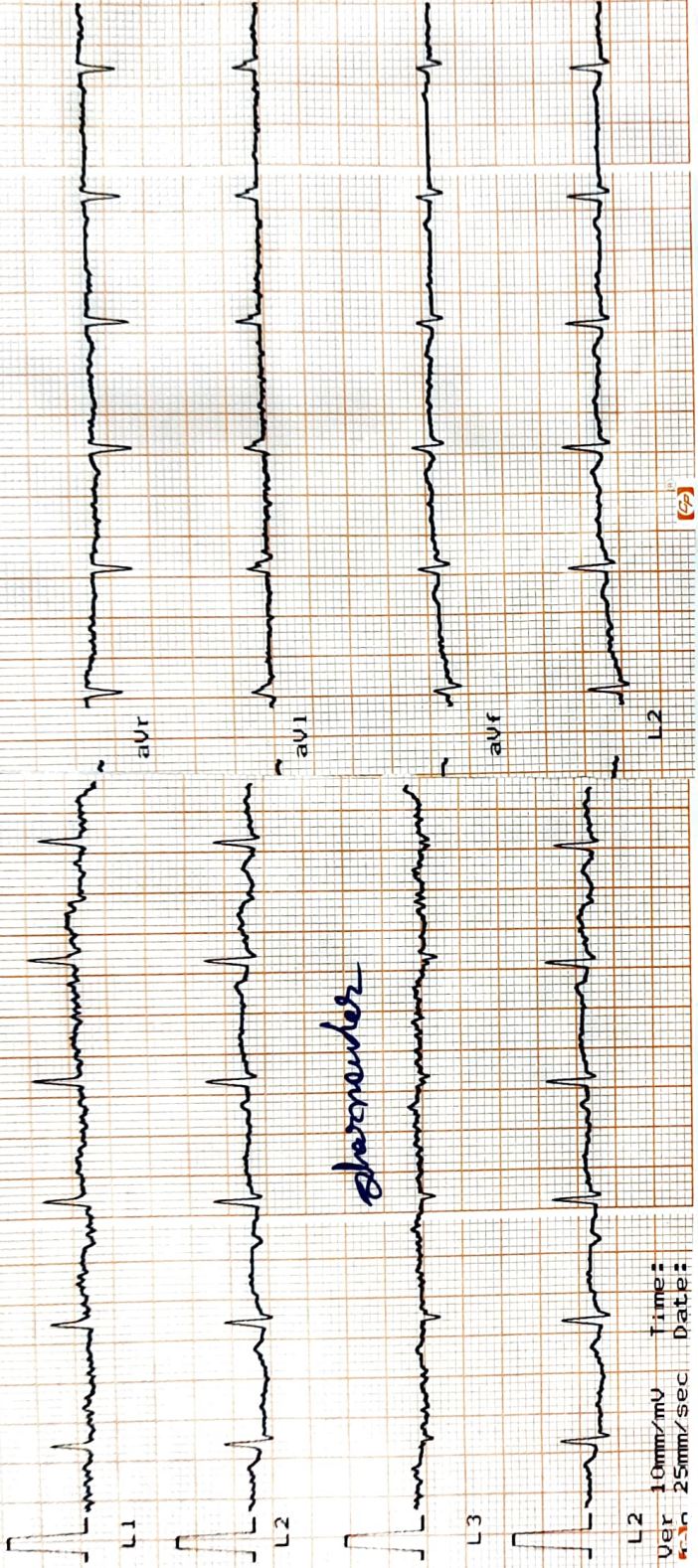
Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

