



भारत सरकार
Government of India



Issue Date: 06/11/2011

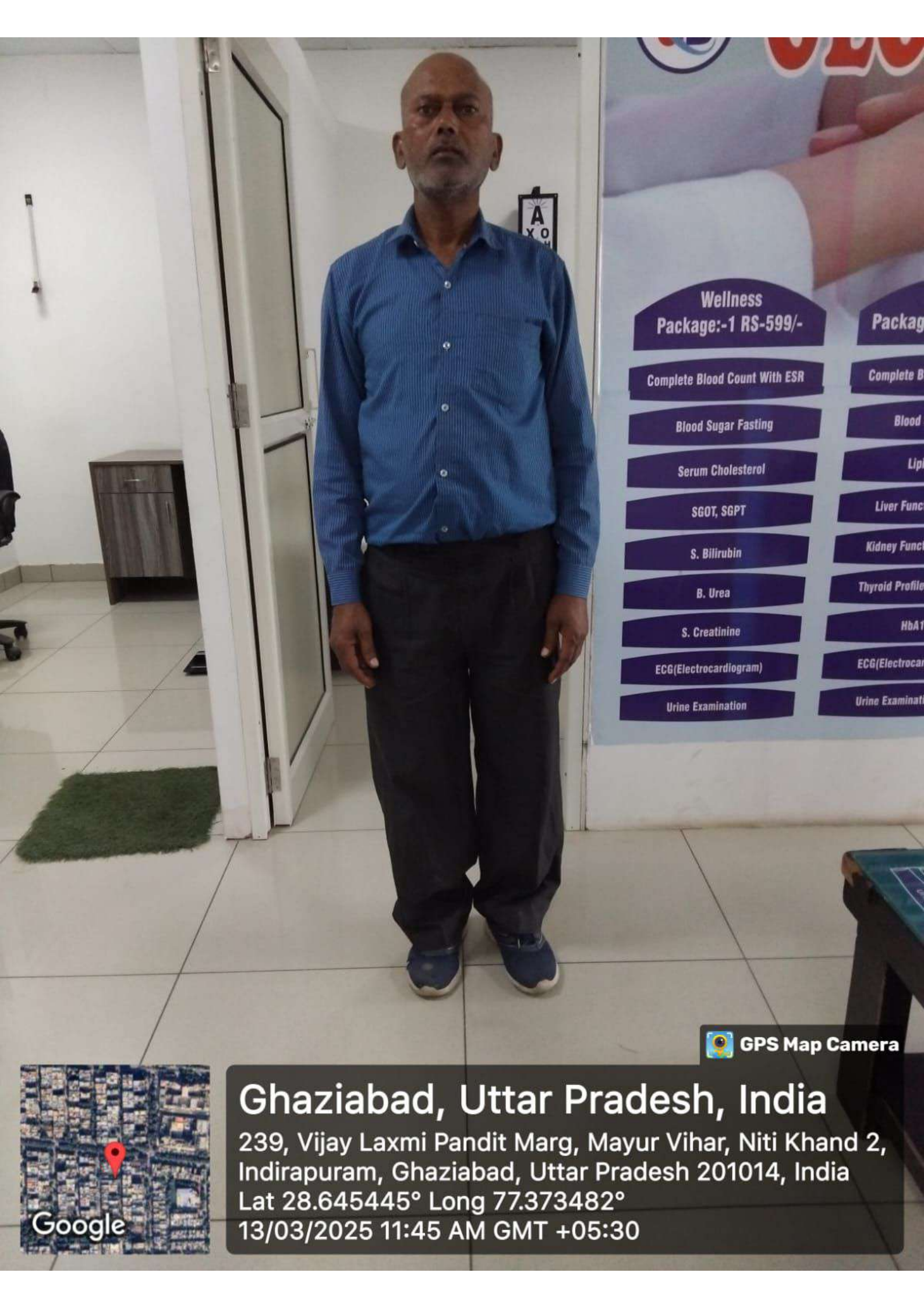


हरी ओम
Hari Om
जन्म तिथि/DOB: 05/03/1972
पुरुष/ MALE

8398 3145 8180

VID : 9190 0919 5143 6505

मेरा आधार, मेरी पहचान



Wellness Package:-1 RS-599/-	Package
Complete Blood Count With ESR	Complete B
Blood Sugar Fasting	Blood
Serum Cholesterol	Lipi
SGOT, SGPT	Liver Func
S. Bilirubin	Kidney Func
B. Urea	Thyroid Profile
S. Creatinine	HbA1
ECG(Electrocardiogram)	ECG(Electrocar
Urine Examination	Urine Examinat

