

Dear Saburi Path Lab,

Booking has been changed successfully, For the following health checkup

**Proposal No** : 9831  
**Branch Code** : 310  
**New Diagnostic/Hospital** : Saburi Path Lab  
**Address of Diagnostic/Hospital** : Partap Nagar, Opp. Metro Pole No. 112  
**Appointment Date** : 11-03-2025  
**Preferred Time** : 09:00 AM - 09:30 AM

Member Information		
Booked Member Name	Age	Gender
MANOJ PRASAD	45 year	M

**Included Test -**

- Complete Heamogram
- Haemogram
- HbA1c
- Urine Analysis
- Urine Cotinine
- SBT-13 with Elisa Method HIV test
- Computerised Tread Mill Test (TMT)
- ECG
- Physical Medical Examination Report (PMER) Rs. 50,00,000 to Rs 99,99,999

You have received this mail because your e-mail ID is registered with **Medsave TPA** This is a system-generated e-mail please don't reply to this message.

"For any queries, please feel free to reach out to us at [lic@medsave.in](mailto:lic@medsave.in) Our team will be happy to assist you!"

**Saburi Path. Lab.**  
10559, Street No-8  
Partap Nagar Delhi.

Date: 09/03/2025

To,  
LIC of India  
Branch Office 310

Proposal No. 9831

Name of the Life to be assured MANOJ PRASAD

The Life to be assured was identified on the basis of Aadhaar card no 6516

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)*  
Dr. UDAYNATH SHAHI  
Signature of the Pathologist  
MBBS, MD. (Medicine)  
Reg. No. 17854  
Name: Dr. Uday Nath Shahi

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: Mr. Manoj Prasad

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	NO
COMPUTERISED TREADMILL TEST	YES	IDENTIFICATION & DECLARATION FORMAT	NO
HAEMOGRAM	YES	MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM	NO	BST (Blood Sugar Test-Fasting & PP) Both	NO
BLOOD SUGAR TOLERANCE REPORT	NO	FBS (Fasting Blood Sugar)	NO
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	YES	PGBS (Post Glucose Blood Sugar)	NO
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	NO	Hb%	NO
ELISA FOR HIV	NO	Other Test HBA1C, UCT	YES

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

Saburi Path, Lab,  
10559, Street No-8  
Pratap Nagar Delhi-7



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

Branch Code: 310  
Proposal/ Policy No: 9831  
MSP name/code : SABURI Path Lab  
Date & Time of Examination: 09/03/2025 10:46 AM  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 7011315913  
Identity Proof verified: Aadhaar Card ID Proof No. xxxx 6516  
( 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 Uday Nath Shukla (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured:	<u>Manoj Prasad</u>
2	Date of Birth: <u>05/02/1980</u> Age: <u>45 Year</u> Gender: <u>M</u>	
3	Height (In cms): <u>172</u> Weight ( in kgs ) : <u>88.0kg</u>	
4	Required only in case of Physical MER	
	Pulse : <u>78/min</u> Blood Pressure (2 readings):	
	1. Systolic <u>120</u> Diastolic <u>84</u>	
	2. Systolic <u>120</u> Diastolic <u>84</u>	
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 <b>treatment/medication</b> including alternate medicine like ayurveda, homeopathy etc ?	<u>NO</u>
	b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident?	<u>NO</u>
	c. Whether visited the doctor any time in the last 5 years ?	<u>NO</u>
	d. If answer to any of the questions 5(a) to (c) ) is yes -	<u>NO</u>
	i. Date of surgery/accident/injury/hospitalisation	<u>NO</u>
	ii. Nature and cause	<u>NO</u>
	iii. Name of Medicine	<u>NO</u>
	iv. Degree of impairment if any	<u>NO</u>
	v. Whether unconscious due to accident, if yes, give duration	<u>NO</u>
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 <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom &findings.	<u>NO</u>
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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. If yes provide all investigation and treatment reports	<u>NO</u>  <u>NA</u>

**Saburi Path. Lab,**  
10559, Street No-8  
Pratap Nagar Delhi-7

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

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10559. Street No-8  
Pratap Nagar Dehli-1

For Female Proponents only		
i.	Whether pregnant? If so duration.	
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	NA

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

Declaration

You Mr/Ms Manoj Prasad 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.

