



**MEDICAL EXAMINER'S REPORT**  
Form No LIC03-001(Revised 2020)

Branch Code: \_\_\_\_\_  
 Proposal/ Policy No: 6790  
 MSP name/code : \_\_\_\_\_  
 Date & Time of Examination: 20/11/2024  
 Medical Diary No & Page No: \_\_\_\_\_

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
 Identity Proof verified: RAN ID Proof No. AFCPK4069A  
 ( In Case of Aadhaar Card , please mention only last four digits)

[ Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr ..... (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

*[Signature]*

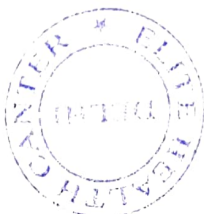
Signature/ Thumb impression of Life to be assured  
 (In case of Physical Examination)

1	Full name of the life to be assured: <u>MR HARENDER KUMAR</u>		
2	Date of Birth: <u>13/11/1965</u>	Age: <u>59 yrs</u>	Gender: <u>MALE</u>
3	Height (In cms): <u>169</u>	Weight ( in kgs ) : <u>65-9</u>	
4	Required only in case of Physical MER		
	Pulse : <u>78/M</u>	Blood Pressure (2 readings):	
		1. Systolic <u>122</u>	Diastolic <u>82</u>
		2. Systolic <u>122</u>	Diastolic <u>80</u>

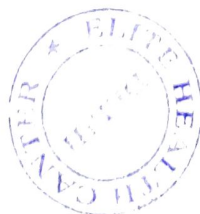
**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	<p>a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?</p> <p>c. Whether visited the doctor any time in the last 5 years ?          If answer to any of the questions 5(a) to (c) ) is yes -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<p><i>[Handwritten 'No' with a large arrow pointing to the question]</i></p>
6	<p>In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or <b>diagnostic tests</b>?</p> <p>Please specify date , reason ,advised by whom &amp; findings.</p>	<p><i>[Handwritten 'No']</i></p>
7	<p>Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.</p> <p>If yes provide all investigation and treatment reports</p>	<p><i>[Handwritten 'No']</i></p>



8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <b>physical impairment</b> / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No
18	Is there any <b>abnormality</b> of Eyes (partial/total blindness),Ears (deafness/ discharge from the ears), Nose, Throat or Mouth,teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS/ Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	No



For Female Proponents only	
i.	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	YES
---	-----

Declaration

You Mr/Ms Harender Kumar declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

*[Handwritten Signature]*

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 20 day of Nov 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

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

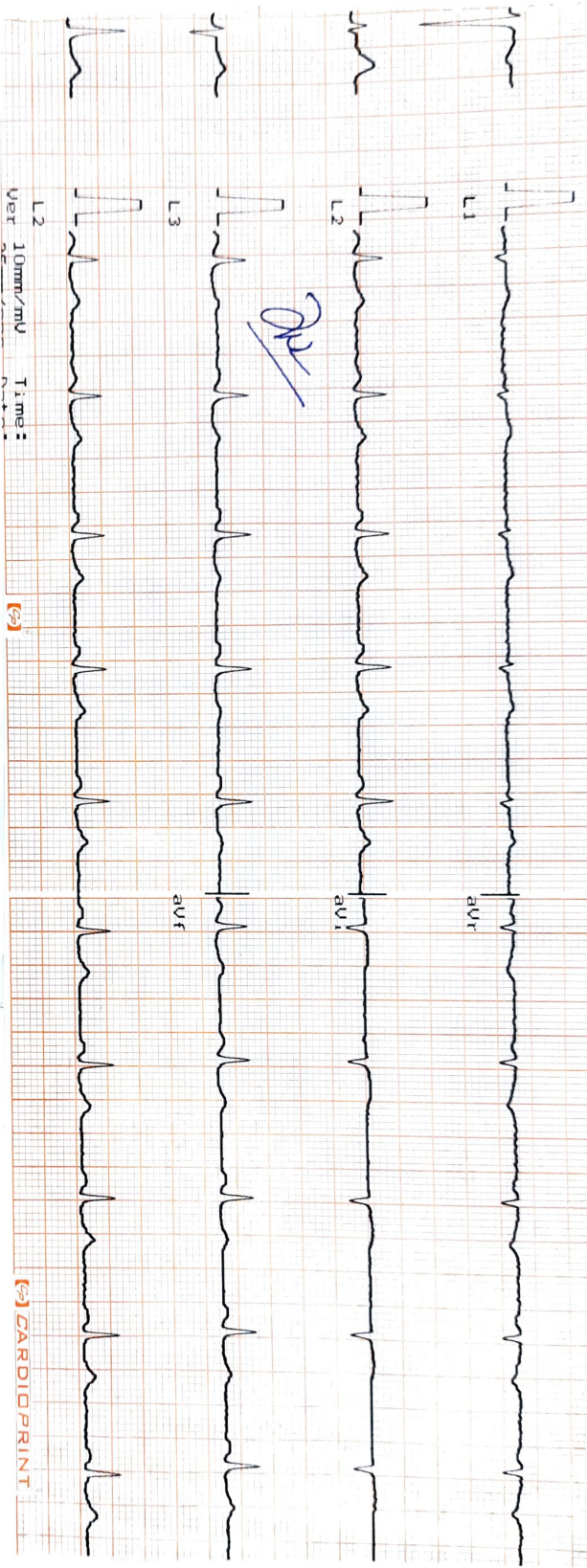
Place: DELHI  
Date: 20/11/2024

Signature of Medical Examiner  
Name & Code No:  
Stamp:

