

Date: 22/Nov/2024

To,
LIC of India
Branch Office

Proposal No. 6657

Name of the Life to be assured POOJA

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
22125

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.

Pooja

(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	YES	Other Test	

Comment Medsave Health Insurance TPA Ltd.

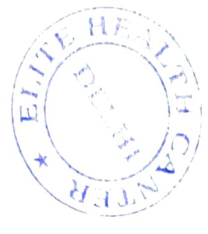
Authorized Signature,



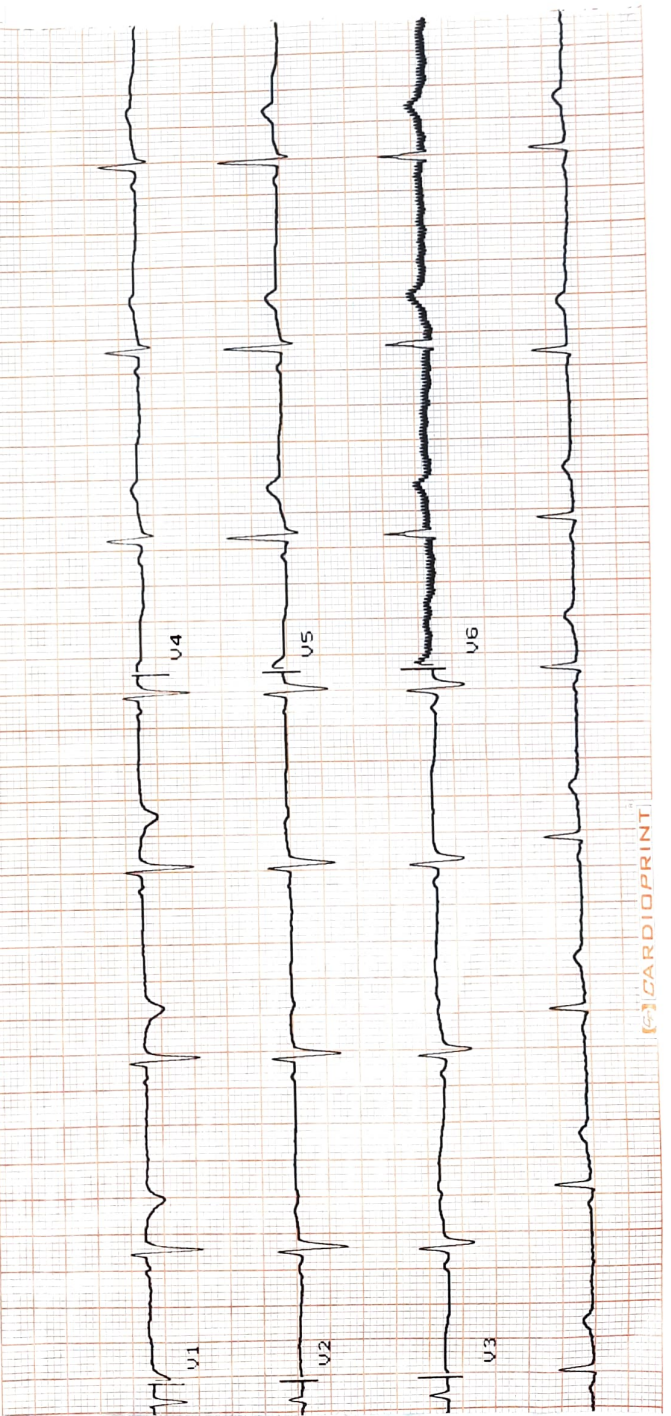
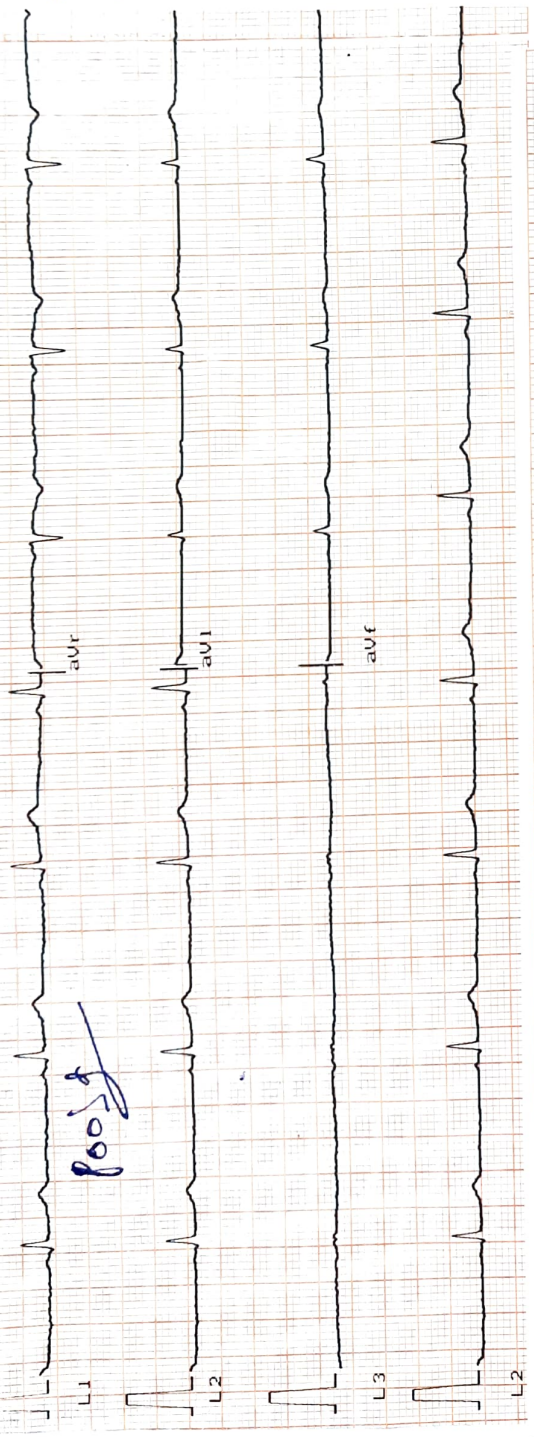
Name: POOJA
 YrS Cm Kg BP