Manoj Prasad  
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 09 day of 03 2025 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: SABURI Path Lab  
Date: 09/03/2025

Uday  
**Dr. UDAYNATH SHAHI**  
**M.B.B.S. MD. (Medicine)**  
Signature of Medical Examiner  
Name & Code No. **Reg. No. 17654**  
Stamp:

**Saburi Path. Lab.**  
**10559, Street No-8**  
**Vasant Nagar Delhi-11**

# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone: \_\_\_\_\_ Division: \_\_\_\_\_  
Proposal No.: 9831 Branch: 310  
Full Name of Life to be assured: Manoj Prasad  
Age/ Sex: 45 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.

*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 NO
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N NO
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N NO

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

SABURI Path Lab 09/03/2025 10:46  
Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of 20.... at..... a.m./p.m.

*Manoj Prasad*  
Signature of the L.A.

*(Colley)*  
Dr. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)  
Signature of the Cardiologist  
Reg. No. 17854  
Cardiologist's Name & Address  
Qualification:

Saburi Path. Lab.  
10559, Street No-8  
Pratap Nagar Delhi-7

Mr. Manoj Prasad

2

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
172	88.0 kg	120/84	78/min

(B) Cardiovascular System

.....  
MAD  
.....

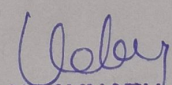
Rest ECG Report:

Position	Normal	P Wave	Normal
Standardisation Imv	=10mm	PR Interval	160msec
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	340msec
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	78/min	T-wave	Normal
Ventricular Rate	78/min	Q-Wave	Physiological.
Rhythm	Sinus		
Additional findings, if any.	NO		

Conclusion: W.N.L

Saburi Path Lab 09/05/2025  
Dated at on the day of 20....

at 10:46 a.m./p.m.

  
Dr. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)

Signature of the Cardiologist

Name & Address:

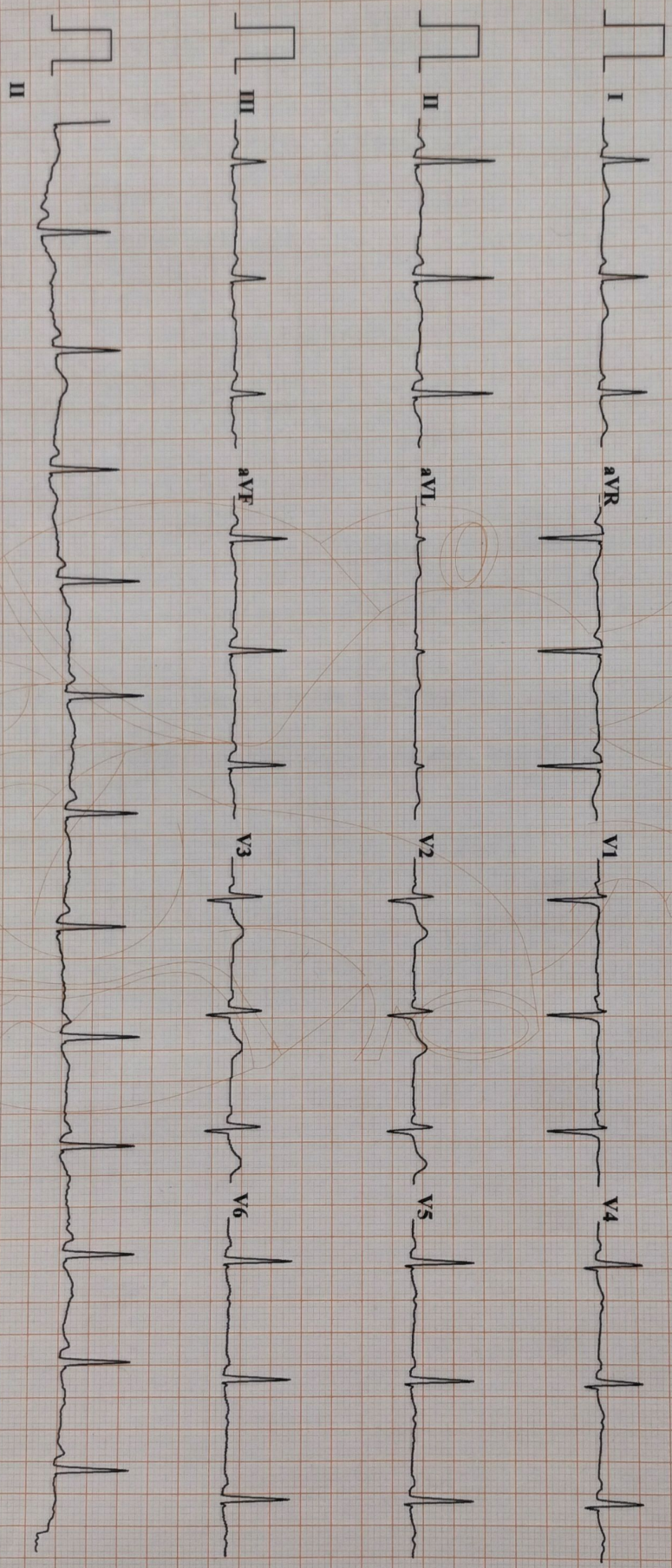
Qualification:

