

Dear **KESAR HOSPITAL**

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 : VIVEK MALHOTRA

Proposal No : 8511

Branch Code : 123

Contact Details : 9891500155

Location : 11, Shaheed Udham Singh Marg, Block AH, Poorbi
Shalimar Bag, Shalimar Bagh, Delhi, DELHI - 110088

Appointment Date : 12-03-2025

Member Information		
Booked Member Name	Age	Gender
VIVEK MALHOTRA	48 year	M

Included Test -

- HbA1c
- Urine Analysis
- Hb%
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG
- Physical Medical Examination Report (PMER) Rs. 50,00,000 to Rs 99,99,999


You have received this mail because your e-mail ID is registered with **Medsave TPA**. This is a system-generated e-mail please don't reply to this message.

"For any queries, please feel free to reach out to us at lic@medsave.in. Our team will be happy to assist you!"

Thanks,
Medsave Team

KESAR HOSPITAL
AH-11, SHALIMAR BAGH, DELHI- 110088



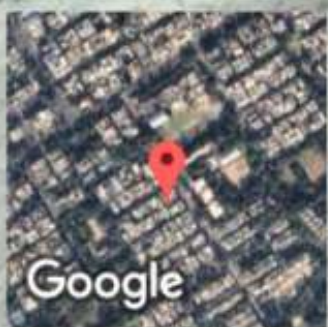
 **GPS Map Camera**

New Delhi, Delhi, India

Ah11, Block Ak, Poorbi Shalimar Bag, Shalimar Bagh, New Delhi, Delhi 110088, India

Lat 28.705958° Long 77.164588°

12/03/2025 08:27 AM GMT +05:30



Google



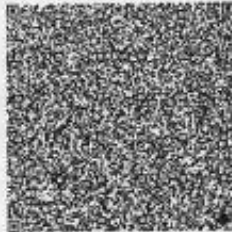
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00175/97795

To
विवेक मल्होत्रा
Vivek Malhotra
S/O Subhash Malhotra,
House No-199-200,
First Floor,
Pocket-8,
VTC: Rohini Sector-24,
PO: Rihala,
District: North West Delhi,
State: Delhi,
PIN Code: 110085,
Mobile: 9891500155

Signature Not Verified
Details as on 20/07/2018
UIDAI
Date: 20/07/2018 14:18:30



आपका आधार क्रमांक / Your Aadhaar No. :

7176
VID : 9170 0394 1279 2875

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



विवेक मल्होत्रा
Vivek Malhotra
जन्म तिथि/DOB: 01/04/1976
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑनलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

7176

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सच्चा और विनिश्चित जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर नो यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐच स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए मामूली की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदा/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की ग्राहकता करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

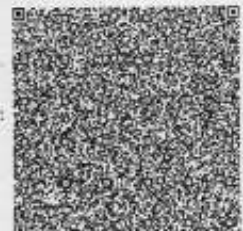


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
एस/ओ सुभाष मल्होत्रा, हाउस नो-199-200, फर्स्ट फ्लोर,
पॉकेट-8, रोहिणी सेक्टर-24, रिहला, नॉर्थ वेस्ट दिल्ली,
दिल्ली - 110085

Address:
S/O Subhash Malhotra, House No-199-200, First
Floor, Pocket-8, Rohini Sector-24, PO: Rihala, DIST:
North West Delhi,
Delhi - 110085



7176

VID : 9170 0394 1279 2875

1947 | help@uidai.gov.in | www.uidai.gov.in

Vivek Malhotra

Dr. AYUSH GUPTA
M. D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-68
Ph. 27478822, 27478823

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India 123
Branch Office

Proposal No. : 8511


Name of Life to be assured: VIVEK MALHOTRA


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 report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her 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.

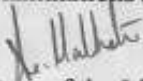
Dated at Delhi on the 12/3/25 day of 20 at 8:30am a.m./p.m.


Signature of the Pathologist/Doctor
(Name & Rubber stamp) Qualification:
Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
MC No. 2900
KESAR HOSPITAL
A-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823


Signature of the Cardiologist (if LA has undergone CTMT / ECG)
(Name & Rubber stamp) Qualification:
Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
MC No. 2900
KESAR HOSPITAL
A-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823

Signature of the Radiologist (if LA has undergone X-ray or scanning)
(Name & Rubber stamp) Qualification:

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests.


Signature of the Life to be Assured
Name..... Virek Malhotra

- Reports enclosed.
- 1..... HBAIC
 - 2..... Urine analysis
 - 3..... Hb
 - 4..... COT
 - 5..... SBT-13
 - 6..... TIT
7. ECG
8. PMER

MEDICAL EXAMINER'S REPORT

Form No. LIC03-001
(Revised 2020)

Branch Code: 123

Proposal/Policy No: 8511

MSP name/code :

Date & Time of Examination : 12/3/25 8:30am

Medical Diary No. & Page No. :

Mobile No. of the Proposer/Life to be assured : 9891500155

Identity Proof verified: Adhar Card ID Proof No. 7176

(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. Ayush Gupta (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: VIVEK MALHOTRA		
2	Date of Birth: 01/04/1976	Age: 48	Gender: Male
3	Height (In cms): 164	Weight (in kgs): 75	
4	Required only in case of Physical MER		
	Pulse: 75/min	Blood Pressure (2 readings): 1. Systolic 120 Diastolic 80 2. Systolic 120 Diastolic 80	
<p>ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED</p> <p>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 Corporaion.</p>			
5	<p>a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical conditions / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p>		<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>

	iii. Name of Medicine iv Degree of impairment if any v Whether unconscious due to accident, if yes, give duration.	NO NO 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), 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 with last 14 days. If yes provide all investigation and treatment reports	NO
8	a. Suffering from Hypertension (high blood pressure) or diabetes 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 endocrine disorders 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 NO
9	a. Any history of chest pain, heartattack , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol ? 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 kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of Cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO

15	Suffering or ever suffered from any physical impairment / 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 disorder of the Stomach / 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 / psychiatric disorder ? 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 abnormality 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 HIV /AIDS/Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as smoking/tobacco chewing/consumption of alcohol/drugs etc.) which is relevant in assessment of medical risk of examinee.	NO

For Female Proponents only

i.	Whether pregnant? If so duration.	NA
ii.	Suffering from any pregnancy related complications.	NA
iii.	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaecailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking and treatment for the same.	NA

**FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT
WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND
PHYSICALLY HEALTHY**

Yes

Declaration

You Mr/Ms Virek Malhotra 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.

X. Malhotra

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

12/3/25

I hereby certify that I have assessed/examined the above life to be assured on the ___ day of ___ 20___ 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.

[Signature]

Place : *Delhi*

Date: *12/3/25*

Stamp:

Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-68
Ph. 27478822, 27478823

Signature of Medical Examiner
Name & Code No.:

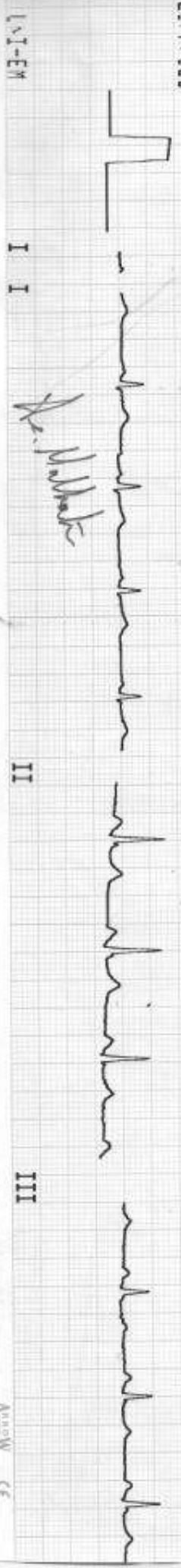
Dr. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-68
Ph. 27478822, 27478823

