

Date: 26/10/2024

To,
LIC of India
Branch Office

Proposal No. 3299

Name of the Life to be assured LALIT SINGH SILWAL

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.

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.

Lalit
(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	YES	MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM	YES	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,



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 3299
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: LALIT SINGHI SETHI
 Age/Sex : 25/M

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.

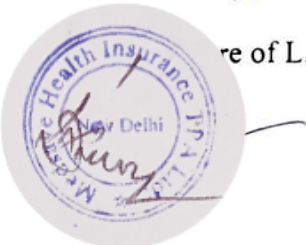
- Have you ever had chest pain, palpitation, breathlessness at rest or exertion?
Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

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 26/04/2023

Signature of L.A.

Signature of the Cardiologist
 Name & Address
 Qualification Code No.



Clinical findings
(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
172	69	118/78	68/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	68/M	T-wave	(N)
Ventricular Rate	68/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	MI2		

Conclusion: ECG - WNL

Dated at DELHI on the day of 26/Oct/2024

Signature of the Cardiologist
Name & Address
Qualification
Code No.



ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 3299

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

Full Name of Life to be assured: LALIT SINGH STILWAL

Age/Sex: 25/M

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.

Lalit

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 06/Oct/2024

Signature of L.A.

Lalit

Signature of the Cardiologist
Name & 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
- 3 minutes each

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 - 7:46

Maximum Blood Pressure - 140/90

Maximum Workload - 8.81

Maximum heart rate 169 Maximum predicted heart rate 86 %

Reason for termination - Achieved THR

Comments:

Negative for Provocable myocardial ischemia,

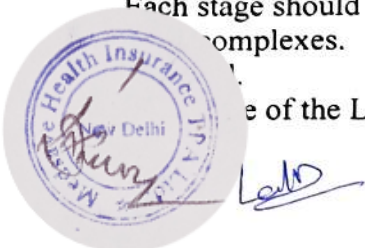
Signature of the Cardiologist

Name & Address

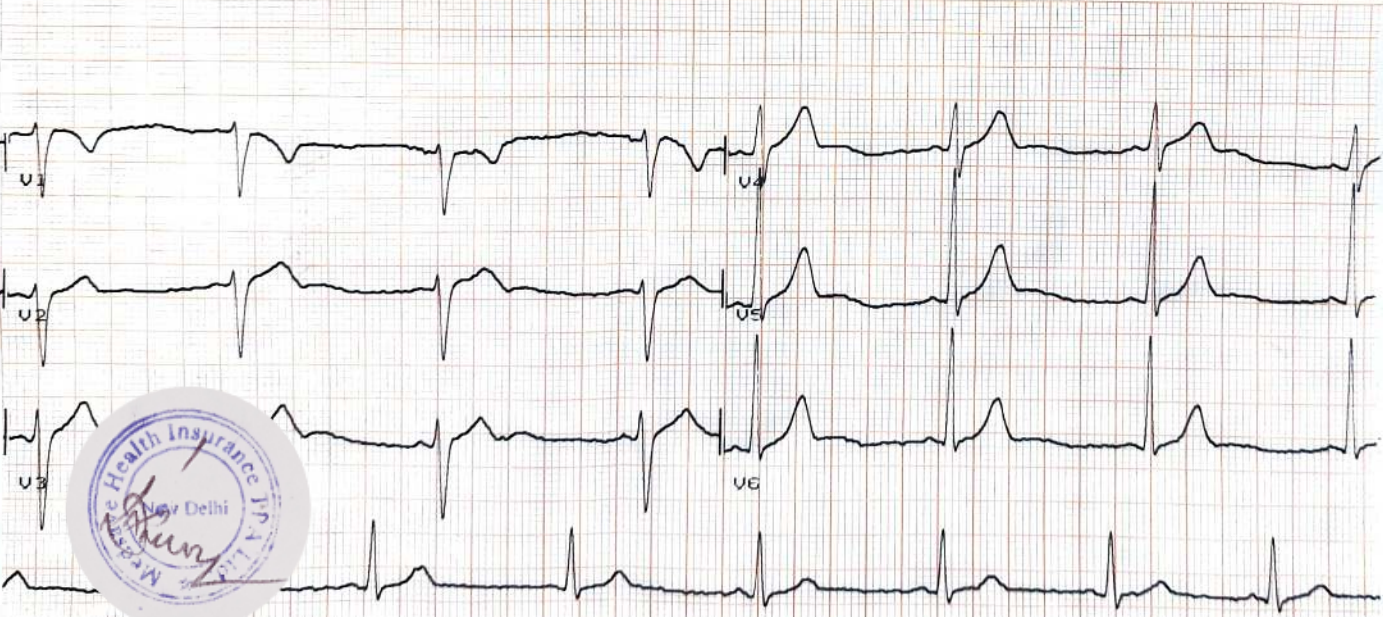
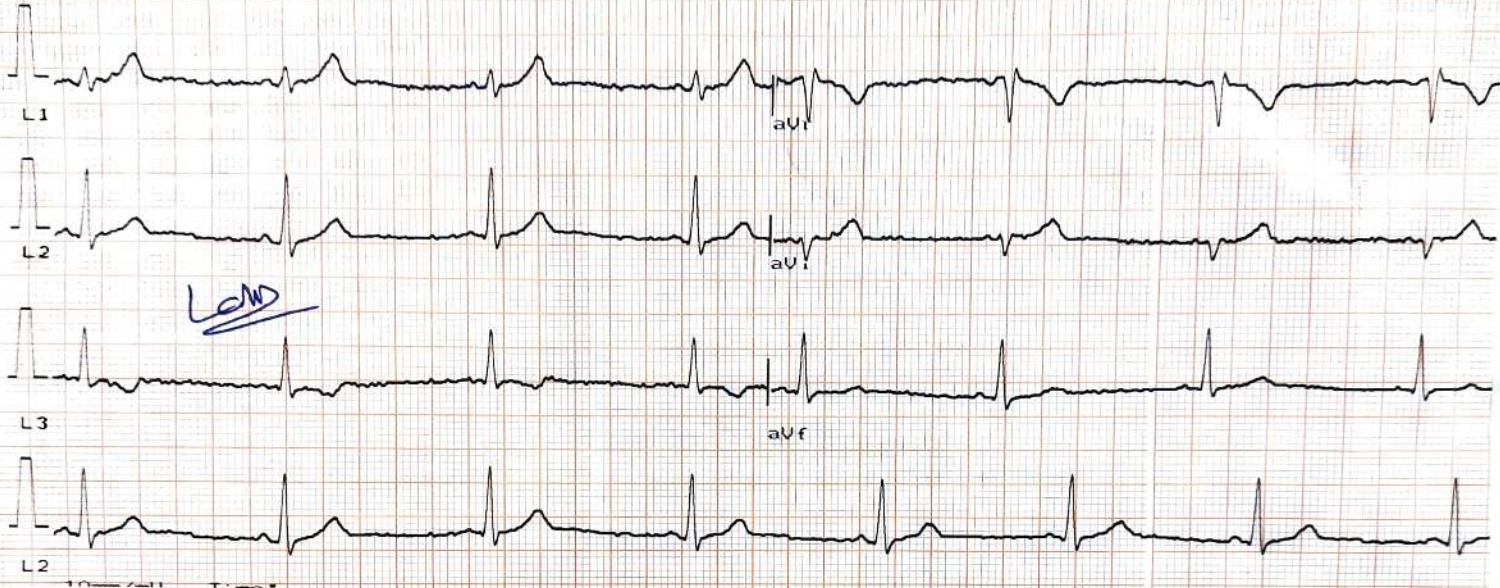
Qualification Code No.

