

10:42

981 50 111 111



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



नाम / Name  
NARAYANI DEVI

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

HKEPD2165J



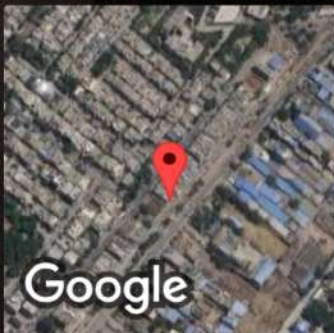
पिता का नाम / Father's Name  
CHHOGA GURJAR

जन्म की तारीख /  
Date of Birth  
01/12/1969

PAN Application Digitally Signed, Certified  
Valid unless Physically Signed

CS Scanned with CamScanner

GPS Map Camera



Gurugram, Haryana, India

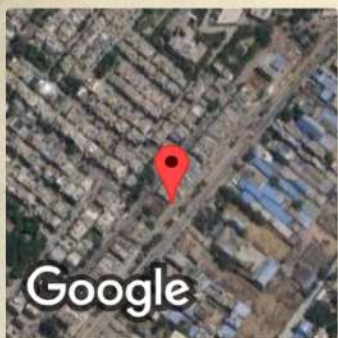
77, Market Of Sector 10a, Sector 10a, Gurugram, Haryana  
122001, India

Lat 28.441476° Long 77.008229°

15/02/2025 10:42 AM GMT +05:30



 **GPS Map Camera**



**Gurugram, Haryana, India**

77, Market Of Sector 10a, Sector 10a, Gurugram, Haryana  
122001, India

Lat 28.441444° Long 77.008204°

15/02/2025 10:44 AM GMT +05:30

Dear **Metagen Healthcare**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : NARAYANI DEVI

Proposal No : 5649

Branch Code : 12M

Contact Details : 9818659214

Location : 73, Sector 10 A, SBI Bank, Gurgaon - 122001

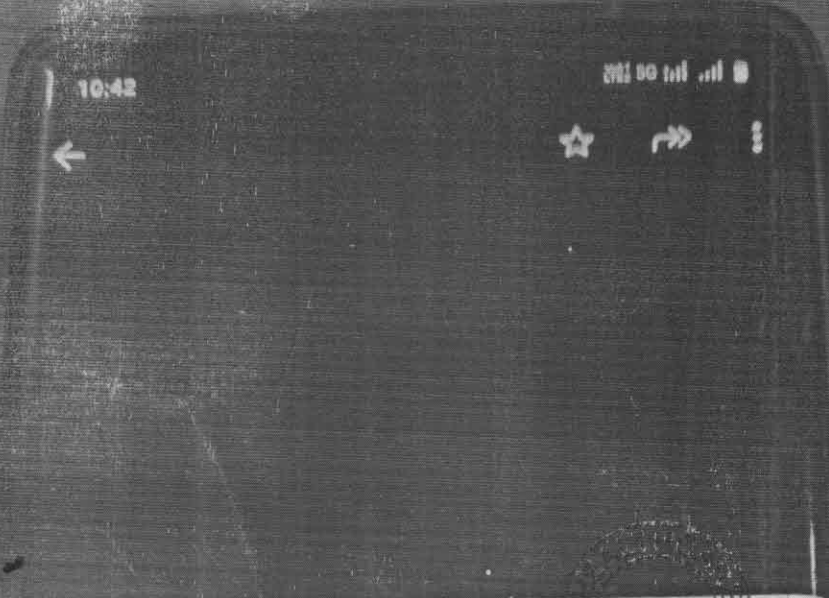
Appointment Date : 15-02-2025



Member Information		
Booked Member Name	Age	Gender
NARAYANI DEVI	55 year	F

**Included Test -**

- Urine Analysis
  - Hb%
  - SBT-13 with Elisa Method HIV test
  - ECG
  - Physical Medical Examination Report (PMER)
- Rs. 15,00,001 to Rs. 24,99,999