100%/MU
25mm/SEC

VIVEK MALHOTRA

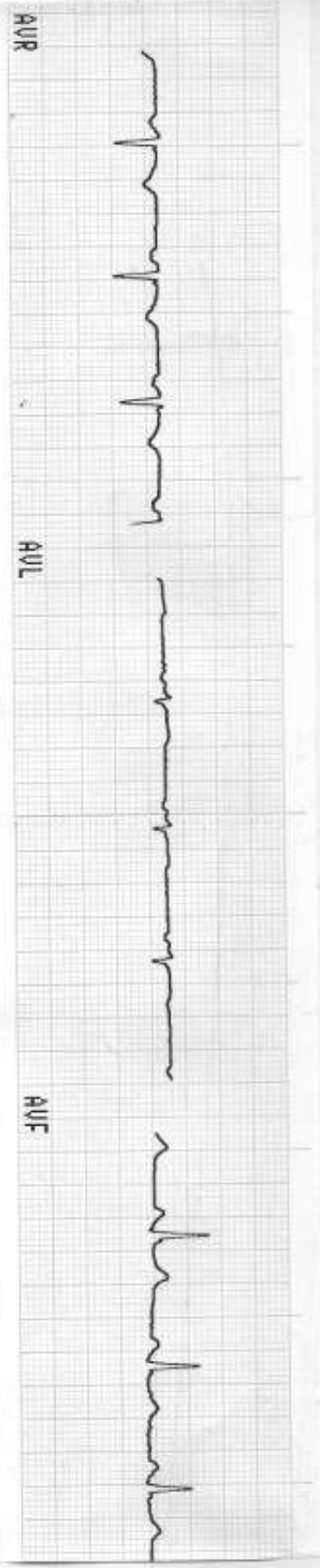
48/m

12/3/25

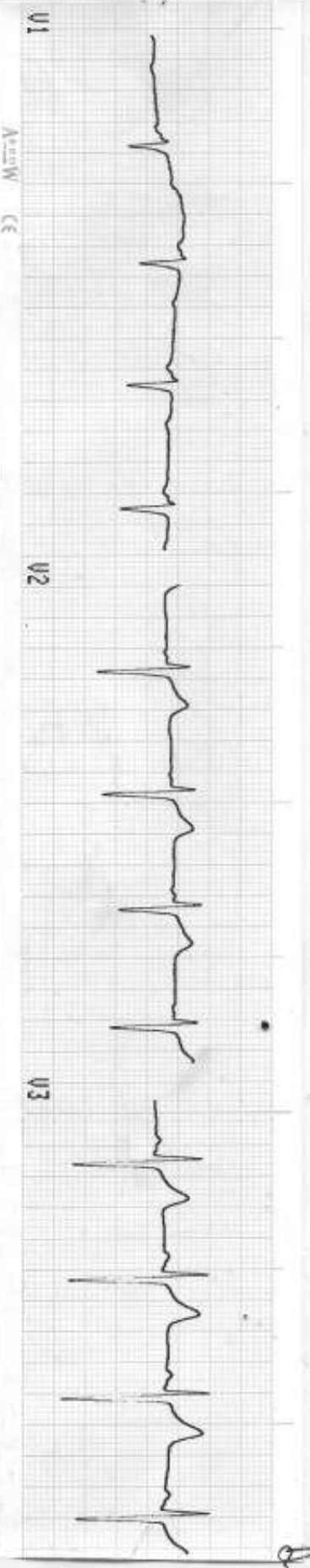


Dr. Malhotra

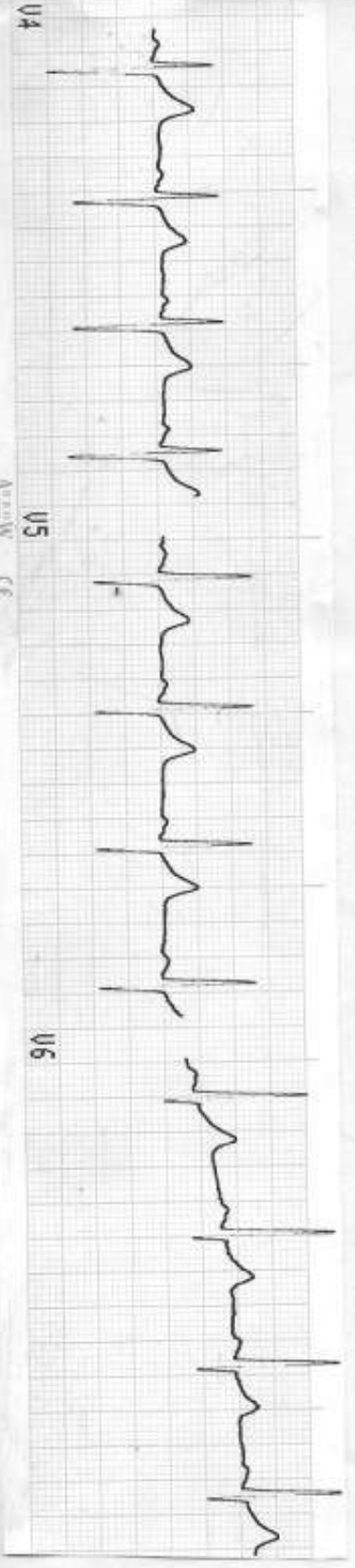
AmvW CE



AmvW CE



AmvW CE



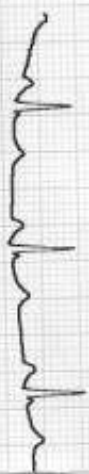
AmvW CE

DR. AYUSH GUPTA
D.O. Medicine, ANIMS
BMC No. 2800
KESAR HOSPITAL
1st Fl. Ground Floor, Delhi
Ph: 2747882, 2747882

Nirde Mathota

48/m

12/3/15



III Deep Inspirations

AUF

[Signature]

D. T. AYUSHI GIPITA
M.D. (Anesthesiology) - Anesth.
DINCAR HOSPITAL
KESGAR Bldg. - Basim - Dammam-83
11, S. Shammari - 27470825
Fax - 27470822



KESAR HOSPITAL

(GOVT. APPROVED)

In Pursuit of Perfection

Celebrating
23 YEARS

AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

MEDICAL REPORT FORMATS

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch 123

Proposal No. 8511

Agent/D.O. Code:

Full Name of Life to be assured: Virek Malhotra

Age/Sex 48/M

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

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 A VF 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 question is - Yes, submit all relevant papers with this form.

Dated at Delhi on the day of 12/3/25 20

Signature of L.A.

Signature of the Cardiologist

Name & Address
Qualification Code No.

AYUSH GUPTA
M.D. Medicine, AIMS
DMC No. 2900
KESAR HOSPITAL
AH-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823

Clinical findings

(A)

Height (Cms)	Weight (Kgs)	Blood Pressure	Pulse Rate
164	75	120/80	75/min

(B)

Cardiovascular System

Normal

Rest ECG Report:

Position	N	P Wave	Normal
Standardisation Imv	10mm	PR Interval	Normal
Mechanism	R	QRS Complexes	N
Voltage	N	Q-T Duration	Normal
Electrical Axis	N	S-T Segment	N
Auricular Rate	75b	T-Wave	N
Ventricular Rate	75b	Q-Wave	Absent
Rhythm	NSR		
Additional findings, if any.	None		

Conclusion: *Normal*

Dated at

Delhi on the day of

12/3/25
20

[Signature]

Signature of the Cardiologist

Name & Address

Qualification

Code No.

AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
DESAR HOSPITAL
201-11, Shalimar Bagh, Delhi-88
Ph. 27478822, 27478823



KESAR HOSPITAL

(GOVT. APPROVED)

In Pursuit of Perfection



★ Celebrating ★
★ 28 YEARS ★

AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

HAEMOGRAM

Zone:

Division:

Proposal No.8511

Branch:- 123

Full Name of Life to be assured: MR.VIVEK MALHOTRA


Age/ Sex: 48 YRS / MALE

INVESTIGATION	RESULT	REF.VALUES
---------------	--------	------------

1. Red Blood Cell Count :		
2. Hb% :	15.4gm/dl	12.5-17.0 g/dl
3. Hematocrit :		
4. Indices :		
(a) MCV (Mean Corpuscular Volume)		
(b) MCH (Mean Corpuscular Hb)		
(c) MCHC (Mean Corpuscular Hb Concentration)		
5. Morphology		
Macrocytes: NO	Microcytes:NO Hypochromia: NO	
Poikilocytosis: NO	Anisocytosis: NO	
6. Target Cells NO		
Spherocytes: NO	Eliptocytes: NO	
7. White Blood Cells	Total Count:	
<u>Differential Count :</u>		
a) Neutrophils:	c) Eosinophils:	e) Basophils: 0
b) Lymphocytes:	d) Monocytes:	
8. Platelets:		
9. Erythrocytes Sedimentation rate:		
(Method Westergreen)		

I declare that the person examined signed (affixed his/her 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 DELHI on the 12.03.2025 At 08.30 A.M..


Signature of the Pathologist
Dr.S.K.Gupta M D Pathology
Kesar Hospital
DMC 1649





KESAR HOSPITAL

(GOVT. APPROVED)

In Pursuit of Perfection



★ Celebrating ★
★ 28 YEARS ★

AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

SBT-13 Report

Zone:

Proposal No.8511

Full Name of Life to be assured: MR.VIVEK MALHOTRA

Age/ Sex: 48 YRS / MALE


Division:

Branch:- 123

r. No	Type of Test	Actual Reading	Lab Range
1	Fasting Blood Sugar	98	70-110 mg/dl
2	Total Cholesterol	177	140-250 mg/dl
	High Density Lipid (HDL)	42	30-65 mg/dl
	Low Density Lipid (LDL)	112	60-160mg/dl
3	S. Triglycerides	118	60-165 mg%
4	S. Creatinine	0.82	0.6-1.4 mg/dl
5	Blood Urea Nitrogen (BUN)	13	10 – 20 mg/dl
6	S. Proteins Total	7.3	6 – 8 mg/dl
	a). Albumin	4.4	3.0 – 5.5 mg/dl
	b). Globulin	2.9	2.5 – 3.5 mg/dl
	c).AG Ratio	1.50	1-3
7	S.Bilirubin		
	a). Direct	0.2	0.1 – 0.4 mg/dl
	b). Indirect	0.3	0.2 – 0.8 mg/dl
	c). Total	0.5	0.2 – 1.0 mg/dl
8	SGOT (AST)	33	15 – 50 IU/L
9	SGPT (ALT)	37	10 – 50 IU/L
10	GGTP (GGT)	40	9 – 52 mg/dl
11	S. Alkaline Phosphatase	180	60-306lu/L
12	HbsAg (Australia antigen)	NEGATIVE	
13	Elisa for HIV (Method)	NEGATIVE	

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

Dated at Delhi on the 12.03.2025 at.....08.30 A.M.


Signature of the Pathologist
Dr.S.K.Gupta M D Pathology,Kesar Hospital,DMC 1649





KESAR HOSPITAL

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★ 28 YEARS ★

AH-11, SHALIMAR BAGH, DELHI - 110088 PHONE : 27478822, 27478823 E-mail : ayushkesar@gmail.com

HAEMATOLOGY

Zone:

Division:

Proposal No.8511

Branch:- 123

Full Name of Life to be assured: MR.VIVEK MALHOTRA

Age/ Sex: 48 YRS / MALE

Test Name	Value	Unit
HbA1c	5.5	%

REFERENCE VALUES

Non-diabetic Level	4.5-6.0	%
Good Control	6.1-7.0	%
Fair Control	7.1-8.0	%
Poor Control	>8.0	%

SUMMARY & EXPLANATION OF THE TEST

Diabetes Mellitus is a leading cause of kidney failure, blindness and amputation in adults. It is also a major risk factor for heart disease, stroke and birth defects and shortens average life expectancy any up to 15 years. It is now well accepted that in patients with diabetes there is a direct relationship between blood sugar levels and complications associated with the disease.