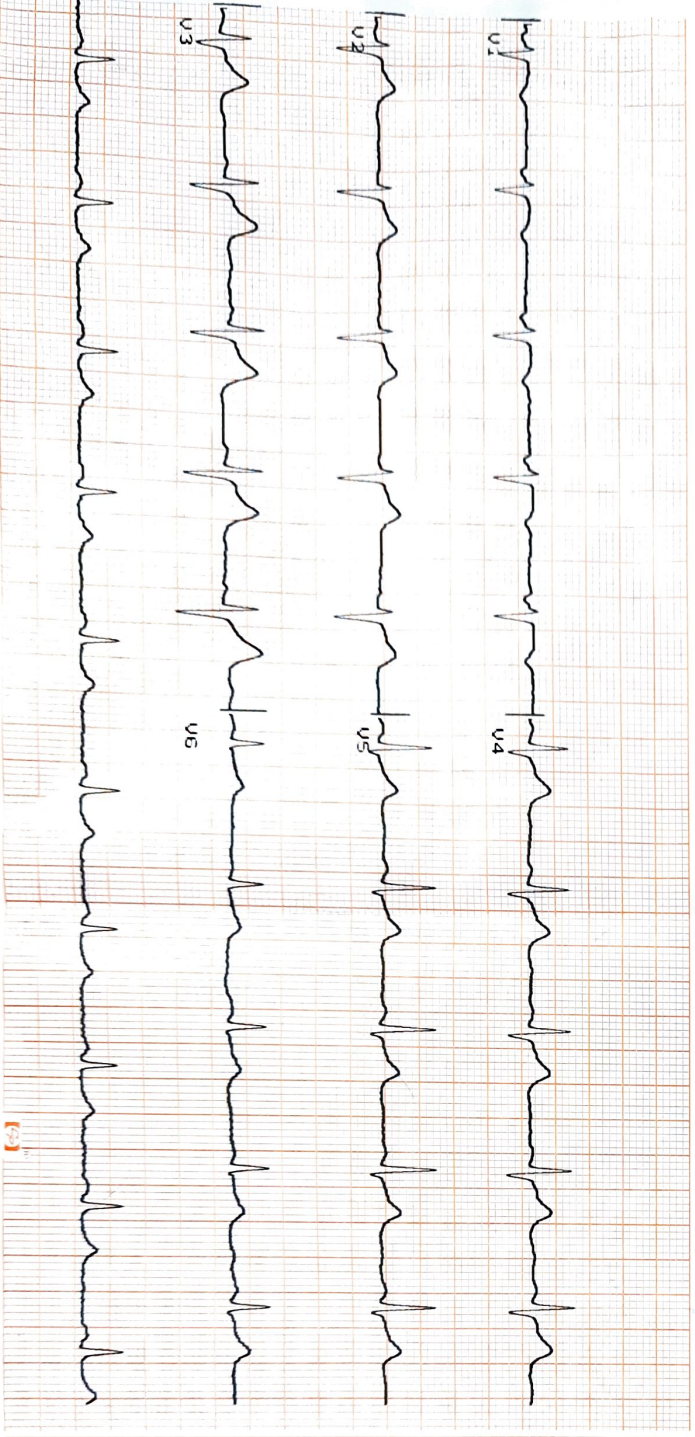




Name: \_\_\_\_\_  
Yrs: \_\_\_\_\_ cm Kg BP \_\_\_\_\_



CARDIOPRINT



HAKENDEL KUMAR  
Age - 59/Male  
ECG - LUNL  
Date - 20/11/2024



DR. BINDU  
MBBS, MD  
Reg. No. - 33432



Date: 20/11/2024

To,  
LIC of India  
Branch Office

Proposal No. 6790

Name of the Life to be assured MR. HARENDER 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. 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.

Ans

(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	YES
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	YES	Other Test	HBAIC

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,



## LIFE INSURANCE CORPORATION OF INDIA

## COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_

Proposal No. \_\_\_\_\_

6790

Agent/D.O. Code: \_\_\_\_\_

Introduced by: (name &amp; signature)


Full Name of Life to be assured: MR. HARENDER KUMAR.

Age/Sex: 59/MALE

## 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.*

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 30/Nov 2004

Dr. BINDU  
MBBS, MD  
Reg. No. 33435

Signature of L.A. 

Signature of the Cardiologist

Name &amp; 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 - 8:0

Maximum Blood Pressure - 140/92

Maximum Workload - 9.03

Maximum heart rate 140                      Maximum predicted heart rate 86 %

Reason for termination - Achieved THK.

Comments: Negative for Provocable myocardial ischemia.

Dr. BINDU

MBBS MD

Reg No. 031485

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 tracings)

[Handwritten Signature]



## ANNEXURE II - 1

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 6790

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

Full Name of Life to be assured: MR. HARENDER KUMAR.

Age/Sex : 59/MALE

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 20/Nov/ 2021

Signature of L.A.



Dr. BINDU

MBBS MD

Reg. No. - 33435

Signature of the Cardiologist

Name &amp; Address

Qualification Code No.





# ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 6790  
S. NO. : 110512  
**NAME** : **MR. HARENDER KUMAR** **AGE/SEX - 59/M**  
REF. BY : LIC  
Date : NOVEMBER, 20, 2024

## HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.77	%

## 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 preceding 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.*

**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.



# ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 6790  
S. NO. : 110512  
**NAME** : **MR. HARENDER KUMAR** **AGE/SEX - 59/M**  
REF. BY : LIC  
Date : NOVEMBER, 20, 2024

## HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.34	gm/dl	12-18
Red Blood Cell [RBC]	5.94	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	42.55	%	37-54
Mean Cell Value [MCV]	81.05		76-96
Mean Cell Hemoglobin [MCH]	28.30	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.17	%	30-35
Total Leucocytes Count (TLC)	8,200	cumm	4000-11000
<b>Differential Leucocytes Count [D.L.C]</b>			
Neutrophils	63	%	40-75
Lymphocytes	27	%	20-45
Eosinophils	06	%	02-10
Monocytes	04	%	01-06
Basophills	00	%	00-01
Platelet count	2.51	LACKS	1.5-4.5
E S R (Wintrob's method)	14	M.M.	0 - 20

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

*Please correlate with clinical conditions.*

**DR. T.K. MATHUR**

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

REGD. NO. 19702

Consultant Pathologist

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PROP. NO. : 6790  
S. NO. : 110512  
**NAME** : **MR. HARENDER KUMAR** **AGE/SEX - 59/M**  
REF. BY : LIC  
Date : NOVEMBER, 20, 2024

## ROUTINE URINE ANALYSIS

### **PHYSICAL EXAMINATION**

Quantity : 20.ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.015

### **CHEMICAL EXAMINATION**

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

### **MICROSCOPIC EXAMINATION**

Pus Cells/WBCs : 2-3. /HPF  
RBCs : Nil. /HPF  
Epithelial Cells : 1-2. /HPF  
Casts : Nil.  
Crystals : Nil. /HPF  
Bacteria : Nil.  
Others : Nil.

\*\*\*\*\*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

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# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6790  
 S. NO. : 110512  
**NAME** : **MR. HARENDER KUMAR** **AGE/SEX - 59/M**  
 REF. BY : LIC  
 Date : NOVEMBER, 20, 2024

## BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	95.71	mg/dl	70-115
S. Cholesterol	171.85	mg/dl	130-250
H.D.L. Cholesterol	63.82	mg/dl	35-90
L.D.L. Cholesterol	120.33	mg/dl	0-160
S. Triglycerides	102.96	mg/dl	35-160
S. Creatinine	0.90	mg/dl	0.5-1.5
Blood Urea Nitrogen {BUN}	14.10	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	3.1	gm%	2.00-4.00
S. Protein Total	7.2	gm%	6.00-8.5
AG/Ratio	1.32		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.	23.68	IU/L	00-42
S.G.P.T.	24.92	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	50.17	IU/L	00-60
S. Alk. Phosphatase	89.40	IU/L	28-111

(Children 151-471)

## 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.**

**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 hesitation. This report is not for medico - legal cases.



**ELITE DIAGNOSTIC**  
**7091, GALI NO-10, MATA RAMESHWARI MARG,**  
**NEHRU NAGAR, KAROL BAGH, DELHI -110005**

*[Signature]*

**HARENDER KUMAR**  
 ID : 181994

DATE : 20/11/2024  
 AGE/SEX : 59 / M

**TREADMILL TEST REPORT**

PROTOCOL : Bruce

HT/WT : 0 / 0  
 REF:BY :

HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METTS
								II	V1	V5	
SUPINE					79	122 / 82	96	0.1	0.3	0.4	
STANDING					79	122 / 82	96	0.3	0.2	0.5	
HYPERTENSIVE			0:4		78	122 / 82	95	0.2	0.2	0.5	
VALSALVA					78	122 / 82	95	0.3	0.3	0.7	
Stage 1	2:55	2:55	2.7	10	104	126 / 86	131	0.7	0.5	0.9	4.67
Stage 2	5:55	2:55	4	12	110	132 / 90	145	0	0.6	0.8	7.04
Stage 3	7:57	1:57	5.4	14	140	140 / 92	196	0.4	0.3	1	8.99
PK-EXERCISE	8:0	2:0	5.4	14	139	140 / 92	194	0.4	0.3	0.9	8.99
RECOVERY	9:6	0:58			101	136 / 90	137	0.19	0.3	1	9.03
RECOVERY	11:3	2:55			88	132 / 92	116	-0.18	0.6	-0.6	
RECOVERY	14:3	5:55			86	124 / 84	106	0.2	0.4	0.4	

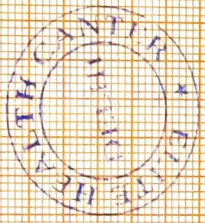
**RESULTS**

EXERCISE DURATION : 8:0  
 MAX HEART RATE : 140 bpm  
 MAX BLOOD PRESSURE : 140 / 92 mm Hg  
 REASON OF TERMINATION : Achieved THR,

MAX WORK LOAD : 9.03 METTS

BP RESPONSE : Normal,  
 ARRHYTHMIA : None,  
 H.R. RESPONSE : Normal Chronotropic Response,

**IMPRESSIONS** :  
 Negative for Provocable myocardial ischemia,



**DR. HINDEE**  
 MBBS  
 No. 33435  
 1989

Technician :















