

Date: 02/11/2024

To,
LIC of India
Branch Office

Proposal No. 900496

Name of the Life to be assured DEEPAK GROVER

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.

Signature of the Pathologist/ Doctor _____

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Name: _____

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

[Signature]
(Signature of the Life to be assured)

Name of life to be assured: _____

Reports Enclosed:

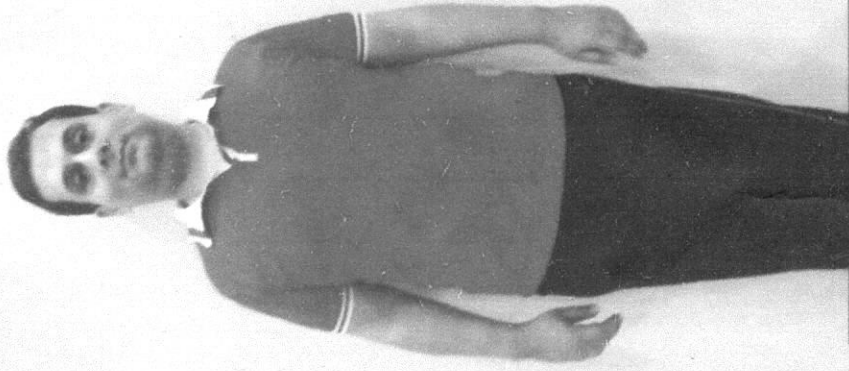
Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	Yes	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL 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)		Hb%	Yes
ELISA FOR HIV		Other Test	HBAIC / UCT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

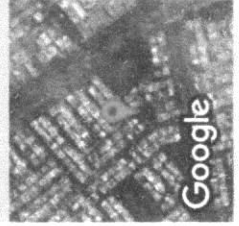


Dr. RAINA KHAN
MBBS, DMARD
Reg. No. 55508



GPS Map Camera

Noida, Uttar Pradesh, India
88, Block E, Sector 41, Noida, Uttar Pradesh 201301,
India
Lat 28.566651° Long 77.36306°
02/11/24 10:08 AM GMT +05:30



Google

आयकर विभाग
INCOME TAX DEPARTMENT

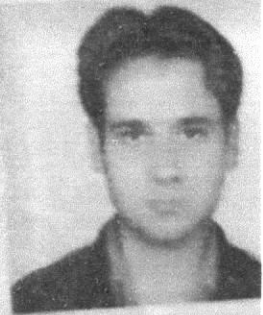
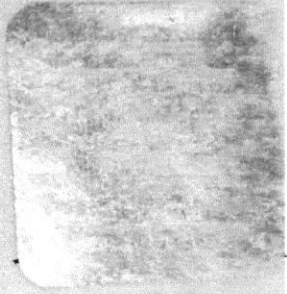


भारत सरकार
GOVT. OF INDIA

DEEPAK GROVER
ASKARAN DASS GROVER
05/09/1982

Permanent Account Number

AKIPG7359L



irine diagnostic

healthpartner

S. No. : 02/NOV/01
Name : MR DEEPAK GROVER AGE : 42Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 02-11-2024

B I O C H E M I S T R Y

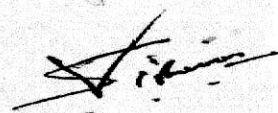
Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	95	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.65	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.44	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.21	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.5	mg/dl.	(6.0-8.3)
ALBUMIN	4.4	mg/dl.	(3.5-5.0)
GLOBULIN	2.1	mg/dl.	(2.3-3.5)
A/G RATIO	2.09		(1.0-3.0)
S.G.O.T. (AST)	25	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	26	IU/L	(5.0-40.0)
GAMMA GT	24	U/L	(9-45)
ALKALINE PHOSPHATASE	138	U/L	(80-200)
URIC ACID	5.2	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	179	mg/dl.	(150-200)
HDL CHOLESTEROL	47	mg/dl.	(30-63)
S. TRIGLYCERIDES	132	mg/dl.	(60-160)
LDL	102	mg/dl.	(UPTO-150)
VLDL	35	mg/dl.	(23-45)
SERUM CREATININE	0.75	mg%	(0.6-1.2)
BUN	13	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

23 KALKAJI DELHI :- 110019




DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist



irine diagnostic

healthpartner

S. No. : 02/NOV/01
Name : MR DEEPAK GROVER
Ref. by : LIFE INSURANCE CORPORATION
Date : 02-11-2024
AGE : 42Years
SEX : MALE

Cotinine

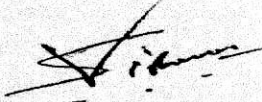
Test

Result

Cotinine

NEGATIVE




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Name : MR DEEPAK GROVER

AGE : 42Years

Ref. by : LIFE INSURANCE CORPORATION

SEX : MALE

Date : 02-11-2024

H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	14.6	gm%	12-16



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AGE : 42Years
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H A E M A T O L O G Y

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.2	%

INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the proceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.



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Date : 02-11-2024

S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen {HbsAg}

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"



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S. No. : 02/NOV/01
Name : MR DEEPAK GROVER AGE : 42Years
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Date : 02-11-2024

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.012

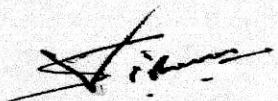
CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-4/HPF
EPITHELIAL CELLS	2-4/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL




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DD-23 KALKAJI DELHI :- 110019



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 900496

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

Full Name of Life to be assured: DEEPAK GROVER

Age/Sex : 42 Y/M

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

Signature or Thumb Impression of L.A.