The measurement of HbA1c is recommended for monitoring the long-term care of people with diabetes because the concentration of HbA1c within red blood cells reflects the average level of blood sugar over the previous 2-3 months. The level of HbA1c therefore rises proportionately in patients with higher levels of blood sugar, such as those with uncontrolled or undiagnosed diabetes.

I declare that the person examined signed (affixed his/her 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 DELHI

on the 12.03.2025....

at.....08.30 AM.

Signature of the Pathologist
Dr.S.K.Gupta M D Pathology
Kesar Hospital
DMC 1649





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ROUTINE URINE ANALYSIS

Zone: _____ Division: _____
 Proposal No.8511 Branch:- 123
 Full Name of Life to be assured: MR.VIVEK MALHOTRA
 Age/ Sex: 48 YRS / MALE

- | | | | |
|----------------------------|-----|-----------------------|---------|
| 1. Physical Examination | | | |
| (i) Colour PALE YELLOW | | (ii) Sediment | NIL |
| (iii) Transparency CLEAR | | (iv) Reaction | ACIDIC |
| 2. Chemical Examination | | | |
| (i) Protein | NIL | (ii) Sugar | NIL |
| (iii) Bile salt | NIL | (iv) Bile pigments | NIL |
| 3. Microscopic Examination | | | |
| (i) Red Blood Cells | NIL | (ii) Epithelial Cells | 1-2/HPF |
| (iii) Crystals | NIL | (iv) Pus Cells | 0-1/HPF |
| (v) Casts | NIL | (vi) Deposits | NIL |
| (vii) Bacteria | NIL | | |

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

Dated at DELHI on the 12.03.2025 at.....08.30 A.M..

Signature of the Pathologist

Dr.S.K.Gupta M D Pathology

Kesar Hospital
DMC 1649





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LAB REPORT

Zone: Proposal No.8511 Division: Branch:- 123
Full Name of Life to be assured: MR.VIVEK MALHOTRA
Age/ Sex: 48 YRS / MALE

(URINE COTININE)

Nicotine Metabolite

Test Description	Observed Value	Reference range & Units
------------------	----------------	-------------------------

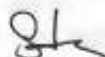
Nicotine metabolite,urine by CLIA	POSITIVE	below 200 ng/ml
-----------------------------------	----------	-----------------

(URINE COTININE)

Immunochromatographic Assay for Qualitative detection of continine in Urine

Cut off level – 200 ng/ml

Dated at DELHI on the 12.03.2025.... at.....08.30 AM.


Dr.S.K.GUPTA.
M.D.PATHOLOGY
DMC 1649



COMPUTERISED TREADMILL TEST

Zone: Division:
Proposal No.: 8511 Branch: 123
Full Name of Life to be assured: Nirck Malhotra
Age/ Sex: 48/m

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.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N ✓
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N ✓
3. 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 'Yes', submit all relevant papers with this form.

Dated at Delhi on the 12/3/25 day of 20.... at 8.30 am a.m./p.m.

Signature of the L.A.

Signature of the Cardiologist

Cardiologist's Name & Address

Qualification:

DR. AYUSH GUPTA
M.D. Medicine, AIIMS
DMC No. 2900
KESAR HOSPITAL
H-11, Shalimar Bagh, Delhi-88
PH 27478822, 27478823



COMPUTERISED TREADMILL TEST

- (a) Pre-test: Supine
Standing
Hyperventilation
- (b) Exercise: Stage I)
Stage II) 3 minutes each
Stage III)
... peak exercise
- (c) Recovery: Recovery
Recovery
Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE	0.3				80	120/80	96
	SITTING	0.4				83	120/80	98
	STANDING	0.4				77	120/80	92
	HYPERVENTILATION	0.4				75	120/80	93
	WARM UP	1				91	120/80	95
EXERCISE	STAGE 1	2.59	2.7	10	6.8	111	125/82	138
	STAGE 2	2.19	4	12	7.1	120	130/84	146
	STAGE 3	2.09	5.4	14	10	131	134/86	175
	PEAK EXERCISE	2.48	6.7	16	13.75	144	139/88	192
RECOVERY	RECOVERY	0.59				111	135/85	140
	RECOVERY	2.59				100	130/84	130
	RECOVERY	8.59				94	120/82	117

The protocol used - BRUCE

Total Exercise Time - 11.48

Maximum Blood Pressure - 136/88

Maximum Workload - 13.75 METS

Maximum heart rate - 146 Maximum predicted heart rate 85 %

Reason for termination - patient hr abnormal

Comments Negative test
Reversible 136/88 MID

Signature of the Cardiologist

Name & Address:

Qualification:

Each stage should have 12 lead tracing with long lead II. Each lead should contain at least three complexes. On separate individual paper each stage with relevant observations be recorded.

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AH 11, SHALIMAR BAGH DELHI 88

AH 11 SHALIMAR BAGH DELHI 88

TREADMILL TEST SUMMARY REPORT

MR. VIVEK MALHOTRA
 Age/Sex: 48/M
 Ref by: ...
 Indication 1:
 Indication 2:
 Indication 3:

ID: 98
 H/W: 57.50
 Recorded: 12-3-2025 8:58

Protocol: BRUCE
 History: Routine Check Up
 Medication 1:
 Medication 2:
 Medication 3:

PHASE	PHASE TIME	STAGE TIME	SPEED (KM/Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	PP	II	ST LEVEL (mm)	V2	V5	METS
SUPINE	0:03	0:03	0.00	0.00	80	120/80	96	0.8	14	14	1.8	4.80
HYPERVENT					83	120/80	99	1.0	15	15	1.7	7.10
VALSALVA					77	120/80	92	0.8	14	14	1.6	13.66
STANDING					78	120/80	93	0.8	14	14	1.6	13.75
STAGE 1	2:59	2:59	2.70	10.00	111	125/82	138	0.0	13	13	1.6	10.00
STAGE 2	5:59	2:59	4.00	12.00	120	130/84	156	-0.1	17	17	1.9	13.66
STAGE 3	8:59	2:59	5.40	14.00	131	134/86	175	0.1	23	23	2.3	13.66
STAGE 4	11:44	2:44	6.70	16.00	144	136/88	195	0.4	25	25	2.3	13.75
PEAK EXER	11:48	2:48			146	136/88	198	0.3	28	28	2.1	
RECOVERY	2:59	2:59	0.00	0.00	100	130/84	130	-0.1	11	11	0.9	
RECOVERY	5:59	5:59	0.00	0.00	94	125/82	117	0.0	10	10	0.6	

RESULTS

Exercise Duration: 11:48 Minutes
 Max Heart Rate: 146 bpm
 Max Blood Pressure: 136/88 mmHg
 Max Work Load: 13.75 METS
 Reason of Termination: Achieved THR
 146 bpm 8.5% of target heart rate 172 bpm

IMPRESSIONS

GOOD EFFORT TOLERANCE. NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.
 NO ANGINAL/ARRHYTHMIA/SLV DYSFUNCTION. NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSABLE ISCHEMIA.

Dr. AYUSH GUPTA
 M.D. Medicine, AIIMS

DR. AYUSH GUPTA MD



DMC No. 2900
 KESAR HOSPITAL
 AH 11, Shalimar Bagh, Delhi-88
 Ph. 27478922, 27478923