# ELITE DIAGNOSTIC

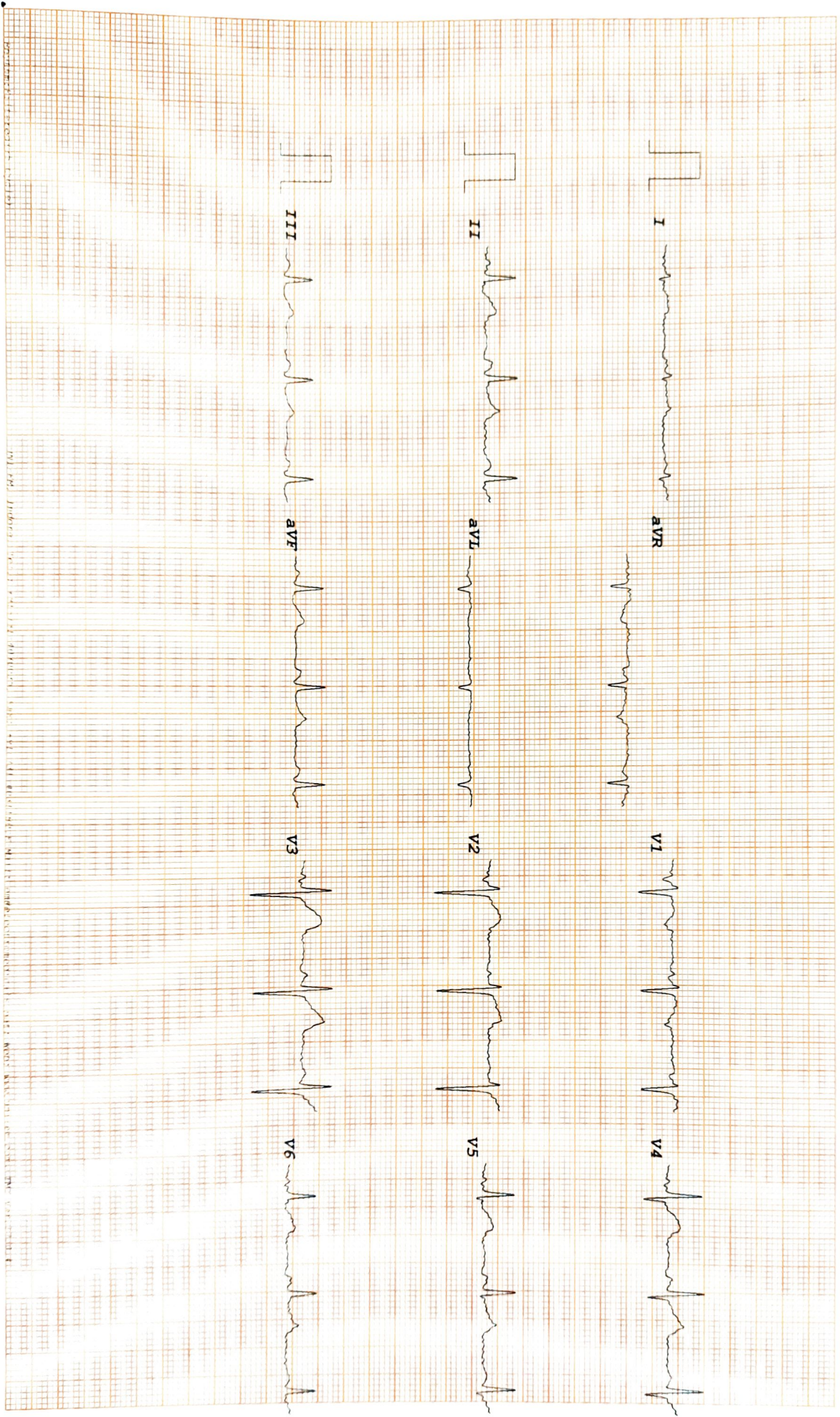
HARENDER KUMAR  
I. D. 181994  
Age 59/M  
Date 20/11/2024

RATE 78bpm  
B.P. 122/82

PRETEST  
VALSALVA

ST @ 10mm/mV  
80ms Post-T

RAW ECG





# ELITE DIAGNOSTIC

**HARENDER KUMAR**  
I.D. 181994  
Age 59/M  
Date 20/11/2024

**RATE 104bpm**  
B.P. 126/86

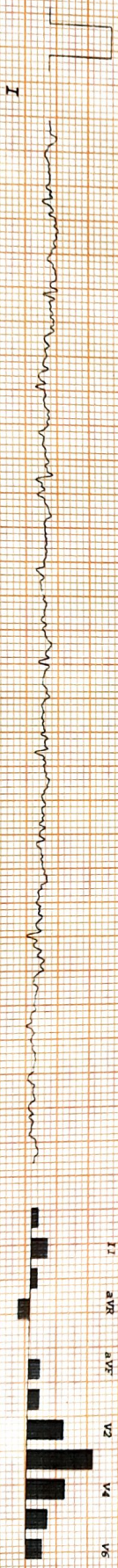
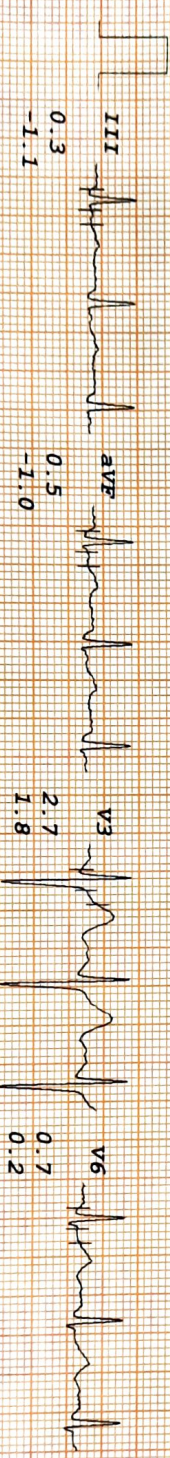
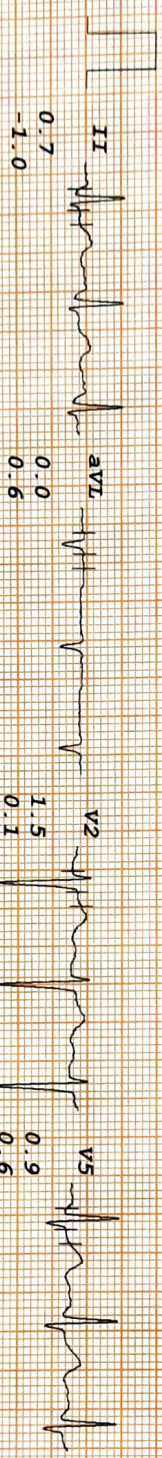
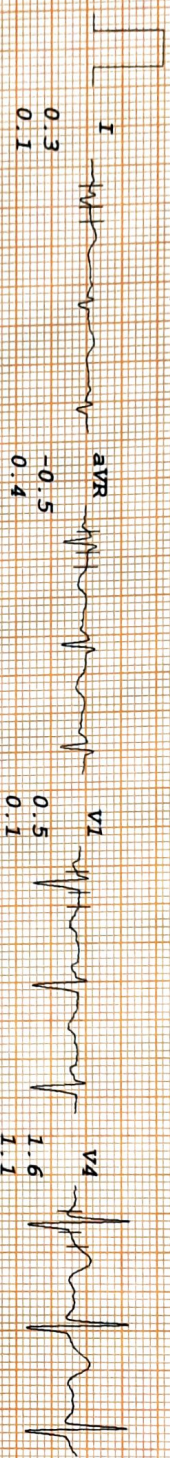
Brice  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mv  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

