

Dear Sir,

One of our client will be visiting your center for health checkups on 29th Oct'2024 & following health checkups are to be done for him so kindly have look at it & proceed accordingly.

Client Name : Lalit Kumar Verma (9868733021)

Proposal No: 2722

1. [CTMT Computerized Tread Mill Test]
2. [ECG at rest (tracing & report)]
3. [HbA1c]
4. [Haemogram]
5. [RUA Routine Urine Analysis]
6. [SBT-13 with Elisa Method HIV test]
7. [Urine Cotinine Test]
8. [Video Medical Examiners Report]

Regards,

Medsave TPA

NAVYA HOSPITAL
RZ-13B, VAJFARGARH,
NEW DELHI-110043



Date: 05/11/2024

To,
LIC of India
Branch Office

Proposal No 2722

Name of the Life to be assured Lalit Kumar Verma

The Life to be assured was identified on the basis of _____

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

Kailash Nath Gupta
Dr. KAILASH NATH GUPTA
MBBS, MD
REG. NO. 11391

Signature of the Pathologist/ Doctor

Name: _____

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Lalit Verma
(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	ETMT with Tracing
7	BUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: VCT

17. Others (Please Specify) _____

Remarks of Hospital NAVYA HOSPITAL
Authorized Signature: _____

NAVYA HOSPITAL
RZ-13B, MAJAPURH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 2722

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

Full Name of Life to be assured: Lalit Kumar Verma

Age/Sex : 41M

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 VI 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

NAVYA HOSPITAL
RZ-13B, MAJAPGARH,
NEW DELHI-110043

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 (N)
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N (N)
- iii. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N (N)

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at

on the day of 05/11/2004

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
160	67	120/80	87

(B) Cardiovascular System

..... N/A

.....

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10 mm	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	87 /min	T -wave	Normal
Ventricular Rate	87 /min	Q-Wave	Normal
Rhythm	Sinus		—
Additional findings, if any.	Normal		—

Conclusion:

TWT

Dated at Delhi on the day of 07/11/2004

Dr. KAILASH NATH GUPTA
 MBBS. MD
 REG. NO. 11391

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

NAVYA HOSPITAL
 RZ-13B, RAJGARH,
 NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 2722

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

Full Name of Life to be assured: Lalit Kumar Sharma,

Age/Sex: 41/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
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y
3. Have you ever had Chest X'Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y

If the answer/s to any/all above questions 'Yes', submit all relevant papers with this form.

Dated at Delhi on the day of 05/11 2007

Signature of L.A. _____

Signature of the Cardiologist
 Name & Address Dr. KAILASH NATH GUPTA
 Qualification MBBS, MD
 Code No. RD-11-1091

NAVYA HOSPITAL
 RZ-13B, HUDA FARGARH,
 NEW DELHI-110043

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code:

Full Name of Life to be assured: MR. LALIT KUMAR VERMA Introduced by: (name & signature)

Age/ Sex: 41/M

1. Physical Examination

(i) Colour :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 :00-01 /HPF
(iii) Crystals :NIL	(iv) Pus Cells :01-02 /HPF
(v) Casts :NIL	(vi) Deposits :NIL
(VII) Bacterias :NIL	

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS. MD PATH
REG NO - 8941
MBBS. MD PATH
Dr. SAKSHI VIRMANI

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 marked below, in my presence and that I am not related to him/her or the Agent of the Development

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE AG PLUS
DIAGNOSTICS
Signature of the Pathologist

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043
☎ : 8700101773, 7903658279

Zone Division Branch DATE /TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code:

Full Name of Life to be assured: MR. LALIT KUMAR VERMA Introduced by: (name & signature)

Age/ Sex: 41/M

Complete Blood Count (CBC)+ESR

Specimen: Whole Blood EDTA

Haemoglobin (Hb) Colorimetric SLS	13.3	g/dL	13.0-17.0
TOTAL LEUKOCYTE COUNT (TLC) Flow Cytometry	8400	th/cumm	4.0-10.0
Differential Cell Count			
Neutrophils Flow cytometry / Microscopy	65	%	40-80
Lymphocytes Flow cytometry / Microscopy	30	%	20-40
Eosinophil Flow cytometry / Microscopy	3	%	1-6
Monocytes Flow cytometry / Microscopy	2	%	2-10
Basophils Flow cytometry / Microscopy	0	%	0-1
RBC Count Impedance	4.4	millions/cmm	4.5-5.5
Haematocrit (HCT) Calculated	39.9	%	40-50
MCV Calculated	90.1	fl	83-101
MCHC Calculated	32.4	g/dl	31.5-34.5
Platelet Count (PLT) Impedance / Microscopy	193	thou/ μ L	150-410
Mean Platelet Volume (MPV) Calculated	9.3	fl	7.4-10.4
RDW-CV Calculated	12.6	%	11.6-14.0
RDW-SD Calculated	44.2	fl	35.0-56.0
Erythrocyte Sedimentation Rate (ESR) Modified Westergren method	13	mm/hr	0-20

