



भारत सरकार

Government of India



RAJIB RAHA
RAJIB RAHA
जन्म तिथि/DOB: 17/04/1994
पुरुष/ MALE



8564 8683 5922

VIP: 9160 5637 0975 4541

आयकर विभाग

INCOME TAX DEPARTMENT

RAJIB RAHA

SITANSHU RAHA

17/04/1994

Permanent Account Number

CBLPR7537M

Rajib RaHa

Signature




भारत सरकार

GOVT. OF INDIA



91602515



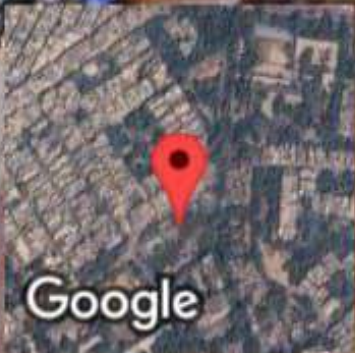
 GPS Map Camera

New Delhi, Delhi, India

10/10105, Block 10, Geeta Colony, New Delhi, Delhi 110031, India

Lat 28.657162° Long 77.267856°

12/03/2025 07:18 AM GMT +05:30



Google

Date: 12/03/2025


To,
LIC of India
Branch Office

Proposal No. 7485

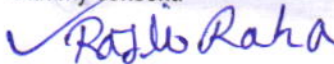
Name of the Life to be assured RAJIB RAHA

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

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

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:

GLOBL DIAGNOSTIC
237, 2nd Floor Nil Khand 2
Indrapuram Gzb 201014

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

ANNEXURE II - 1
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
Proposal No. - 7485

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

Full Name of Life to be assured: RAJIB RAHA

Age/Sex : 30 / male

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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

Rajib Raha
Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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 *Ans* on the day of *12/03* 2025
Rajib Raha
Signature of L.A.

[Signature]
Signature of the Cardiologist
Name & Address
Qualification Code No.

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

GLOBL DIAGNOSTIC
237, 2nd Floor Nil Khand 2
Indrapuram Gzb 201014

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
154	52	120/80	68/m

(B) Cardiovascular System

NIL

Rest ECG Report:

Position	Supine	P Wave	Ⓝ
Standardisation Imv	Ⓝ	PR Interval	Ⓝ
Mechanism	Ⓝ	QRS Complexes	Ⓝ
Voltage	Ⓝ	Q-T Duration	Ⓝ
Electrical Axis	Ⓝ	S-T Segment	Ⓝ
Auricular Rate	68/min	T-wave	Ⓝ
Ventricular Rate	68/min	Q-Wave	Ⓝ
Rhythm	Regular		
Additional findings, if any	NIL		

Conclusion:

ECG is wnl

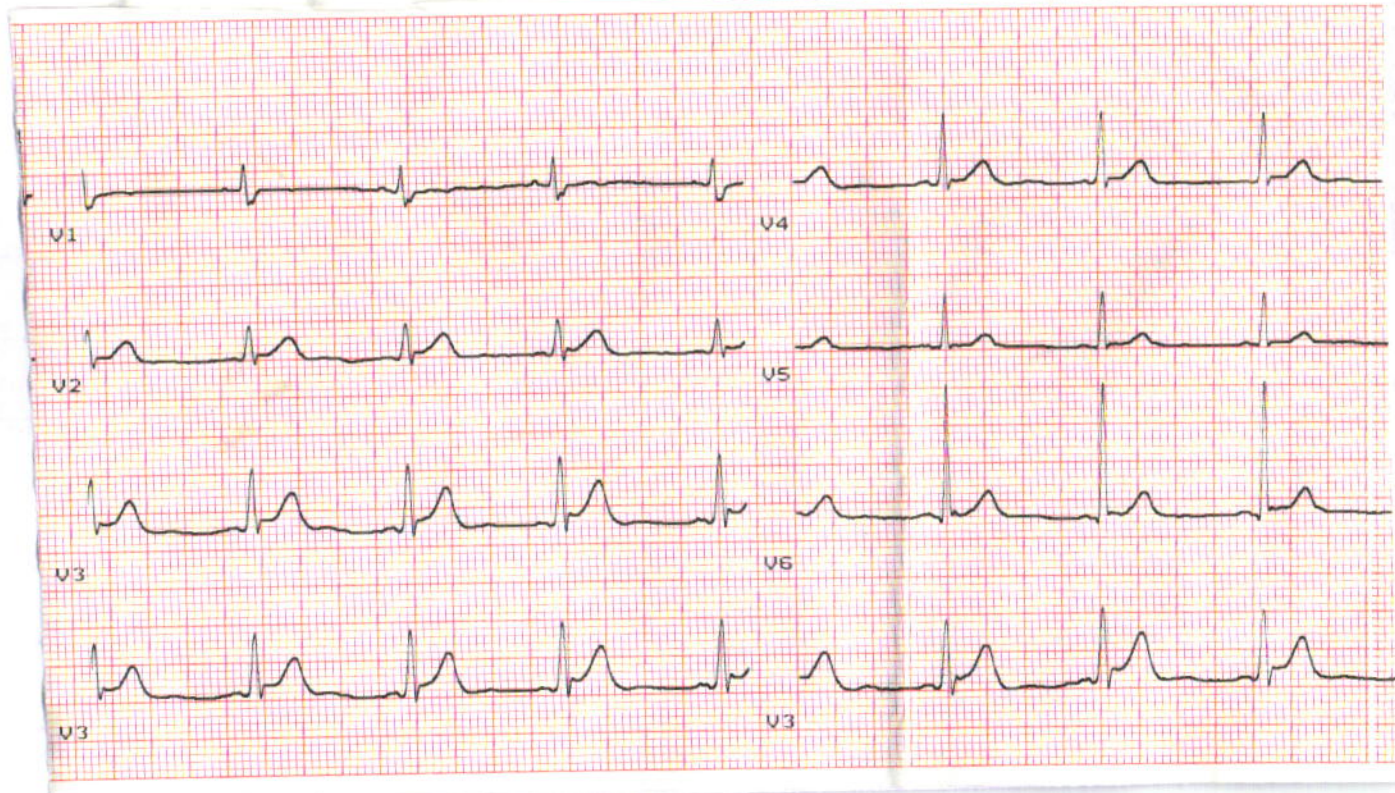
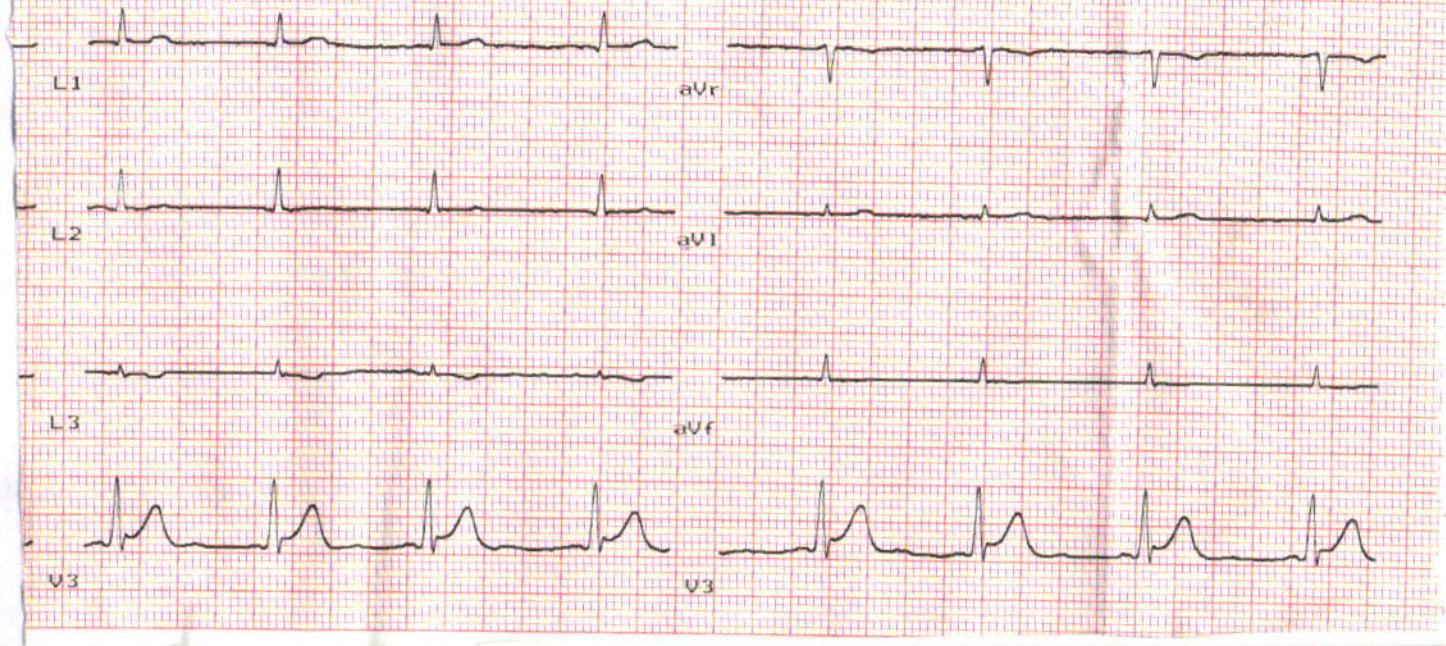
Dated at Cms on the day of 12/03 2025

Dr. Pankaj Nand Chaudhan
M.D. (Medicine) MCI-398
Spl. Heart, Thyroid and Diabetes

Signature of the Cardiologist
Name & Address
Qualification
Code No.

GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

✓ Rozie Raha





GLOBL DIAGNOSTIC

237 2nd Floor Niti Khand-2 Indrapuram, Ghaziabad, 201014

Mobile : 8744013600 | E-mail : globaldiagnostic23@gmail.com

Electrocardiogram Report

Name - Mr./Ms. RAJIB RAHA Age - 30 / male K/C/O Hypertension/Dabetes Mellitus / IHD Lipids

Clinical Summary

ECG Findings

Rate 68 / mi Rhythm Regular Mechanism Sin Axis (N)
P wave (N) PR interval (N) QRS Complex (N)
ST Segment (N)
T wave (N) QT interval (N)

Recommendations ECG IS WAVE

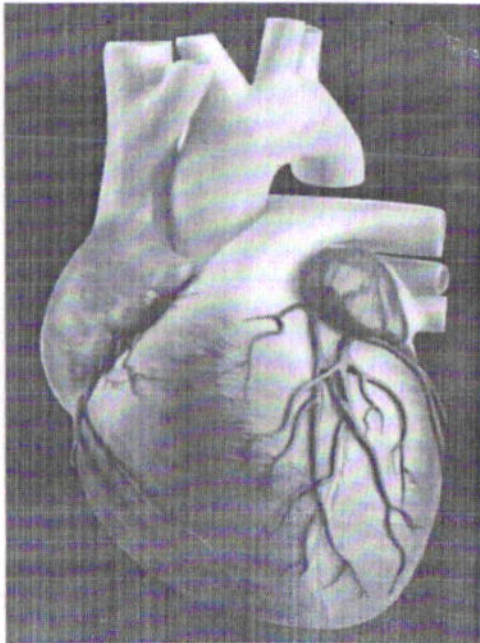
Date 12/03/2025

Dr. _____

Appl. No./ Proposal No. _____

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

GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014





GLOBL DIAGNOSTIC

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

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



QMS/23N1117

Sample Coll. Date :- 12/03/2025

Srl.No. :- 3001

Patient Name :- MR. RAJIB RAHA

Age :- 30 Yrs.

Referred By :- LIFE INSURANCE

Sex :- Male

BLOOD SUGAR FASTING	81.3	mg/dl	70 - 110
TOTAL CHOLESTEROL	145.2	mg/dL	130 - 240
H D L - DIRECT	48.0	mg/dL	30.0 - 65.0
L D L CHOLESTEROL	97.2	mg/dL	10 - 150.0
TRIGLYCERIDES	74.83	mg/dL	25 - 160
CREATININE	0.94	mg/dl	0.60 - 1.40
BLOOD UREA NITROGEN (BUN)	8.70	mg%	6.0 - 20.0
TOTAL PROTEIN	6.75	gm/dl	6.0 - 8.5
ALBUMIN	4.25	gm/dl	3.5 - 5.5
GLOBULIN	2.5	gm/dl	1.5 - 3.5
A/G RATIO	1.7		0.5 - 2.5
CONJUGATED (D. Bilirubin)	0.14	mg/dl	0.0 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.28	mg/dl	0.0 - 1.0
TOTAL BILIRUBIN	0.42	mg/dl	0.0 - 1.5
S.G.O.T	29.35	IU/L	0 - 35
S G.P.T	22.01	IU/L	0 - 45
G G T P	31.0	U/L	5.0 - 60.0
ALKALINE PHOSPHATASE	53.0	U/L	40 - 129
HEPATITIS B SURFACE ANTIGEN	NEGATIVE		
HIV ANTIBODY I & II	NEGATIVE		

1 Contd...2

COMMENTS :- HIV Elisa is a screening procedure. Positive specimens should be retested using another method before diagnosis.

DR. SHIPRA VATS
MBBS
MD PATH



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QMS/23N1117

Sample Coll. Date :- 12/03/2025	Srl.No. :- 3001
Patient Name :- MR. RAJIB RAHA	Age :- 30 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Male

HAEMATOLOGY

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
HAEMOGLOBIN (HB) 2 Contd...3	15.2	gm/dl	13.0 - 17.0

DR. SHIPRA VATS
MBBS
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QMS/23N1117

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Sample Coll. Date :- 12/03/2025	Srl.No. :- 3001
Patient Name :- MR. RAJIB RAHA	Age :- 30 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	3-4	/HPF	
CRYSTALS	NIL		
PUS CELLS	0-1	/HPF	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

3 Contd...4

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QMS/23N1117

Sample Coll. Date :- 12/03/2025	Srl.No. :- 3001
Patient Name :- MR. RAJIB RAHA	Age :- 30 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Male

URINE COTININE

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

URINE COTININE TEST

NEGATIVE

4 of 4

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MBBS
MD PATH