

Date 21/11/24

To
LIC of India,
Branch Office
350

Proposal No. 5540

Name of the Life to be assured Ravikant Verma

The Life to be assured was identified on the basis of Adhar 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.

Name, Signature DR. ARUN MAITY
MD (PATHOLOGIST)
MCI Reg. No. 8836
Doctor / Pathologist / Cardiac/Radiologist and Health provider

The examination / tests were done with my consent.

Ravikant

(Signature of the Life to be assured)

Name: Ravi Kant

Reports enclosed:

- Vmex
- Hb/c
- RUA
- SBT13

- Hb lipid
- ECG
- VRNCT
-

Rubber Stamp of TPA

DR. ARUN MAITY
MD (PATHOLOGIST)
MCI Reg. No. 8836



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO CHEMICAL TESTS-13 (SBT-13)

Full Name of life to be assured Ravikant Verma

PROPOSAL NO- 5540 Age 38 Sex - MALE

Zone Division Branch

No.	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar (Method	83	70-110 MG/DL
2	Total Cholesterol	170.2	UP TO 200 MG/DL
	High Density Lipid (HDL)	46.2	30-70 MG/DL
	Low Density Lipid (LDL)	82.76	UP TO 130 MG/DL
3	S. Triglycerides	135.2	UP TO 160 MG/DL
	S. Creatinine	0.53	0.5-1.5 MG/DL
5	Blood Urea Nitrogen (BUN)	18.2	10-40 MG/DL
6	S. Proteins	6.86	6.7-8.7 MG/DL
	(a) Albumin	3.73	3.7-5.3 MG/DL
	(b) Globulin	3.13	2.3-3.6 MG/DL
	AG Ratio	1.2	1.5-2.0
7	S. Billrubin		
	(a) Direct	0.25	0.2-0.4 MG/DL
	(b) Indirect	0.32	0.1-1.0 MG/DL
	Total	0.57	0.2-1.2 MG/DL
8	SGOT (AST)	18.3	UP TO 40 IU/L
9	SGPT (ALT)	20.1	5 TO 40 IU/L
10	GGTP (GGT)	15	3.0-28.7IU/L
11	S. Alkalin phosphatase	74	37-147 IU/L
12	HbsAg (Australia antigen)	Negative	
13	for HIV(Method -----ELISA-----)	Negative	

Dated BHOPAL on the 21 day of 11 20 24 at 09:31 am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address



Arun Maity
DR. ARUN MAITY
 MD (PATHOLOGIST)
 MGI Reg. No. 18836

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL MEDICAL REPORT
HAEMOGRAM

Full Name of life to be assured

Age Sex

PROPOSAL NO Division Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count		4.5-6.5 million/cmm
2	Hb%	14.3	12-17 GMS%
3	Hematocrit		40-70%
4	Indices		
	(a) MCV (Mean Corpuscular Volume)		70-100fl
	(b) MCH (Mean Corpuscular Hb)		27.0-37.0 pg
	(c) MCHC (Mean Corpuscular Hb Concentration)		32-37 g/dl
5	Morphology	Nil	
	Macrocytes	Nil	
	Microcytes	Nil	
	Hypochromia:	Nil	
	Poikilocytosis:	Nil	
	Anisocytosis:	Nil	
6	Target Cell -	Nil	
	Spherocytes:	Nil	
	Eliptocyres :	Nil	
7	White Blood Cells		
	Total Count :		4000-11000/ microliter
	Differential Counts		
	a) Neutrophils:		45-75%
	b) Lymphocytes		20-45%
	c) Eosinophils		1-6%
	d) Monocytes:		1-10%
	e) Basophils :		0.0-1.0%
8	Platelets:		1,50000-4,50000 lac.
9	Erythrocytes Sedimentation rate :		
	(WINTRIOBE)Method		0-10 MM/HR

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at on the day of 20 at am/pm



Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

(Signature)
MD (PATHOLOGIST)
MGI Reg. No. : 8836

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOF
LIFE INSURANCE CORPORATION OF INDIA