 GPS Map Camera

Ghaziabad, Uttar Pradesh, India
239, Vijay Laxmi Pandit Marg, Mayur Vihar, Niti Khand 2,
Indirapuram, Ghaziabad, Uttar Pradesh 201014, India
Lat 28.645445° Long 77.373482°
13/03/2025 11:45 AM GMT +05:30



Date: 13/03/2025

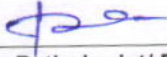
To,
LIC of India
Branch Office

Proposal No. 7614

Name of the Life to be assured HARI OM

The Life to be assured was identified on the basis of Aadhar - 8180

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.


Signature of the Pathologist/ Doctor **Dr. Pankaj Nand Chaudhary**
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

Name:

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

Hariom
(Signature of the Life to be assured)

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Indrapuram Gzb 201014

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	Yes	PHYSICIAN'S REPORT	/ NO
COMPUTERISED TREADMILL TEST	/	IDENTIFICATION & DECLARATION FORMAT	/ NO
HAEMOGRAM	/	MEDICAL EXAMINER'S REPORT	Yes
LIPIDOGRAM	NO	BST (Blood Sugar Test-Fasting & PP) Both	NO
BLOOD SUGAR TOLERANCE REPORT	/	FBS (Fasting Blood Sugar)	Yes
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	/	PGBS (Post Glucose Blood Sugar)	/
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	/ NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	/	Hb%	/
ELISA FOR HIV	/ NO	Other Test	/

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



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

Branch Code:
Proposal/ Policy No: 7614
MSP name/code :
Date & Time of Examination: 13-03-2025
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Aadhar ID Proof No. 8180
(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 Hankai Naveet Chaudhary (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)
Harioom

1	Full name of the life to be assured: <u>HARI OM</u>		
2	Date of Birth: <u>05/03/1972</u>	Age: <u>53 Year</u>	Gender: <u>Male</u>
3	Height (In cms): <u>170</u>	Weight (in kgs) : <u>68</u>	
4	Required only in case of Physical MER		
	Pulse : <u>86/min</u>	Blood Pressure (2 readings): 1. Systolic <u>124</u> Diastolic <u>80</u> 2. Systolic <u>124</u> Diastolic <u>80</u>	

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 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 Corporation

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 condition / disability / injury due to accident?</p> <p>c. Whether visited the doctor any time in the last 5 years ?</p> <p>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>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<u>NO</u>
6	<p>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?</p> <p>Please specify date , reason ,advised by whom & findings.</p>	<u>NO</u>
7	<p>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.</p> <p>If yes provide all investigation and treatment reports</p>	<u>NO</u>

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8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	NO
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	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

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For Female Proponents only	
i.	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
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

NA

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

You Mr/Ms _____ 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.

Haricoum

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 13 day of 03 2025 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.

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Sp. Heart, Thyroid and Diabetes

Signature of Medical Examiner
Name & Code No:
Stamp:

Place: 13/03/2025
Date: Gzb

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ANNEXURE II - 1
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____

Proposal No. - 7614

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

Full Name of Life to be assured: HARI OM

Age/Sex : 53/male

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

Hari om
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 Guz on the day of 13/03 2025

Signature of L.A.