**LINKED MEDIAN**

Mag. X 2

III



0.3  
-1.1



HARENDER KOMAR  
 I.D. 181994  
 Age 59/M  
 Date 20/11/2024

RATE 110bpm  
 B.P. 132/90

# ELITE DIAGNOSTIC

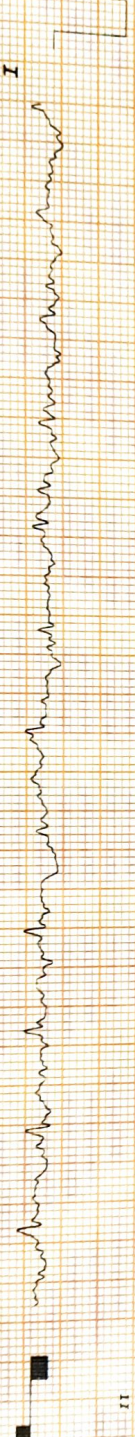
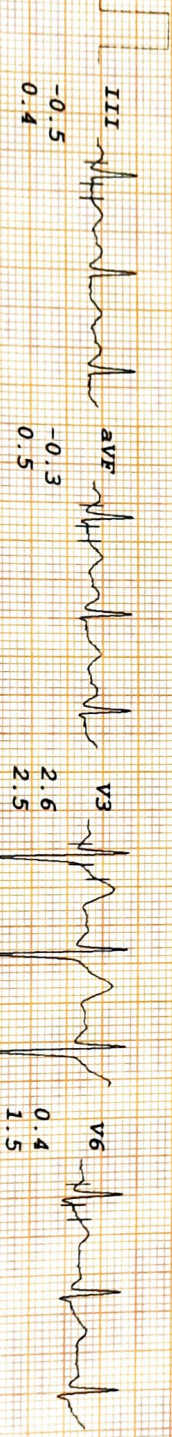
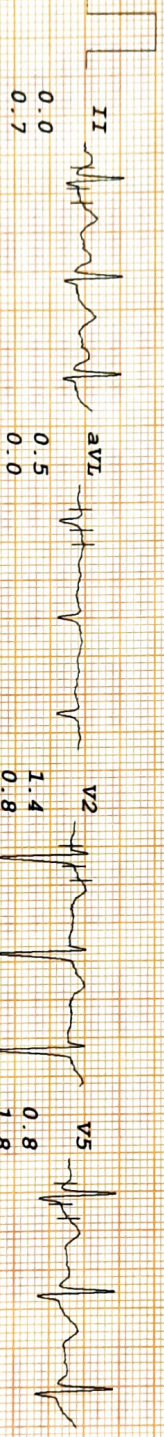
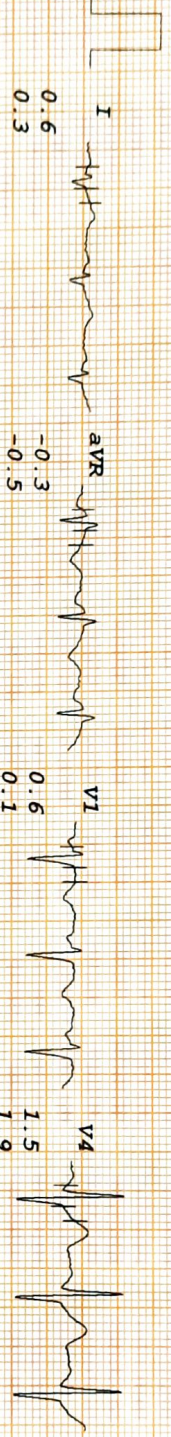
Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