आयकर विभाग  
INCOME TAX DEPARTMENT

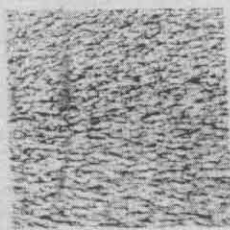


भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

HKEPD2165J



नाम / Name  
NARAYANI DEVI

Handwritten signature

पिता का नाम / Father's Name  
CHHOGA GURJAR

जन्म की तारीख /  
Date of Birth  
01/12/1969

DR. RAVINDRA  
MD (Med), FCCP  
No. 1205/12587

PAN Application Digital Signat. Card No.  
Valid until: 31/03/2025



Gurugram, Haryana, India  
77, Market Of Sector 10a, Sector 10a, Gurugram, Haryana  
122001, India  
Lat 28.441476° Long 77.008229°  
15/02/2025 10:42 AM GMT +05:30

GPS Map Camera

NARAYANI DEO

C/L



Dr. RAVINDRA  
MD (Med) FCCP  
Reg. No. 4805/12587



Handwritten signature or initials in the bottom left corner of the photo area.



GPS Map Camera

Gurugram, Haryana, India  
77, Market Of Sector 10a, Sector 10a, Gurugram, Haryana  
122001, India  
Lat 28.441444° Long 77.008204°  
15/02/2025 10:44 AM GMT +05:30

To,  
LIC of India  
Branch Office 12M

Date: 15/02/2025

Proposal No. 5649

Name of the Life to be assured NARAYANI DEVI

The Life to be assured was identified on the basis of PAN CARD

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. RAVINDRA  
MD (Med) FCCP  
Signature of the Pathologist/Doctor  
Reg. No. 9885/2007



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]  
(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	No
COMPUTERISED TREADMILL TEST	No	IDENTIFICATION & DECLARATION FORMAT	No
HAEMOGRAM	No	MEDICAL EXAMINER'S REPORT	Yes
LIPIDOGRAM	No	BST (Blood Sugar Test-Fasting & PP) Both	No
BLOOD SUGAR TOLERANCE REPORT	No	FBS (Fasting Blood Sugar)	No
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	Yes	PGBS (Post Glucose Blood Sugar)	No
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	No
REPORT ON X-RAY OF CHEST (P.A. VIEW)	No	Hb%	Yes
ELISA FOR HIV	No	Other Test	No

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



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

भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

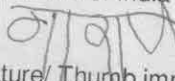
Branch Code: 12M  
Proposal/ Policy No: 5649  
MSP name/code :  
Date & Time of Examination: 15/02/2025, 10:42 AM  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9818659214  
Identity Proof verified: PAN CARD ID Proof No. AKGPD2165J  
( 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 Ravindra (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: NARAYANI DEVI  
2 Date of Birth: 01/12/1969 Age: 55 Gender: F  
3 Height (In cms): 154 Weight ( in kgs ) : 60

4 Required only in case of Physical MER  
Pulse : 76/min Regular Blood Pressure (2 readings):  
1. Systolic 132 Diastolic 82  
2. Systolic 132 Diastolic 82

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 a. Whether receiving or ever received any **treatment/medication** including alternate medicine like ayurveda, homeopathy etc ? No  
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident? No  
c. Whether visited the doctor any time in the last 5 years ? No  
If answer to any of the questions 5(a) to (c) ) is yes -  
i. Date of surgery/accident/injury/hospitalisation No  
ii. Nature and cause No  
iii. Name of Medicine No  
iv. Degree of impairment if any No  
v. Whether unconscious due to accident, if yes, give duration

6 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 **diagnostic tests**? No  
Please specify date , reason ,advised by whom & findings.