Saburi Path. Lab.  
10559, Street No-8  
Pratap Nagar Delhi-7

**MIR MANOJ PRASAD**  
 ID : 9831  
 AGE/SEX : 45 Yr/M  
 HT/WT : 172 Cm / 88 Kg  
 DATE : 09-03-2025 10:18:44 AM  
 REF BY : Dr.LIC  
 MACHINE INTERPRETATION : Normal ECG.

RATE : 78 bpm  
 BP : N/A  
 P Axis : 65 deg  
 QRS Axis : 55 deg  
 T Axis : 48 deg  
 P Duration : 119 ms  
 PR Duration : 132 ms  
 QRS Duration : 76 ms  
 QT Interval : 327 ms  
 QTc Interval : 361 ms

Linked Median  
 Speed : 25 mm/s  
 Sensitivity : 10 mm/mV



*(Signature)*  
**Dr. UDAYNATH SHAHI**  
**M.B.B.S. MD. (Medicine)**  
 Reg. No. 17854

**Saburi Path. Lab.**  
**10559, Street No-3**  
**Pratap Nagar Delhi-11**

Filtered(35 Cycle) And Base Corrected

UNL-EM, Indore. Tel: +91-731-4030035. Fax: +91-731-4031180. E-Mail: em@electromedicalsa.net. Web: www.unl-em.com

Dr



# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 003

## COMPUTERISED TREADMILL TEST

Zone:

Division:

Proposal No.:

Branch: 310

Full Name of Life to be assured:

Manoj Prasad

Age/ Sex:

45 Y/M

### 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

*Manoj Prasad*  
Signature or Thumb Impression of L.A.

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

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? ~~Y/N~~ NO
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? ~~Y/N~~ NO
3. Have you ever had Chest X'Ray, ECG, Blood Sugar, Cholesterol or any other test done? ~~Y/N~~ NO

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

SABURI Path Lab 09/03/2025  
Dated at on the day of 20.... at 10:46 a.m./p.m.

*Manoj Prasad*  
Signature of the L.A.

*Uday Nath Shahi*  
Dr. UDAYNATH SHAHI  
Signature of the Cardiologist  
M.B.B.S. (Medicine)  
Reg. No. 17854  
Cardiologist's Name & Address  
Qualification:

Saburi Path. Lab.  
10559, Street No.-8  
Preetap Nagar Delhi.

## COMPUTERISED TREADMILL TEST

- (a) Pre-test:      Supine  
                      Standing  
                      Hyperventilation
- (b) Exercise:      Stage I        )  
                      Stage II       )  
                      Stage III       )  
                      ... peak exercise
- (c) Recovery:     Recovery  
                      Recovery  
                      Recovery

### Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph) K.mph	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP $\times \frac{100}{100}$
PRETEST	SUPINE					62	120/84	74
	SITTING							
	STANDING					70	120/83	84
	HYPERVENTILATION	0:56				80	123/84	98
	WARM UP STAGE 1	2:55	2.7		2.82	96	138/89	132
EXERCISE	STAGE 2	2:55	2.7	5	3.68	106	145/94	153
	STAGE 3	2:55	2.7	10	4.77	125	157/100	196
	STAGE 4	2:55	4.0	12	7.04	155	168/115	260
	PEAK EXERCISE	6:26	5.4	14	7.52	150	168/115	252
RECOVERY	RECOVERY	6:59				101	160/110	161
	RECOVERY	2:55				78	150/97	117
	RECOVERY	5:55				73	130/90	94

The protocol used - BRUCE

Total Exercise Time - 12:26 min

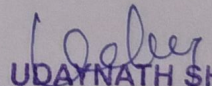
Maximum Blood Pressure - 168/115 mmHg

Maximum Workload - 7.52 METS

Maximum heart rate - 155 bpm 88% of Maximum predicted heart rate 175 bpm

Reason for termination - Achieved THR

Comments: Negative for inducible ischemia.

