

Date: 03/11/2024

To,
LIC of India
Branch Office


Proposal No. 4771

Name of the Life to be assured SIDDHANT PANDU

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


DR. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Name:

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



(Signature of the Life to be assured)

Name of life to be assured:

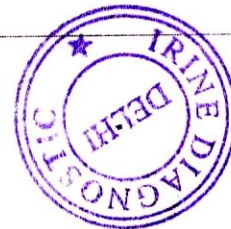
Reports Enclosed:

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

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of med save TPA Services PVT LTD
Authorized Signature,





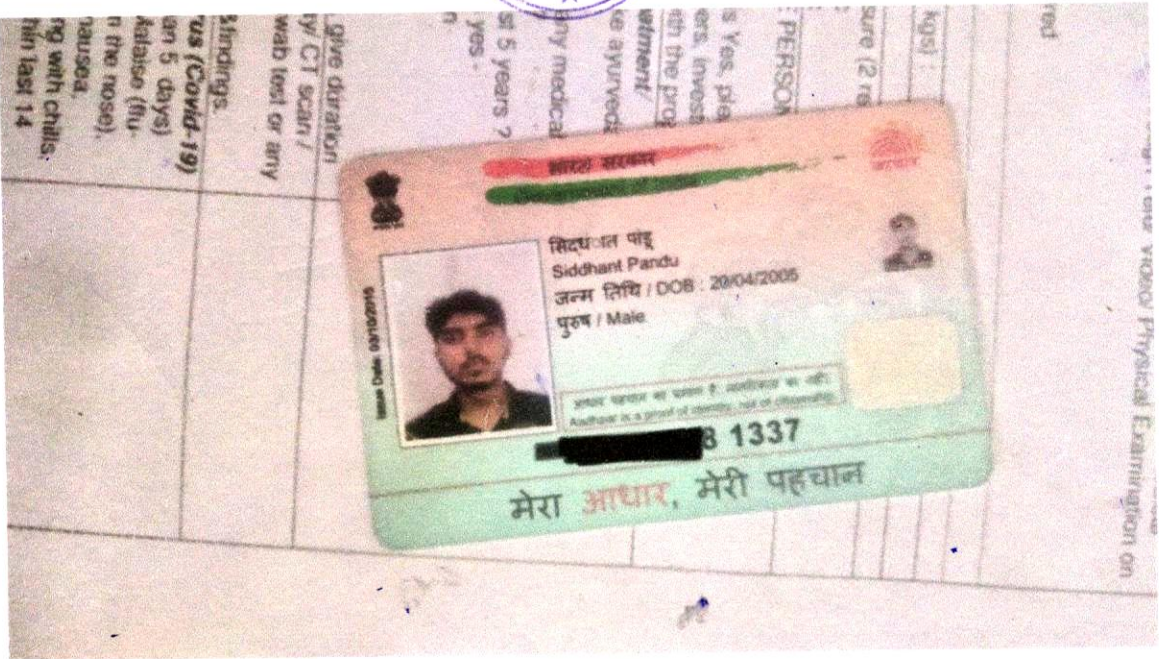
Block 1-4, Block D, East Kidwai Nagar, Kidwai Nagar, New Delhi,
Delhi 110023, India

Latitude
28.5725563°
Local 12:03:32 PM
GMT 06:33:32 AM

Longitude
77.2108938°
Altitude 215 meters
Sunday, 03.11.2024



Dr. RAINAKHAN
MBBS, DMRD
Reg. No. 25508



irine diagnostic

healthpartner

S. No. : 04/NOV/02
Name : MR SIDDHANT PANDU
Ref. by : LIFE INSURANCE CORPORATION
Date : 03-11-2024
AGE : 19Years
SEX : MALE

B I O C H E M I S T R Y

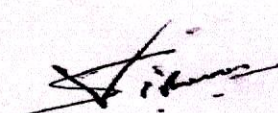
Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	78	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.63	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.42	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.21	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.8	mg/dl.	(6.0-8.3)
ALBUMIN	4.5	mg/dl.	(3.5-5.0)
GLOBULIN	2.3	mg/dl.	(2.3-3.5)
A/G RATIO	1.95		(1.0-3.0)
S.G.O.T. (AST)	28	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	25	IU/L	(5.0-40.0)
GAMMA GT	22	U/L	(9-45)
ALKALINE PHOSPHATASE	135	U/L	(80-200)
URIC ACID	5.8	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	175	mg/dl.	(150-200)
HDL CHOLESTEROL	45	mg/dl.	(30-63)
S. TRIGLYCERIDES	138	mg/dl.	(60-160)
LDL	111	mg/dl.	(UPTO-150)
VLDL	39	mg/dl.	(23-45)
SERUM CREATININE	0.70	mg%	(0.6-1.2)
BUN	11	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

KALKAJI DELHI :- 110019




DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist



irine diagnostic

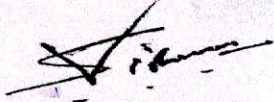
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Date : 03-11-2024

H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	14.9	gm%	12-16




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S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

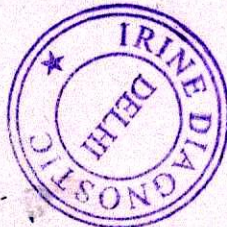
Result : "Non-Reactive"

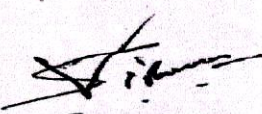
Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen {HbsAg}

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"




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AGE : 19Years
SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.015

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-3/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL



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LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 4771

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

Full Name of Life to be assured: SIDDHANT PANDU

Age/Sex : 19 Y 5 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 DEEN on the day of 03/11/2024 2023

Signature of L.A.