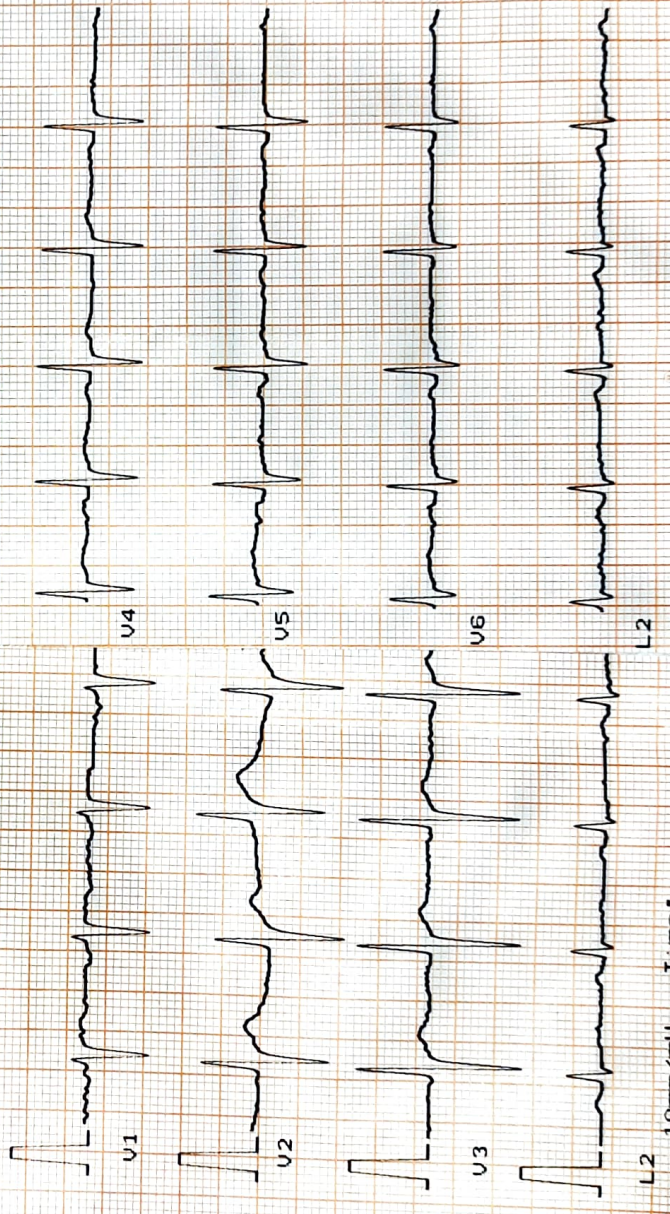


Name: \_\_\_\_\_  
yrs cm Kg BP



Dr. BINDU  
MBBS, MD  
Reg. No.-33435

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



CARDIOPRINT





# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 2588  
 S. NO. : 110102  
**NAME** : **MR. DHARMENDER** **AGE/SEX - 40/M**  
 REF. BY : LIC  
 Date : OCTOBER, 24, 2024

## HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.66	gm/dl	12-18

## BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	98.58	mg/dl	70-115
S. Cholesterol	192.70	mg/dl	130-250
H.D.L. Cholesterol	71.62	mg/dl	35-90
L.D.L. Cholesterol	122.00	mg/dl	0-160
S. Triglycerides	94.87	mg/dl	35-160
S. Creatinine	0.77	mg/dl	0.5-1.5
Blood Urea Nitrogen {BUN}	13.28	mg/dl	06-21
Albumin	4.5	gm%	3.2-5.50
Globulin	2.9	gm%	2.00-4.00
S. Protein Total	7.4	gm%	6.00-8.5
AG/Ratio	1.55		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.6	mg/dl	0.1-1.00
Total Bilirubin	0.8	mg/dl	0.1-1.3
S.G.O.T.	33.60	IU/L	00-42
S.G.P.T.	34.57	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	42.23	IU/L	00-60
S. Alk. Phosphatase	68.91	IU/L	28-111

(Children 151-471)

\*\*\*\*\*End of The Report\*\*\*\*\*

Please correlate with clinical conditions.

**DR. T.K. MATHUR**

M.B.B.S. MD (PATH)

REGD.NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico - legal cases.



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S. NO. : 110102  
NAME : MR. DHARMENDER AGE/SEX - 40/M  
REF. BY : LIC  
Date : OCTOBER, 24, 2024

## ROUTINE URINE ANALYSIS

### **PHYSICAL EXAMINATION**

Quantity : 20.ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.013

### **CHEMICAL EXAMINATION**

Reaction : ACIDIC  
Albumin : Nil /HPF  
Reducing Sugar : Nil. /HPF

### **MICROSCOPIC EXAMINATION**

Pus Cells/WBCs : 1-2. /HPF  
RBCs : Nil. /HPF  
Epithelial Cells : 0-1. /HPF  
Casts : Nil.  
Crystals : Nil. /HPF  
Bacteria : Nil.  
Others : Nil.


\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

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## SEROLOGY

**Test Name** : *Human Immunodeficiency Virus I&II {HIV} (Elisa method)*

Result : "Non-Reactive"  
Normal-Range : "Non-Reactive"

**Test Name** : *Hepatitis B Surface Antigen {HbsAg} (Elisa method)*

Result : "Non-Reactive"  
Normal-Range : "Non-Reactive"


\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

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## HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.73	%

## INTERPRETATION

Normal	:	5.0 - 6.7
Good Diabetic Control	:	6.8 - 7.3
Fair Control	:	7.4 - 9.1
Poor Control	:	more than 9.1

**Note: -** Glycosylated Haemoglobin 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 preceeding 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.


\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

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Date : OCTOBER, 24, 2024

## Cotinine

Test	Result
Cotinine	POSITIVE

## Cotinine Levels

- <10 ng/mL - Non-active smoker.
- 10 ng/mL to 100 ng/mL - Light smoker or moderate passive exposure.
- >200 ng/mL - Considered to be heavy smokers

**NOTE :- We are using Nano Card method in Urine cotinine. In This method only Negative & Positive values are there.**

**Cotinine test is a rapid, self-controlled immunoassay for the qualitative detection of cotinine in human urine. Cotinine is a primary metabolite of nicotine and remains in the body of habitual tobacco users for approximately 17 hours..**

\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

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आपका **आधार** क्रमांक / Your **Aadhaar** No. :

**4460 9055 0432**

VID : 9134 5281 1053 1478

मेरा **आधार**, मेरी पहचान



भारत सरकार

Government of India



Dharmender

Date of Birth/DOB: 01/05/1984

Male/ MALE


**4460 9055 0432**

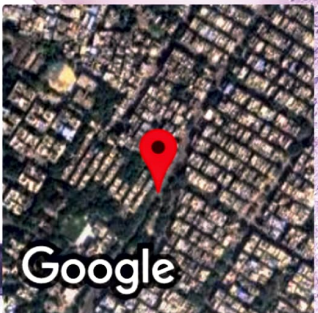
VID : 9134 5281 1053 1478

मेरा **आधार**, मेरी पहचान

Issue Date: 16/12/2011



 GPS Map Camera



Delhi, Delhi, India  
11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar,  
Karol Bagh, Delhi, 110005, India  
Lat 28.648805° Long 77.182483°  
24/10/24 10:34 AM GMT +05:30