7 Suffering or ever suffered from **Novel Coronavirus (Covid-19)** or experienced any of the symptoms (for more than 5 .days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (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.  
If yes provide all investigation and treatment reports

8	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? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	- No - No - No - No - No
9	a. Any history of chest pain, <b>heartattack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	- No - No - No - 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	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	- No - 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.	No
ii	Suffering from any pregnancy related complications	No
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	Healthy
-------------------------------------------------------------------------------------------------------------------------	---------

Declaration

You Mr/Ms NARAYANI DEVI 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 15 day of 02 2025 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. RAVINDRA**  
MD (Med), FCCP  
Reg. No. 4805/12587

Signature of Medical Examiner  
Name & Code No:

Place: G4N  
Date: 15/02/25  
Stamp:



INSURANCE CORPORATION OF INDIA

**ELECTROCARDIOGRAM**

Proposal No.: **5649**

Branch: **12M**

Full Name of Life to be assured: **NARAYANI DEVI**

Age/ Sex: **55/F**

**Instructions 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

*[Signature]*  
**Signature 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.

Clinical findings  
(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
164	60	132/82	76/min Regular

(B) Cardiovascular System **NAD**

Rest ECG Report:

Position	<b>Normal</b>	P Wave	<b>N</b>
Standardisation Imv	<b>N</b>	PR Interval	<b>N</b>
Mechanism	<b>N</b>	QRS Complexes	<b>N</b>
Voltage	<b>N</b>	Q-T Duration	<b>N</b>
Electrical Axis	<b>N</b>	S-T Segment	<b>N</b>
Auricular Rate	<b>76/min</b>	T-wave	<b>N</b>
Ventricular Rate	<b>76/min</b>	Q-Wave	<b>N</b>
Rhythm	<b>Regular</b>		
Additional findings, if any.	<b>No</b>		

Dated at **CCW** on the **15** day of **02** 20 **25** at **10:42** a.m./p.m.

Conclusion:

**TWNL**

**Dr. RAVINDRA**

Signature & Seal of the Cardiologist  
Name & Address: Qualification:  
**MD (Med) FCCP**  
**PRO No. 4805/12587**





Name : Ms. Narayani Devi	Panel : LIC
Age : 55 Yrs 2 Mon 17 Days	TPA : MEDSAVE
Sex : Female	Received Date : 15/02/2025
Patient ID : 14241366	Report Date : 15/02/2025

Test Name	Results	Units	Reference Range
SBT 13			
Blood Glucose Fasting	93.0	mg/dL	70.0 - 110.0
Total Cholesterol	181.0	mg/dL	<200.0
HDL Cholesterol	45.3	mg/dL	36.0 - 70.0
LDL Cholesterol	117.3	mg/dL	60.0 - 120.0
Serum Triglycerides	92.0	mg/dL	40.0 - 160.0
Serum Creatinine	0.86	mg/dL	0.60 - 1.30
Blood Urea Nitrogen	13.4	mg/dL	7.0 - 18.0
Serum Protein	7.53	g/dL	6.00 - 8.30
Serum Albumin	4.41	g/dL	3.50 - 5.00
Serum Globulin	3.12	g/dL	2.00 - 3.50
A:G Ratio	1.41		0.90 - 2.00
Serum Bilirubin (Total)	0.56	mg/dL	0.30 - 2.00
Serum Bilirubin (Direct)	0.15	mg/dL	0.00 - 0.25
Serum Bilirubin (indirect)	0.41	mg/dL	0.10 - 1.00
SGOT (AST)	27.0	IU/L	0.0 - 37.0
SGPT (ALT)	36.0	IU/L	0.0 - 45.0
Gamma Glutamyl Transferase (GGT)	43.1	IU/L	10.0 - 65.0
Serum Alkaline Phosphatase (ALP)	86.0	IU/L	53.0 - 128.0
Hepatitis B Surface Antigen (HBsAg)	Negative		Negative
HIV I & II ELISA	NON-REACTIVE		NON-REACTIVE
<b>HAEMATOLOGY</b>			
Haemoglobin	13.4	g/dL	12.0 - 15.0

