

NIMS HOSPITAL

**SECTOR-23A
FARIDABAD**



GPS Map Camera



Faridabad, Haryana, India

Sector 23, Faridabad, Haryana 121005, India

Lat 28.357415, Long 77.296472

02/15/2025 10:11 AM GMT+05:30

Note : Captured by GPS Map Camera



NATIONAL INSTITUTE OF MEDICAL SCIENCES

100 BEDDED MULTI-SPECIALITY HOSPITAL

ISO 9001 : 2008 Certified Centre

Sector - 23A, Faridabad - 121 005

Ph : 2446565, 2440745, 2440746, Fax : 2440747

Website : www.nimshospitals.com

DR. ASHISH GUPTA

MBBS, MD (PATHOLOGY)

CONSULTANT PATHOLOGIST : NIMS hospital / Palwal Hospital / Apex Diagnostics & Polyclinic, Faridabad

| | | | | | | | |
|------|--------------|---------|-----|---------|---------|-------|---|
| Date | 15/02/2025 | Srl No. | 1 | Age | 44 Yrs. | Sex | M |
| Name | MR. RAVINDER | Ref. By | LIC | Emp Cod | | Deptt | |

HAEMATOTOLOGY

| Test Name | Value | Unit | Reference Value |
|--------------------------------|-------|--------|-----------------|
| HAEMOGLOBIN (Hb) | 14.60 | gm/dl | 12.0 - 16.0 |
| SBT - 13 | | | |
| BLOOD GLUCOSE FASTING | 97.0 | mg/dl | 60 - 110 |
| SERUM CHOLESTEROL | 169.0 | mg/dl | 130 - 250 |
| SERUM TRIGLYCERIDES | 92.0 | mg/dl | 35 - 170 |
| HDL CHOLESTEROL | 39.8 | mg/dl | 30 - 70 |
| LDL CHOLESTEROL | 110.8 | mg/dl | 50 - 150 |
| V L D L | 18.4 | mg/dl | 0.00 - 35 |
| SERUM BILIRUBIN | 0.70 | mg/dl | 0.2 - 1.3 |
| CONJUGATED (D. Bilirubin) | 0.19 | mg/dl | 0.00 - 0.4 |
| UNCONJUGATED (I.D Bilirubin) | 0.51 | mg/dl | 0.2 - 1.1 |
| SGOT/AST | 25 | U/L | 0 - 40 |
| SGPT/ALT | 18 | U/L | 0 - 40 |
| ALKALINE PHOSPHATASE | 117 | IU/L | 37 - 137 |
| TOTAL PROTEIN | 7.4 | gm/dl | 5.6 - 8.2 |
| ALBUMIN | 3.8 | gm/ dl | 3.5 - 5.0 |
| GLOBULIN | 3.6 | gm/dl | 2.5 - 5.6 |
| A/G RATIO | 1.05 | | 1.0 - 2.1 |
| GGTP | 34.0 | U/L | 15 - 85 |
| SERUM CREATININE | 1.01 | mg/dl | 0.60 - 1.4 |
| BLOOD UREA NITROGEN (BUN) | 13.5 | mg/dl | 6 - 21 |

Contd...2

LAB TECH.

DR. ASHISH GUPTA
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

NOT VALID FOR MEDICO-LEGAL PURPOSES

All Investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory investigation never confirm the final diagnosis of the disease. The only help in arriving at a diagnosis in conjunctions with clinical presentation and other related investigation.

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| | | | | | | |
|---------|--------------|---------|---------|-------|---|--|
| Date | 15/02/2025 | Srl No. | 1 | | | |
| Name | MR. RAVINDER | Age | 44 Yrs. | Sex | M | |
| Ref. By | LIC | | | Deptt | | |
| Emp Cod | | | | | | |