NAVYA HOSPITAL
 RZ-138, NAJAFGARH,
 NEW DELHI-110043

Dr. SAKSHI VIRMANI
 Signature of the Pathologist
 REG.NO.- 8941
 Pathologist's name & Address

Disclaimer: There are chances for human error during printing. If results are unexpected or a qualification contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE AG+2A Plus
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043
 ☎ : 8700101773, 7903658279

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone _____ Division _____ Branch _____ DATE /TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code: _____

Introduced by: (name & signature)

Full Name of Life to be assured: MR LALITA KUMAR VERMA

Age/Sex : /M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	92.1	60-110 MG/DL
2	TOTAL CHOLESTEROL	160.3	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	39.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	149.7	00-150 MG/DL
3	TRIGLYCERIDES	143.8	25-160 MG/DL
4	CREATININE	0.90	0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)	19.7	6.0-21.0 MG/DL
6	S PROTEINE	6.90	6.5-8.5 MG/DL
	(A) ALBUMIN	3.55	3.5-6.0 MG/DL
	(B) GLOBULINE	3.35	1.8-2.5 MG/DL
	(C) AG RATIO	1.05	
7	S. BILIRUBIN		
	(A) DIRECT	0.32	0.0-0.2 MG/DL
	(B) INDIRECT	0.60	0.2-0.8 GM/DL
	(C) TOTAL	0.92	0.2-1.0 MG/DL
8	SGOT (AST)	39.3	04-45 IU/DL
9	SGPT (ALT)	33.5	00-40IU/DL
10	GGTP (GGT)	44.9	11-50IU/DL
11	S. ALKANINE PHOSPATASE	101.3	15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)	NEGATIVE	NEGATIVE
13	ELISA FOR HIV	NEGATIVE	NEGATIVE

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG NO. 8941

SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS - ALIFICATION

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE Plus
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

☎ : 8700101773, 7903658279

ANNEXURE II – 10

LIFE INSURANCE CORPORATION OF INDIA

Proposal No. 2722

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR LALITA KUMAR VERMA

Age/Sex : 41/M

HEAMETOLOGY

Test	Result	Unit
HbA1C	4.2	%

Non Diabetic < 6.0
Pre diabetic 5.7-6.9
Diabetic >= 6.9

Mean Plasma Glucose levels

Guidance For Known Diabetics

Below 6.5% : Good

Control 6.5% - 7% :

Fair Control

7.0% - 8% : Unsatisfactory Control

>8% : Poor Control

Dr. SAKSHI YIRMANI
MBBS, MD PATH
REG.NO.- 8941

Pathologist's name & Address

Qualification:

LIC Code No. :

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE  Plus
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043
☎ : 8700101773. 7903658279

Form No. LIC03 - 009

Zone Division Branch

DATE /TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code:

Full Name of Life to be assured: MR LALIT KUMAR VERMA Introduced by: (name & signature)

Age/Sex : 41/M

URINE EXAMINATION REPORT

TEST	RESULT	UNIT	REF VALUE
------	--------	------	-----------

CHEMICAL EXAMINATION

URINE FOR COTININE TEST : NEGATIVE

Dr. SAKSHI VIRMANI
MBBS / MD PATH
REG.NO.- 8941

Signature of the Pathologist

Pathologist's name & Address

Qualification :

LICI Code No. :

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE  Plus
DIAGNOSTICS

Address:- Navya Hospital, RZ-13B, New Roshanpura, Najafgarh, New Delhi-110043

☎ : 8700101773, 7903658279

NAVYA HOSPITAL

REGISTRATION NUMBER: 2125

ID : 2125
 DATE : 05-11-2024
 AGE/SEX : 41/M
 HT/WT : 0 / 0
 REF. BY : LIC OF INDIA

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY : FOR LIC PURPOSE,
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/HR	GRADE %	H.R. bpm	B.P. mmHg	RPP K100	ST LEVEL (mm)			METS
								II	V1	V5	
SUPINE					97	124 / 76	120	5.3	1.3	5.2	
STANDING					92	127 / 74	116	2.9	1	2.8	
HYPERTENT		0:20	2.7	10	90	125 / 75	112	4.5	0.8	4.5	
Stage 1	2:55	2:55	4	12	139	138 / 84	191	2.9	0.1	2.7	4.67
Stage 2	5:55	2:55	5.4	14	142	145 / 91	205	3.9	0.1	3.8	7.04
Stage 3	8:55	2:55	6.7	16	178	154 / 98	274	4.9	0.6	4.3	9.92
FR-EXERCISE	9:6	0:6			180	154 / 98	277	4.6	0.6	4.7	10.13
RECOVERY	12:11	2:55			120	144 / 84	172	3.2	0.4	3.1	
RECOVERY	13:29	4:13			116	134 / 81	155	3	0.4	2.7	
RECOVERY	14:57	5:41			110	121 / 75	133	2.6	0.8	2.3	
RECOVERY	15:11	5:55			110	121 / 75	133	2.4	0.9	2.4	