Hari om

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804

Sp. Heart, Thyroid and Diabetes

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Indrapuram Gzb 201014

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
170	68	120/82	86/min

(B) Cardiovascular System

NIL

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Imv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	86/min	T-wave	(N)
Ventricular Rate	86/min	Q-Wave	(N)
Rhythm	Regula		
Additional findings, if any	NIL		

Conclusion: — ECG is WNL

Dated at Chs on the day of 13/03 2005

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

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Indrapuram Gzb 201014

GLOBAL DIAGNOSTIC

237 2ND FLOOR NITI KHAND 2 INDRAPURAM GZB

Mr. HARI OM
Age : 53/M
Ref. by : LIFE INSURANCE
Indication1 :
Indication2 :
Indication3 :
COMMENTS :

Haricum

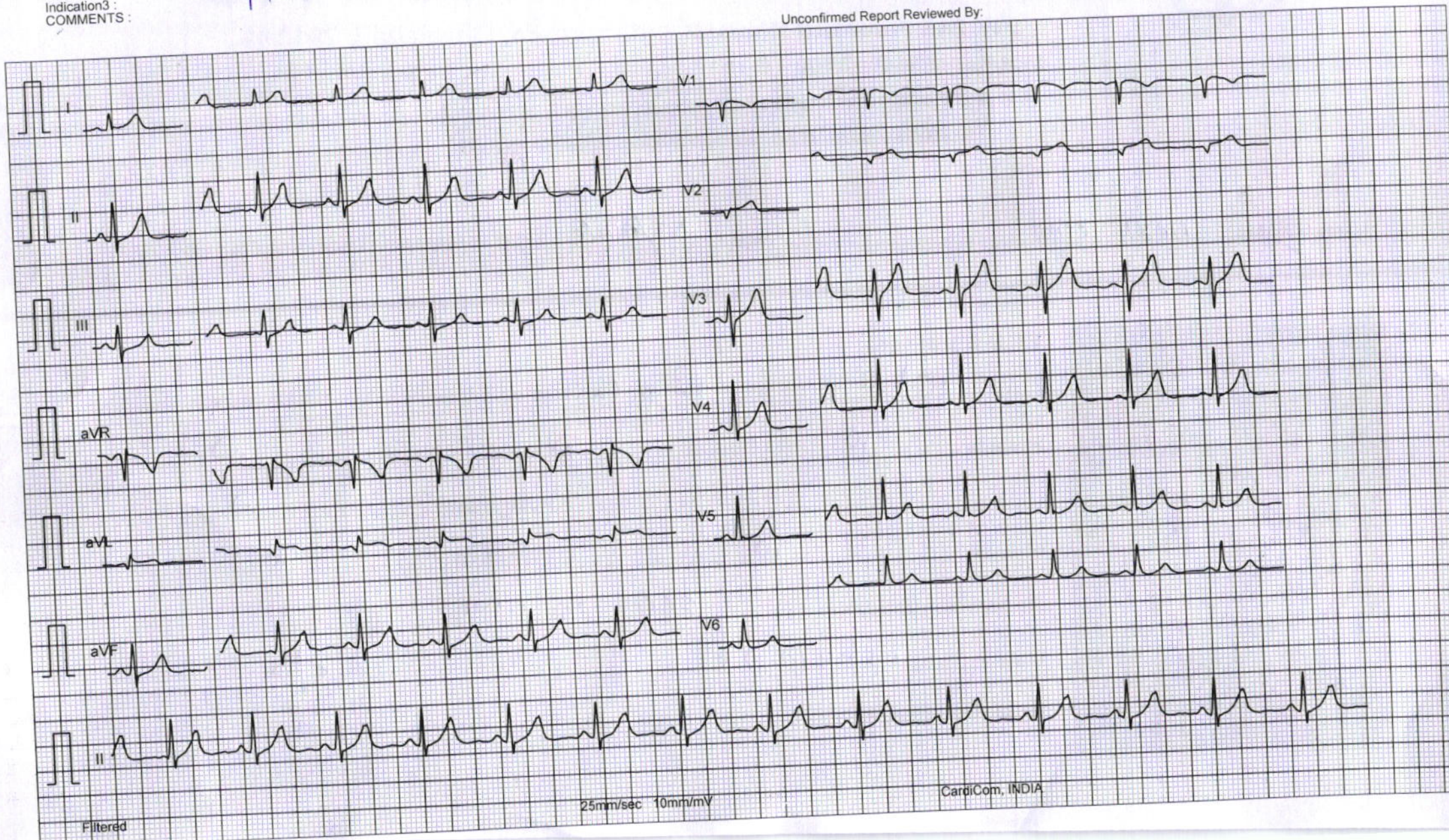
ID : 461
Ht/Wt : /
Recorded : 13- 3-2025 12:08
Medication1 :
Medication2 :
Medication3 :

BPM : 87
BP :
P Axis : 0 deg
QRS Axis : 0 deg
T Axis : 0 deg

P duration : 0 msec
PR duration : 0 msec
QRS duration : 0 msec
QT interval : 0 msec
QTc interval : 0 msec

MIXED E.C.G.