ST @ 10mm/mv  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 %

LINKED MEDIAN

Mag: X 2

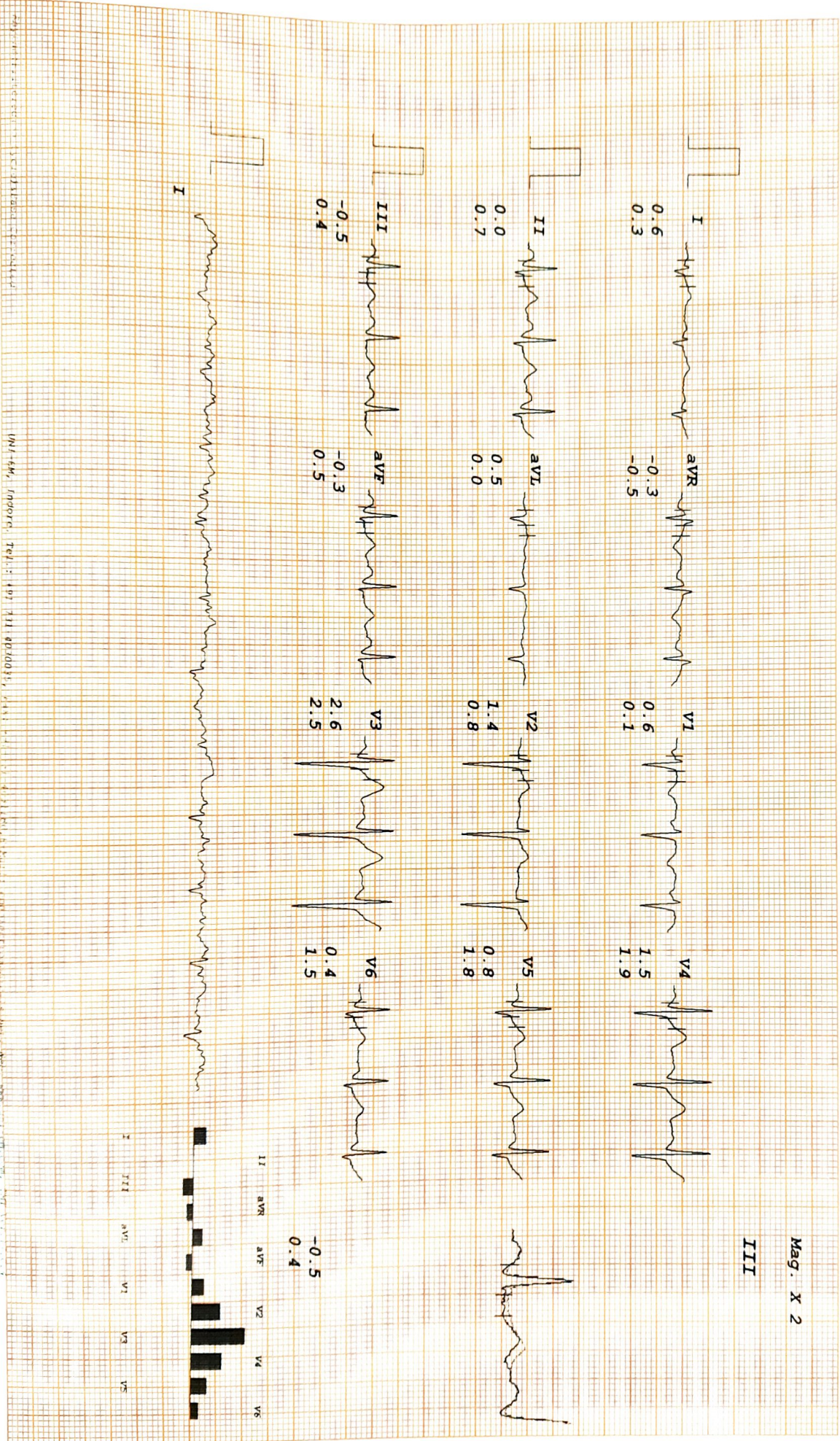
III



II aVR aVF V2 V4 V5

III aVL V1 V3 V5

-0.5  
0.4





# ELITE DIAGNOSTIC

HARENDER KUMAR  
I.D. 181994  
Age 59/M  
Date 20/11/2024

RATE 140bpm  
B.P. 140/92

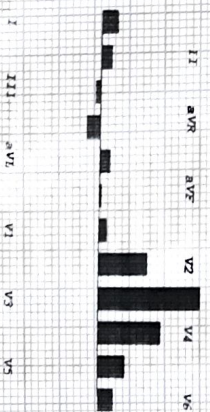
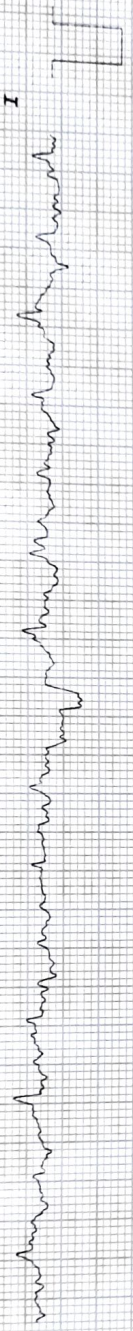
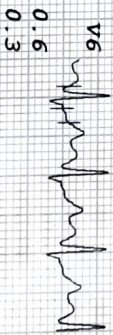
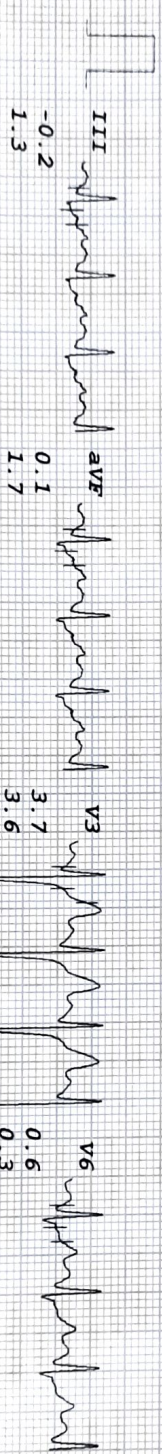
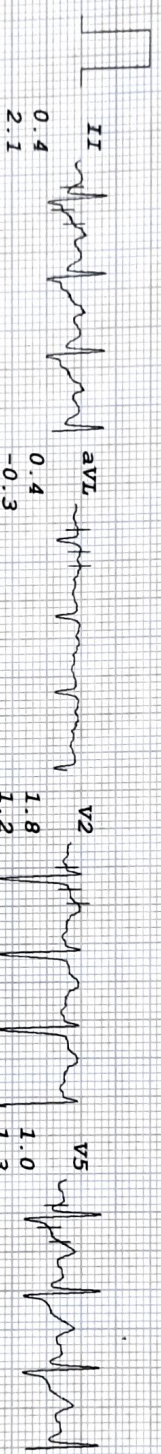
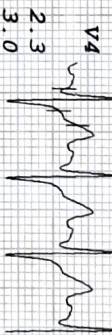