RESULTS

EXERCISE DURATION : 9:6
 MAX HEART RATE : 180 bpm
 MAX BLOOD PRESSURE : 154 / 98 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ASBRT/MIA : None,
 H.P. RESPONSE : Normal Chronotropic Response,
 IMPRESSIONS :

MAX WORK LOAD : 181 bpm

: 10.13 METS

Negative for Provocable myocardial ischemia,

NAVYA HOSPITAL
 RZ-13B, NARAYGARH,
 NEW DELHI-110043

Dr. KAILASH NATH GUPTA
 MBBS, MD
 REG.NO.-11391

Technician :



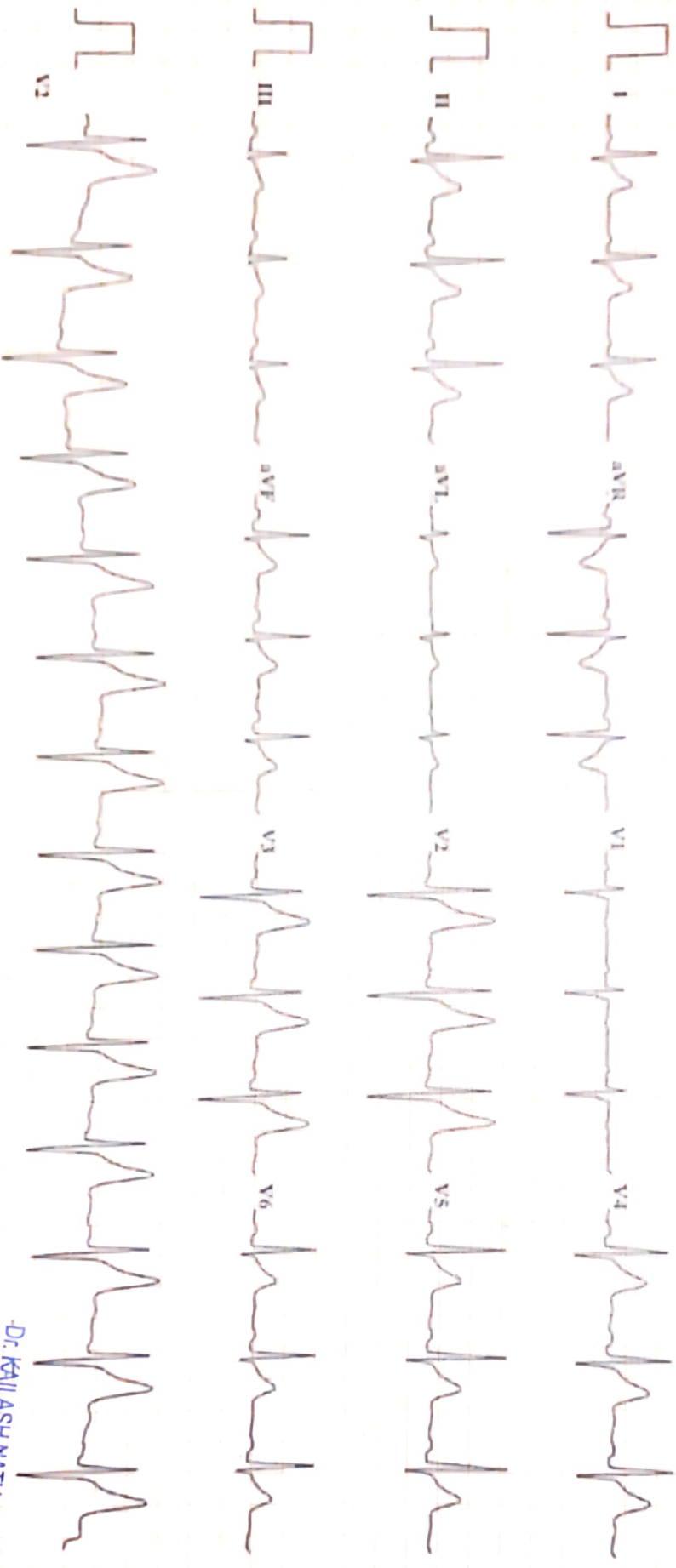
NAVYA HOSPITAL

MR. LAJTHAN VIKRAM
 ID : 2123
 ADDRESS :
 H/O :
 DATE : 24/11/2024 (11:01:13 AM)
 REF BY : Dr. R. P. SINGH
 MACHINE INTERPRETATION : Normal ECG.

RATE : 87 bpm
 BP : N/A
 P Axis : 73 deg
 QRS Axis : 57 deg
 T Axis : 58 deg

P Duration : 106 ms
 PR Duration : 162 ms
 QRS Duration : 89 ms
 QT Interval : 320 ms
 QTc Interval : 366 ms

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



NAVYA HOSPITAL
 RZ-13B, NAFGARH,
 NEW DELHI-110043

Dr. KAILASH NATH GUPTA
 MBBS, MD
 REG. NO. - 11391

Filtered (35 Cycle) And Base Corrected

Copyright Indian Med. & Engg. Assoc. For. & H. Association & India. engg. association. Web: www.association

Dr.