Mr. VIVEK MALHOTRA
I.D. 95
AGE/SEX : 48/M
RECORDED : 12-3-2025 8:56

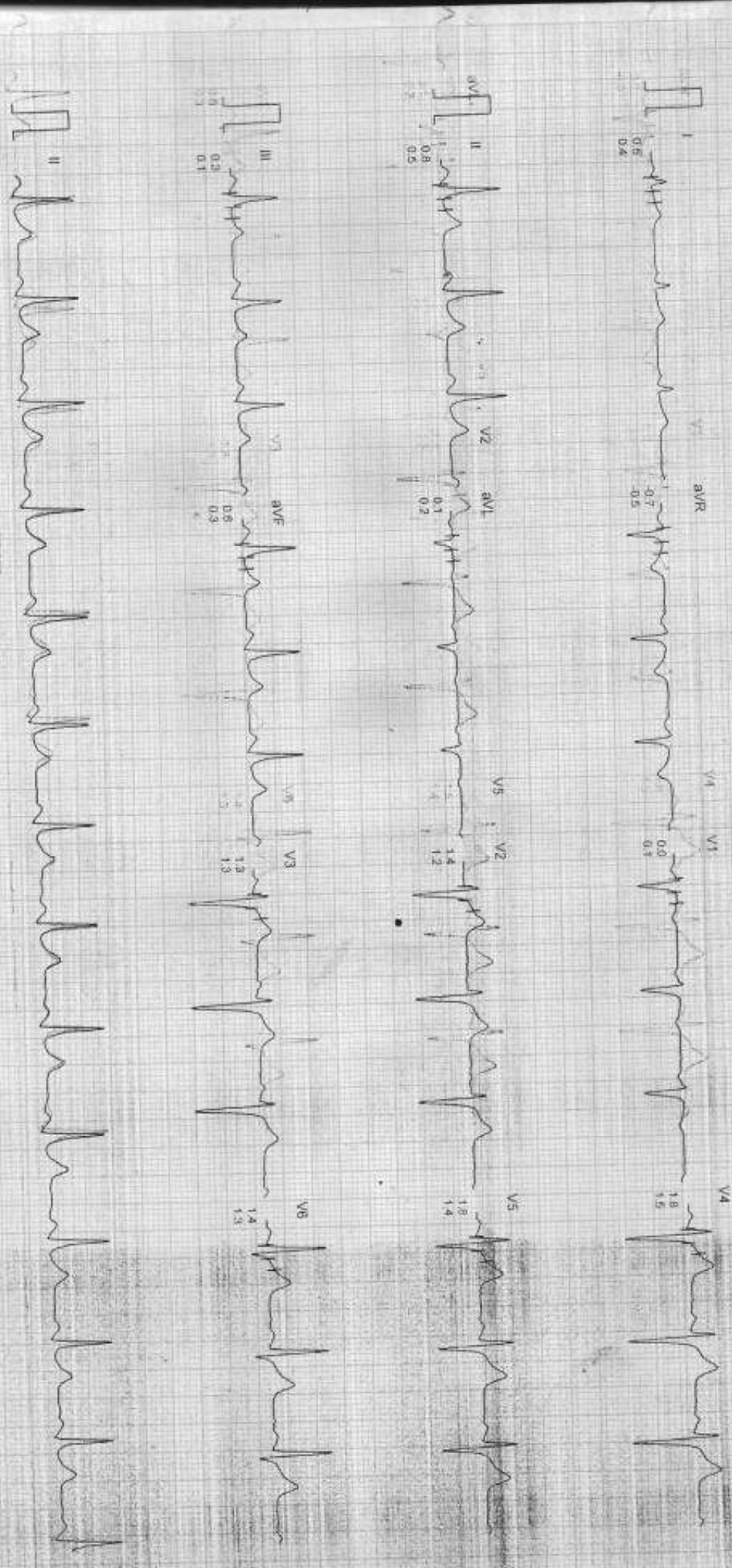
RATE : 80 BPM
B.P. : 120/80 mmHg

KESAR HOSPITAL
SUPINE
PRETEST

KESAR HOSPITAL
SUPINE
PRETEST

ST @ 10mm/mV
80ms Post

LINKED MEDIAN



Filtered

Vivek Malhotra

Computer Generated Strip

25mm/sec, 10mm/mV

CardiCom, INDIA

Dr. Avush Gupta
Dr. AVUSH GUPTA
M.D. Medicine, AIIMS
Over 10 Years Exp.