POOJA

NAME - POOJA
DATE - 21/11/2024
ECG - CONL
AGE - 32 FEMALE



DR. BINDU
MBBS, MD
Regd. No. - 33435



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 6657
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: POOJA
 Age/Sex : 32/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.



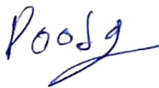
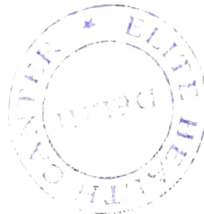
Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- 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 DEHR on the day of 22/Nov/2024

Signature of L.A.

Dr. BINDU

MBBS, MD

Signature of the Cardiologist

Name & Address

Qualification Code No.



ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 6657
S. NO. : 110543
NAME : MS. POOJA AGE/SEX - 32/F
REF. BY : LIC
Date : NOVEMBER, 22, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.011

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

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


*****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. : 6657
S. NO. : 110543
NAME : **MS. POOJA** **AGE/SEX - 32/F**
REF. BY : LIC
Date : NOVEMBER, 22, 2024

SEROLOGY

Test Name : **Human Immunodeficiency Virus I&II {HIV} (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

Test Name : **Hepatitis B Surface Antigen {HbsAg} (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

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

REGD. NO. 19702

Consultant Pathologist

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ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6657
S. NO. : 110543
NAME : **MS. POOJA** **AGE/SEX - 32/F**
REF. BY : LIC
Date : NOVEMBER, 22, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	13.23	gm/dl	12-18

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	91.45	mg/dl	70-115
S. Cholesterol	170.53	mg/dl	130-250
H.D.L. Cholesterol	65.97	mg/dl	35-90
L.D.L. Cholesterol	102.05	mg/dl	0-160
S. Triglycerides	98.11	mg/dl	35-160
S. Creatinine	0.88	mg/dl	0.5-1.5
Blood Urea Nitrogen {BUN}	12.70	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	2.7	gm%	2.00-4.00
S. Protein Total	6.8	gm%	6.00-8.5
AG/Ratio	1.51		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.5	mg/dl	0.1-1.00
Total Bilirubin	0.7	mg/dl	0.1-1.3
S.G.O.T.	23.47	IU/L	00-42
S.G.P.T.	25.79	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	42.00	IU/L	00-60
S. Alk. Phosphatase	90.42	IU/L	28-111

(Children 151-471)


*****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.

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
151	57.6	118/78	70/M

(B) Cardiovascular System

..... (N)

.....

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	70/M	T-wave	(N)
Ventricular Rate	70/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	None		

Conclusion: *WNL*

Dated at *DELHI* on the day of *22/Nov/2024*

Dr. BINDU
NEBS MD
Reg. No. 33435

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





भारत सरकार
Government of India



Issue Date: 11/04/2013




पूजा
Pooja
जन्म तिथि/DOB: 14/07/1992
महिला/ FEMALE

6629 2328 1433

VID : 9175 0163 7706 8477

मेरा आधार, मेरी पहचान



 GPS Map Camera

Delhi, Delhi, India
C-d Block, nala Market West Patel Nagar, new Delhi, Block 1, West
Patel Nagar, Patel Nagar, Delhi, 110008, India
Lat 28.649341° Long 77.163187°
22/11/24 08:43 AM GMT +05:30