EXAMINATION OF HBA1C

Full Name of life to be assured

DATE-21-1124 Age Sex

Zone Division Bran

Proposal No. Agent/ D

EXAMINATION OF BLOOD

Glycosylated Hemoglobin (HbA1c)----- 4.50%

Reference value
Below 6.0%-Non Diabetic control
6-7%-Excellent control
7-8%-Fair control
Above 8% poor control

Signature of the Pathologist:
Pathologist Name:
Qualification : DR. ARUN K. SINGH MD (PATHOLOGIST) MGI Reg. No. : 8836
Address



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016
LIFE INSURANCE CORPORATION OF INDIA
URINE COTININE EXAMINATION

Full Name of life to be assured

DATE-21-11-2024 Age Sex

Zone Division Branch

Proposal No. Agent/ D.O. Cord

URINE COTININE EXAMINATION

INVESTIGATION	RESULTS	NORMAL RANGE
URINE COTININE	NEGATIVE	BY CARD METHOD

Immunochromatographic assay for Qualitative detection of cotinine in urine. A positive result indicates only that the presence of cotinine is above cut off concentration. It doesn't indicate or measure level of consumption. It is possible that technical procedure as well as other interfering substances in the specimen may cause erroneous results.

Interpretation of result:

Negative -Urine cotinine level below 200 ng/ml

Positive - Urine cotinine level above 200 ng/ml



DR. ARUN K. TRIPATHY
MD (PATHOLOGIST)
MGI Reg. No. : 8836

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal
ROUTINE URINE ANALYSIS

Full Name of life to be assured Ravikant Verma

PROPOSAL NO- 5540 Age 38 Sex male

Division Bhopal Branch

1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii) Sediment	Absent
(ii) Transparency	CLEAR	(iv) Reaction	Alkaline

2 CHEMICAL EXAMINATION

(i) Protein	Absent	(ii) Sugar	Absent
(iii) Bile Salt	Absent	(iv) Bile Pigments	Absent

3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii) Equithelial Cel	2-4/HPF
(iii) Crystal	Absent	(iv) Pus Cells	1-2/HPF
(v) Casts	Absent	(vi) Deposits	Absent

(Bacterias --Absent)

REMARKS :

If Pus cells are present GRAM STA in is necessary.

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at Bhopal on the 21 day of 11 20 24 at 09:31 am/pm



Signature of the Pathologist: Arun Maity
 Pathologist Name: **DR. ARUN MAITY**
 Qualification : **MD (PATHOLOGIST)**
 Address **MGI Reg. No. : 8836**

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal
ELECTROCARDIOGRAM

Full Name of life to be assured

Age Sex

Division Branch

Proposal No. Agent/ Code No. Dev. Officer Code No.

Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation. The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG traings.
- ii The base line must be steady **The tracing must be pasted on a folder.**
- iii 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 V, shows a tall R-wave, additional lead V, R be recorded

DECLARATION

I declare that the Foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated -----given by me to LIC of India.

Note: Cardiofogist is requested to explain following to LA and to note the answers there of.

- i Have you ever had chest pain. Palpitaion. Breathlessness at rest or exertion ?
- ii Are you suffering from heart disease. Diabetes high or low Blood Pressure or kidney disease ?
- iii Have you ever had chest X-Ray, ECG. Blood sugar Cholesterl or any other lest done ?

If the answer/s to any/ all of the above question is "Yes" submit all relevant papers with this from.

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 with held. I do agree that these will from part of the proposal dated -----given by me to LIC of India.