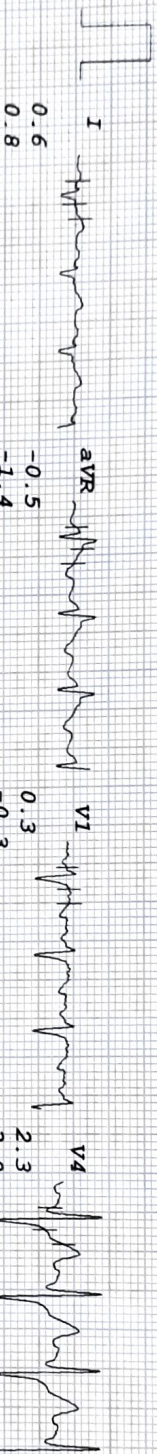
Bruce  
Stage 3  
TOTAL TIME 7:57  
PHASE TIME 1:57

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

LINKED MEDIAN

Mag. X 2

III



ST-T segment depression in leads I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6.







# ELITE DIAGNOSTIC

HARENDER KUMAR  
I.D. 181994  
Age 59/M  
Date 20/11/2024

Rate 101bpm  
B.P. 136/90

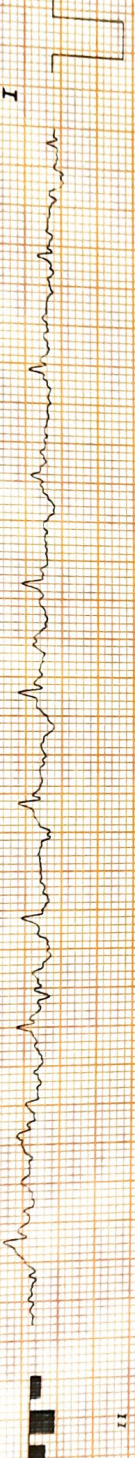
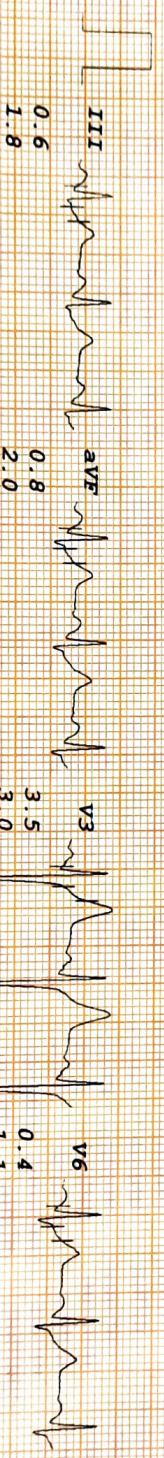
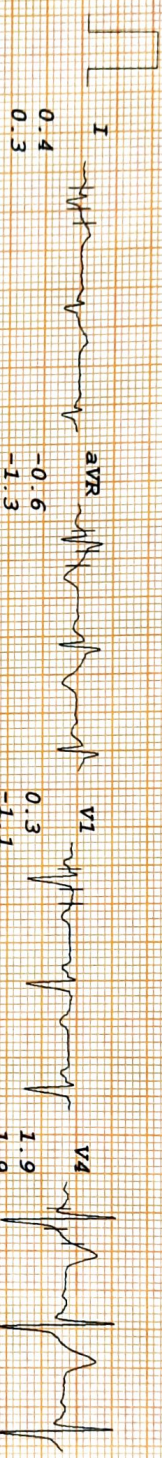
Bruce  
RECOVERY  
TOTAL TIME 9:06  
PHASE TIME 0:58