LAJLI ERDAS VERMA
 I.D. 2125
 Age 41/M
 Date 05-11-2024

RATE 110bpm
 R.P. 121/75

DRUG
 RECOVERY
 TOTAL TIME 15:11
 PHASE TIME 5:55

ST @ 10mm/mV
 80ms PAPER

LINKED MEDIAN

Mag. X 2

V1

1.5
 1.5

-2.0
 -1.8

0.9
 0.5

3.0
 2.5



2.4
 2.0

0.3
 0.5

5.4
 4.0

2.4
 1.8



0.9
 0.5

1.6
 1.3

5.0
 4.0

1.7
 1.2



0.9
 0.5

7



NAVYA HOSPITAL
 RZ-13B, NEW DELHI
 NEW DELHI-110043

HEALTH RECORDS SECTION

I.D. 2125
Age 41/M
Date 05-11-2024

R/RATE 110bpm
R.S.F. 121/75

RECOVER
RECOVERY
TOTAL TIME 14:57
PHASE TIME 5:41

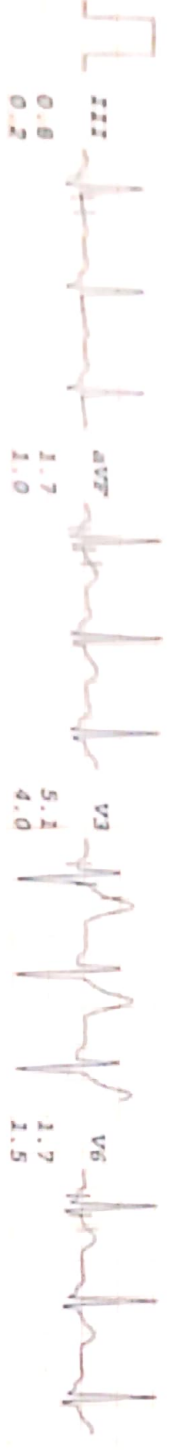
NAVYA HOSPITAL

ST 0 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. x 2

V1



Number of Measurements: 12

Number of Leads: 12

NAVYA HOSPITAL

1.6/27 ECG/88 VERBIA

I.D. 2125
Age 41/M
Date 05-11-2024

RATE 116bpm
B.P. 134/81

Dr. Bruce
RECOVERY
TOTAL TIME 13:29
PHASE TIME 4:13

ST @ 10mm/mV
80ms PAPER

LINKED MEDIAN

Mag. X 2

V1

I 1.4
II 1.1

aVR -2.2
aVL -1.9

V1 0.4
V2 0.3

V6 4.0
V5 3.8

II 3.0
III 2.9

aVF -0.1
aVL -0.2