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast 3 complexes. On separate individual paper each stage with relevant observations be

(The ECG of the L.A. to be obtained on the tracings)



Name: _____
_ yrs _ cm _ Kg BP _



ELITE DIAGNOSTIC

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

Ledb

LALIT SINGH SILWAL
ID : 181978
DATE : 26/10/2024
AGE/SEX : 25 /M
HT/WT : 0 / 0
REF.BY : LIC

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY :
INDICATION :
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL(MM)			METS
								II	V1	V5	
SUPINE					78						
STANDING					76	118 / 78	92	1.2	-0.8	1.9	
HYPERVENT					74	118 / 78	89	2	-1.4	2.9	
VALSALVA		0:5			72	118 / 78	87	2.3	-1.3	3.3	
Stage 1	2:55	2:55	2.7	10	105	124 / 80	130	2.4	-1.1	3.4	
Stage 2	5:55	2:55	4	12	128	132 / 86	168	1.1	-0.2	1.8	4.67
PK-EXERCISE	7:46	1:46	5.4	14	168	140 / 90	235	0.4	-0.2	1.4	7.04
RECOVERY	8:52	0:58			121	138 / 88	166	0.1	0.3	1.2	8.81
RECOVERY	10:49	2:55			90	134 / 84	120	1	-0.4	2.4	
RECOVERY	13:49	5:55			80	126 / 78	100	0.5	0.2	1.3	
								0.1	0.2	0.7	

RESULTS

EXERCISE DURATION : 7:46
 MAX HEART RATE : 169 bpm 86 % of target heart rate 195 bpm
 MAX BLOOD PRESSURE : 140 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR, MAX WORK LOAD : 8.81 METS

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

IMPRESSIONS

Negative for Provocable myocardial ischemia,



Tec :

LALIT SINGH SIMAL
I.D. 181978
Age 25/M
Date 26/10/2024

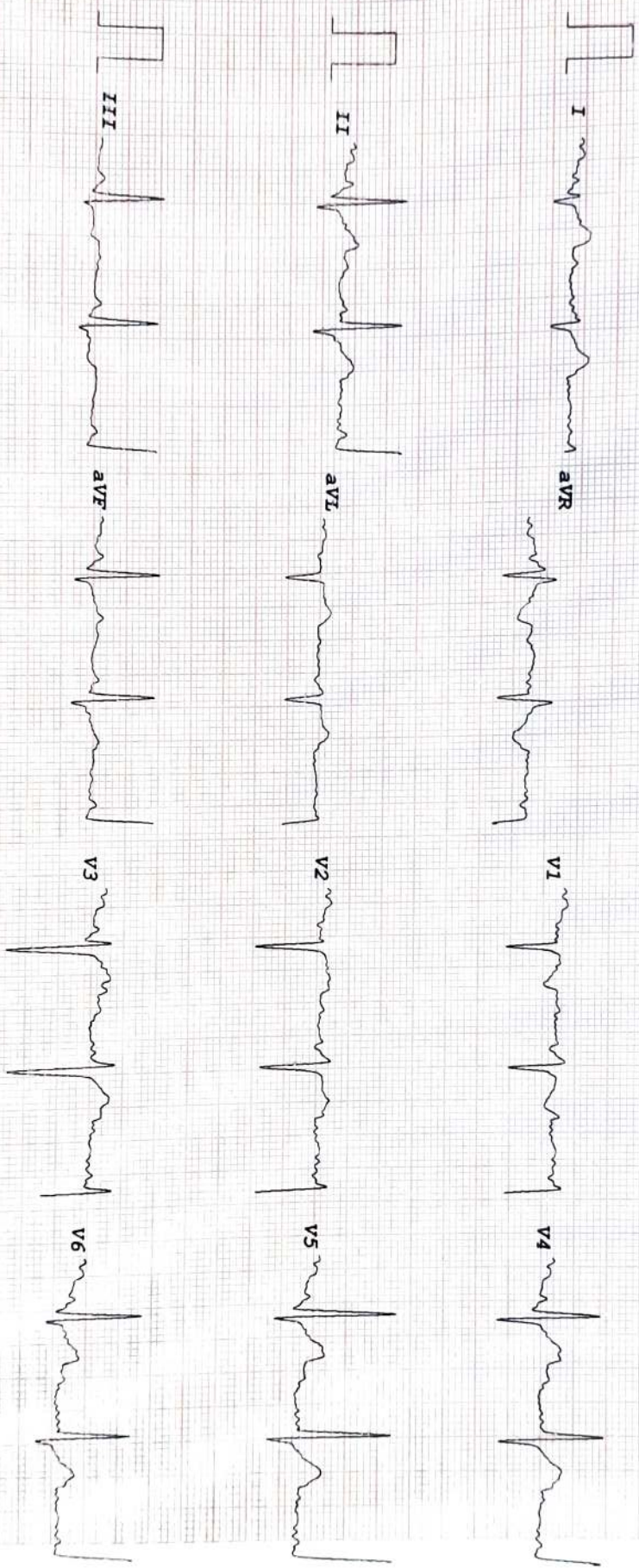
RATE 78bpm
B.P. 118/78

ELITE DIAGNOSTIC

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

RAW ECG



Rhythm: Filtered (35 Cycle)

UNI-EM, Indore, Tel.: +91-731-4030025, Fax: +91-731-4011180, E-Mail: elite@elitediagnostic.com, Web: www.uni-em.com, TMR Ver: 1.7.0.4



