

Date: 20/11/2024

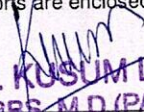
To,  
LIC of India  
Branch Office

Proposal No. 9976

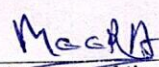
Name of the Life to be assured MIKA DHUNGANIA

The Life to be assured was identified on the basis of Aadhaar - 9356

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. KUSUM LATA**  
MBBS, M.D. (PATH)  
DMC No.: 7859  
Signature of the Pathologist/ Doctor  
Name: Dr. Kusum Lata  
Green Park Diagnostics

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 Health Assure PVT LTD  
Authorized Signature, \_\_\_\_\_



भारत सरकार  
Government of India


मिरा धुंगना  
Mira Dhungana  
जन्म तिथि / DOB: 01/01/1976  
महिला / Female



9356

मेरा आधार, मेरी पहचान

Meera

  
DR. KUSUM LATA  
MBBS, M.D.(PATH)  
DMC No.: 7859  
Green Park Diagnostics





पुस्तक संख्या  
Book No. A 998

फार्म संख्या  
Form No. 050

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

भारतीय आशुविमा महामंडळ  
भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA  
बुई विभाग-1/बुई मंडळ-1/मुंबई DIVISION-1

Branch Code:  
Proposal/ Policy No: 2976  
MSP name/code :  
Date & Time of Examination: 20/11/24  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured : 9971312427  
Identity Proof verified: Aadhaar ID Proof No. 9356

(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. Kusum Lata (Name of the Medical Examiner) is for conducting my Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured:	MIRA DHUNGANA		
2	Date of Birth:	Age:	Gender:	
	01-01-1976	48 YR	F	
3	Height (In cms):	Weight ( in kgs) :		
	146	56		
4	Required only in case of Physical MER	Blood Pressure	Systolic	Diastolic
	Pulse : 60k	(1 readings)	110	76
		(2 readings)	110	76

**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 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 ?	Yes, Gallbladder Removed in 2007.
	c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) is yes -	NO
	i. Date of surgery/accident/injury/hospitalisation	2007
	ii. Nature and cause	Gallbladder Removed
	iii. Name of Medicine	NO
	iv. Degree of impairment if any	NO
	v. Whether unconscious due to accident, if yes, give duration	NO
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? Please specify date , reason , advised by whom & findings.	/NO
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), Rhinorrhea (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	/NO

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 ?	NO
	b. Since when, any follow up and date and value of last checked blood pressure and sugar levels ?	NO
	c. Whether on medication? please give name of the prescribed medicine and dosage	NO
	d. Whether developed any complications due to diabetes ?	NO
	e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?	NO
	f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise) ?	NO
9	a. Any history of chest pain, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heartbeat?	NO
	b. Whether suffering from <b>high cholesterol</b> ?	NO
	c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.	NO
	d. Whether undergone Surgery such as CABG, open heart surgery or PTCA ?	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> ?	NO
	b. Whether on treatment or ever taken any treatment , if yes, please give details of treatment, prescribed medicine and dosages	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, gonorrhea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing / consumption of alcohol/drug</b> etc) which is relevant in assessment of medical risk of examinee.	NO
<b>For Female Proponents only</b>		
	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

Yes



998

**Declaration**

I, Mr/Ms MIRA DHUNGANA declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I 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.

Mee RA

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 20 day of 11 2024 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.

Place: N. Delhi  
Date: 20/11/24  
Stamp:

[Signature]  
DR. KUSUM LATA  
MBBS, M.D.(PATH)  
DMC No.: 7859  
Green Park Diagnostics

Signature of Medical Examiner  
Name & Code No:



## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No.

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

Full Name of Life to be assured: MIRA DHUNGANNA

Age/Sex 48/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 or Thumb Impression 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.

Dated at N. Delhi on the day of 20/11/2004

Signature of L.A.

Mae RA

Dr. RAJESH KUMAR  
MBBS, MD  
Reg. No. 47201  
Signature of the Cardiologist  
Name & Address  
Qualification Code No.

## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
146	56	110/76	61b

(B) Cardiovascular System

NAD

## Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Inv	10mm/10s	PR Interval	Normal
Mechanism	Sinus	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	61b	T-wave	Normal
Ventricular Rate	61b	Q-Wave	Normal
Rhythm	Regular		
Additional findings, if any.			

Conclusion: WNL

Dated at N. Delhi on the day of 20/11/2024

Dr. RAJESH KUMAR  
 MBBS / MD  
 Reg. No. 47321  
 Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.



# GREEN PARK DIAGNOSTICS

G-43, GREEN PARK MAIN MARKET  
NEW DELHI - 110016

Ms. MIRA DHUNGANA  
I.D. : 5933  
AGE/SEX : 48 Yr/F  
Hr/Wt : /  
DATE : 20-11-2024 09:58:14 AM  
REF BY : Dr.  
MACHINE INTERPRETATION : Normal ECG.