V2 5.7
V3 4.8

V5 2.7
V4 3.0

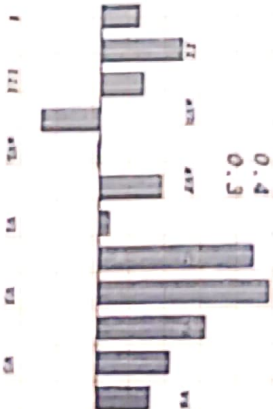
III 1.6
aVF 1.4

aVF 2.3
aVL 2.0

V3 6.3
V4 5.5

V6 2.0
V5 1.9

I



I.D. 2123
 Age 41 yr
 Date 05-11-2024

RATE 120bpm
 B.P. 144/84

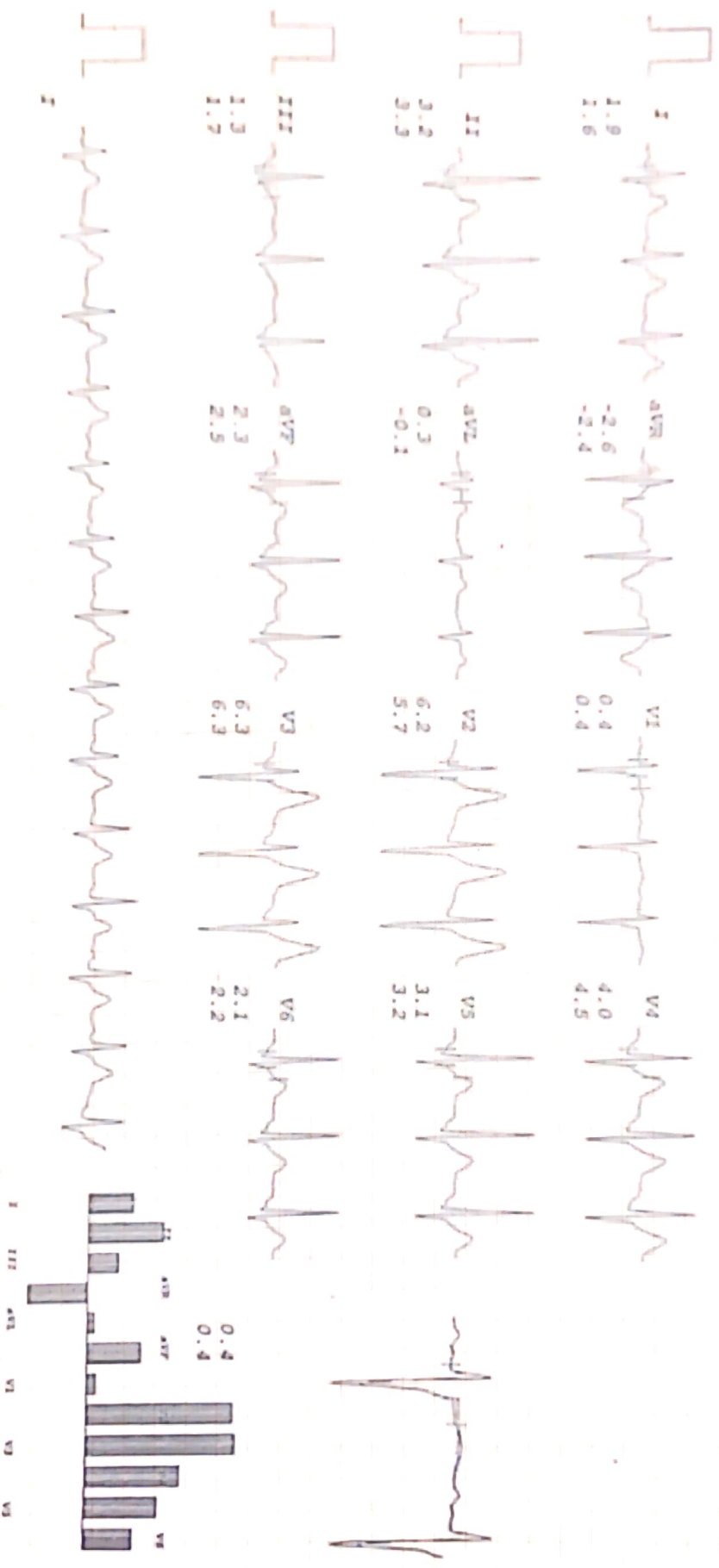
HRUCO
 RECOVERY
 TOTAL TIME 12:11
 PHASE TIME 2:55

ST 0 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



LEAD STANDARD VERSION

I.D. 2129
Age 41/M
Date 05-11-2004

RATE 180bpm
R.P. 154/98

NAVYA HOSPITAL

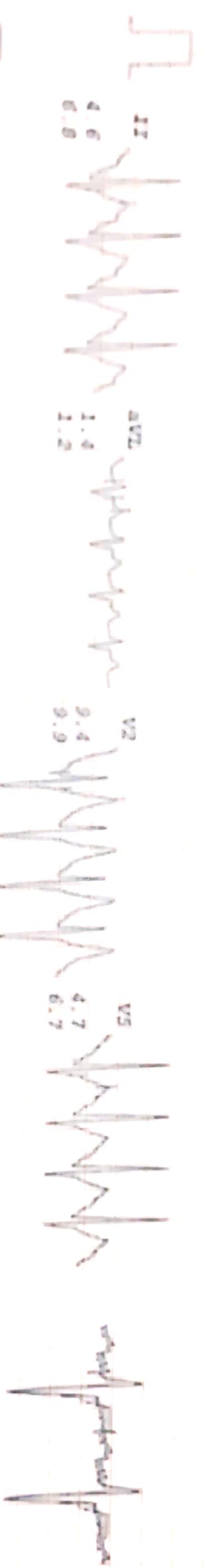
PR-EXERCISE
TOTAL TIME 9:06
PHASE TIME 0:06

80ms Postcu
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN

Mag. X 2

V1



Patient Name: VIKAS
I.D. 2125
Age 41/M
Date 05-11-2024

Rate 178bpm
R.P. 154/98

Drugs
Stage 3
TOTAL TIME 8:55
PHASE TIME 2:55

ST 0 10mm/mV
8cms Postly
Speed 5.4 km/hr
SLOPE 14 °

NAVYA HOSPITAL

LINKED MEDIAN

Mag. X 2

V1



F.D. 2125
 Age 41/M
 Date 05-11-2024

Rate 178bpm
 R.P. 154/98

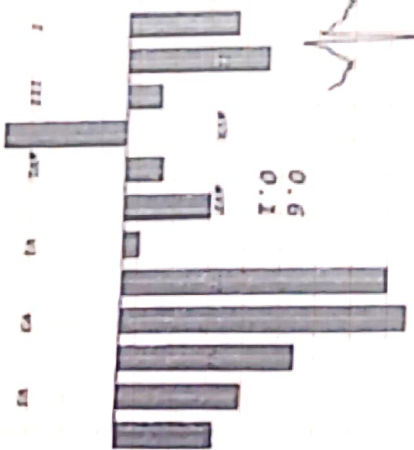
Bruce
 Stage 3
 TOTAL TIME 0:55
 PHASE TIME 2:55