LALIT SINGH SIMLAL
I.D. 181978
Age 25/M
Date 26/10/2024

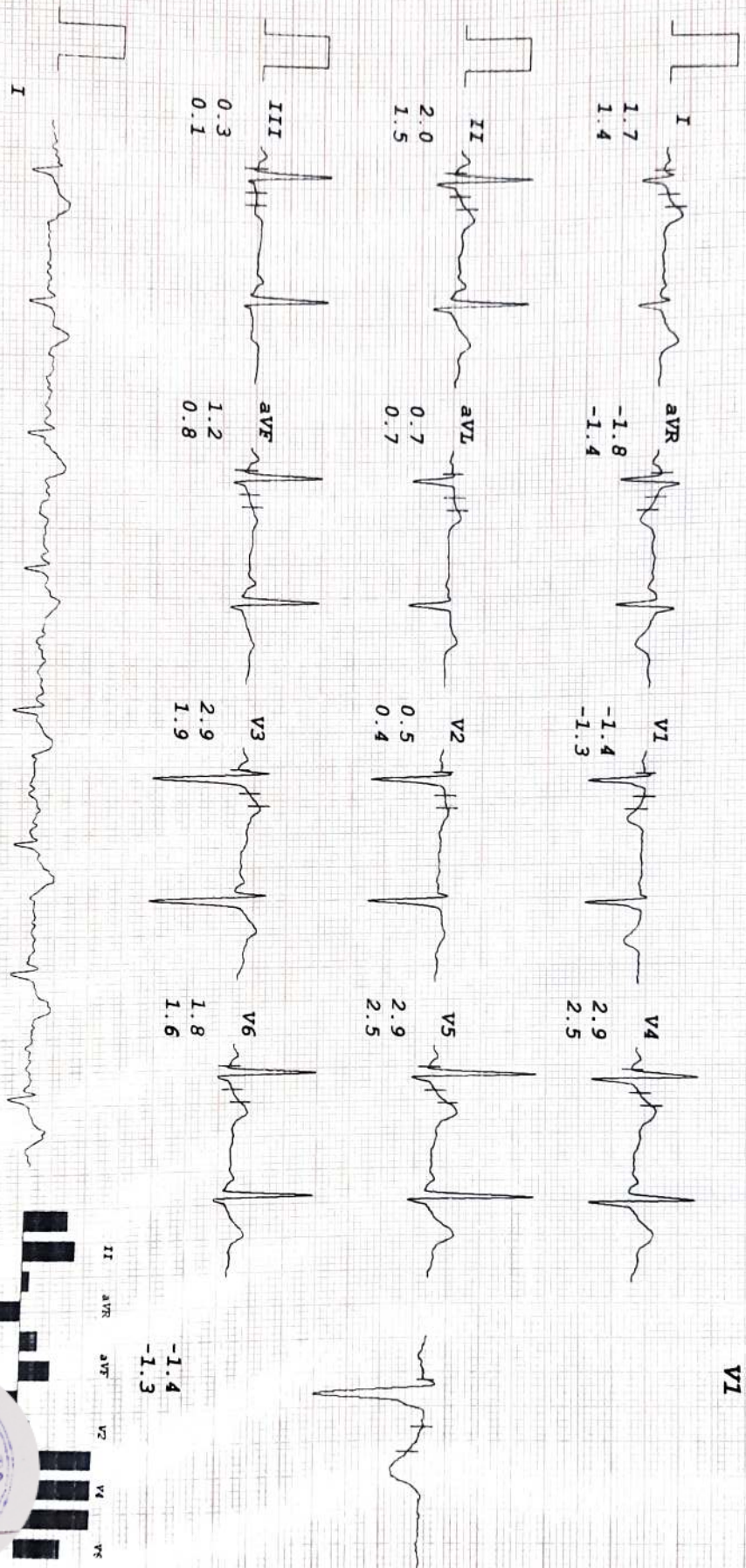
RATE 76bpm
B.P. 118/78

ELITE DIAGNOSTIC

PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



Mag. X 2

V1



ELITE DIAGNOSTIC

LALIT SINGH SIMAL
I.D. 181978
Age 25/M
Date 26/10/2024

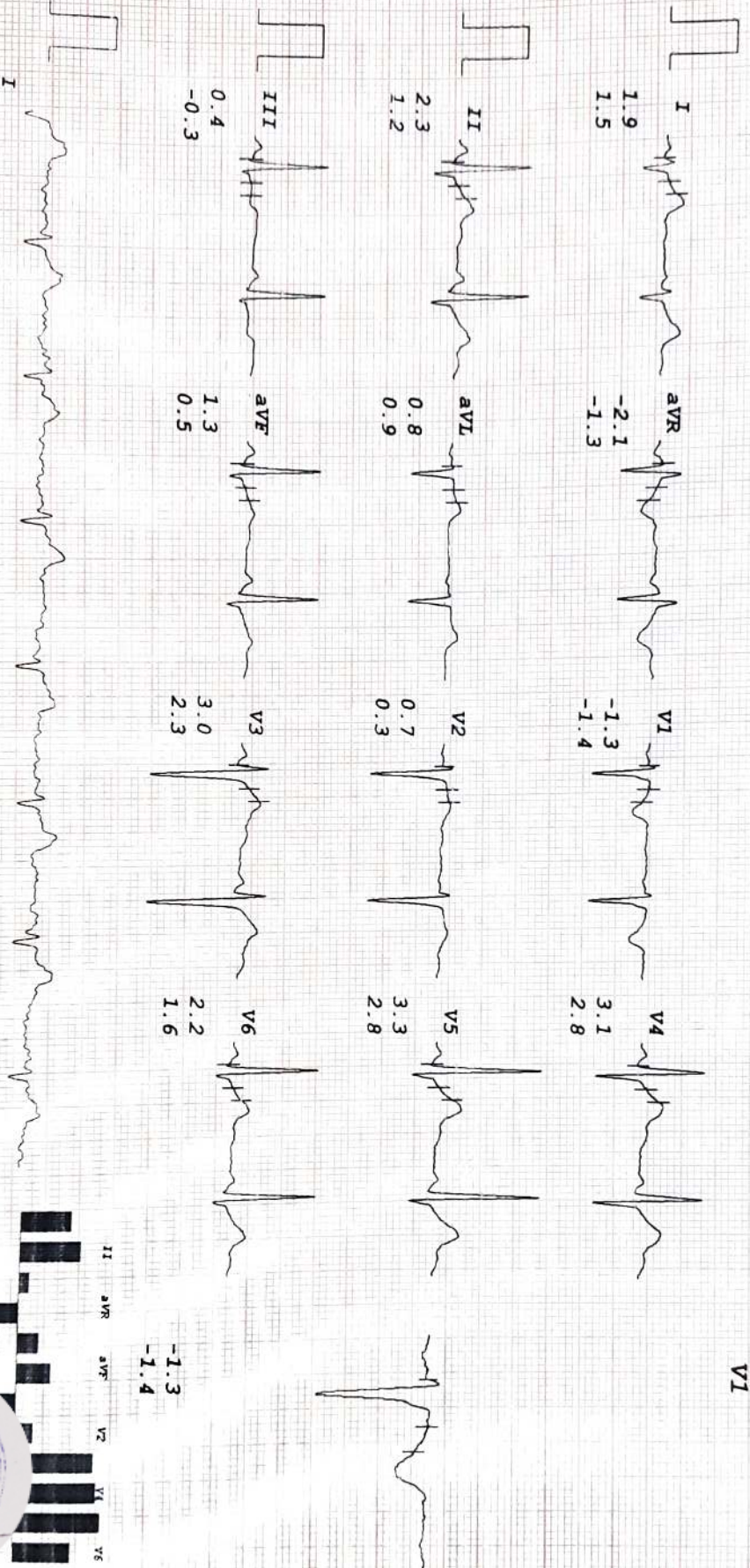
RATE 74bpm
B.P. 118/78

PRETEST
HYPERVENT
PHASE TIME 0:05

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. x 2