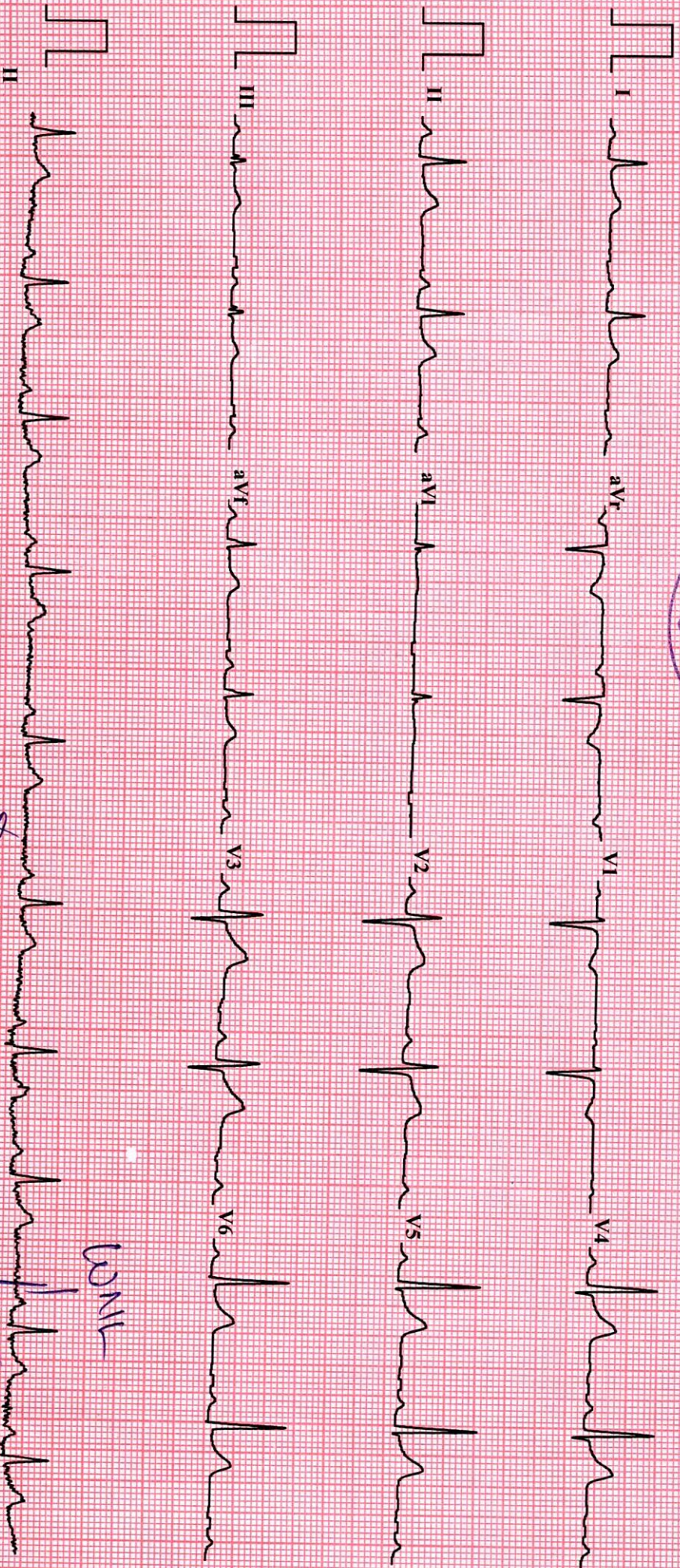


RATE : 61 bpm  
BP : N/A  
P Axis : 60 deg.  
QRS Axis : 41 deg.  
T Axis : 51 deg.

P Duration : 89 ms  
PR Duration : 188 ms  
QRS Duration : 69 ms  
QT Interval : 363 ms  
QTc Interval : 368 ms

Speed : 25 mm/s  
Sensitivity : 10 mm/mV

Linked Median



*Meera*

*DNIL*

Dr. RAJESH KUMAR  
MBBS, MD  
Reg. No. 1921  
Green Park Diagnostics





# Green Parkk Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016  
Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in  
Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.




Date	20/11/2024	Srl No. 1001	Age	48 Yrs.
Name	MS. MIRA DHUNGANA		Sex	F
Ref. By	LIC OF INDIA			

HAEMOGLOBIN (HB) 13.2 gm/dl 12.0 - 15.0  
(Non cyanide Hb Detection )

**\*\*End of Report\*\***



**DR. KUSUM LATA**  
MBBS, M.D.(PATH)  
DMC No.: 7859  
Green Park Diagnostics

  
**DR KKUSUM**  
MD(PATH.&.BACT.)  
CONSULTANT PATHOLOGIST

**FACILITIES :** ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

**On Panel :** DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiea Care, Paramount ETC.  
● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

**We will be happy to answer your Queries | Offers | Home Collection ..... Call 9582859223**



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Date	20/11/2024	Srl No. 1001	Age	48 Yrs.
Name	MS. MIRA DHUNGANA		Sex	F
Ref. By	LIC OF INDIA			

## IMMUNOLOGY - SEROLOGY

Test Name	Value	Unit	Normal Value
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### HIV (AIDS) ANTIBODY I & II

