



Date: 16/11/2024

T
To,
LIC of India
Branch Office
Proposal No. 2340
Name of the Life to be assured GREESH KOMPR
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. RAINA KHAN
Signature of the Pathologist/ Doctor 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.
They !
(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	
BLÖOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT- 13)	458	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	483	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	.463
ELISA FOR HIV		Other Test 🎍 🐧 🕶	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





मार्त सरकार GOVT, OF INDIA

आयकर विभाग

INCOME TAX DEPARTMENT GREESH KUMAH

ROOP CHAND CHAUMAN

AFNPC7981E 02/07/1977 Permanent Acceun



-healthpartner

S. No. : 16/NOV/12

Name : MR GREESH KUMAR AGE : 47Years

Ref. by : LIFE INSURANCE CORPORATION SEX : MALE

Date : 16-11-2024

BIOCHEMISTRY

Test	Result	Units Non	mal Range
FASTING BLOOD SUGAR	89	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.68	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.42	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.26	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.9	mg/dl.	(6.0-8.3)
ALBUMIN	4.3	mg/dl.	(3.5-5.0)
GLOBULIN '	2.6	mg/dl.	(2.3-3.5)
A/G RATIO	1.65		(1.0-3.0)
S.G.O.T. (AST)	29	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	26	IU/L	(5.0-40.0)
GAMMA GT	33	U/L	(9-45)
ALKALINE PHOSPHATASE	142	U/L	(80-200)
URIC ACID	5.4	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	188	mg/dl.	(150-200)
HDL CHOLESTEROL	42	mg/dl.	(30-63)
S. TRIGLYCERIDES	126	mg/dl.	(60-160)
LDL	120	mg/dl.	(UPTO-150)
VLDL	<i>35</i> ,	mg/dl.	(23-45)
SERUM CREATININE	0.78	mg%	(0.6-1.2)
BUN	16	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

DR. SHILPI GUPTA

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

-healthpartner

: 16/NOV/12 S. No.

47Years AGE : MR GREESH KUMAR Name MALE

SEX Ref. by : LIFE INSURANCE CORPORATION

: 16-11-2024 Date

HAEMATOLOGY

Units Normal Range Result Test

14.2 gm% 12-16 Hemoglobin



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AGE SEX 47Years

MALE

Date

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Cotinine

Test

Result

Cotinine

NEGATIVE



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Ref. by : LIFE INSURANCE CORPORATION SEX : MALE *

Date : 16-11-2024

SEROLOGY

**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. : 16/NOV/12

Name : MR GREESH KUMAR

Ref. by : LIFE INSURANCE CORPORATION

Date : 16-11-2024

AGE

47Years

SEX :

MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR YELLOW
REACTION ACIDIC
APPEARANCE CLEAR
ALBUMIN NIL
SUGAR NIL
SPECIFIC GRAVITY 1.014

CHEMICALEXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS 1-3/HPF
EPITHELIAL CELLS 1-3/HPF
RBC NIL /HPF
BACTERIA NIL
CASTS NIL
CRYSTALS NIL
OTHERS NIL

TRING DIANGE DIA

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LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No.

2340

Agent/D.O. Code:

Introduced by:

(name & signature)

Full Name of Life to be assured: GREESH

Age/Sex

MPOPFP

Instructions to the Cardiologist:

- i. 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 ii. 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. iii.
- Rest ECG should be 12 leads along with Standardization slip, each lead with iv. minimum of 3 complexes, long lead II. If L-III and AVF shows deep O 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	e given by me after fully understanding the
questions. They are true and complete and no	
that these will form part of the proposal dated	given by me to LIC and hdia.
WF	Car

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.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or ii. kidney disease? Y/N
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other iii. test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at

on the day of

2023

Signature of L.A.

Signature of the Cardiologist Name & Address

Qualification

Code No.

Clinical findings

Cardiovascular System

(A)

(B)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
170	B3	122/74	76/2

Position	quale	P Wave	a
Standardisation Imv	(2)	PR Interval	0
Mechanism	(9)	QRS Complexes	0
Voltage	(A)	Q-T Duration	(D
Electrical Axis	(0)	S-T Segment	0
Auricular Rate	76/4	T -wave	0
Ventricular Rate	71/4	Q-Wave	0
Rhythm	76/hr Regular		
Additional findings if any	1		

Conclusion: ECG-WHL

on the day of

Dated at

200

Signature of the Cardiologist Name & Address Qualification

Code No.

Reg. No. 25508