LALIT SINGH SIMAL
I.D. 181978
Age 25/M
Date 26/10/2024

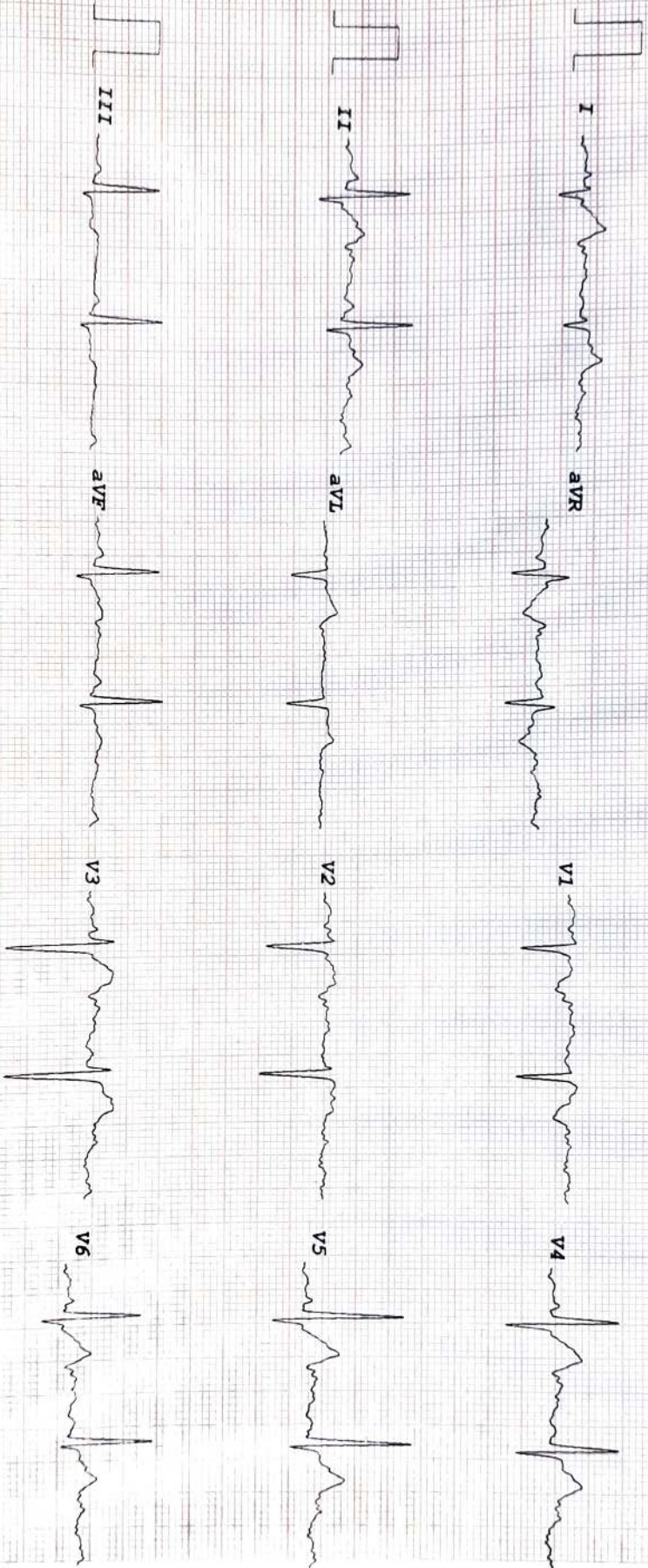
RATE 72bpm
B.P. 118/78

ELITE DIAGNOSTIC

PRETEST
VALSALVA

ST @ 10mm/mV
80ms Post J

RAW ECG



ELITE DIAGNOSTIC

LALIT SINGH SIMAL
I.D. 181978
Age 25/M
Date 26/10/2024

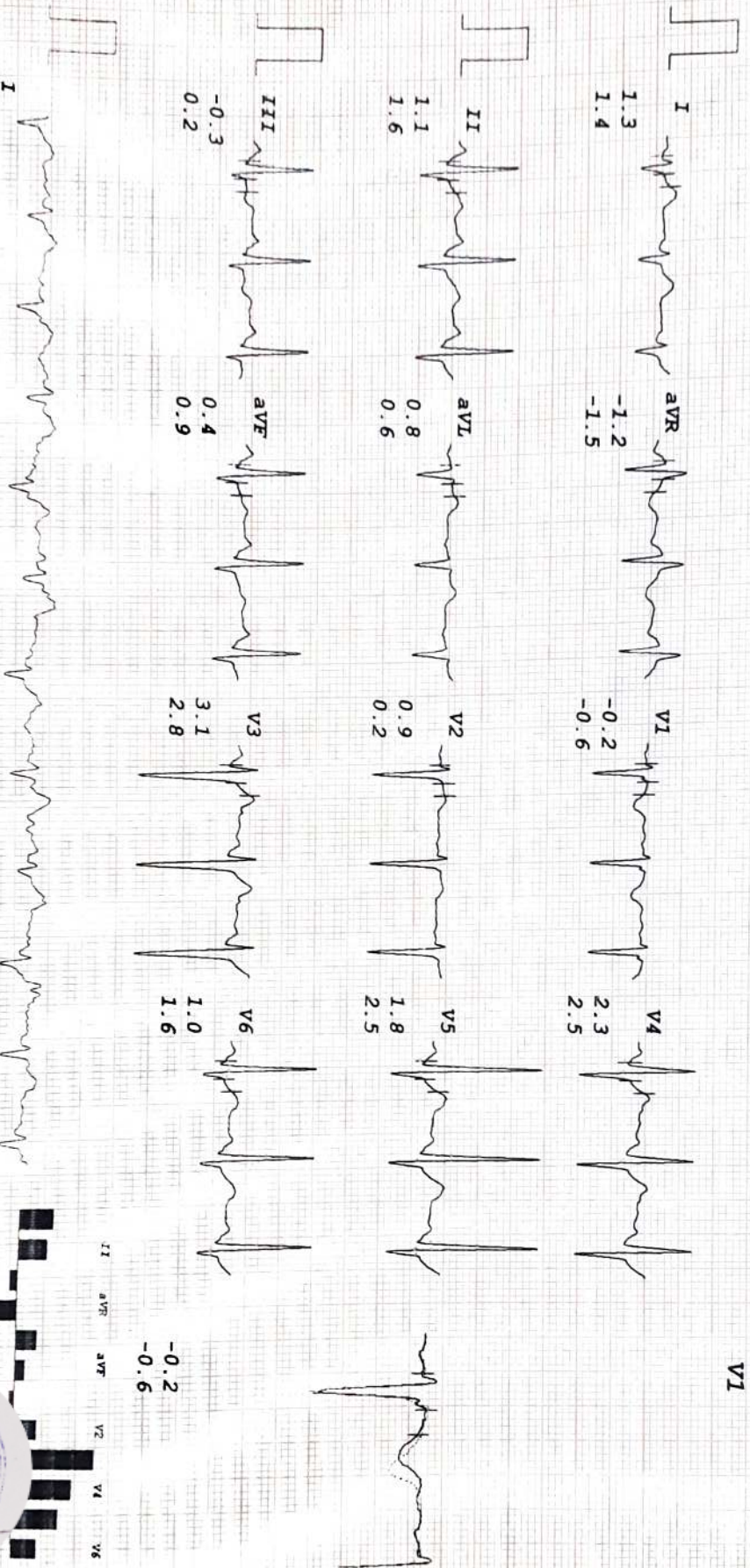
RATE 105bpm
B.P. 124/80

Bruce
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