ST 0 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 8

LINKED MEDIAN

Mag. X 2

V1



P.A. 11/11/01
 Age 47
 Date of referral

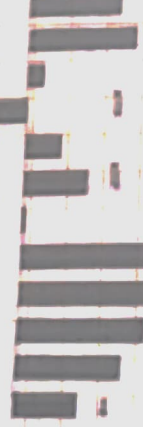
DATE 11/11/01
 R.F. 11/11/01

Dr. J. J. J.
 RURAL CLINIC
 P.O. BOX 1234

ST. J. J. J.
 RURAL CLINIC
 P.O. BOX 1234

LINKED MEDIAN

Lead II
 V1



NAME: [REDACTED]
 F.B. 2125
 Age 41/78
 Date 05-21-2004

RATE 139bpm
 R.P. 138/84

Stage I
 TOTAL TIME 2:55
 PHASE TIME 2:55

80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

NAVYA HOSPITAL

LINKED MEDIAN

Mag. X 2

V1



Medical Information Center

100-100, Indore, M.P. : 492-001, India. Tel: 0783-2511111, Fax: 0783-2511111, Email: info@navya.com, www.navya.com, Inf@navya.com

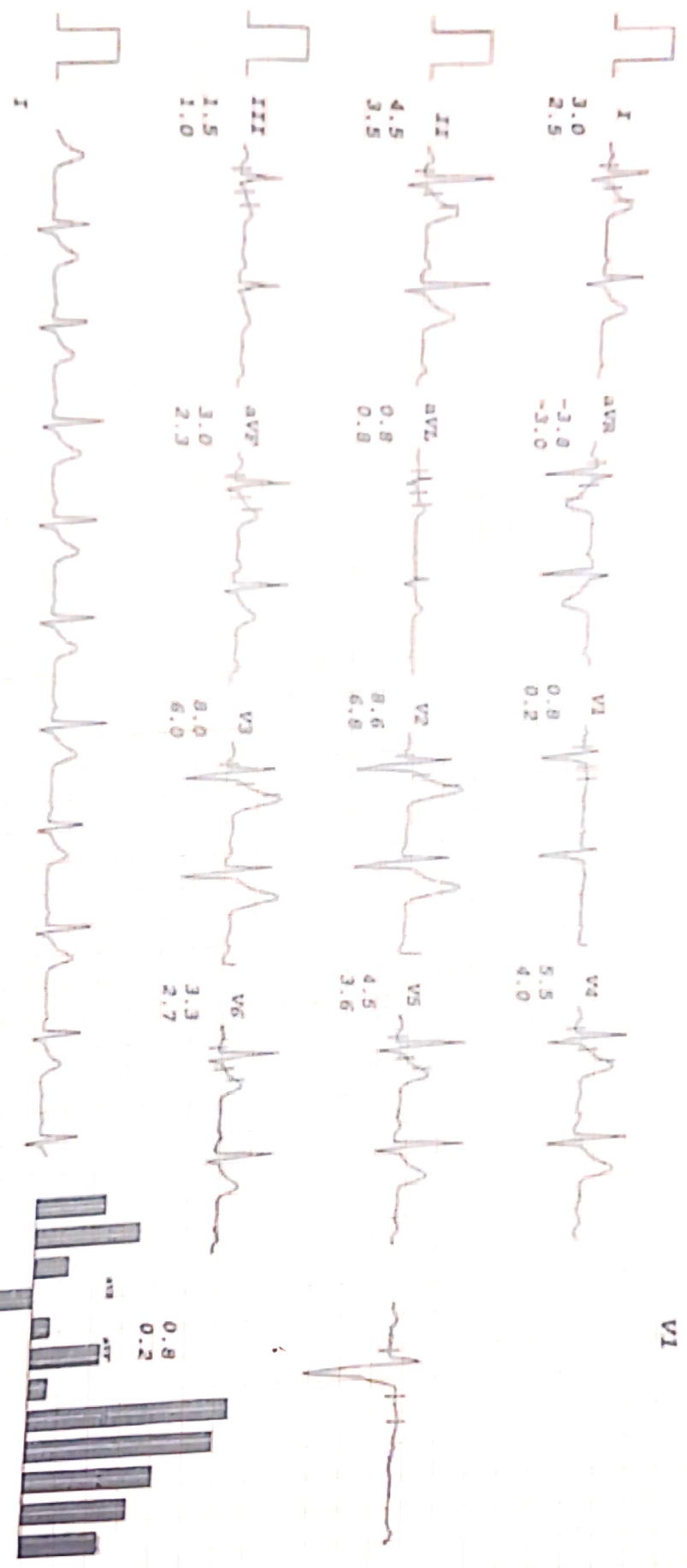
I.D. 2129
 Age 41/M
 Date 08-18-2024

RATE 90bpm
 R.P. 125/75

PRETEST
 HYPERTENT
 PHASE TIME 0:20

LINKED MEDIAN

ST 8 10mm/mV
 80ms Post J



Mag. X 2

V1

Applied Filtered 120 Cyc/sec Linear Correction
 12/24/95, Andrew, Tel: 1-800-338-2283, Fax: 410-311-4011, E-Mail: medinfo@medtronic.com, Web: www.medtronic.com, TTY: 1-800-338-2283

