Name :

MR MAHIPAL SINGH

Proposal No

3901

Branch Code :

11d

Contact Details:

9811921013

Location

RZ-138, Block E, New Roshanpura,

Appointment Date

13-11-2024

Member Information

Booked Member Name Age

Gender

MR MAHIPAL SINGH

47 year Male

Included Test -

Urine Analysis

BST Only fasting or Only PGBS

Thanks,

Medsave Team

NAVYA HOSPITAL NAVYA HOSPITAL RZ-13B, NASZEGARH, NEW DEJEL-110043

Date: 13/11/2024

| To, |     |        |
|-----|-----|--------|
| LIC | of  | India  |
| Bra | ncl | Office |

3901 Proposal No.

Name of the Life to be assured MR. MAHIPALS; 194.

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.

MBBS. MD (GEN.MED)

Signature of the Pathologist/ Doctor

Náme:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done

(Signature of the Life to be assured)

Name of life to be assured:

MA MAHIPAL Sizyh

| Sr.<br>No                  | Reports Name   | orts Enclosed<br>Sr.  |  |
|----------------------------|--|-----------------------|--|
| 1<br>2<br>3<br>4<br>5<br>6 | FMR Rest ECG with Tracing Haemogram Hb% SBT-13 Elisa for HIV | No 9 10 11 12 € 13 14 | Reports Name Lipidogram BST (Blood Sugar Test-Fasting & PP) Both Hba1c PBS (Fasting Blood Sugar) PGBS (Post Glucose Blood Sugar) CTMT with Tracing |
| 8                          | Chest X-Ray with Plate (PA View)                             | 15                    | Proposal and other documents   |

16. Questionnaires:

17. Others (Please Specify).

Remarks of Health Assure PVT LTD

Authorized Signature,





ANNEXURE II - 8

## LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report I

Form No. LIC03 - 009

|       |                       |  | KOUTI                       | NE UR  | INE AN        | IALYSIS  |
|-------|-----------------------|--|-----------------------------|--------|---------------|--|
| Zone  |                       | Division                                   | Branch                      |        |               | DATE /TIME 13/11/2024 011:33 AM                |
| ropo  | sal No. :             | 3901                                       |                             |        |               |  |
| Agent | /D.O. C               | ode:                                       |                             |        |               |  |
| ull N | lame of               | Life to be assure                          | ed: MR. MAH                 | IPAL S | Intr<br>SINGH | oduced by: (name & signature)                  |
| Age/S | Sex: 48/              | M  |                             |        |               |  |
| 1.    | Phys<br>(i)<br>(iii)  | ical Examinatio<br>Colour<br>Transparency  | : YELLOW                    |        | (             | (ii) Sediment: NIL<br>(iv) Reaction :ACIDIC    |
| 2.    | Chen<br>(i)<br>(iii)  | nical Examinati<br>Protein<br>Bile salt    | on<br>: NIL<br>: NIL        |        | (ii)<br>(iv)  | Sugar :NIL Bile pigments :NIL                  |
| 3.    | Miero<br>(i)<br>(iii) | oscopic Examin<br>Red Blood Ce<br>Crystals | ation<br>ells: NIL<br>: NIL | 1      | (ii)<br>(iv)  | Epithelial Cells:01-02/HPF Pus Cells:01-02/HPF |

(v) Casts : NIL Deposits : NIL

(VII) :NIL NAV **Bacterias** 

RZ-13E NEW DELHI-110043 Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the

Dr. SAKSHLVIRMANI

Signature of the Pathologist

MBBS, MD PATH REG/NO.- 8941

mer: There are chances for human error during printing. If results are the precised or alarming. Please contact immediately echeck. Reports are not for medico legal purpose. It is only a professional Spide Novase clinical correlation is mandatory.







## ANNEXURE II - 8

## LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

Zone

Division

Branch

DATE /TIME 13/11/2024 011:33 AM

'roposal No. 3901

\lgent/D.O. Code:

Introduced by:

(name & signature)

'ull Name of Life to be assured: MR. MAHIPAL SINGH

Age/Sex: 48/M

**BIO- CHEMICAL TESTS** 

|   | TYPE OF TEST        | ACTUAL<br>READING | NORMAL VALUES |
|---|---------------------|-------------------|---------------|
| 1 | BLOOD SUGAR FASTING | 88.4              | 60-110 MG/DL  |

NAVYA HOSPITAL RZ-13B, MAJAFGARH, NEW DELHI-110043

> Dr. SAKSHI WAMANI MBBS. MEPATH

Signature of the Pathologist No.- 8941

Pathologist's name & Address

mer: There are chances for human error during printing. If resul@aseimesignated or alarming. Please contact immediately scheck. Reports are not for medico legal purpose. It is only a professional epigion Please clinical correlation is mandatory.

CARE A PIUS DIAGNOSTICS

fress Navya Hospital, RZ-138, New Roshangura, Najatigarh, New Delh