V1

-0.2
-0.6

II III aVR aVF V2 V4 V6

I III aVL



ELITE DIAGNOSTIC

LALIT SINGH SIMAL
I. D. 181978
Age 25/M
Date 26/10/2024

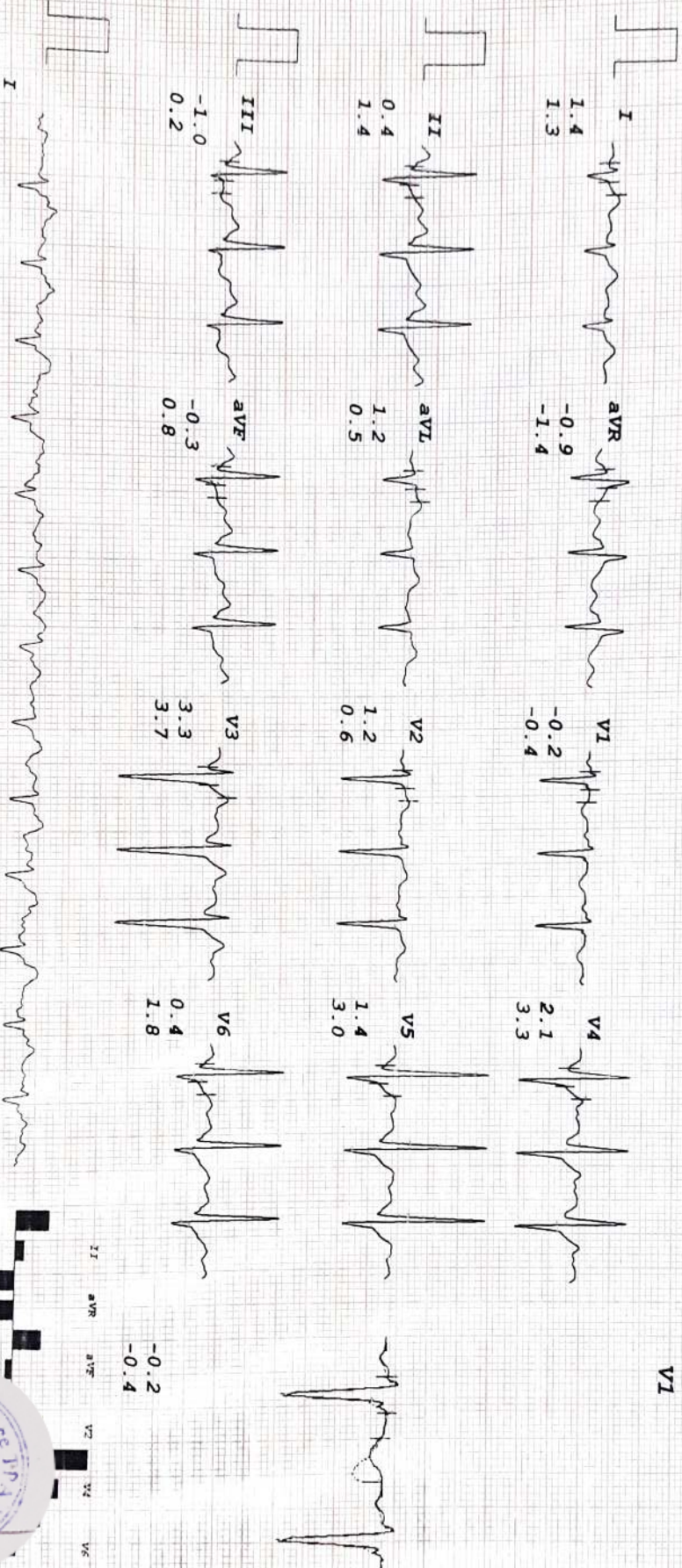
RATE 128bpm
B.P. 132/86

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



Rhythm: Filtered/135 Cycle(s) Base Corrected

UNI-EM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: em@electromedicals.net, Web: www.uni-em.com, TMC Ver. 17.0.4