Date at on the day of 20 at am/pm

Signature of the Pathologist: *Dr. Gresh Rappal*

Pathologist Name: *Dr. Gresh Rappal*

Qualification: *MBBS, PGDCC (Dip. Card.)*

Name & Address of the Hospital/Clinic/Lab: *Reg No. : MP 12781*



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

Full Name of life to be assured

Ravikant Verma

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse
175	77	126/70	85

(B) Cardiovascular System-----NORMAL

Rest ECG Report:

Position	SUPINE	P Wave	NORMAL
Standardisation IMV	NORMAL	PR Interval	NORMAL
Mechanism	NORMAL	QRS Complexes	NORMAL
Voltage	NORMAL	Q-T Duration	NORMAL
Electrical Axis	NORMAL	S-T Segment	NORMAL
Auricular Rate	83/MIN.	T-wave	NORMAL
Ventricular Rate	83/MIN.	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If any	NO		

Conclusion :

WNL

Date at on the day of 20 at am/pm



Signature of the Pathologist:
Pathologist Name:
Qualification :
Name & Address of the Hospital/CLC/ Lab :

Dr. Girdhari Gupta
 M.B.B.S. (P.G.D.C. Indore)
 Reg. No. MP-12754

Patient Information

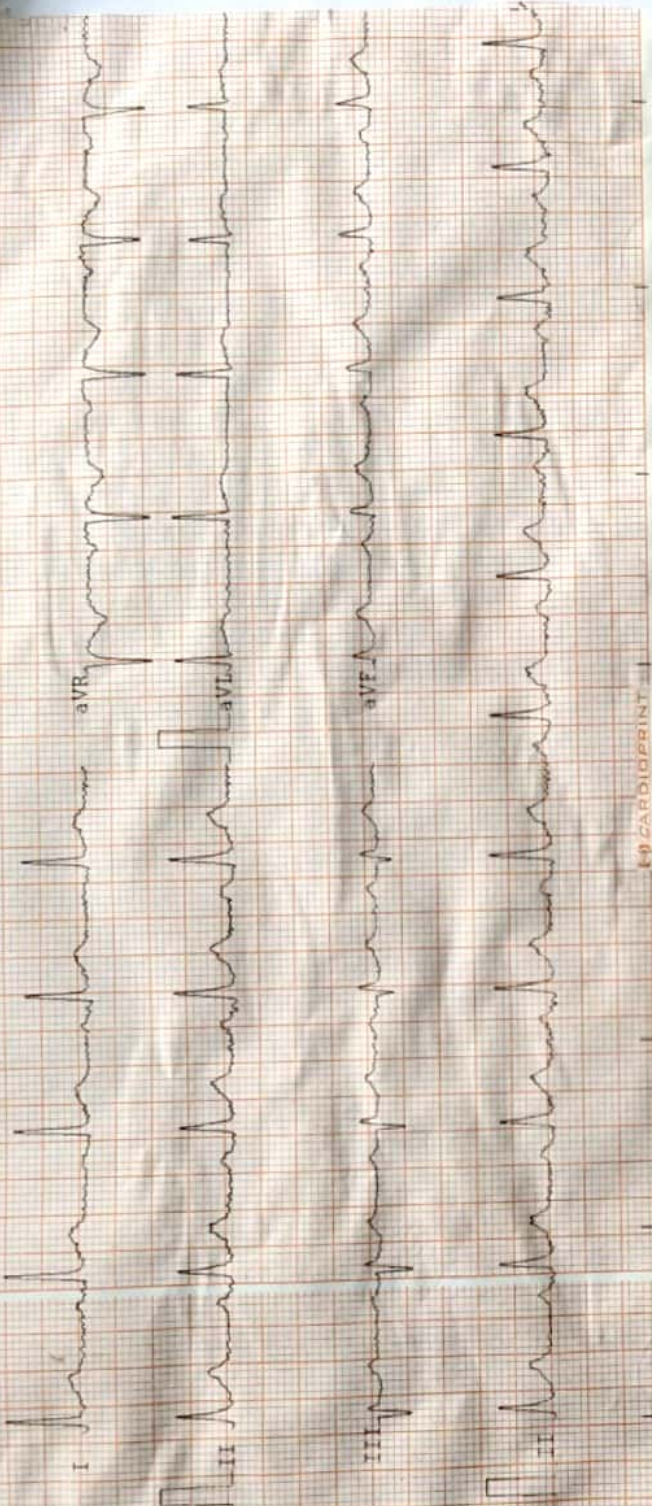
ID: Ravikant vegma
Name: Ravikant vegma
Age Y M: 38
Gender: male
Height: cms
Weight: Kg
BP: /
Smoker: No

