

Date: 09/03/2025

To,
LIC of India
Branch Office

Proposal No. 9879

Name of the Life to be assured GEETA DEVI

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.

Dr. BINDU

MBBS, MD

Reg. No. 33435

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.

Geeta

(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)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	

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. - 9879

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

Full Name of Life to be assured: GEETA DEVI

Age/Sex : 53/F

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

Signature or Thumb Impression of L.A.

Geeta

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.

Dr. BINDU

Dated at DELHI on the day of 09/03/2025

MBBS MD
Reg. No. 55435

Signature of L.A. Geeta

Signature of the Cardiologist

Name & Address

Qualification

Code No.



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
148	52.2	118/80	70/M

(B) Cardiovascular System

(N)

Rest ECG Report:

Position	SyAinc.	P Wave	(N)
Standardisation Inv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	70/M	T-wave	(N)
Ventricular Rate	70/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	None		

Conclusion: CVNLDated at DELHI on the day of 9/3/ 2025

Dr. BINDU

MBBS MD

Reg. No. 33435

Signature of the Cardiologist

Name & Address

Qualification

Code No.





ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 9879
S. NO. : 112380
NAME : MRS. GEETA DEVI
REF. BY : LIC
Date : MARCH, 09, 2025

AGE/SEX - 53/F

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	97.88	mg/dl	70-115

*****End of The Report*****

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD.NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico - legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 9879
S. NO. : 112380
NAME : **MRS. GEETA DEVI**
REF. BY : LIC
Date : MARCH, 09, 2025

AGE/SEX - 53/F

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. Yellow
Transparency : CLEAR
Sp Gravity : 1.011

CHEMICAL EXAMINATION

Reaction : Acidic.
Albumin : Nil.
Reducing Sugar : Nil.

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF.
RBCs : Nil. /HPF.
Epithelial Cells : 0-1. /HPF.
Casts : Nil.
Crystals : Nil.
Bacteria : Nil.
Others : NIL.


*****End of The Report*****

Please correlate with clinical conditions.

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भारत सरकार
Government of India



गीता देवी
Geeta Devi
जन्म तिथि / DOB : 01/01/1972
महिला / FEMALE




6773 0672 1064

मेरा आधार, मेरी पहचान

Issue Date: 21/01/2012



 GPS Map Camera

New Delhi, Delhi, India

1849, Gali Beri Wali, Mohalla Imlī, Kucha Pati Ram, Old Delhi, New Delhi, Delhi 110006, India

Lat 28.646421° Long 77.228145°

09/03/2025 09:06 AM GMT +05:30