ELITE DIAGNOSTIC

LALIT SINGH SILMAL
I.D. 181978
Age 25/M
Date 26/10/2024

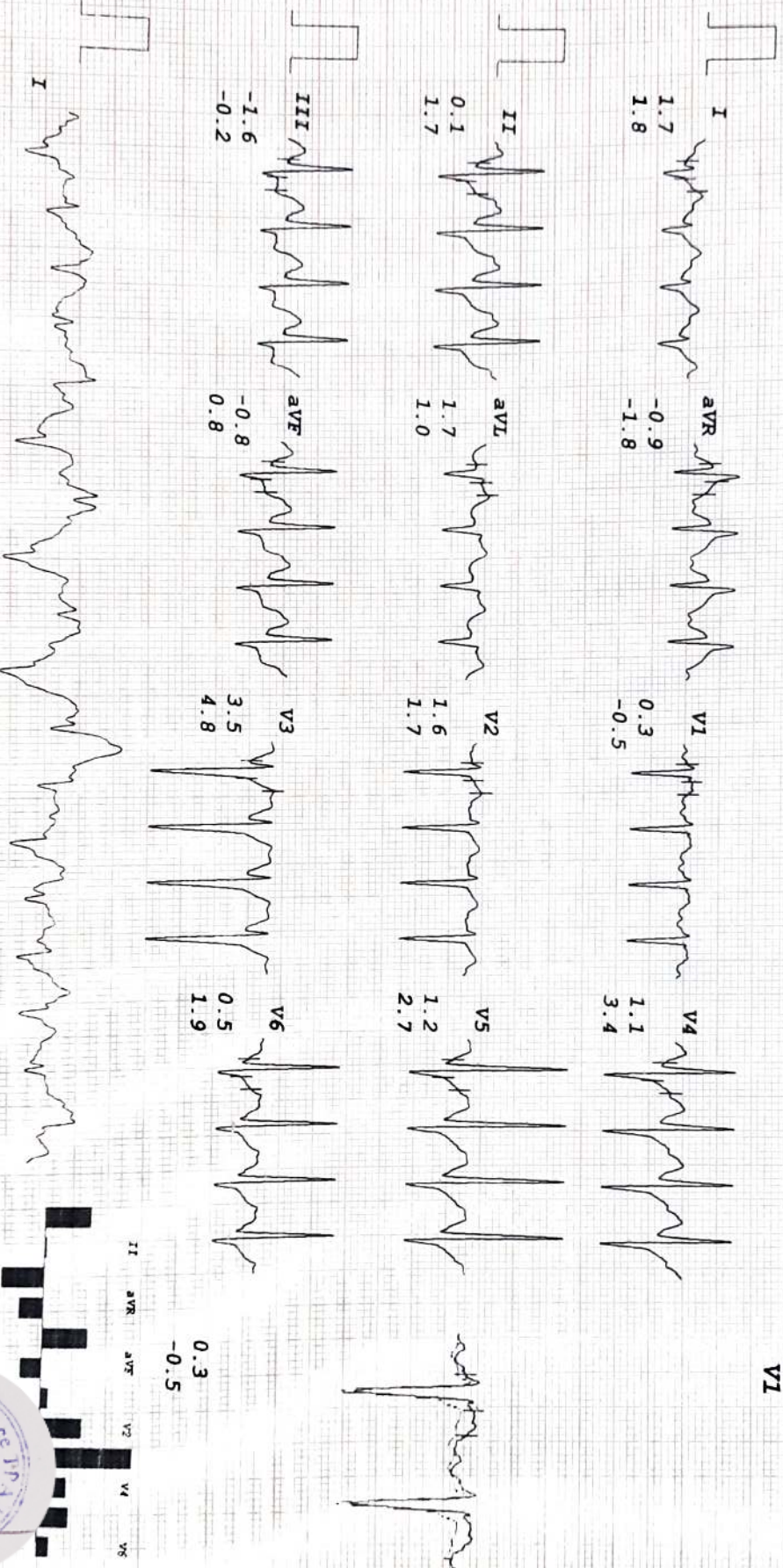
RATE 168bpm
B.P. 140/90

Bruce
PK-EXERCISE
TOTAL TIME 7:46
PHASE TIME 1:46

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

LINKED MEDIAN

Mag. X 2



Rhythm: Filtered (35) Cyclical Base Corrected

UNI-DM, Indore. Tel.: (91-731-4030035, Fax: (91-731-4031180), E-Mail: info@elitemedical.co.in, Web: www.uni-dm.com, TMR Ver: 17.0.4



LALIT SINGH SIRMAL

I.D. 181978

Age 25/M

Date 26/10/2024

ELITE DIAGNOSTIC

BRUCE

RECOVERY

TOTAL TIME 8:52

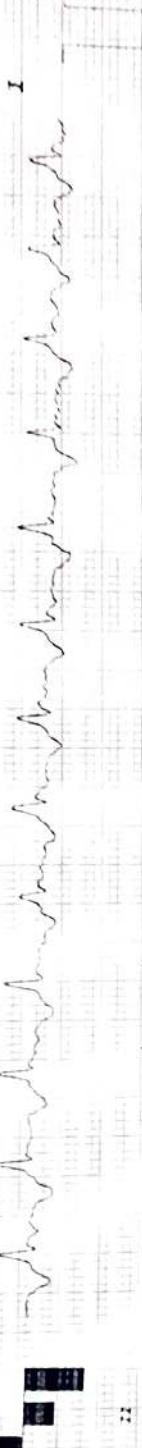
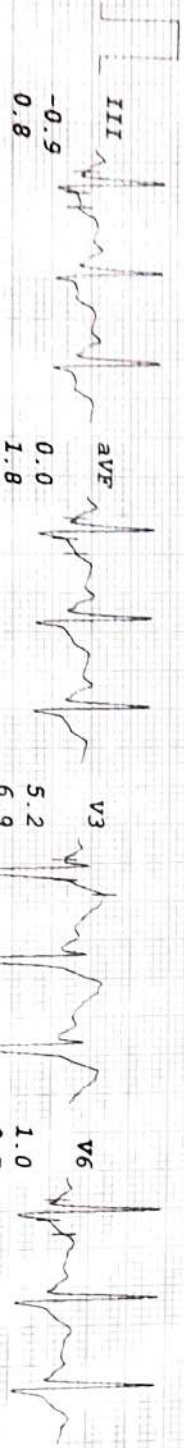
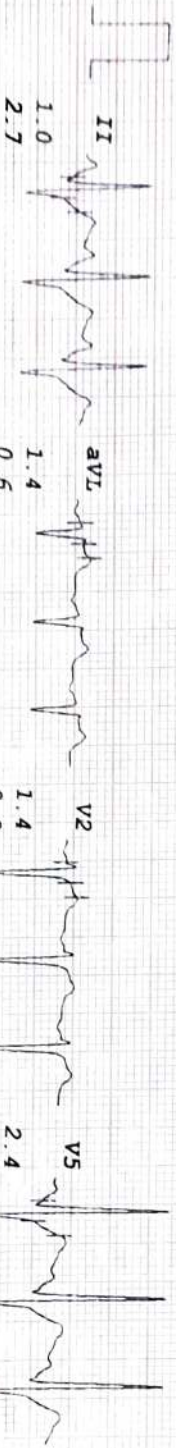
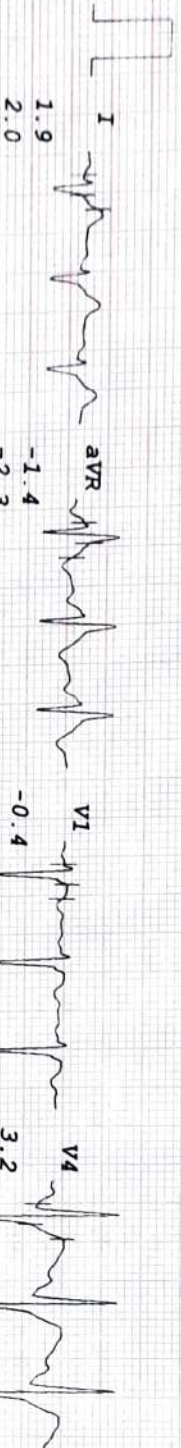
PHASE TIME 0:58

