

Date 08/11/2024

To
LIC of India,
Branch Office
35D

Proposal No. 5170

Name of the Life to be assured Tejaswi

The Life to be assured was identified on the basis of Aadhar 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 & Seal of the/ Doctor/ Pathologist /Cardiac/Radiologist and Health provider

Dr. Ganesh Kumar
MBBS, PGCC (MP, Card.)
Reg. No. : MP-12781

Dr. G. K. Ramani
MBBS, PGCC (MP, Card.)
Reg. No. : MP-12781

The examination / tests were done with my consent.

Tejaswi
(Signature of the Life to be assured)

Name:



Reports enclosed:

1. VmER
2. SBT-13
3. RUA
7. HB

4. HbA1C
5. _____
6. _____
8. _____

Rubber Stamp of TPA



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 Tejaswi

PROPOSAL NO- 5170 Age 43 Sex - MALE

Zone Division Branch

No.	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar (Method)	83.5	70-110 MG/DL
2	Total Cholesterol	184.2	UP TO 200 MG/DL
	High Density Lipid (HDL)	41.6	30-70 MG/DL
	Low Density Lipid (LDL)	83.92	UP TO 130 MG/DL
3	S. Triglycerides	152.4	UP TO 160 MG/DL
	S. Creatinine	0.68	0.5-1.5 MG/DL
5	Blood Urea Nitrogen (BUN)	20.6	10-40 MG/DL
6	S. Proteins	6.59	6.7-8.7 MG/DL
	(a) Albumin	3.96	3.7-5.3 MG/DL
	(b) Globulin	2.63	2.3-3.6 MG/DL
	AG Ratio	1.5	1.5-2.0
7	S. Billrubin		
	(a) Direct	0.32	0.2-0.4 MG/DL
	(b) Indirect	0.24	0.1-1.0 MG/DL
	Total	0.56	0.2-1.2 MG/DL
8	SGOT (AST)	29.3	UP TO 40 IU/L
9	SGPT (ALT)	24.3	5 TO 40 IU/L
10	GGTP (GGT)	16.3	3.0-28.7IU/L
11	S. Alkaline phosphatase	78.3	37-147 IU/L
12	HbsAg (Australia antigen)	Negative	
13	for HIV(Method -----ELISA-----)	Negative	

Dated BHOPAL on the 8 day of 11 20 24 at 09:59 am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

DR. ARUM MATHY
MD (PATHOLOGIST)
MGI 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 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%	14.5	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	
	Eliptocytes :	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:

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 Tejaswi

PROPOSAL NO- 5170 Age 43 Sex male

Division Bhopal Branch

1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii)
(ii) Transparency	CLEAR	(iv)

Sediment	Absent
Reaction	Alkaline

2 CHEMICAL EXAMINATION

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

Sugar	Absent
Bile Pigments	Absent

3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii)
(iii) Crystal	Absent	(iv)
(v) Casts	Absent	(vi)

Equithelial Cel	2-3/HPF
Pus Cells	2-4/HPF
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 8 day of

11 20 24 at 09:59 am/pm

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



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

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

EXAMINATION OF HBA1C

Full Name of life to be assured

DATE-08-11-2024

Age

Sex

Zone

Division

Branch

Proposal No.

Agent/ D

EXAMINATION OF BLOOD

Glycosylated Hemoglobin (HbA1c)-----

5.50%


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	DR. ARUN MAITY
Qualification :	MD (PATHOLOGIST) MGI Reg. No. : 8836
Address	



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. Agen/ 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: Cardiofist is requested to explain following to L A 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 ?

NO
NO
NO

If the answer/s to any/ all of the above question is 'Yes' submit ail 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	
Pathologist Name	DR. G. N. RAJPAL
Qualification	M.D. (P) Pathologist M.B.B.S. (Dip. Card.) Reg. No. : MP-12781
Name & Address of the Hospital/Clinic/Lab	Dr. G. N. Rajpal MBBS, PGDCC (Dip. Card.) 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

Tejaswi

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse
173	82	130/82	72

(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	69/MIN.	T-wave	NORMAL
Ventricular Rate	69/MIN.	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If any	NO		