MR. VIVEK MALHOTRA
I.D. 98

AGE/SEX 48/M
RECORDED 12-3-2025 8:56

RATE 83 BPM
B.P. 120/80 mmHg

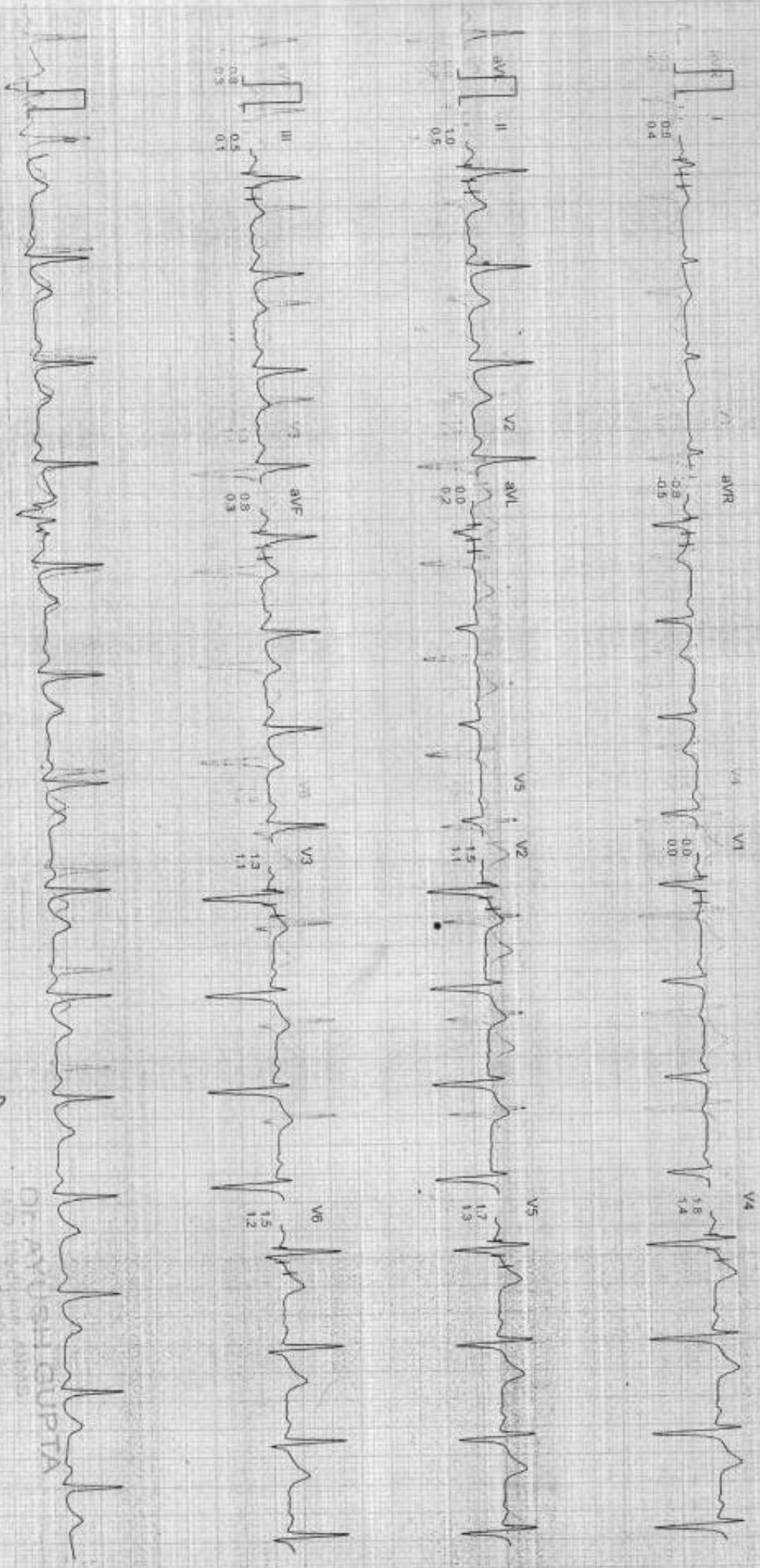
STAGE TIME 0:03

LINKED MEDIAN

KESAR HOSPITAL

KESAR HOSPITAL
HYPERVENTILATION
PRETEST

ST @ 10mm/mv
Bans Pooj



OF ARUSHI GUPTA
KESAR HOSPITAL
BANS POOJ
12-3-2025 8:56

Mr. VIVEK MALHOTRA

ID: 98

AGE/SEX 48/M

RECORDED: 12-3-2025 8:56

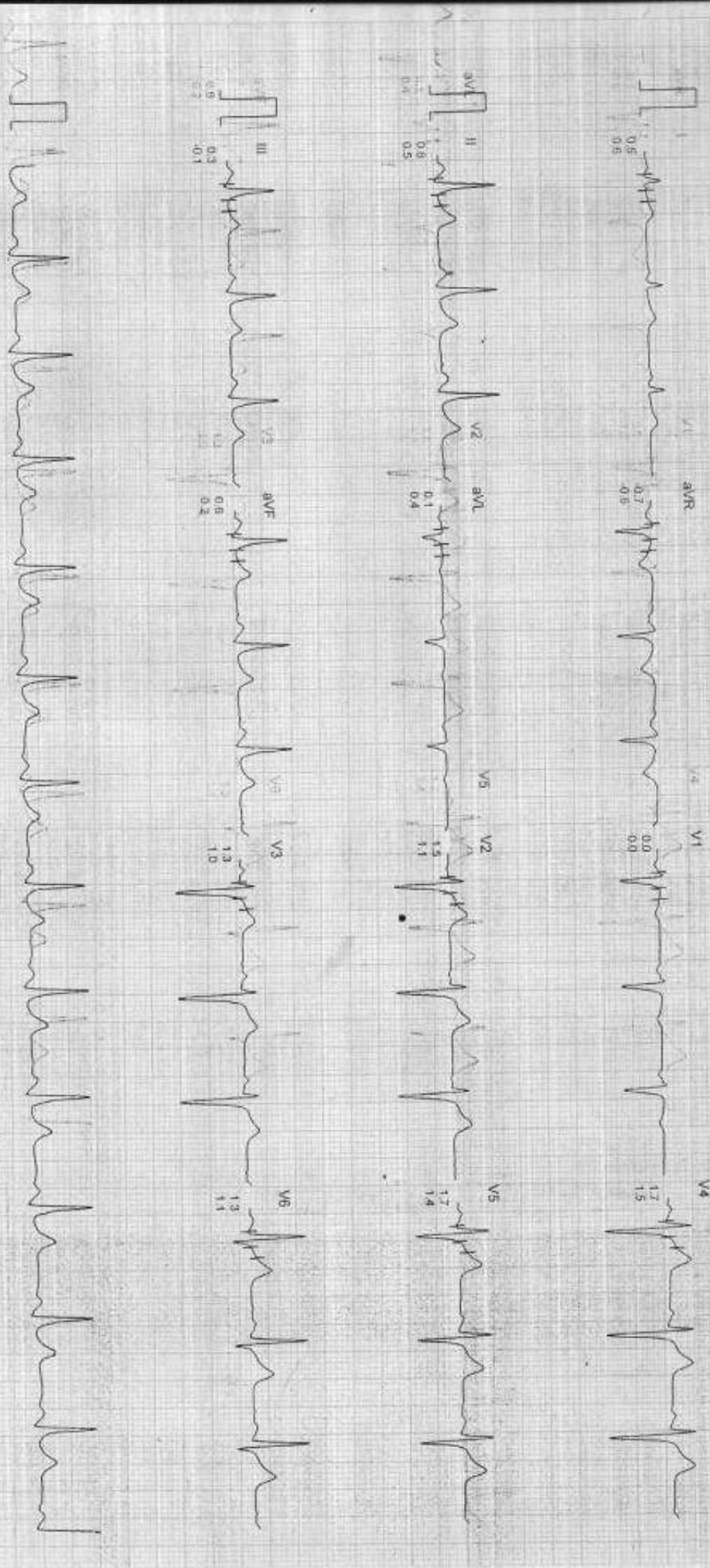
KESAR HOSPITAL
WALSALA

RATE: 77 BPM
B.P: 120/80 mmHg

KESAR HOSPITAL
WALSALA
PRETEST

ST @ 10mm/mV
60ms PostU

LINKED MEDIUM



Mr. VIVEK MALHOTRA

ID: . 98

AGE/SEX: 48/M

RECORDED: 12-3-2025 8:56

RATE: 78 BPM
B.P.: 120/80 mmHg

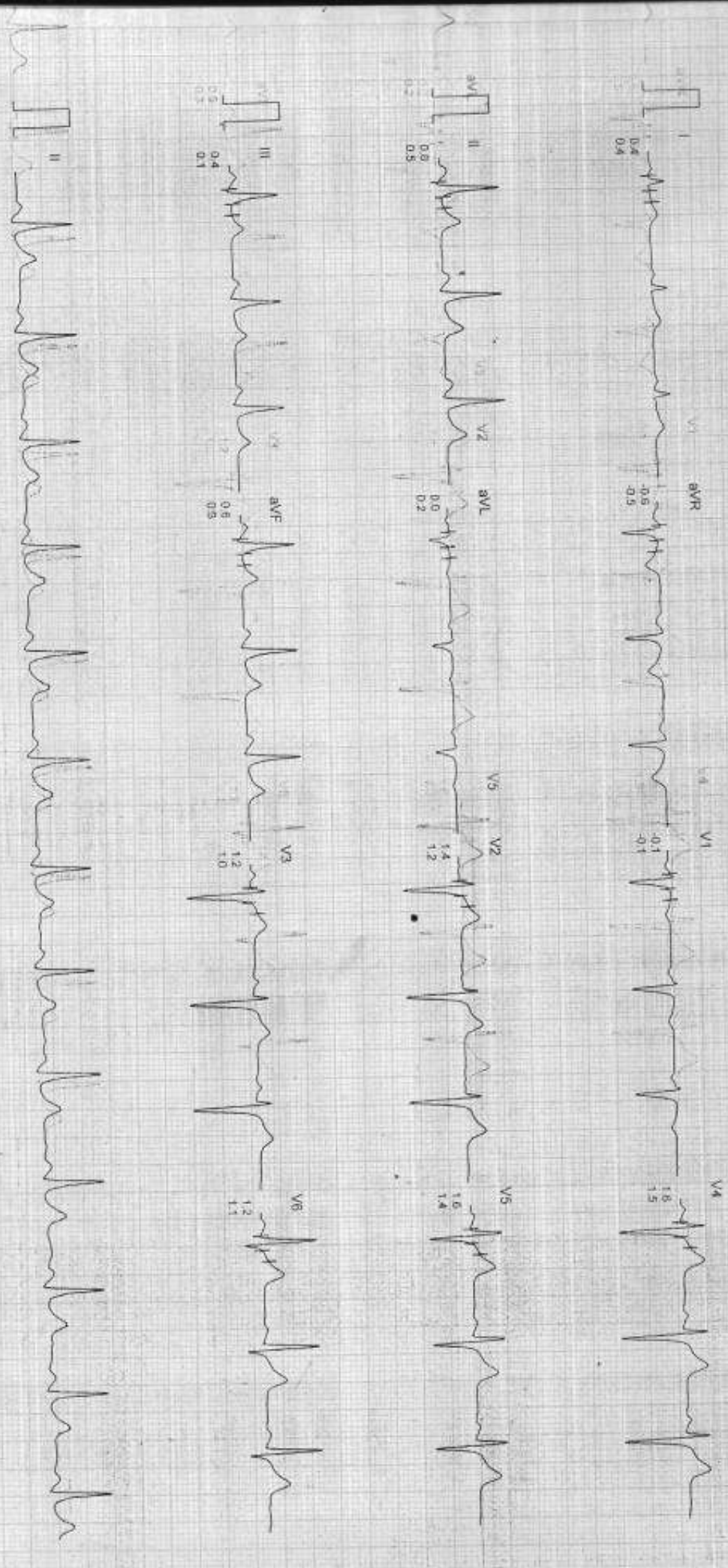
STANDING
PRETEST

KESAR HOSPITAL

KESAR HOSPITAL
STANDING
PRETEST

ST @ 10mm/mV
80ms Post

LINKED MEDIUM



MR VIVEK MALHOTRA
ID : 98
AGE/SEX : 46/M
RECORDED : 12-3-2025 8:56

RATE : 111 BPM
B.P : 125/82 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
SDms PostJ
SPEED 2.7 Km/HR
GRADE 10.0 %
LINKED MEDIUM