### URINE EXAMINATION ROUTINE

#### PHYSICAL EXAMINATION

Colour	Pale yellow	
Appearance	Clear	
PH	6.5	
Specific Gravity	1.010	1.005 - 1.030

#### CHEMICAL EXAMINATION

Urine Protein	Nil	Nil
Urine Glucose	Nil	Nil
Ketone	Nil	Nil
Nitrite	Nil	Nil
Bile Pigments	Nil	Nil
Bile Salt	Nil	Nil



Dr. Gandhi Kranti Deepak  
 MD Pathology  
 Reg. No. 16318  
 MD. Pathology



Name : Ms. Narayani Devi	Panel : LIC
Age : 55 Yrs 2 Mon 17 Days	TPA : MEDSAVE
Sex : Female	Received Date : 15/02/2025
Patient ID : 14241366	Report Date : 15/02/2025

Test Name	Results	Units	Reference Range
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**MICROSCOPIC EXAMINATION**

Pus Cells	0-1	/HPF	0-3
Epithelial Cells	1-2	/HPF	0-3
RBCs	Nil	/HPF	Nil
Casts	Nil	/LPF	Nil
Crystals	Nil		Nil
Bacteria	Nil		Nil

----- End of Report -----



Dr. Gandhi Kranti Deepak  
MD Pathology  
Reg. No. 16318  
MD. Pathology

# METAGEN HEALTHCARE

73 SEC. 10 A GURGAON

Ms. NARAYANI DEVI  
 Age : 55/F  
 Ref. by : LIC

ID : 1930  
 Ht/Wt : /

Recorded : 15-2-2025 10:56

Medication 1 :  
 Medication 2 :  
 Medication 3 :

COMMENTS : Normal ECG.

BPM : 76

P duration : 93 msec  
 PR duration : 160 msec  
 QRS duration : 103 msec  
 QT interval : 333 msec  
 QTc interval : 361 msec

Raw E.C.G.