ST @ 10mm/mV
80ms Post J

LINKED MEDIAN

MAG. X 2

V1



LALIT SINGH SIMLAL

I. D. 181978

Age 25/M

Date 26/10/2024

ELITE DIAGNOSTIC

Brucce

RECOVERY

TOTAL TIME 10:49

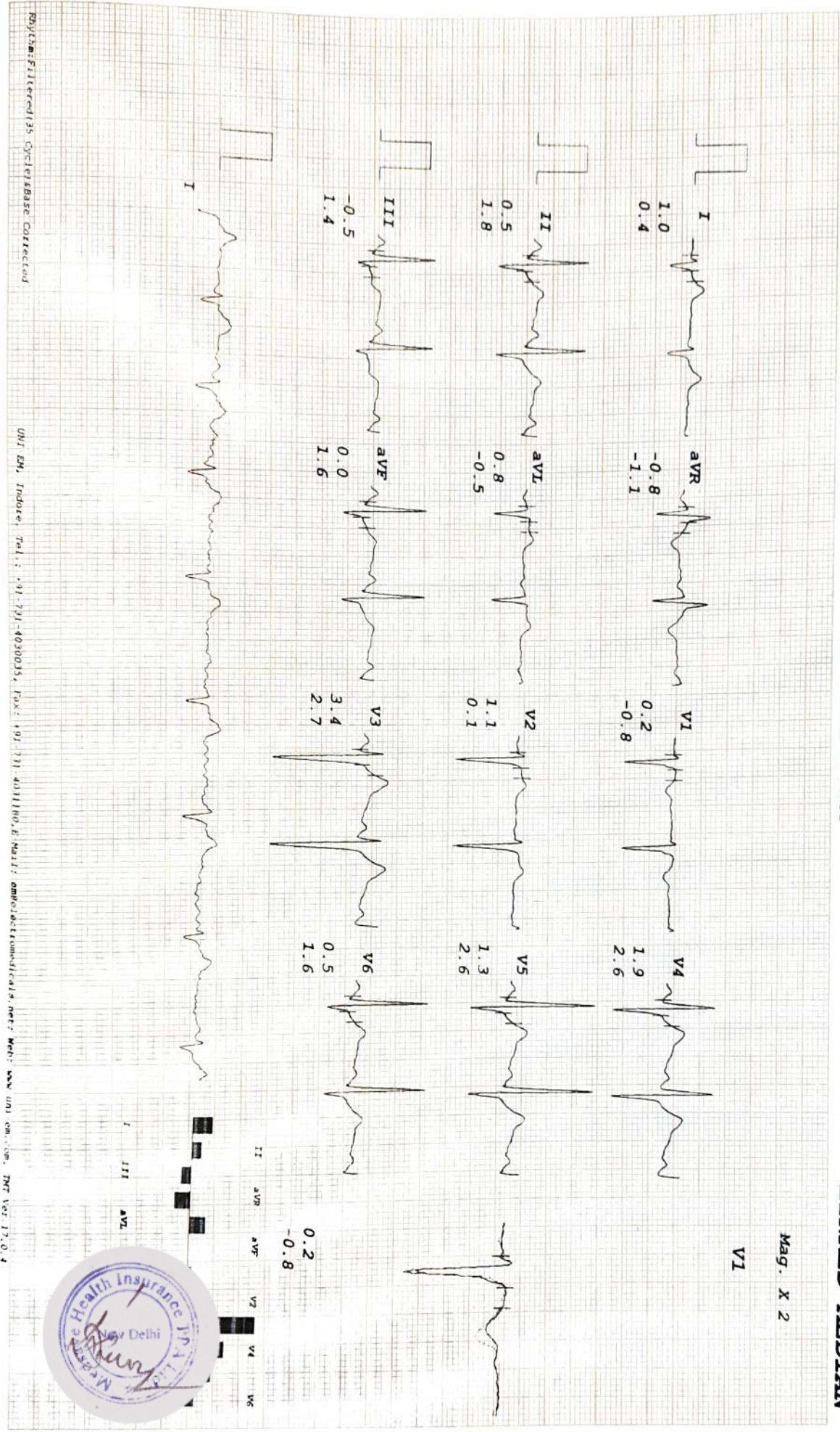
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

RATE 90bpm
B.P. 134/84

Mag. X 2



Right: Filtered/35 Cycle/8Base Corrected

UNI EM, Indore, Tel: +91-791-4030035, Fax: +91-791-401160, E-Mail: amb@delcomindia.net, Web: www.uni-em.com, TRF Ver 17.0.4