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KESAR HOSPITAL



MR. VIVEK MALHOTRA
ID: 98
AGE/SEX: 48/M
RECORDED: 12-3-2025 8:56

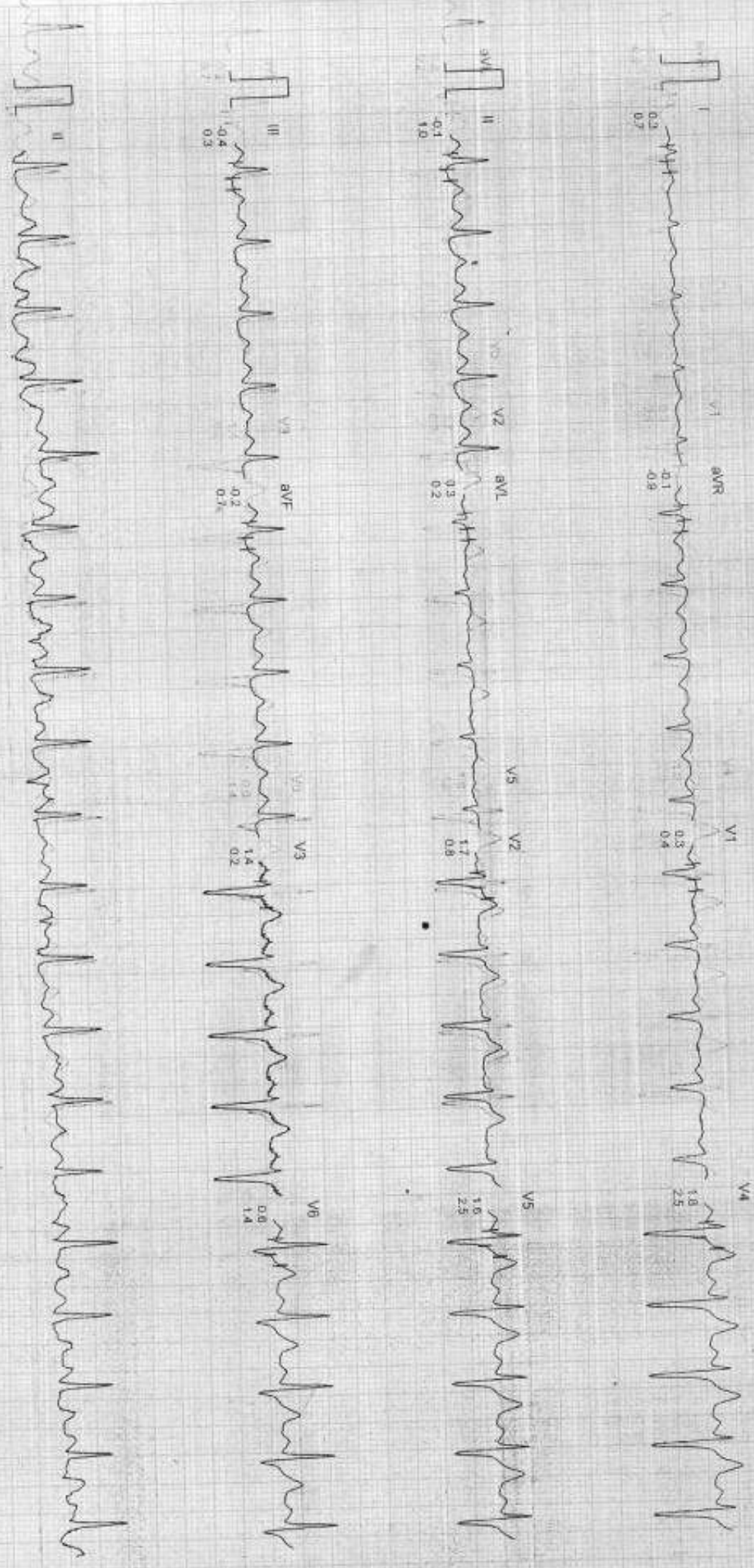
RATE: 120 BPM
B.P.: 130/84 mmHg

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KESAR HOSPITAL

BRUCE
EXERCISE 2
PHASE TIME: 5:59
STAGE TIME: 2:58

ST @ 10mm/mV
80ms Post
SPEED: 4.0 Km./Hr
GRADE: 12.0 %
LINKED MEDIAN



MR. VIVEK MALHOTRA
ID : 98
AGE/SEX : 48/M
RECORDED : 12-3-2025 8:56

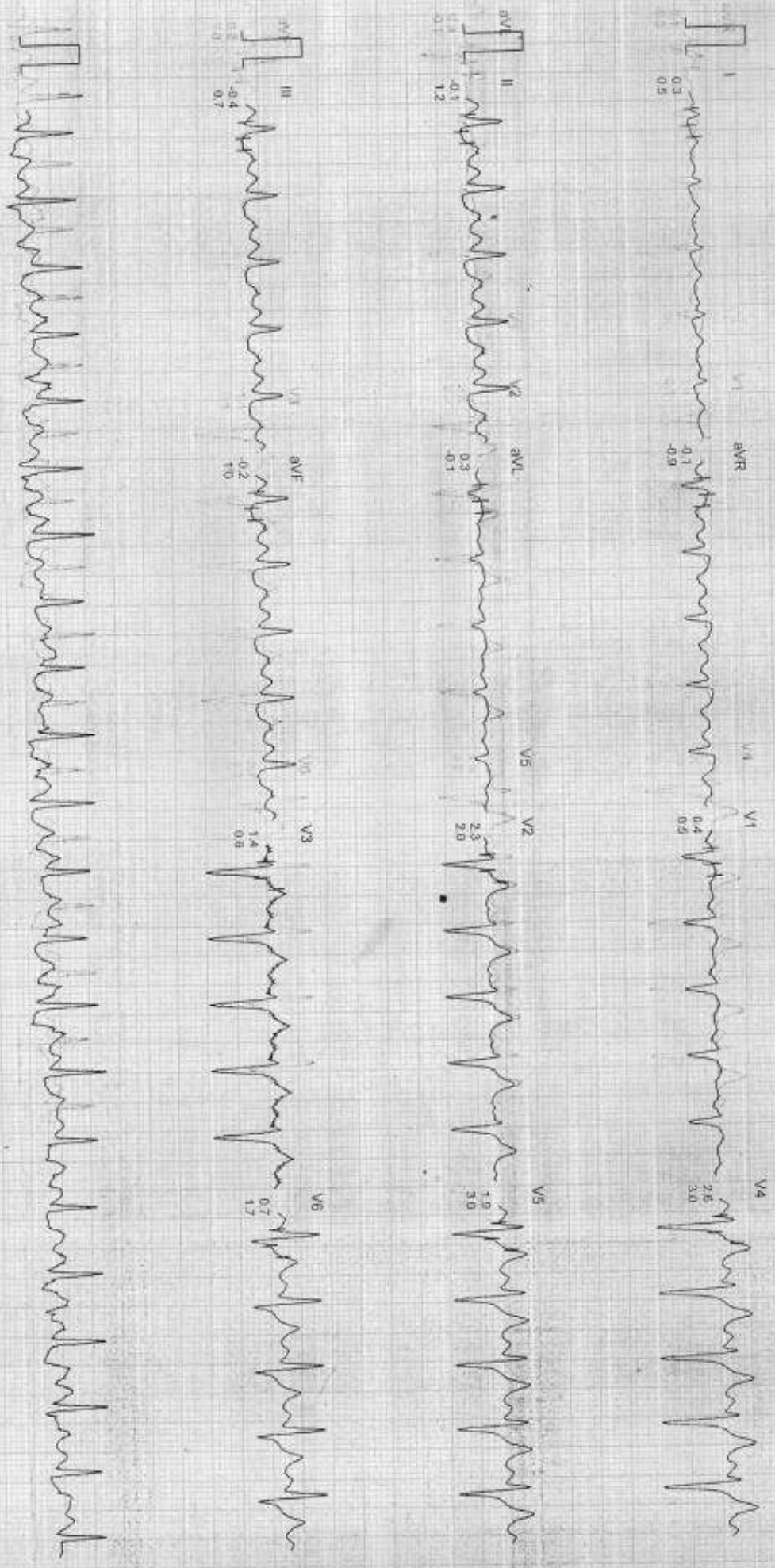
RATE : 131 BPM
B.P. : 134/98 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 8:59
STAGE TIME : 2:59

ST @ 10mm/mV
Borns PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %
LINKED MEDIUM

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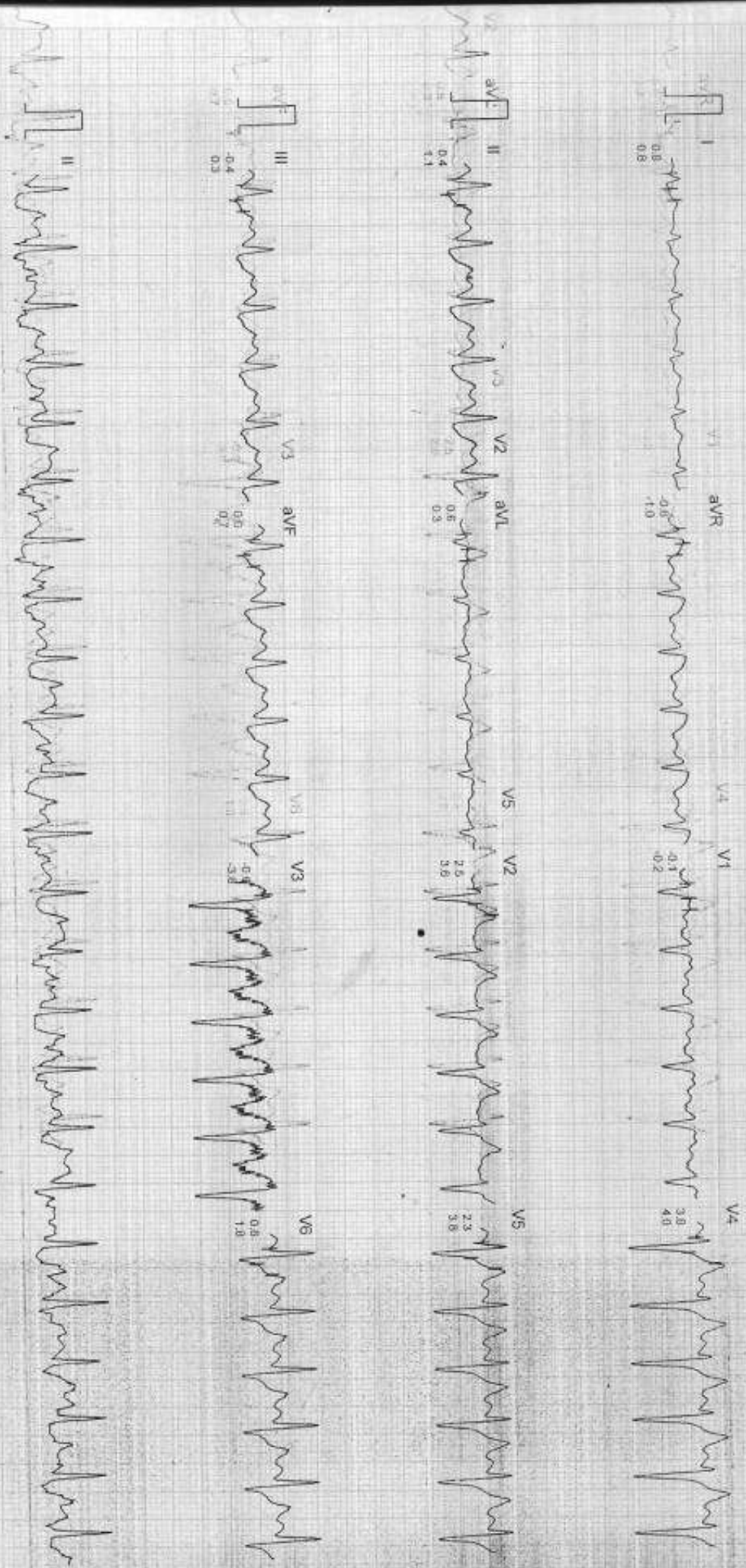
MR. VIVEK MALHOTRA
ID: 98
AGE/SEX: 48M
RECORDED: 12-3-2025 8:56