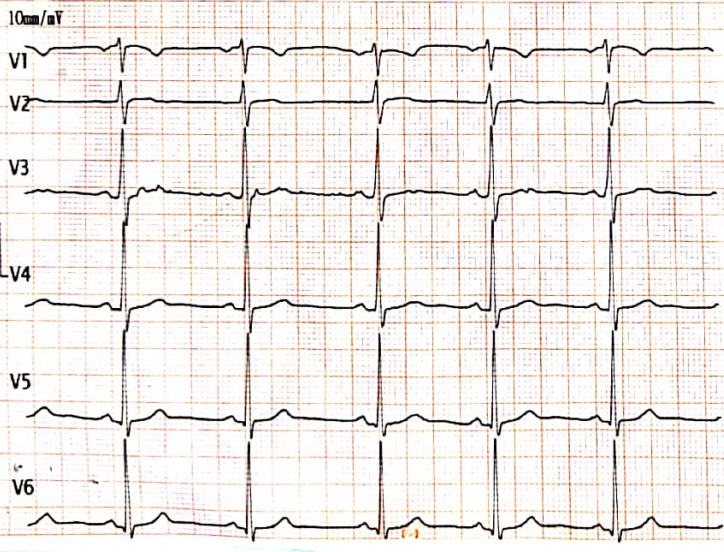
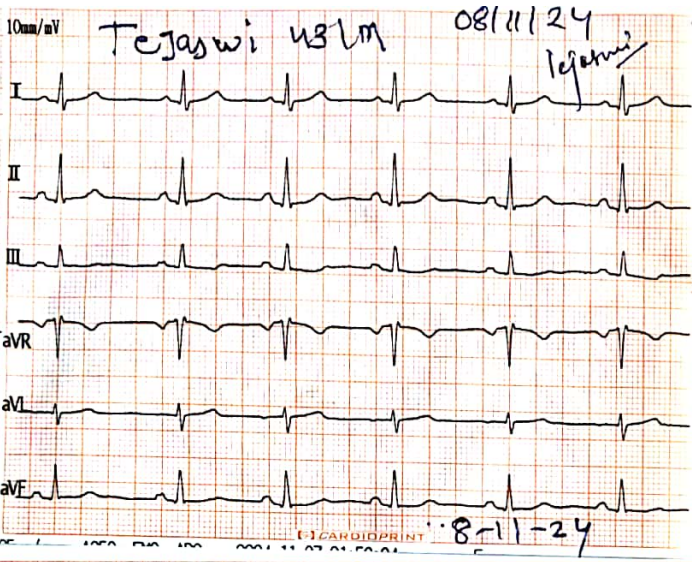
Conclusion :

WNL

Date at on the day of 20 at am/pm



Signature of the Pathologist:
Pathologist Name: <i>Dr. Grish Rajpal</i>
Qualification : MBBS, PG (Cardiology) REG. No. : MP-12781
Name & Address of the Hospital/Clinic/Lab :



Vent. Rate(BPM) : 69

<ECG Analysis Result>:

- 801 Sinus Bradycardia
- 803 Sinus Arrhythmia
- 611 Abnormality(Fat T)
- Normal ECG

PR Int.(ms) : 137
P/QRS/T Int.(ms) : 97 100 160
QT/QTc Int.(ms) : 365 392
P/QRS/T Axis(Deg.) : 71 65 40
RV1/SV5 Amp.(mV) : 0.15 0.23
RV5/SV1 Amp.(mV) : 1.66 0.44

V2.22 Technician : *Tejaswi*

ST Segment (mV)

Dr. Manish K. Kulkarni
MBBS, MD (General Medicine), DM (Cardiology)
Reg. No. 12781

Date: Unconfirmed Report. Please Review.

I	II	III	aVR	aVL	aVF
+0.01	+0.00	-0.01	-0.00	+0.01	-0.00
V1	V2	V3	V4	V5	V6
+0.00	+0.01	+0.03	+0.02	+0.01	+0.01



Dr. Manish Kedia
Reg. No. 12721
MBBS, PGDCC (Dip. Card.)



भारत सरकार
Government of India



Issue Date: 18/08/2013



तेजस्वी
Tejaswi

जन्म तिथि / DOB: 05/03/1981

पुरुष / MALE



2541 6187 1421



2541 6187 1421

Tejaswi

la

Dr. Manish Kedia
Reg. No. 12721
MBBS, PGDCC (Dip. Card.)

मेरा आधार, मेरी पहचान