Time/Date: 2/11/2024

ECG Settings

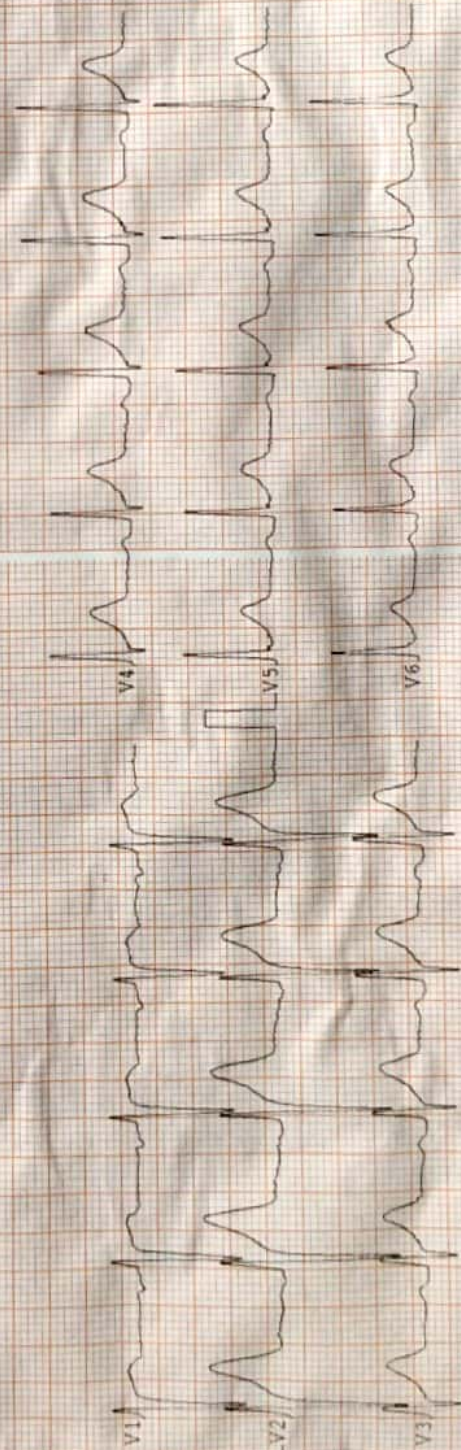
Printing Mode: AUTO
Gain: 10 mm/mV
Speed: 25 mm/Sec
Filter: 35 Hz
Notch: ON
Rhythm Lead: II

ALLIANCE PISCES-A-103 (Ver-2.4)



Observations

HR - 83 bpm
R-R - 716 ms
P-R - 134 ms
QRS - 84 ms
QT-QTc - 352-415 ms
P Axis - 13°
P Axis - 01°
T Axis - 27°