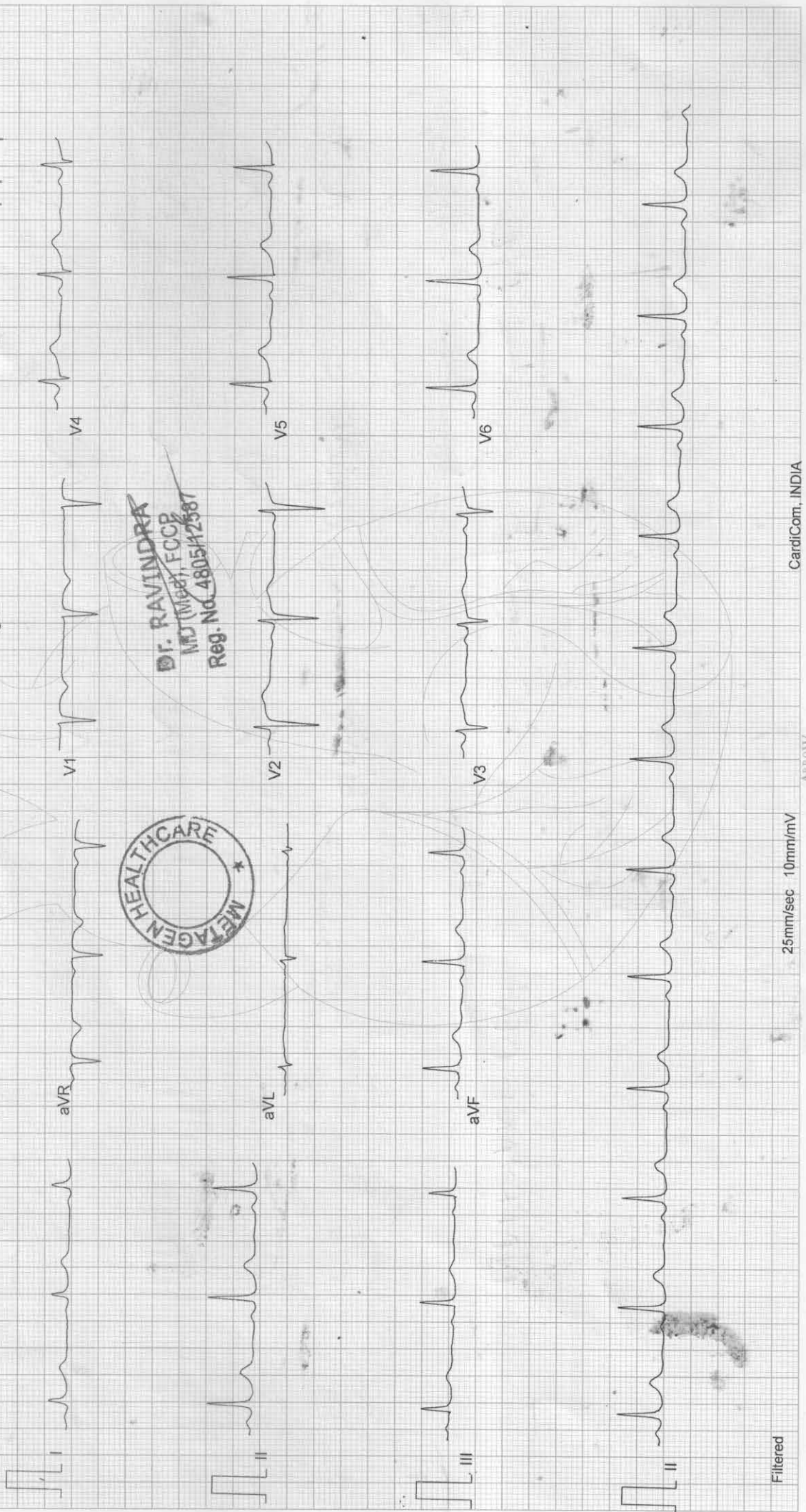
Unconfirmed Report Reviewed By:

Cardiologist



**DR. RAVINDRA**  
 MD (Med), FCCP  
 Reg. No. 480542587

*[Handwritten signature]*



Filtered

25mm/sec 10mm/mV

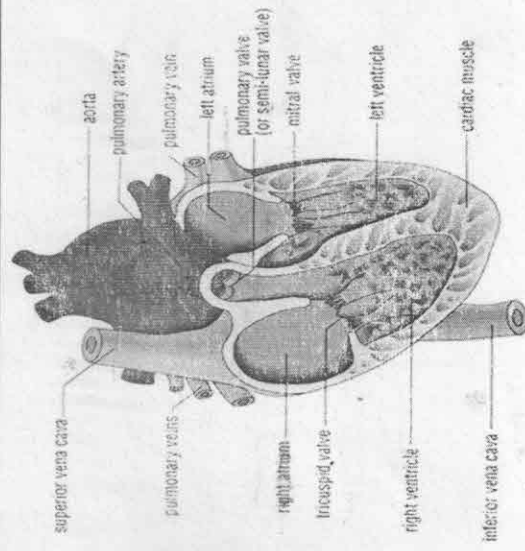
ARROW

CardiCom, INDIA

# METAGEN HEALTHCARE

## ELECTROCARDIOGRAM

Name NARAYANI DEVI Age & sex 55/F Company Cic



**ECG FINDINGS:**

Rate 76/min Rhythm Regulary Mechanism N  
 Axis N P Wave N PR Interval N  
 QRS Complex N QT Interval N Q Wave N  
 ST Segment N T Wave N

*June*

**Conclusion**

Date 15/02/2025

**Dr. RAJENDRA**  
 MD (Med), ECGP  
 Reg. No. 480512587

Doctors Signature