Unconfirmed Report Reviewed By:



CardiCom, INDIA

25mm/sec 10mm/mV

Filtered



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237 2nd Floor Niti Khand-2 Indrapuram, Ghaziabad, 201014
Mobile : 8744013600 | E-mail : globaldiagnostic23@gmail.com

Electrocardiogram Report

Name - Mr./Ms. HARI OM Age - 53/Male K/C/O Hypertension/Dabetes Mellitus / IHD Lipids

Clinical Summary

ECG Findings

Rate 86/min Rhythm Regular Mechanism — Axis —
P wave Ⓜ PR interval Ⓜ QRS Complex Ⓜ
ST Segment Ⓜ
T wave Ⓜ QT interval Ⓜ

Recommendations ECC is WNL

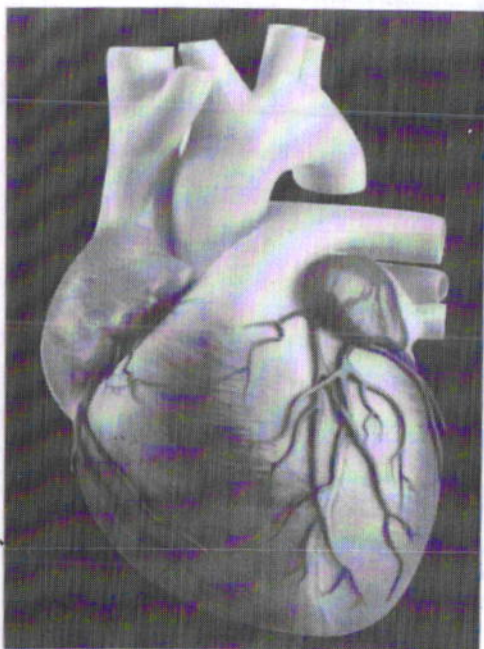
Date 13/03/2025

Dr. [Signature]

Appl. No./ Proposal No. _____

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Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes





GLOBL DIAGNOSTIC



Plot NO 237 2ND Floor NITI KHAND 2 Indirapuram, Ghaziabad, 201014.

QMS/23N1117

Facilities: All Kind of Blood investigation, TMT, ECG, PFT

Sample Coll. Date :- 13/03/2025	Srl.No. :- 3023
Patient Name :- MR. HARI OM	Age :- 53 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Male

FBS

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
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BIOCHEMISTRY

BLOOD SUGAR FASTING	91.0	mg/dl	70 - 110
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1 Contd...2

DR. SHIPRA VATS
MBBS
MD PATH



GLOBL DIAGNOSTIC



Plot NO 237 2ND Floor NITI KHAND 2 Indirapuram, Ghaziabad, 201014.

QMS/23N1117

Facilities: All Kind of Blood investigation, TMT, ECG, PFT

Sample Coll. Date :- 13/03/2025	Srl.No. :- 3023
Patient Name :- MR. HARI OM	Age :- 53 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Male

LIC DELHI

URINE

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
COLOUR	PALE YELLOW		
SEDIMENT	ABSENT		
TRANSPARENCY	CLEAR		
PH	ACIDIC		ACIDIC
PROTEIN	NIL		
SUGAR	NIL		
BILE SALTS	NEGATIVE		
BILE PIGMENT	NEGATIVE		
RBC'S	NIL	/HPF	
EPITHELIAL CELLS	2-3	/HPF	
CRYSTALS	NIL		
PUS CELLS	3-4	/HPF	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

DR. SHIPRA VATS
MBBS
MD PATH