| | | |
|---------------------------------|--------------|----------------|
| ELISA HIV | NON REACTIVE | NON REACTIVE |
| HBs Ag | NEGATIVE | NEGATIVE |
| <u>URINE EXAMINATION</u> | | |
| COLOUR | PALE YELLOW | |
| VOLUME | 20 ml. | 5.00 - 1000.00 |
| SPECIFIC GRAVITY | 1.020 | 1.005-1.035 |
| DEPOSIT | NIL | NIL |
| TRANSPARENCY | CLEAR | CLEAR |
| REACTION | ACIDIC | ACIDIC |
| ALBUMIN | NIL | NIL |
| SUGAR | NIL | NIL |
| PUS CELLS | 1-2/hpf | /HPF 0-4 |
| EPITHELIAL CELLS | 1-2/hpf | /HPF 0-4 |
| RBC'S | NIL | /HPF NIL |
| CASTS | NIL | NIL |
| CRYSTALS | NIL | NIL |
| OTHERS | NIL | NIL |
| BILE SALTS (BS) | ABSENT | ABSENT |
| BILE PIGMENT (BP) | ABSENT | ABSENT |
| BACTERIA | NIL | NIL |

Reported by : MGR

Checked by : _____MGR

**** End of Report ****

LAB TECH.

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All investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory investigation never confirm the final diagnosis of the disease. The only help in arriving at a diagnosis in conjunctions with clinical presentation and other related investigation.

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भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
दिल्ली मंडल-II DELHI DIVISION-II

30

p[pP12J, Ballabgarh

Reg. No.....

Type of Case: Fresh/Revival/Requirement

Date.....

DATA SHEET

(To be submitted by agent along with the proposal for services of TPA required)

Name of Life Proposed RAVINDER Policy/ Proposal No. 128601247

Age of Life Proposed 44 Yrs. Date of Birth 4/12/1980 Sex MALE T&T _____

Sum under Consideration _____ Tel/ Mobile No. 9050324984

SPECIAL REPORTS REQUIRED

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. FMR | <input checked="" type="checkbox"/> 2. Rest ECG |
| 3. FBS (fasting blood sugar) | <input checked="" type="checkbox"/> 4. Hb% |
| 5. Lipidogram | 6. Haernogram |
| 7. Elisa for HIV | <input checked="" type="checkbox"/> 8. SBT - 13 |
| <input checked="" type="checkbox"/> 9. RUA | 10. CTMT |
| 11. Hb Alc | 12. Chest X- Ray |
| 13. 2D Echo | 14. Any other Test/Questionnaire |



Kindly arrange to get the above proponent medically examined under the TPA system.

Time _____ Centre _____ Proof of Id. _____

Fasting 10 to 12 Hrs.

(Handwritten signature)

Signature of the Agent

Name R.C. TIWARI

Agency Code 00416-12J

DO Code _____

Seal of Branch Office

bsr

(Handwritten signature: Meery)
 भारतीय जीवन बीमा निगम
 प्रशासनिक कार्यालय-12जे
 राष्ट्रीय जीवन बीमा निगम
 जे. रोड, बल्लभगढ़

आयकर विभाग
INCOME TAX DEPARTMENT

RAVINDER

CHARAN SINGH

04/12/1980

Permanent Account Number

BHMPR9243J

Ravinder



भारत सरकार
GOVT. OF INDIA



15052012

Ravinder



To,
LIC of India
Branch Office
125

Date: 15/02/2025

Proposal No. 128601247

Name of the Life to be assured Ravinder

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 [Signature]
 Name: Dr. Ashish Gupta
 Dr. ASHISH GUPTA
 MBBS, MD
 Regn. No. HN 8888

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: Ravinder

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 | yes |
| 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 | |

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



MEDICAL EXAMINER'S REPORT
Form No LIC03-001 (Revised 2020)

Branch Code: 125
Proposal/ Policy No: 128601247
MSP name/code :
Date & Time of Examination: 15/02/2025
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Aadhaar ID Proof No. 6505
(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Ravinder

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1 Full name of the life to be assured: RAVINDER
2 Date of Birth: 04/12/1980 Age: 44 years Gender: M
3 Height (In cms): 168 Weight (in kgs) 74
4 Required only in case of Physical MER

Pulse : 61/min Blood Pressure (2 readings):
1. Systolic 130 Diastolic 80
2. Systolic 130 Diastolic 80

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5 a. Whether receiving or ever received any **treatment/ medication** including alternate medicine like ayurveda, homeopathy etc ? NO
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident? NO
c. Whether visited the doctor any time in the last 5 years ? NO
If answer to any of the questions 5(a) to (c)) is yes -
i. Date of surgery/accident/injury/hospitalisation NO
ii. Nature and cause NO
iii. Name of Medicine NO
iv. Degree of impairment if any NO
v. Whether unconscious due to accident, if yes, give duration

6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or **diagnostic tests**? No
Please specify date , reason ,advised by whom & findings.