  
 Signature of the Cardiologist  
**Dr. UDAYNATH SHAH**  
 M.B.B.S. MD. (Medicine)

Name & Address:                      Reg. No.17854

Qualification:

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)

**Saburi Path. Lab.**  
 10559, Street No-3  
 Pratap Nagar Delhi-7



MANOJ PRASAD  
 I.D. 9831  
 Age 45/M  
 Date 09-03-2025

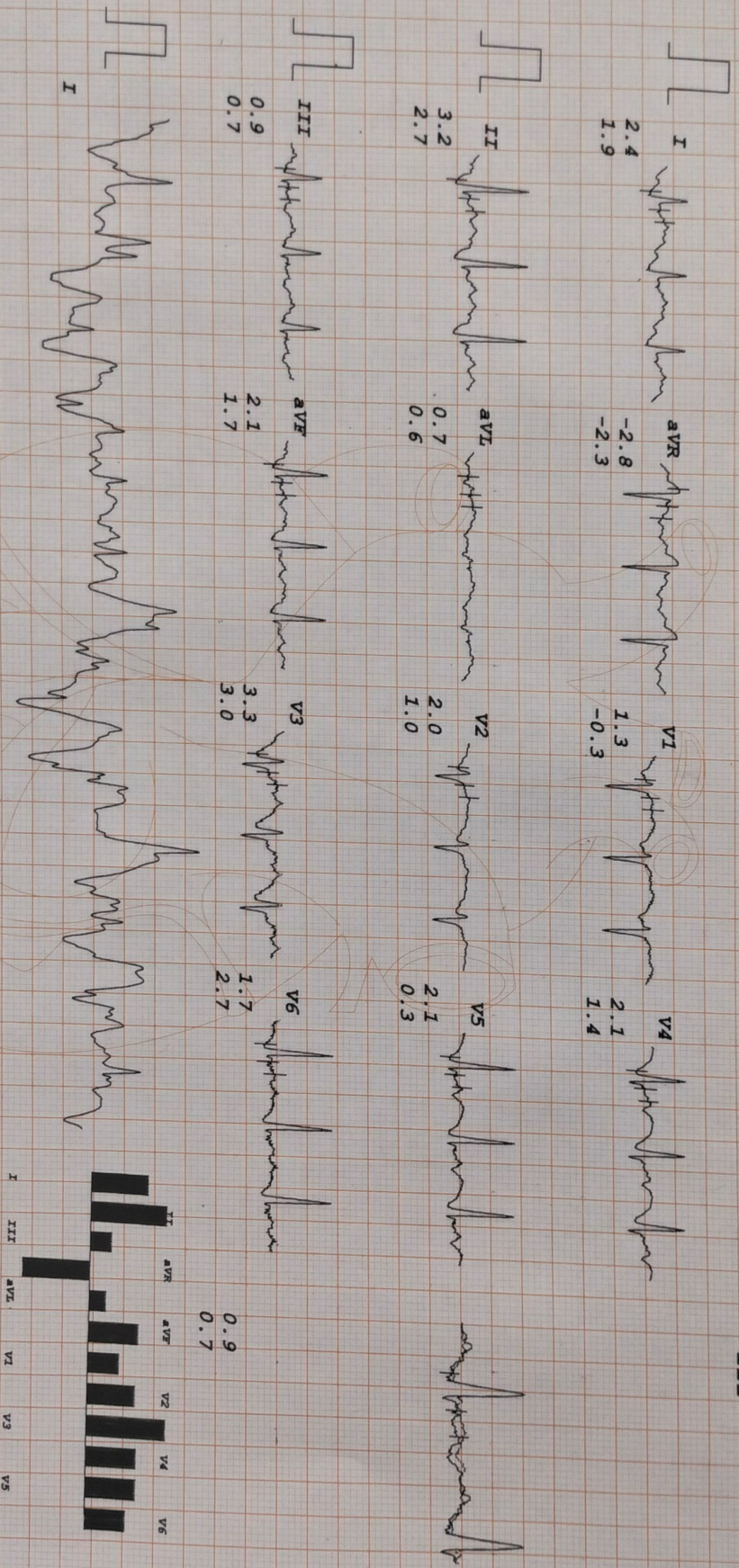
RATE 125bpm  
 B.P. 157/100

Stage 3 Bruce  
 TOTAL TIME 8:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2



Rhythm: Filtered (35 Cycles) Base Corrected

UNI-EM, Indore. Tel: +91-731-4030035, Fax: +91-731-4031100, E-MAIL: emed@electromedicalb.net; Web: www.emed.com

