Date: 10/11/2024

To, LIC of India Branch Office

1733 Proposal No.

Name of the Life to be assured <u>ANJANA MATTA</u>

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.

5 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.

7s

BBS, MD

(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	YES	BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	YES
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)		НЬ%	YES
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

ZoneDivisionBranchProposal No. -1733Agent/D.O. Code:Introduced by: (name & signature)Full Name of Life to be assured:ANJANA MA77AAge/Sex:S8/FInstructions 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

Malle

Signature or Thumb Impression of L.A.

- **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 $\Delta C / A = 0$ on the day of 10 / Nov / 2021, Signature of the Cardiologist

Signature of L.A.

Malle

Signature of the Cardiologist Name & Address Qualification Code No. Clinical findings

(A)_

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
150	52	118/76	70/M

(B) Cardiovascular System

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Rest ECG Report:

Position	Sypine	P Wave	(N)
Standardisation Imv	a	PR Interval	(N)
Mechanism		QRS Complexes	N
Voltage	R	Q-T Duration	R
Electrical Axis	(N)	S-T Segment	AD
Auricular Rate	Folm	T –wave	N
Ventricular Rate	Folm	Q-Wave	
Rhythm	ReinDer		
Additional findings, if any	NR		

Conclusion: CUNL

Dated at $D_{6L/47}$ on the day of $10/N_{6V}/2004$

T t

Signature of the Cardiologist Name & Address Qualification Code No.

2

ELITE DIAGNOSTIC

Email – eli**tedia**gnostic4@gmail.com

:	1733
:	110402
:	MRS. ANJANA MATTA
:	LIC
:	NOVEMBER, 10, 2024
	: : : :

AGE/SEX - 58/F

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity		
Colour	:	20.ml
	:	P.Yellow
Transparency	:	
Sp Gravity	•	CLEAR
CHEMICAL EXAMINATION	:	1.012
Reaction		
Albumin	:	Acidic.
Reducing Sugar	:	Nil.
y cagar	:	Nil.
MICROSCOPIC EXAMINATION Pus Cells/WBCs		
RBCs	:	1-2. /HP

RBCs			:	1-2.	/HPF.
Epithelial	Calla		:		/HPF.
Casts	CEIIS		:	0-1.	/HPF.
Crystals		•	:	Nil.	
Bacteria			:	Nil.	
Others			:	Nil.	
			:	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 NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any <u>hasitation</u>. This report is not for <u>medico – legal cases</u>.



Email – elitediagnostic4@gmail.com

PROP. NO. S. NO. NAME	: :	1733 110420 MBS ANTANA ANTANA	
REF. BY Date	:	MRS. ANJANA MATTA LIC NOVEMBER,10,2024	AGE/SEX - 58/F

<u>HAEMATOLOGY</u>

H.D.L. Cholesterol

L.D.L. Cholesterol

V.L.D.L. Cholesterol

Test	Result	Units	Normal Range
Hemoglobin	13.05	gm/dl	12-18
<u>BIOCHEMISTRY</u>			
Test	Result	Units	Normal Range
Blood Sugar Fasting	98.10	mg/dl	70-115
Total Lipids	566.85	mg/dl	400-700
S.Triglycerides	72.08	mg/dl	30-150
S. Cholesterol	190.02	mg/dl	130-250

88.00

87.64

14.56

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

mg/dl

mg/dl

mg/dl

Please correlate with clinical conditions.

DR. T.K. MATHUR

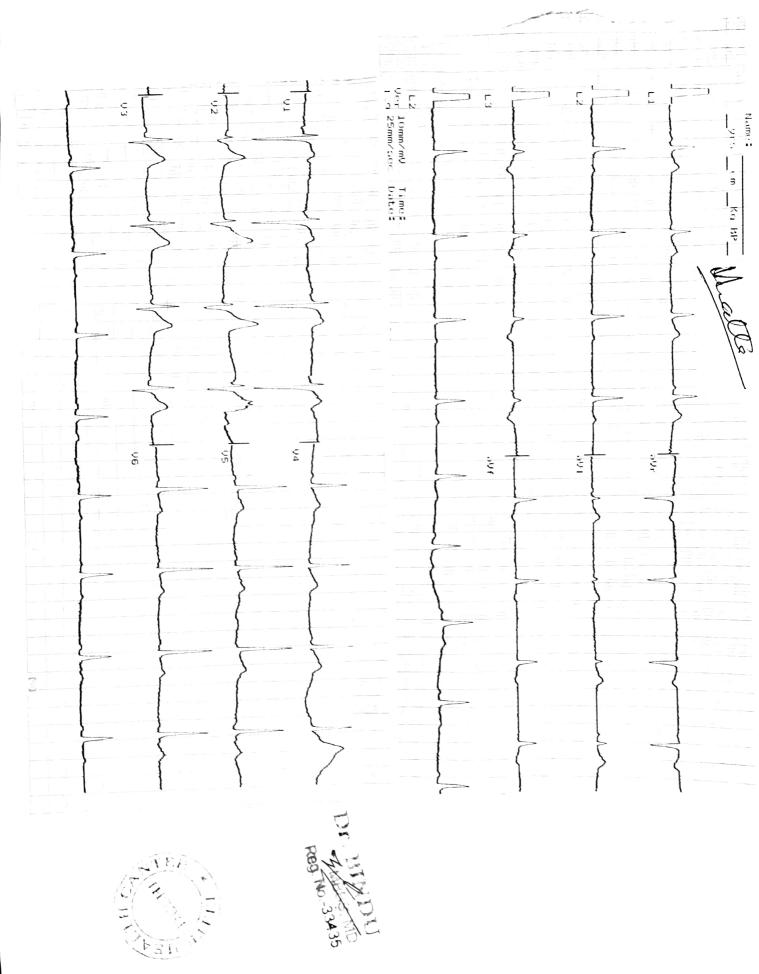
M.B.B.S. MD (PATH) REGDANO. 19702 Consultant Pathologist

35-90

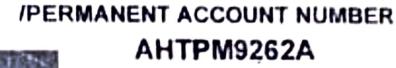
0-150

0-50

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त्थाई लेखा संख्या



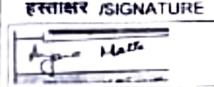
TH INAME ANJANA MATTA

पिता का नाम /FATHER'S NAME RAMCHANDRA MATTA

जन्म तिथि /DATE OF BIRTH

11-07-1966

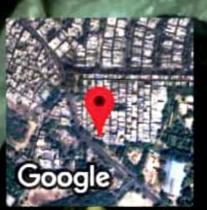
आधकन आध्यका (कल्प्यूटर केन्द्र)



Commissioner of Income-tax(Computer Operations)







Delhi, Delhi, India J-20, Block J, Beri Wala Bagh, Hari Nagar, Delhi, 110064, India Lat 28.633213° Long 77.110758° 10/11/24 10:28 AM GMT +05:30