KESAR HOSPITAL

SERVICE: EXERCISE
RATE: 144 BPM
B.P.: 136/88 mmHg

KESAR HOSPITAL

ST @ 10mm/mV
80ms Post
SPEED: 5.7 Km/Hr
GRADE: 16.0 %
LINKED MEDIAN



Mr. VIVEK MALHOTRA
I.D. 98
AGE/SEX 48/M
RECORDED 12-3-2025 9:56

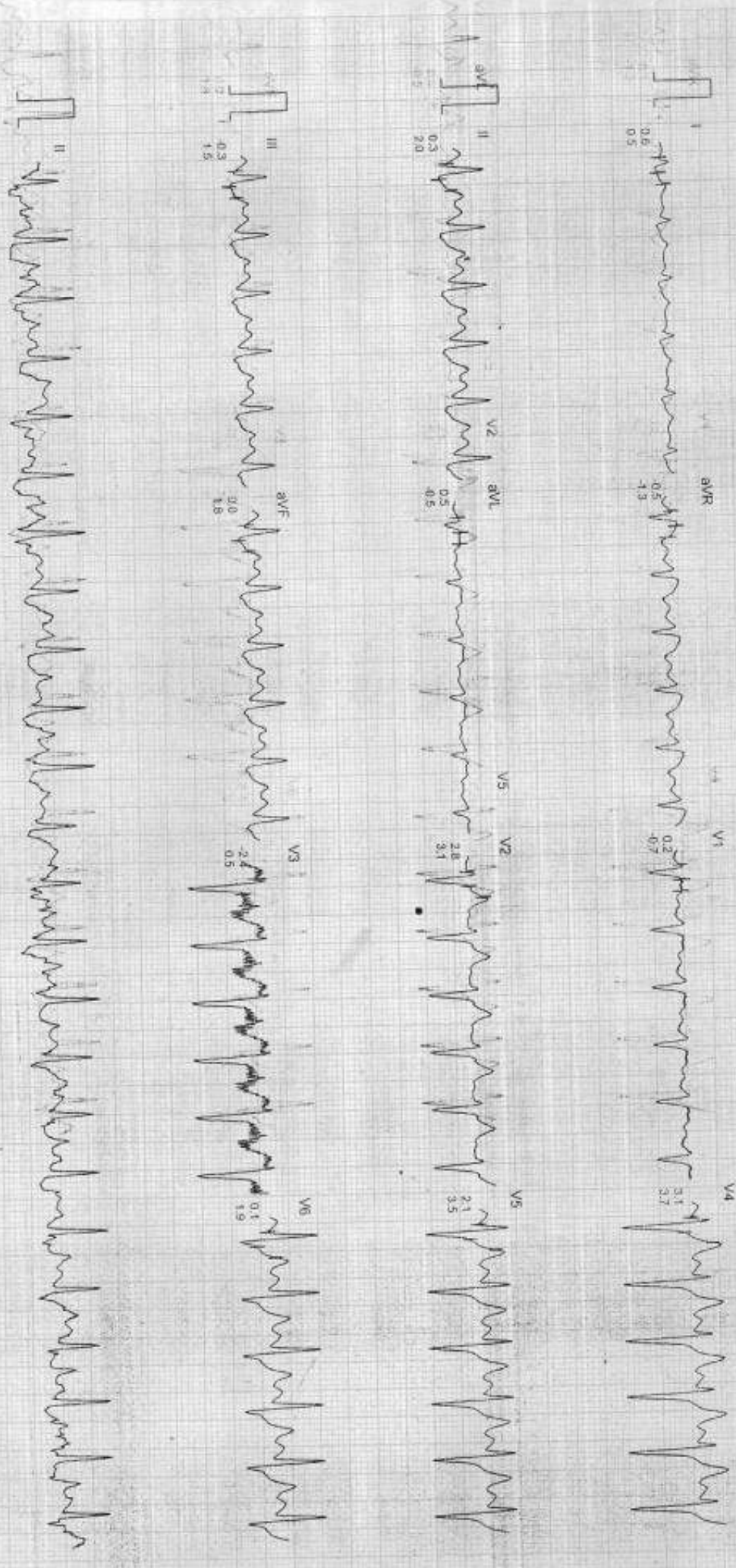
RATE 146 BPM
B.P. 136/88 mmHg

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BRUCE
PEAK EXER 11:48
PHASE TIME 11:48
STAGE TIME 2:48

ST @ 10mm/mV
80ms Post
SPEED : 6.7 Km./Hr
GRADE : 16.0 %
LINKED MEDIAN



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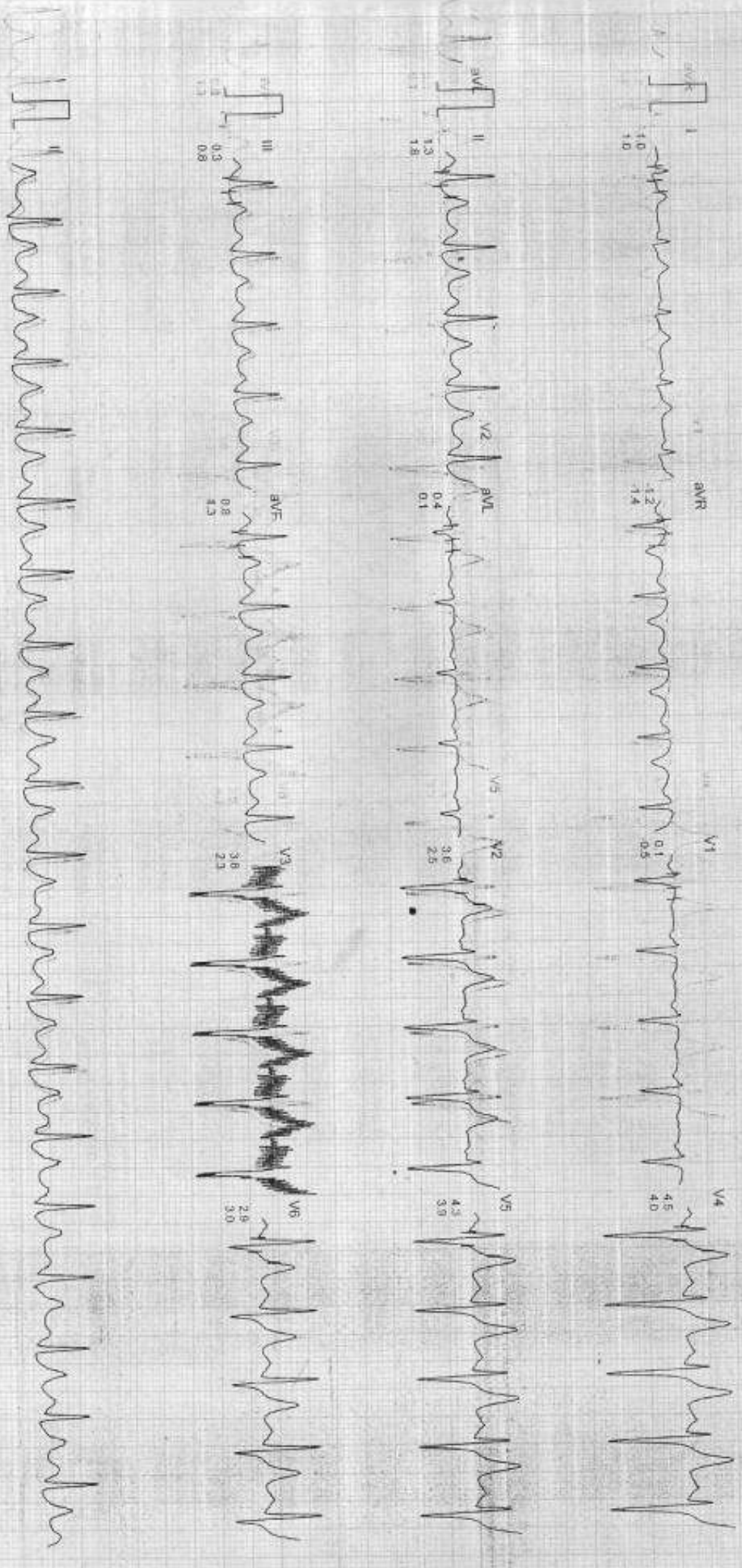
KESAR HOSPITAL

Mr. VIVEK MALHOTRA
ID : 98
AGE/SEX : 48/M
RECORDED : 12-3-2025 8:56

RATE : 119 BPM
B.P : 134/86 mmHg

BRUCE
RECOVERY
PHASE TIME : 0:59

ST @ 10mm/mV
80ms PostJ
SPEED 0.0 Km./Hr.
GRADE 0.0 %
LINKED MEDIAN



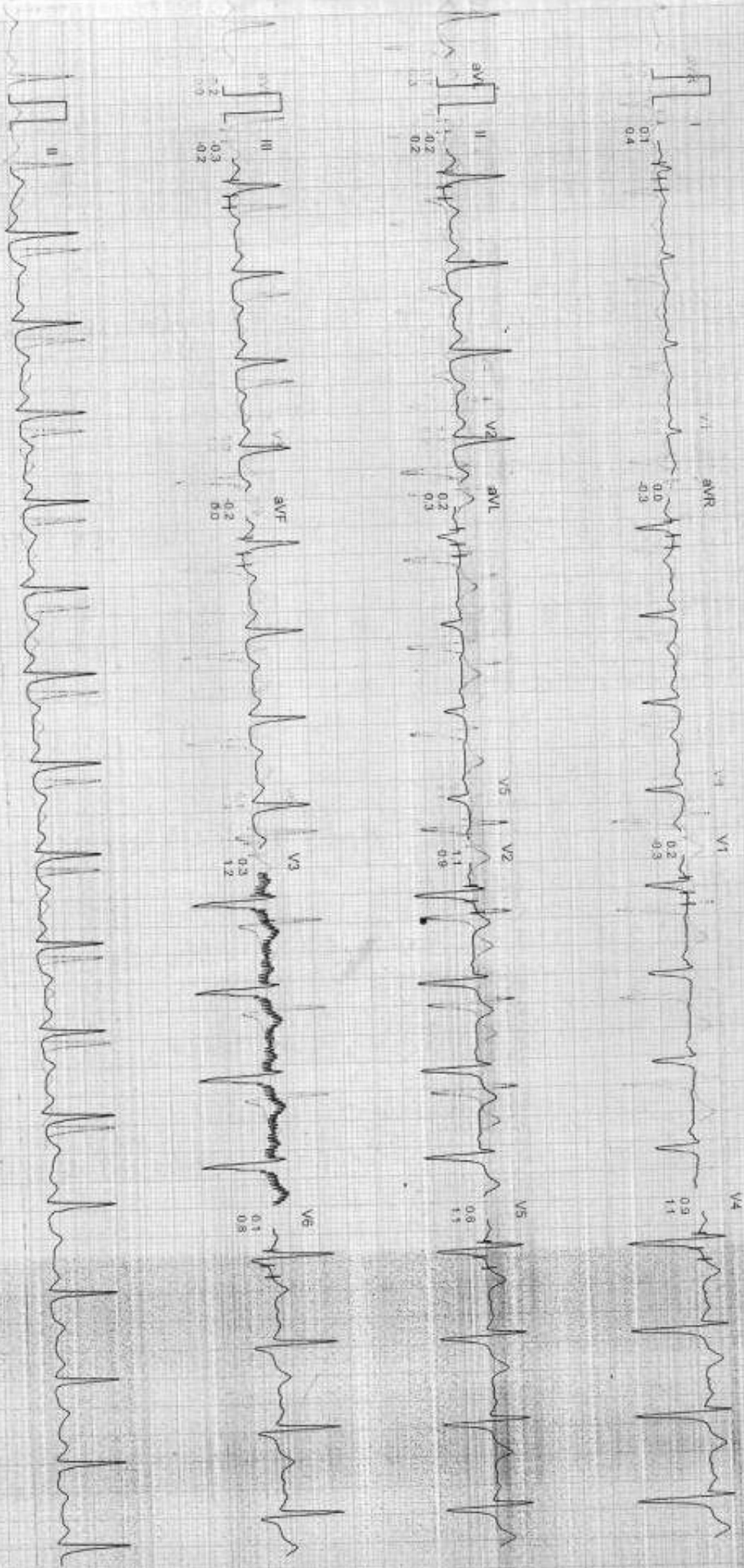
M: VIVEK MALHOTRA
ID : 98
AGESEX : 48M
RECORDED : 12-3-2025 8:55

RATE : 97 BPM
RECOVERY : 4:59
S.P. : 130/84 mmHg

KESAR HOSPITAL

KESAR HOSPITAL

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km/Hr
GRADE : 0.0 %
LINKED MEDIUM