Dr. GIRISH RAJPAL
MBBS, PGCC (Dip. Card.)
Reg. No. 12781



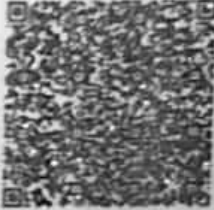
Rajit

Remarks

भारत सरकार
GOVERNMENT OF INDIA



रविकांत वर्मा
Ravikant Verma
जन्म तिथि/ DOB:
01/06/1986
पुरुष / MALE



~~4707 7074~~ 1284

मेरा आधार, मेरी पहचान



DR. ARUN MAITY
MD (Pathologist)
MCI Reg. No. 8836

Ravikant

Scanned by TapScanner

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

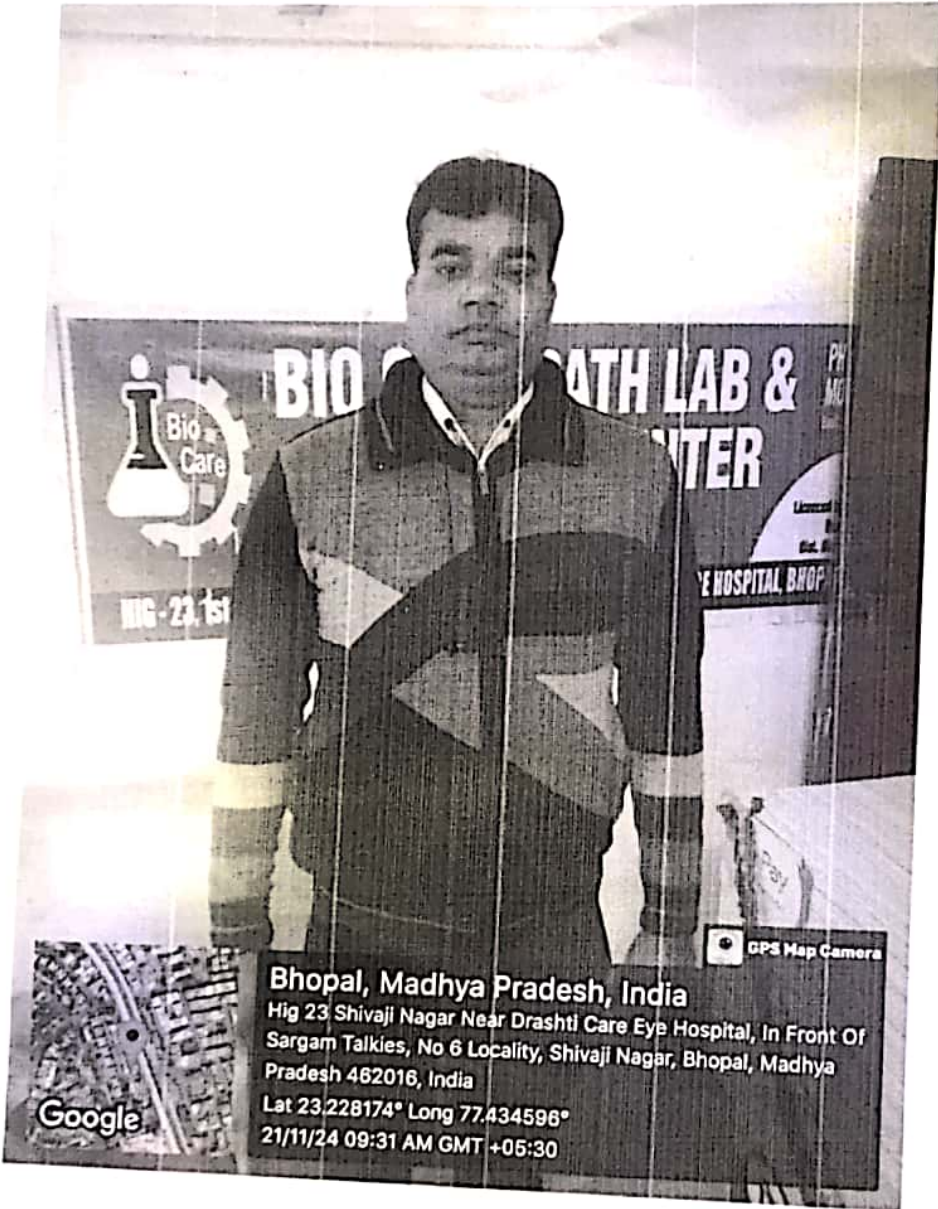


पता:
लीग-146, एफ-3 वार्धमन
रेसीडेंस, हर्षवर्धन नगर, माता
मंदिर स्क्वेर के पास, टेहसिल
हुजुर भोपाल, भोपाल,
भोपाल,
मध्य प्रदेश - 462003

Address:
C/O., Lig-146, F-3 Vardhman
Residency, Harshwardhan Nagar,
Near Mata Mandir Square, Tehsil
Huzur Bhopal, Bhopal, Bhopal,
Madhya Pradesh - 462003

~~4707 7074~~ 1284

MERA AADHAAR, MERI PEHACHAN



DR. ARUN MAITY
MB (Pathologist)
MCI Reg. No. 8836