7 Suffering or ever suffered from **Novel Coronavirus (Covid-19)** or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. NO
If yes provide all investigation and treatment reports



| | | |
|----|--|---|
| 8 | <p>a. Suffering from <i>Hypertension</i> (high blood pressure) or <i>diabetes</i> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <i>endocrine disorders</i> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p> | <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> |
| 9 | <p>a. Any history of chest pain, <i>heartattack</i>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <i>high cholesterol</i>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p> | <p>NO</p> <p>NO</p> <p>NO</p> |
| 10 | Suffering or ever suffered from any disease related to <i>kidney</i> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate? | NO |
| 11 | Suffering or ever suffered from any <i>Liver disorders</i> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <i>lung related</i> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.? | NO |
| 12 | Suffering or ever suffered from any <i>Blood disorder</i> like anaemia, thalassemia or any Circulatory disorder? | NO |
| 13 | Suffering or ever suffered from any form of <i>cancer</i> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes? | NO |
| 14 | Suffering or ever suffered from Epilepsy, <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke? | NO |
| 15 | Suffering or ever suffered from any <i>physical impairment</i> / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout? | NO |
| 16 | Suffering or ever suffered from Hernia or <i>disorder of the Stomach</i> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas? | NO |
| 17 | <p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <i>psychiatric disorder</i>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p> | NO |
| 18 | Is there any <i>abnormality</i> of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer? | NO |
| 19 | Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <i>HIV /AIDS/ Sexually transmitted diseases</i> (e.g. syphilis, gonorrhoea, etc.) | NO |
| 20 | Ascertain if any other condition / disease / adverse habit (such as <i>smoking/ tobacco chewing/ consumption of alcohol/drugs</i> etc) which is relevant in assessment of medical risk of examinee. | NO |



| For Female Proponents only | | |
|----------------------------|---|----------|
| i. | Whether pregnant? If so duration. | NAD / |
| ii | Suffering from any pregnancy related complications | |
| iii | Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same | |

| | |
|---|-------|
| FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY | Good. |
|---|-------|

Declaration

You Mr/Ms _____ declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Ravinder

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the ____ day of _____ 20____ vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place:
Date:

Faisalabad

15/02/2025

Dr. KATAR SINGH
MBBS, Dip. (Cardiology)
Reg. No. HN9709

Katar

Signature of Medical Examiner
Name & Code No:
Stamp:

Dr. katar Singh
HN9709



LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch 12J

Proposal No. 128 60/247

Agent/D.O. Code: _____

Full Name of Life to be assured: Ravinder

Age/Sex : 44 years / male

ELECTROCARDIOGRAM

ANNEXURE- 1
LIC03-002

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. Ravinder

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.

Dated at 15 on the day of 02 20 25

Ravinder
Signature of L.A.

Katar
Signature of the Cardiologist

Name & Address Dr. Katar Singh
Qualification _____ Code No. _____

Clinical findings
(A)

H 29708
DR. KATAR SINGH
MBBS, Dip. (Cardiology)
Reg. No. HN9709



| Height (Cms) | Weight (kgs) | Blood Pressure | Pulse Rate |
|--------------|--------------|----------------|------------|
| 168 | 74 | 130/80 | 61/min |