ST @ 10mm/mV  
80ms Post J

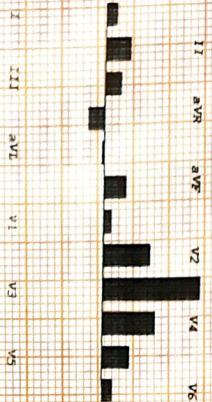
LINKED MEDIAN

Mag. X 2

III



0.6  
1.8





# ELITE DIAGNOSTIC

HARENDER KUMAR  
I.D. 181994  
Age 59/M  
Date 20/11/2024

RATE 88bpm  
B.P. 132/92

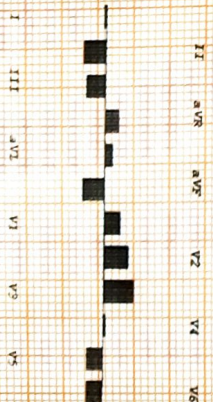
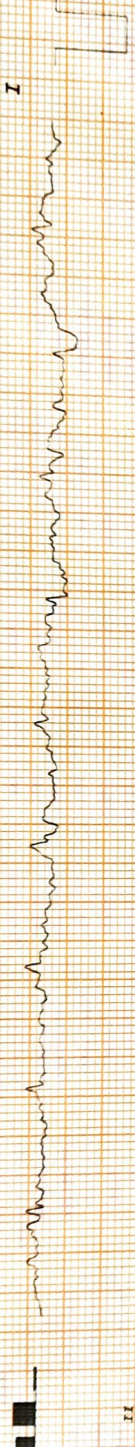
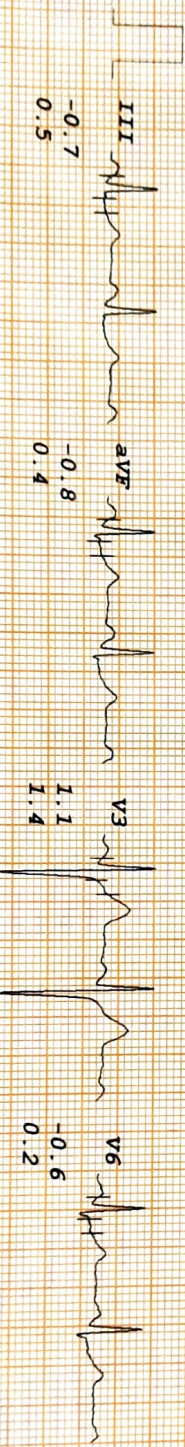
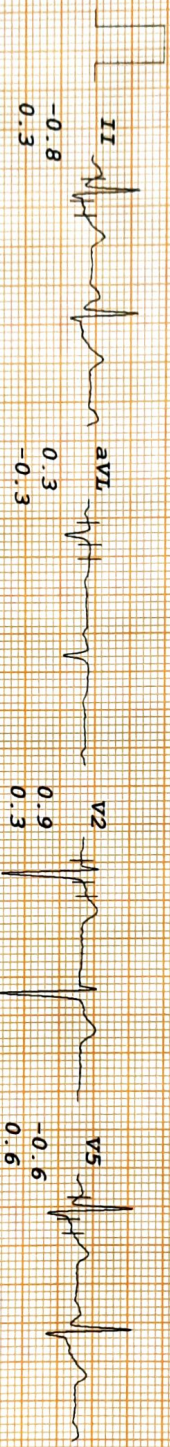
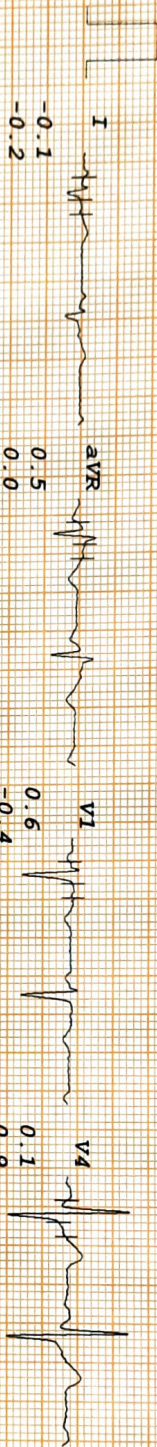
Bruce  
RECOVERY  
TOTAL TIME 11:03  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III





# ELITE DIAGNOSTIC

HARENDER KUMAR  
I.D. 181994  
Age 59/M  
Date 20/11/2024

RATE 86bpm  
B.P. 124/84

BRUCE  
RECOVERY  
TOTAL TIME 14:03  
PHASE TIME 5:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN



Mag. X 2

III

III aVR aVL V1 V2 V3 V4 V5 V6



आयकर विभाग  
INCOME TAX DEPARTMENT

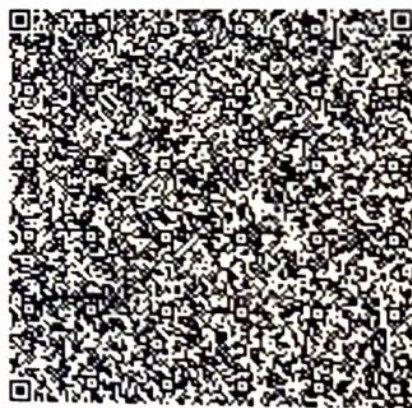


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

AFCPK4069A



नाम / Name

HARENDER KUMAR

पिता का नाम / Father's Name

DILAWER SINGH

जन्म की तारीख /  
Date of Birth

13/11/1965

हस्ताक्षर / Signature

26102018



**E** ELITE  
DIAGNOSTIC



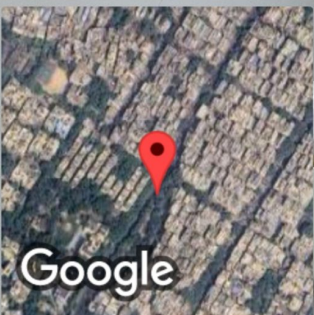
 **GPS Map Camera**

Delhi, Delhi, India

7091, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh,  
Delhi, 110005, India

Lat 28.648752° Long 77.182562°

20/11/24 09:39 AM GMT +05:30



Google



## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
169	65.9	122/82	78/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	78/M	T-wave	(N)
Ventricular Rate	78/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	None		

Conclusion:

WNL

Dated at DELHI on the day of 20/Nov/2024

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

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.