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Signature of the Cardiologist
Name & Address
Qualification Code No.



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
180	75.6	122/78	74/4

(B) Cardiovascular System

Rest ECG Report:

Position	Supine	P Wave	Ⓟ
Standardisation Imv	Ⓟ	PR Interval	Ⓟ
Mechanism	Ⓟ	QRS Complexes	Ⓟ
Voltage	Ⓟ	Q-T Duration	Ⓟ
Electrical Axis	Ⓟ	S-T Segment	Ⓟ
Auricular Rate	74/4	T-wave	Ⓟ
Ventricular Rate	74/4	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any.	MI		

Conclusion: ECG - WNL

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Dated at DEVI on the day of 03/11/2024 200

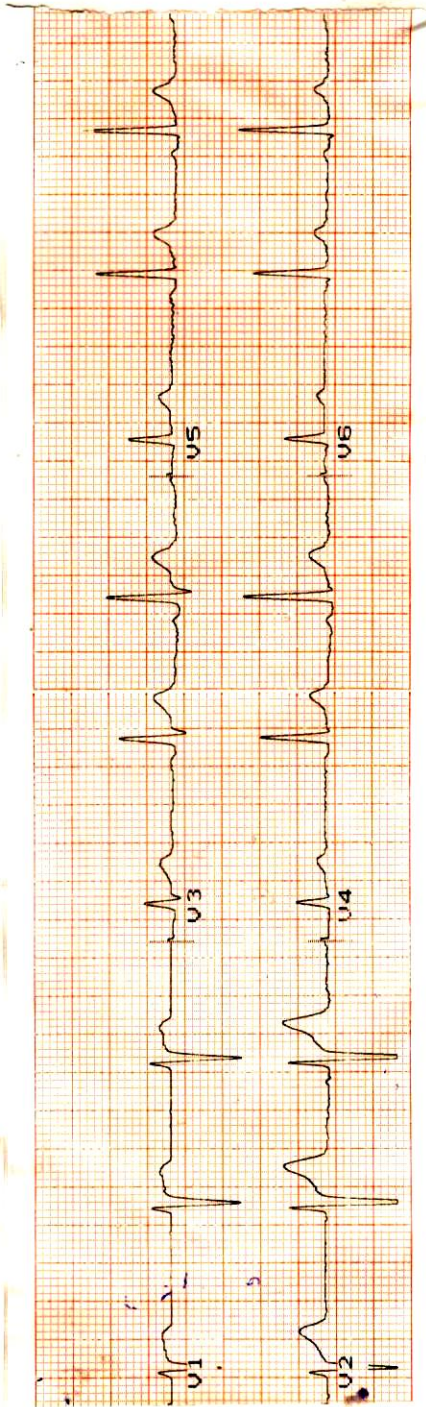
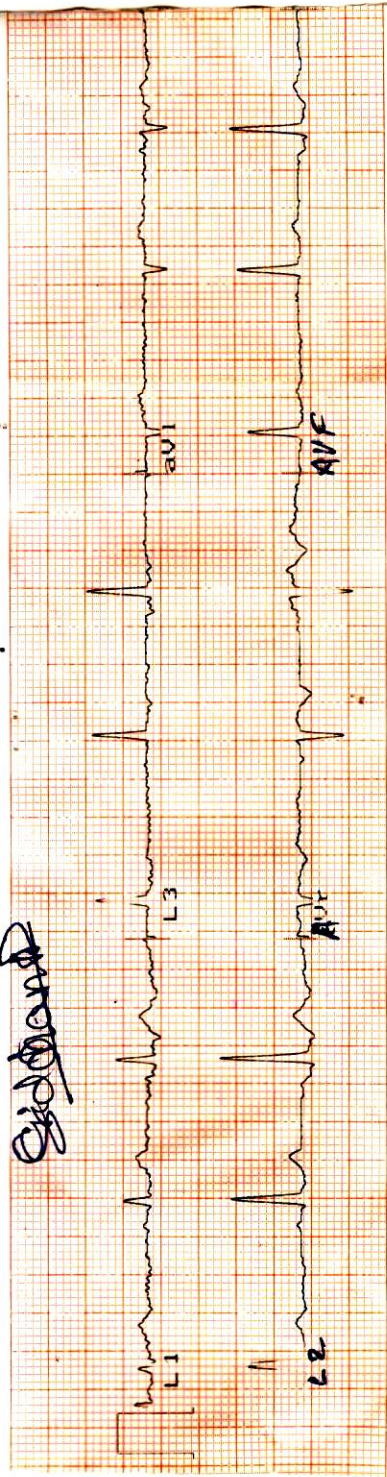


Signature of the Cardiologist
Name & Address
Qualification
Code No.





Siddhant



SIDDHANT PANDU

AGE - 19/10/17

ECC - WNL

DATE - 03/11/2024



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