[Handwritten signature]

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.

at DELHI on the day of 02/11/2024 2023

Dr. RAINAKSHAN MBBS DMRD Reg. No. 25508

Signature of the Cardiologist Name & Address Qualification Code No.



[Handwritten signature]



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
172	72	122/78	74/4

(B) Cardiovascular System

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	74/4	T-wave	Ⓟ
Ventricular Rate	74/4	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any.	None		

Conclusion: ECG - WNL

Dr. RAINAKHAN
 MBBS, DMRD
 Reg. No. 25508

Dated at DELHI on the day of 02/11/2024 200

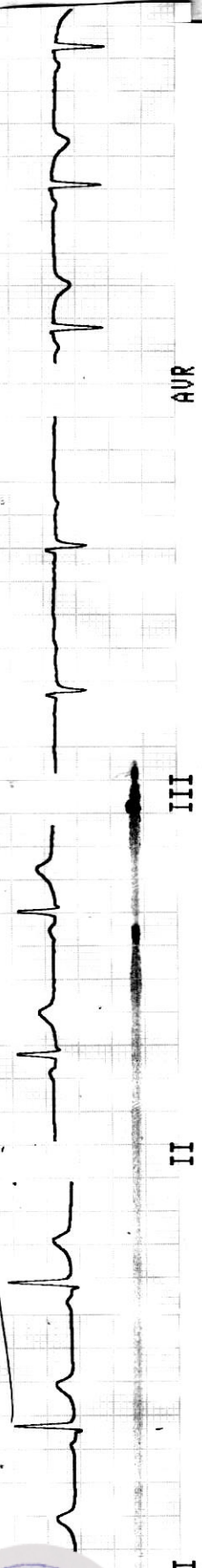


Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





DEEPAK GROVER



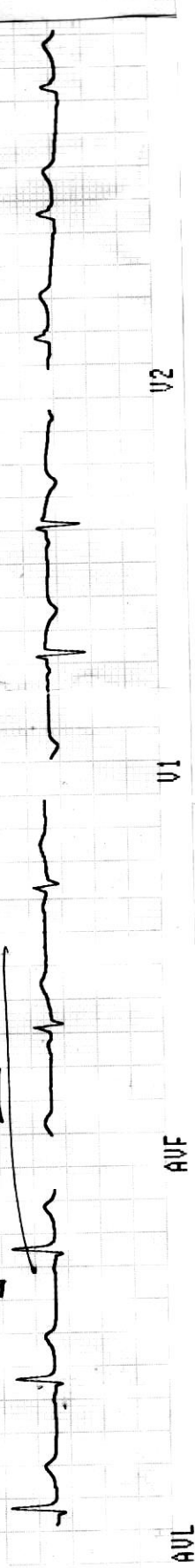
I

II

III

AVR

Shubh



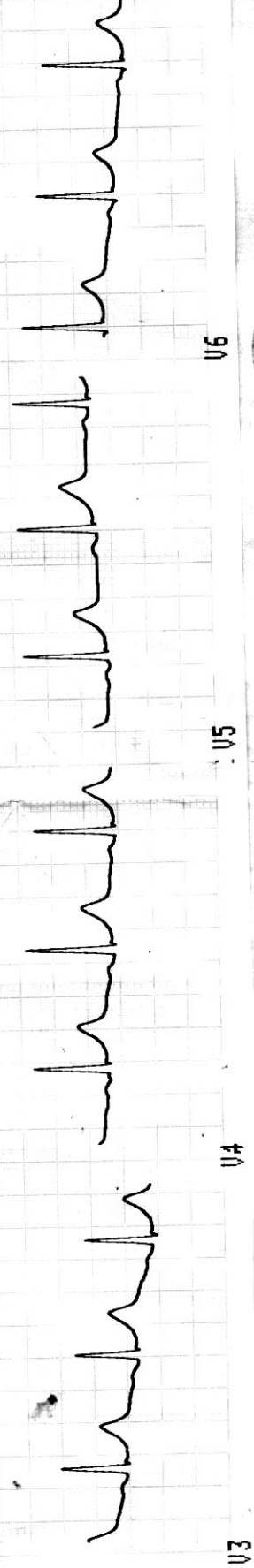
AVL

AVF

V1

V2

ECGARTIST® CC



V3

V4

V5

V6

DEEPAK GROVER

AGE → 42 Y/M

DATE → 02/11/2024

ECG - WNL



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M.B.S., DMRD
Reg. No. 25508



 **GPS Map Camera**

Noida, Uttar Pradesh, India
88, Block E, Sector 41, Noida, Uttar Pradesh 201301,
India

Lat 28.566651° Long 77.36306°
02/11/24 10:08 AM GMT +05:30



भारत सरकार
GOVT. OF INDIA

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GOVT. OF INDIA

INCOME TAX DEPARTMENT
DEEPAK GROVER
ASKARAN DASS GROVER
05/09/1982
Permanent Account Number
AKIPG7359L

Signature
Deepak