MR. VIVEK MALHOTRA
I.D. 98
AGE/SEX 48/M
RECORDED: 12-3-2025 8:56

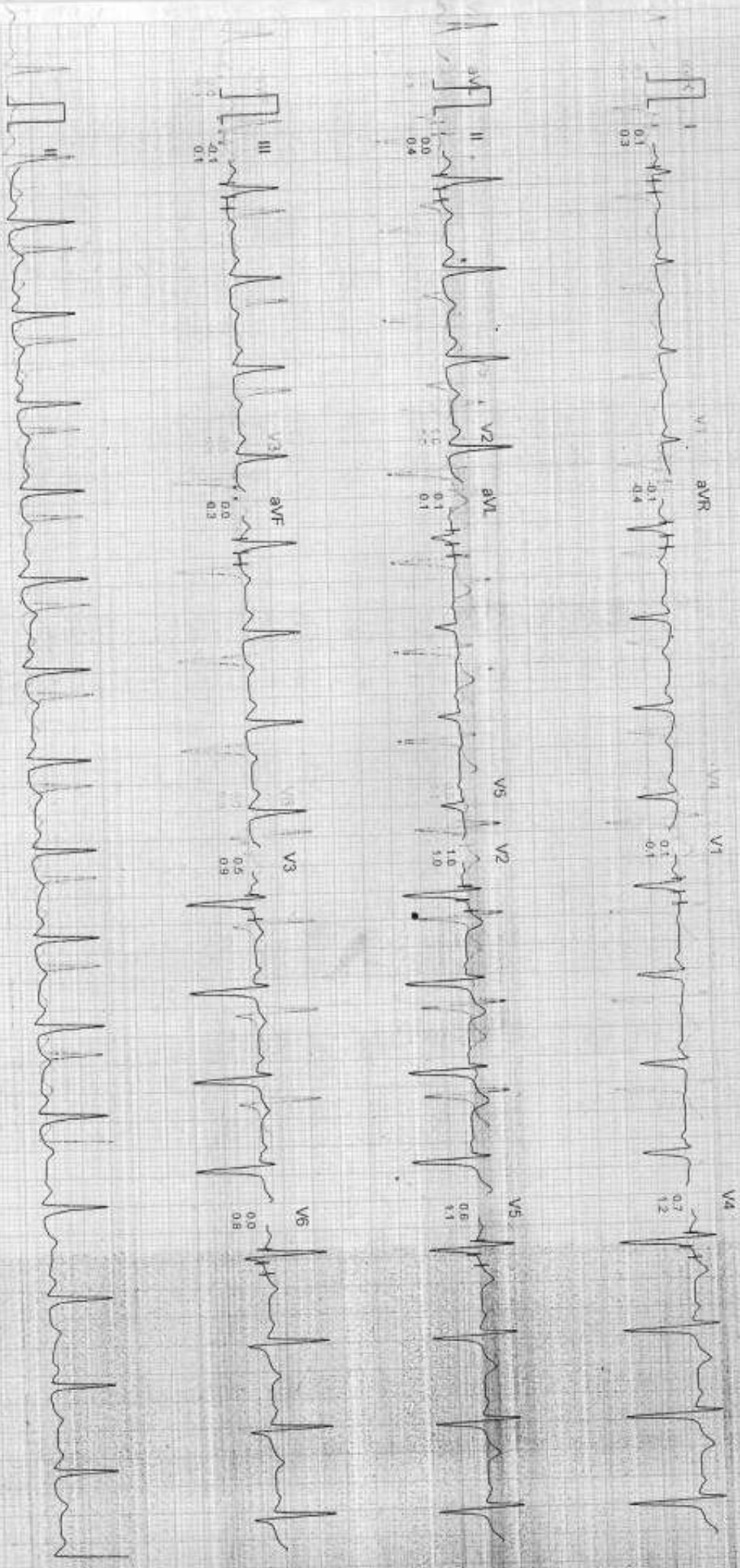
RATE 94 BPM
B.P. 125/82 mmHg

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KESAR HOSPITAL

BRUCE
RECOVERY
PHASE TIME 5:59

ST @ 10mm/mV
60ms PostJ
SPEED: 0.0 Km./Hr
GRADE 0.0 %
LINKED MEDIAN



DR. ANVIVEK MALHOTRA

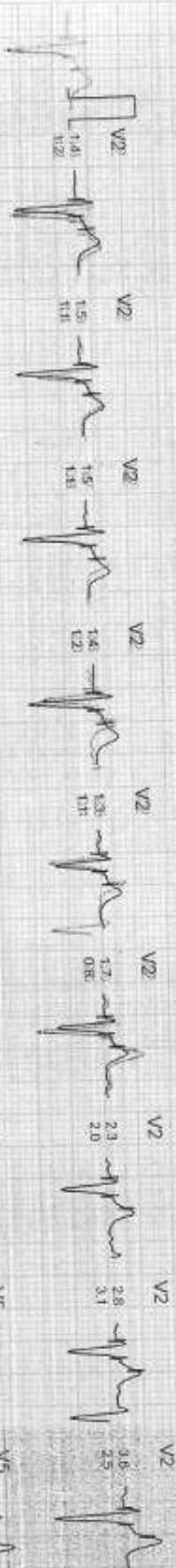
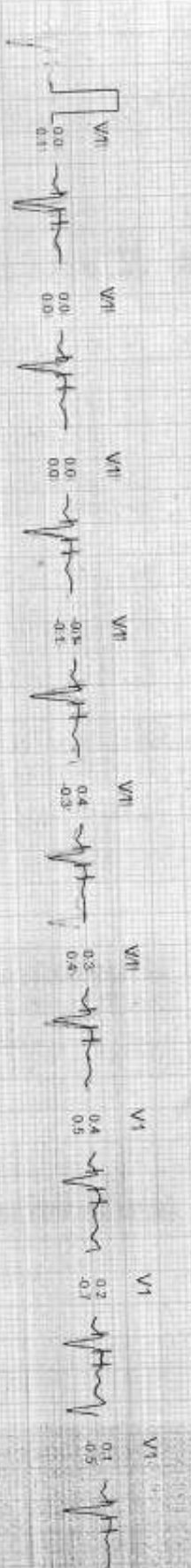
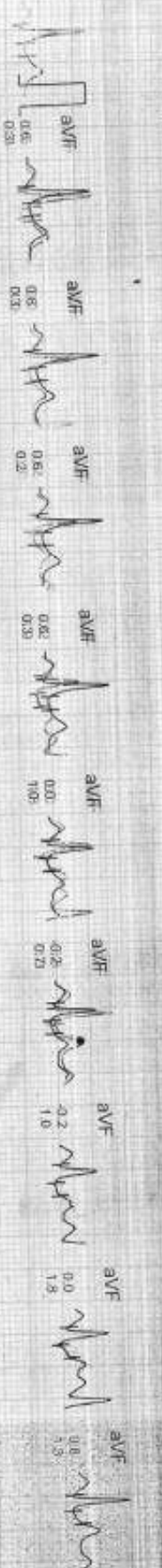
KESAR HOSPITAL
A.I.D.: 98 - 98/4

KESAR HOSPITAL
R.AGE/SEX : 48/M

AVG E.C.G.

RECORDED : 12-3-2025 8:56
AVG E.C.G.

STAGE	HR	RR	BP	SpO2
REST	60 bpm	12	120/80	98%
HYPERVENT	100 bpm	20	120/80	98%
VAGSALVA	77 bpm	13	120/80	98%
STANDING	78 bpm	14	120/80	98%
STAGE 1	111 bpm	18	120/80	98%
STAGE 2	120 bpm	20	120/80	98%
STAGE 3	131 bpm	21	120/80	98%
PEAK EXERCISE	140 bpm	21	120/80	98%
RECOVERY	119 bpm	18	120/80	98%



CHIRICOM, INDIA

CHIRICOM, INDIA

DR. M. VIVEK MALHOTRA

KESAR HOSPITAL
ID: 98

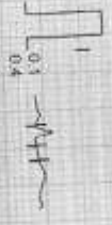
KESAR HOSPITAL

AGE/SEX : 48/M

RECORDED : 12-3-2025 8:56
AVG E.C.G.

RECOVERY
3/58

0.0Kcal/h
0.00%
57 bpm
S.P. 120/84
80mm Hg



Dr. VIVEK MALHOTRA

KESAR HOSPITAL
KALID: 598

KESAR HOSPITAL
AGE/SEX: 48M / 6:56
COMPARISON REPORT

RECORDED: 12-3-2025 8:56
COMPARISON REPORT

STANDING
D.Duration: 0:09
78 bpm
B.P. 120/80
Meds: Furo

PEAK EXERCISE
13:48
2:40
C.T.Kmph: 15.0%
1.40 bpm
B.P. 120/80
Meds: Furo

STANDING
D.Duration: 0:09
78 bpm
B.P. 120/80
Meds: Furo

PEAK EXERCISE
11:48
2:40
6.7Kmph
76.0%
148 bpm
B.P. 135/88
Meds: Furo



I 0.4



II 0.5



III 0.1



aVR 0.5



aVL 0.2



aVF 0.3



V1 0.1



V2 0.2



V3 0.2



V4 0.1



V5 0.1



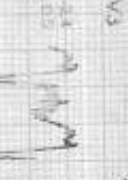
V6 0.1



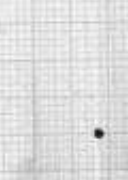
V1 0.1



V2 0.2



V3 0.2



V4 0.1



V5 0.1



V6 0.1



V1 0.1



V2 0.2



V3 0.2



V4 0.1



V5 0.1



V6 0.1



V1 0.1



V2 0.2



V3 0.2



V4 0.1



V5 0.1



V6 0.1



V1 0.1



V2 0.2



V3 0.2



V4 0.1



V5 0.1



V6 0.1

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