(B) Cardiovascular System

Rest ECG Report:

| | | | |
|------------------------------|---------|---------------|---------|
| Position | Supine | P Wave | Upright |
| Standardisation Imv | 10 | PR Interval | 150ms |
| Mechanism | ⊖ | QRS Complexes | 87ms |
| Voltage | 1.2x10 | Q-T Duration | 436ms |
| Electrical Axis | Ⓜ | S-T Segment | Ⓢ |
| Auricular Rate | 61 | T-wave | Ⓢ |
| Ventricular Rate | 61 | Q-Wave | Ⓢ |
| Rhythm | Regular | | |
| Additional findings, if any. | no | | |

Conclusion:

Dated at 15 on the day of 02 20 25

Signature of the Cardiologist

Name & Address

Qualification

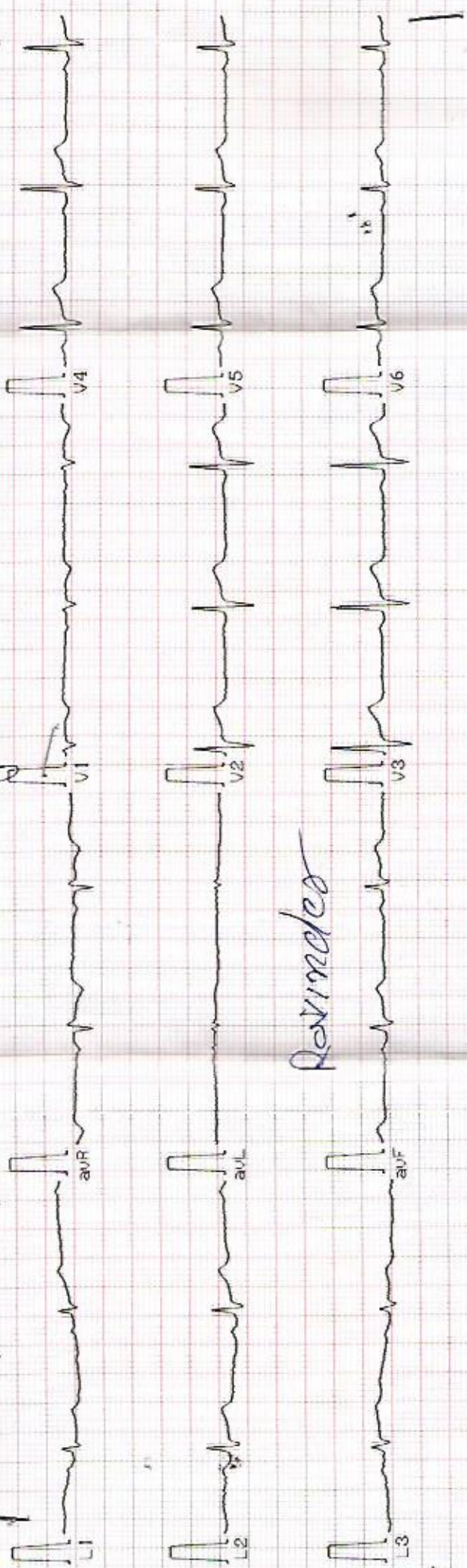
Code No.

Dr. KATAR SINGH
MBBS, Dip. (Cardiology)
Reg. No. HN9709



Yuyey Lab, 15/02/25

Radhika, GC



ARROW CE

CLARITY TEST LAB

14:18:12 15/02/2025

ClarityMed ECG-100C Dr:

Interpretation Report For ADULT

Sinus Rhythm
Normal ECG

Radhika

Dr. KATAR SINGH
MBBS, Dip. (Cardiology)
Reg. No. HN9709



REMARKS

Unconfirmed Report
Dr:

PS: Not for medico legal purposes.

Name -----

Age ----- Yrs, Ht ----- cms, Wt ----- Kg

Sex M/F , BP ----- mmHg

Heart Rate 61 BPM

| | | | | |
|-----|-----|-----|-----|-----|
| P | QRS | PQ | QT | QTc |
| 101 | 87 | 170 | 436 | 436 |

| | |
|--------|-------|
| QT/QTc | QT/RR |
| 100 | 44 |

| | | |
|-----|-----|-----|
| P | QRS | T |
| 63° | 50° | 44° |

NIMS HOSPITAL

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FARIDABAD**



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