LALIT SINGH SIMLAL
 I.D. 181978
 Age 25/M
 Date 26/10/2024

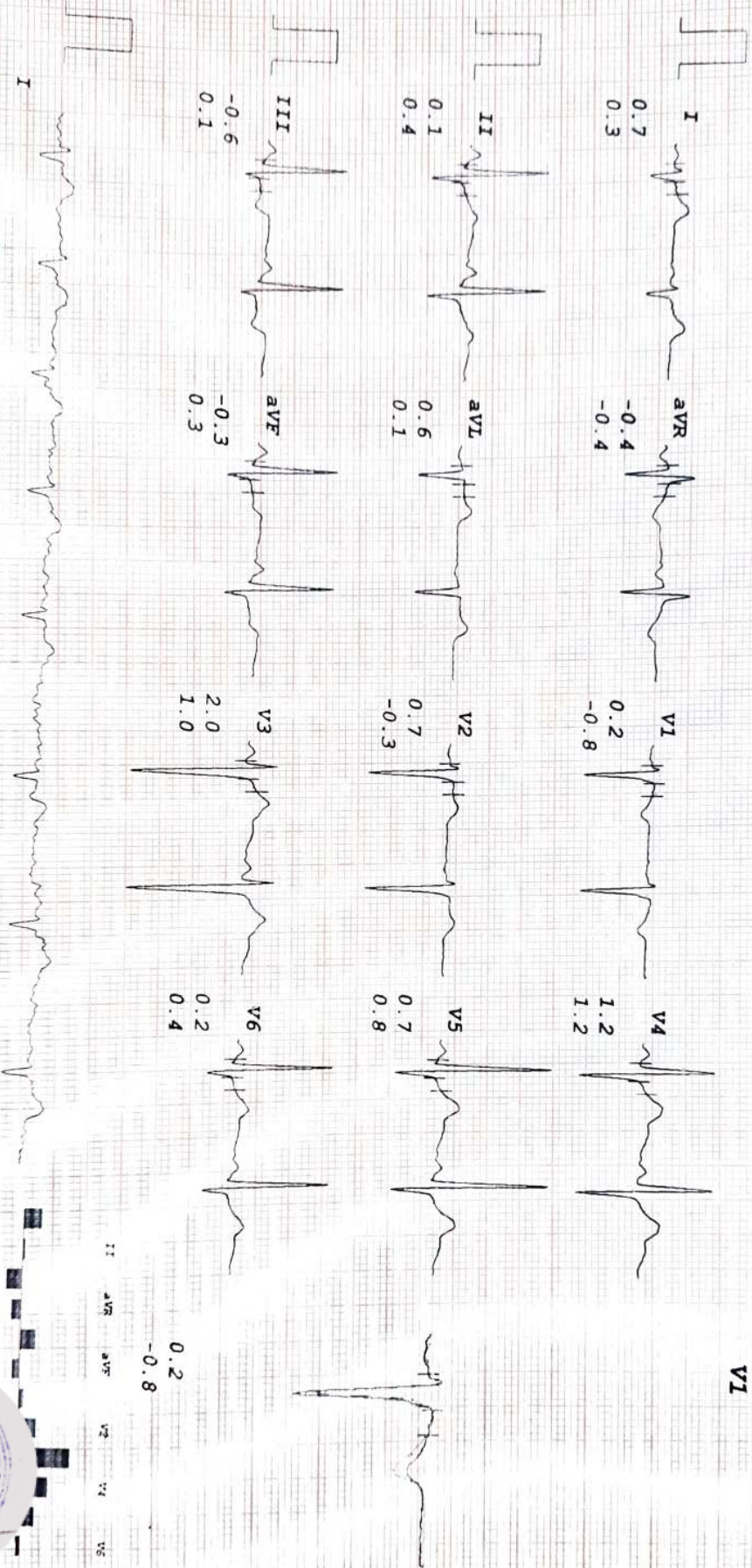
RATE 80bpm
 B.P. 126/78

ELITE DIAGNOSTIC

Bruce
 RECOVERY
 TOTAL TIME 13:49
 PHASE TIME 5:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN



Mag. X 2

V1

0.2
 -0.8

II aVR aVL V2 V4 V6

I III aVF



Rhythm: Filtered (35 Cycles/Base) Corrected

UNI - Bhi, Indore. Tel : 91-731-4030035, Fax: 91-731-4031180, E-Mail: omkesh@uniindia.com, uni@uniindia.com, INF-Vol-17.0.4



ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 3299
S. NO. : 109210
NAME : **MR. LALIT SINGH SILWAL** AGE/SEX - 25/M
REF. BY : LIC
Date : OCTOBER, 26, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.012

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.

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
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. : 3299
S. NO. : 109210
NAME : MR. LALIT SINGH SILWAL AGE/SEX - 25/M
REF. BY : LIC
Date : OCTOBER, 26, 2024

BIOCHEMISTRY-(SBT-13)

Test	Result	Units	Normal Range
Blood Sugar Fasting	92.11	mg/dl	70-115
S. Cholesterol	170.82	mg/dl	130-250
H.D.L. Cholesterol	56.15	mg/dl	35-90
L.D.L. Cholesterol	105.53	mg/dl	0-160
S. Triglycerides	123.45	mg/dl	35-160
S. Creatinine	0.78	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	14.18	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.3	gm%	6.00-8.5
AG/Ratio	1.28		0.5-3.2
Direct Bilirubin	0.02	mg/dl	0.00-0.3
Indirect Bilirubin	0.07	mg/dl	0.1-1.00
Total Bilirubin	0.09	mg/dl	0.1-1.3
S.G.O.T.	25.15	IU/L	00-42
S.G.P.T.	26.25	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	18.50	IU/L	00-60
S. Alk. Phosphatase	63.58	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
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. : 3299
S. NO. : 109210
NAME : MR. LALIT SINGH SILWAL AGE/SEX - 25/M
REF. BY : LIC
Date : OCTOBER, 26, 2024

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.50	%

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
- 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

Email - elitediagnostic4@gmail.com

PROP. NO. : 3299
S. NO. : 109210
NAME : MR. LALIT SINGH SILWAL AGE/SEX - 25/M
REF. BY : LIC
Date : OCTOBER, 26, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.52	gm/dl	12-18
Red Blood Cell [RBC]	5.45	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	44.70	%	37-54
Mean Cell Value [MCV]	91.60		76-96
Mean Cell Hemoglobin [MCH]	29.40	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	31.18	%	30-35
Total Leucocytes Count [TLC]	8,100	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	51	%	40-75
Lymphocytes	42	%	20-45
Eosinophils	03	%	02-10
Monocytes	04	%	01-06
Basophills	00	%	00-01
Platelet count	2.25	LACKS	1.5-4.5
E S R (Wintrob's method)	10	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

2091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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. : 3299
S. NO. : 109210
NAME : **MR. LALIT SINGH SILWAL** **AGE/SEX - 25/M**
REF. BY : LIC
Date : OCTOBER, 26, 2024

Cotinine

Test	Result
Cotinine	NEGATIVE

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.

DR. T.K. MATHUR

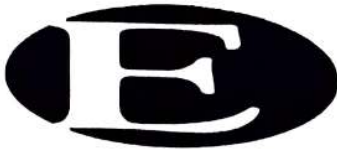
M.B.B.S. MD (PATH)

REGD.NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570
Do not use for 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

Email – elitediagnostic4@gmail.com

PROP. NO. : 3299
S. NO. : 109210
NAME : **MR. LALIT SINGH SILWAL** AGE/SEX - 25/M
REF. BY : LIC
Date : OCTOBER, 26, 2024

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

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.





भारत सरकार
Government of India



Download Date: 27/07/2020



ललित सिंह सिलवाल
Lalit Singh Silwal
जन्म तिथि/DOB: 25/10/1999
पुरुष/ MALE

Issue Date: 04/07/2020



9027 8335 3722

VID : 9102 1193 9969 9974

मेरा **आधार**, मेरी पहचान



 GPS Map Camera

Delhi, Delhi, India
11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar,
Karol Bagh, Delhi, 110005, India
Lat 28.648769° Long 77.18254°
26/10/24 11:06 AM GMT +05:30