TEST DISCRPTION	OBSERVED VALUE	RESULT
HIV I & II	0.29	NON REACTIVE

#### INTERPRETIVE CRITERIA

Non Reactive	:	<0.80
Equivocal	:	0.8-1.0
Reactive	:	>1.0

**\*\*End of Report\*\***

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Date 20/11/2024  
 Name MS. MIRA DHUNGANA  
 Ref. By LIC OF INDIA

Srl No. 1001

Age 48 Yrs.  
 Sex F

## URINE EXAMINATION

### PHYSICAL EXAMINATION

QUANTITY ( Visual )	25	ml.
COLOUR ( Visual )	PALE YELLOW	
TRANSPARENCY ( Visual )	CLEAR	
SPECIFIC GRAVITY ( Reagent strip )	1.010	

### CHEMICAL EXAMINATION

REACTION ( Indicrom paper )	ACIDIC	ACIDIC
ALBUMIN ( Reagent strip )	NIL	NIL
REDUCING SUGAR ( Reagent strip )	NIL	NIL

### MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/HPF	0-4
RBC'S	NIL	/HPF	NIL
CASTS	NIL		NIL
CRYSTALS	NIL		
EPITHELIAL CELLS	1-2	/HPF	
BACTERIA ( Microscopic )	NIL	/HPF	
OTHERS	NIL		

Page 1 of 1

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भारत सरकार

Government of India



मिरा धुंगाना

Mira Dhungana

जन्म तिथि / DOB: 01/01/1976

लिंग / Gender: Female

5732 5600 9356



मेरा आधार, मेरी पहचान


**Green Park Diagnostics** Ph.:011- 26537881  
G-43, Green Park Main Market, New Delhi-110016 011-41759058

- यहां पर प्रसव पूर्व (लिंग पैदा होने से पहले लडका या लडकी) की पहचान नहीं की जाती। यह दण्डनीय अपराध है।
- बच्चे की लिंग के लिए पुछना/मांग करना पीसी और पीएनडीटी अधिनियम के तहत एक दण्डनीय अपराध है।
- Here Pre-Natal Sex Determination and Disclosure of Sex (Boy or Girl Before Birth) of Foetus is not done. It is prohibited and punishable under law.
- SEEKING / ASKING FOR THE SEX OF CHILD IS ALSO A PUNISHABLE OFFENCE UNDER PC AND PNDT ACT.

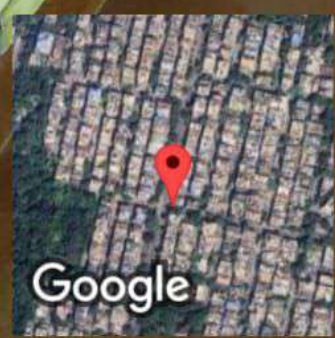
In case of any complaint / query under PC & PNDT Act

Contact : District Appropriate Authority (South Distt.)  
Add. : M. B. Road, Saket, New Delhi-110017  
Tel. No. : 011-29535025, 26693339



 **GPS Map Camera**

**New Delhi, Delhi, India**  
G-43, Block G, Green Park Extension, Green Park, New Delhi,  
Delhi 110016, India  
Lat 28.557536° Long 77.202776°  
20/11/24 10:06 AM GMT +05:30





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Date	20/11/2024	Srl No. 1001	Age	48 Yrs.
Name	MS. MIRA DHUNGANA		Sex	F
Ref. By	LIC OF INDIA			

## PROFILE

Test Name	Value	Unit	Normal Value
SBT 13			
BLOOD GLUCOSE - FASTING	102	mg /dl	70 - 110
TOTAL CHOLESTEROL	179	mg/dL	150.0 - 200.0
TRIGLYCERIDES	145	mg/dL	40.0 - 165.0
H D L CHOLESTEROL	44	mg/dL	35.0 - 80.0
L D L CHOLESTEROL	106.0	mg/dL	100.0 - 129.0
SERUM CREATININE	1.2	mg/dl	0.60 - 1.20
BLOOD UREA NITROGEN (BUN)	14.95	mg/dl	5.0 - 25.0
TOTAL PROTEIN	6.9	gm/dl	6.0 - 8.3
ALBUMIN	4.2	gm/dl	3.2 - 5.0
GLOBULIN	2.7	gm/dl	2.5 - 3.5
A/G RATIO	1.5		1.5 - 2.5
TOTAL BILIRUBIN	0.66	mg/dl	0.03 - 1.20
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.46	mg/dl	0.00 - 0.60
S.G.O.T ( AST)	29	IU/L	00.0 - 40.0
S G.P.T (ALT)	34	IU/L	00.0 - 40.0
G G T P	42	IU/L	10 - 50.0
ALKALINE PHOSPHATASE	189	IU/L	100 - 290
HIV ANTIBODY I & II	NEGATIVE		
HBsAg	NEGATIVE		

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Date	20/11/2024	Sri No. 1001	Age	48 Yrs.
Name	MS. MIRA DHUNGANA		Sex	F
Ref. By	LIC OF INDIA			

## PROFILE

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (HB) (Non cyanide Hb Detection )	13.2	gm/dl	12.0 - 15.0

**\*\*End of Report\*\***



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