I.D. 2123
Age 41/M
Date 05-12-2024

DATE 05/12/24
H.P. 122/74

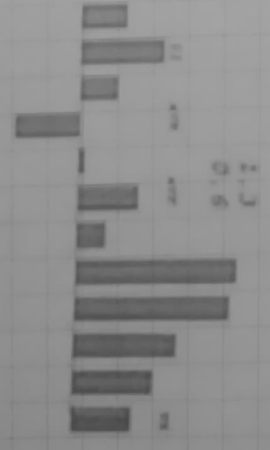
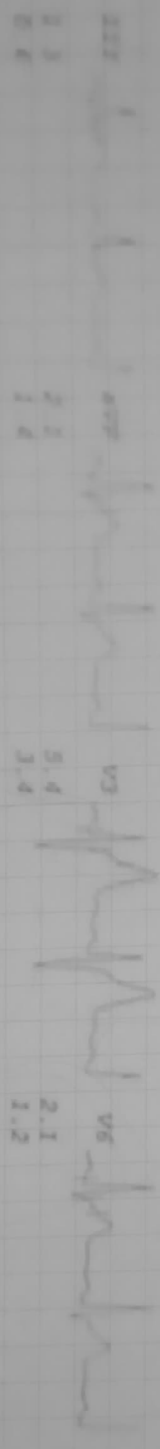
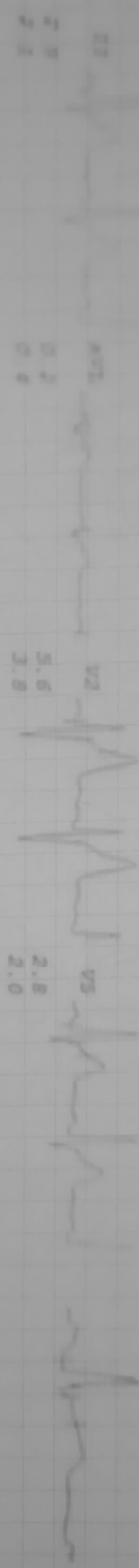
STANDARD

Room Post 1

LINKED MEDIAN

Mag. X 2

III



P. D. 2329
 Age 41 yrs
 Date 28-12-2024

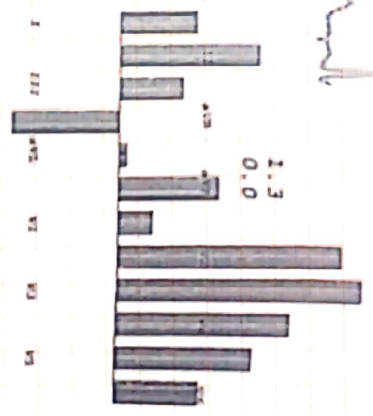
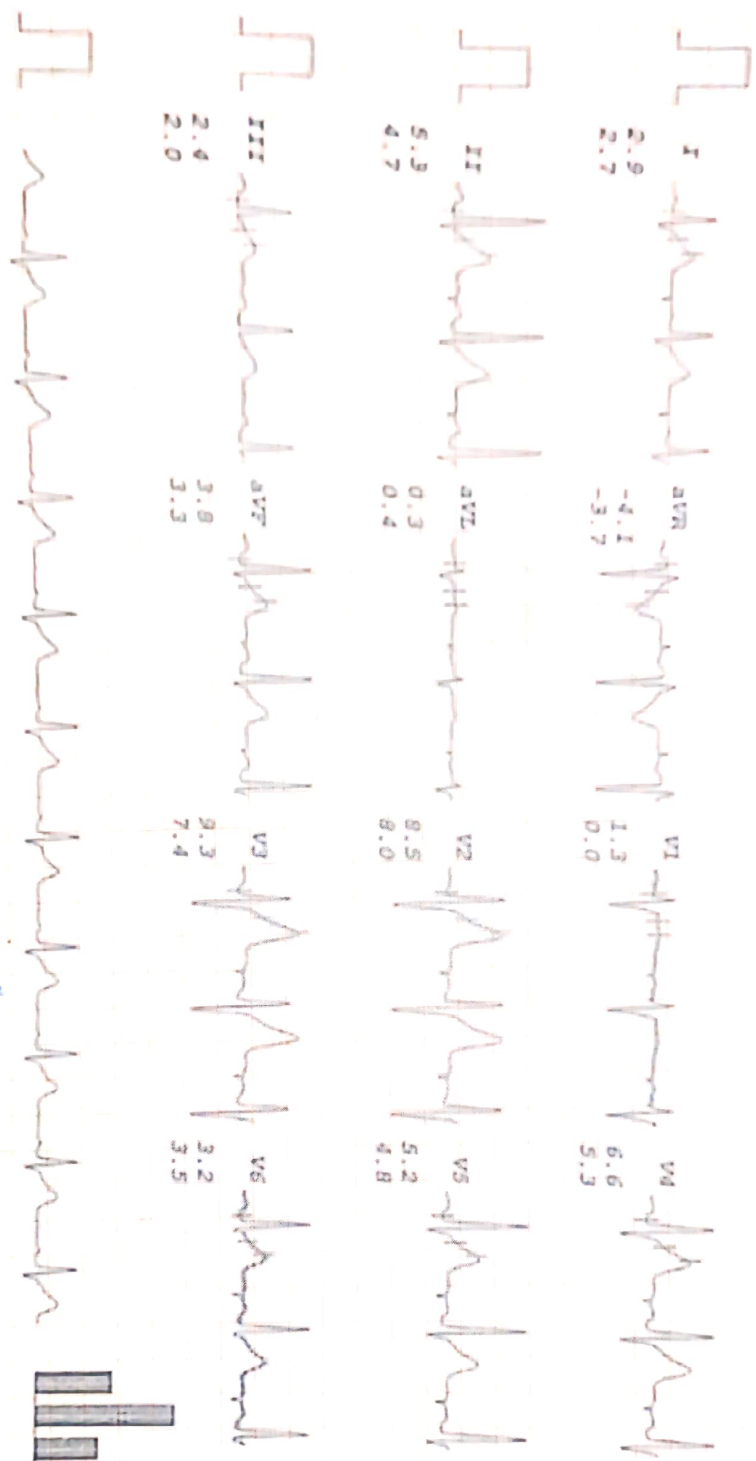
RATE 97bpm
 B.P. 124/76

PRETEST
 SUPINE

ST Q 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



NAVY HOSPITAL
 PAFGARH,
 RAJAPUR,
 NEW DELHI-110043

भारत सरकार
Government of India



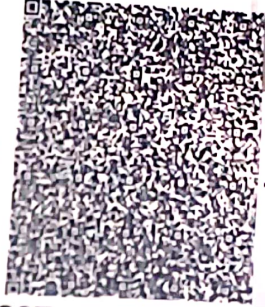
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



ललित कुमार वर्मा
Lalit Kumar Verma
जन्म तिथि/DOB: 01/11/1982
पुरुष/ MALE

पता:
स/ प्रथमी सिंह वर्मा, ह.नो. २०, राजेंद्र पार्क एक्सटेंशन,
नंगलोई, वेस्ट दिल्ली,
दिल्ली - 110041

Address:
S/O PRITHVI SINGH VERMA, H.NO. 20,
RAJENDRA PARK EXTENSION, Nangloi, West
Delhi,
Delhi - 110041



4245 7731 0807

VID : 9117 6907 4436 5701

मेरा आधार, मेरी पहचान

4245 7731 0807

VID : 9117 6907 4436 5701

1947

help@uidai.gov.in

www.uidai.gov.in

Scanned with CamScanner

Scanned with CamScanner

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Dr. KAVYASH NATH
MBBS. MD
REG.NO.- 11391



Scanned with OKEN Scanner

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					97	124/76	120
	SITTING					92	127/74	116
	STANDING						125/75	112
	HYPERVENTILATION					90	138/84	191
	WARM UP					139		
EXERCISE	STAGE 1	2:55	2.70	10.0	4.64	142	145/91	205
	STAGE 2	5.55	4.00	12.0	7.04	178	154/98	274
	STAGE 3	8.55	5.40	14.0	09.92	180	154/98	277
	STAGE 4		6.70	16.0	10.13	120	144/98	172
	PEAK EXERCISE	9.6			10.87	116	134/81	155
RECOVERY	RECOVERY	12:11	0.00	0.00	0.00	110	121/75	133
	RECOVERY	13.29	0.00	0.00	0.00	110	121/75	133
	RECOVERY	14.57				110		

The protocol used - BRUCE

Total Exercise Time - 9.6

Maximum Blood Pressure - 154/98

Maximum Workload - 10.13METS

Maximum heart rate - 181 bpm Maximum predicted heart rate 88%

Reason for termination - achieved THR

Comments:

Si

Name & Address

Qualification Code No

Kailash Nath Gupta
Dr. KAILASH NATH GUPTA
MBBS. MD
REG.NO.- 11391

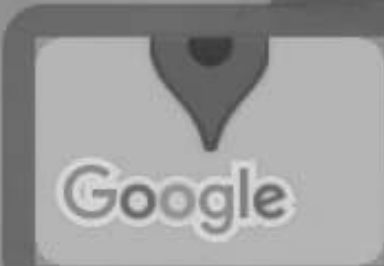
NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

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

(Signature of the L.A. to be obtained on the stracings)

[Signature]
NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043





Najafgarh, Delhi Division, Delhi

05/11/2024, 11:49