**Dr. Manoj Prasad, Padi**  
 10559, Sirsi, Dist. Dabhi  
 Prasad Nagar Dabhi

ARROW

MANOJ PRASAD  
 I.D. 9831  
 Age 45/M  
 Date 09-03-2025

RATE 96bpm  
 B.P. 138/89

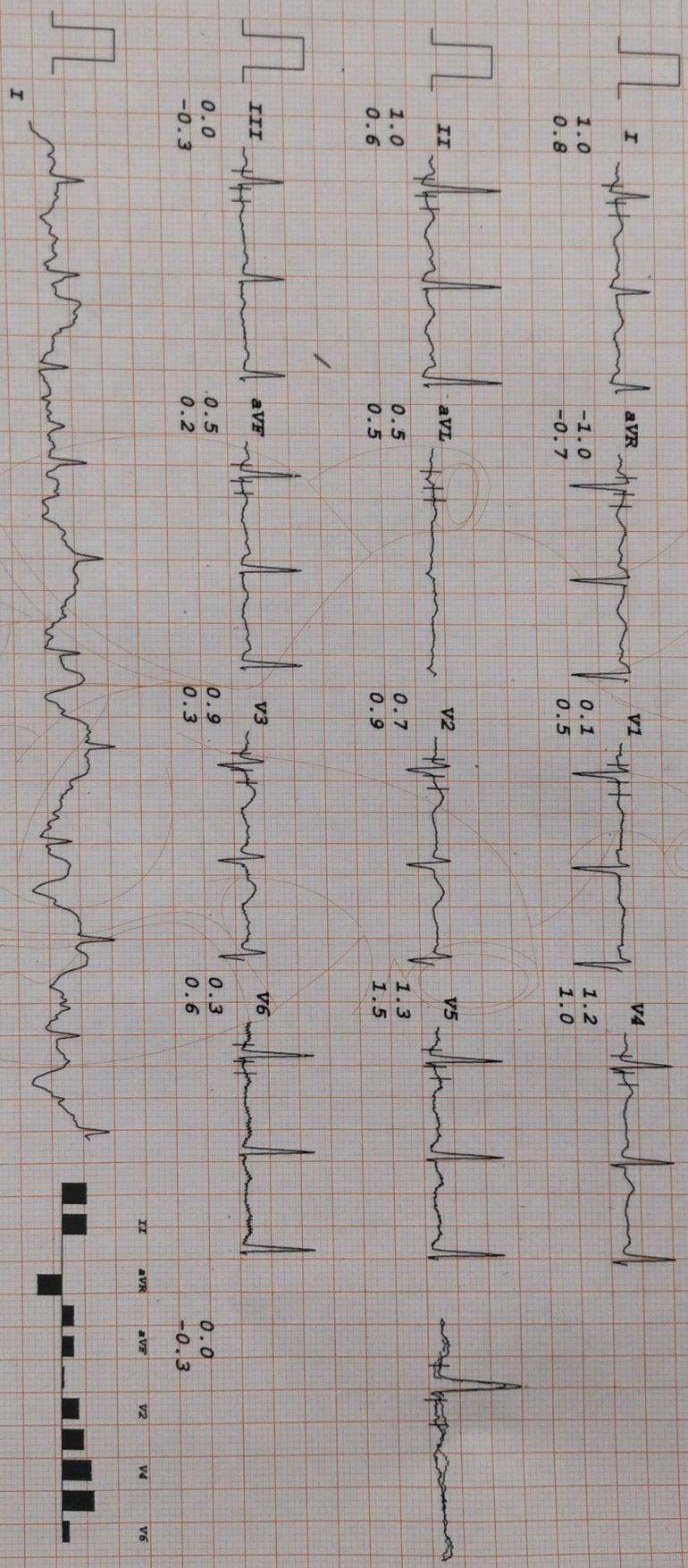
**SABURI PATH LAB**

Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 0 %

LINKED MEDIAN

MAG. X 2



Rhythm: Filtered (35 Cycle) Base Corrected

UNI-MV, Indore. Tel.: +91-731-4030035, Fax: +91-731-403180, E-Mail: amb@electromedics.in, Web: www.electromedics.in, Reg. No. Var. 19-0-4

**Saburi Path. Lab.**  
 10559, Street No-5  
 Prasad Nagar, Delhi-110017

ARROW

# SABURI PATH LAB

ST @ 10mm/mV  
80ms PostJ

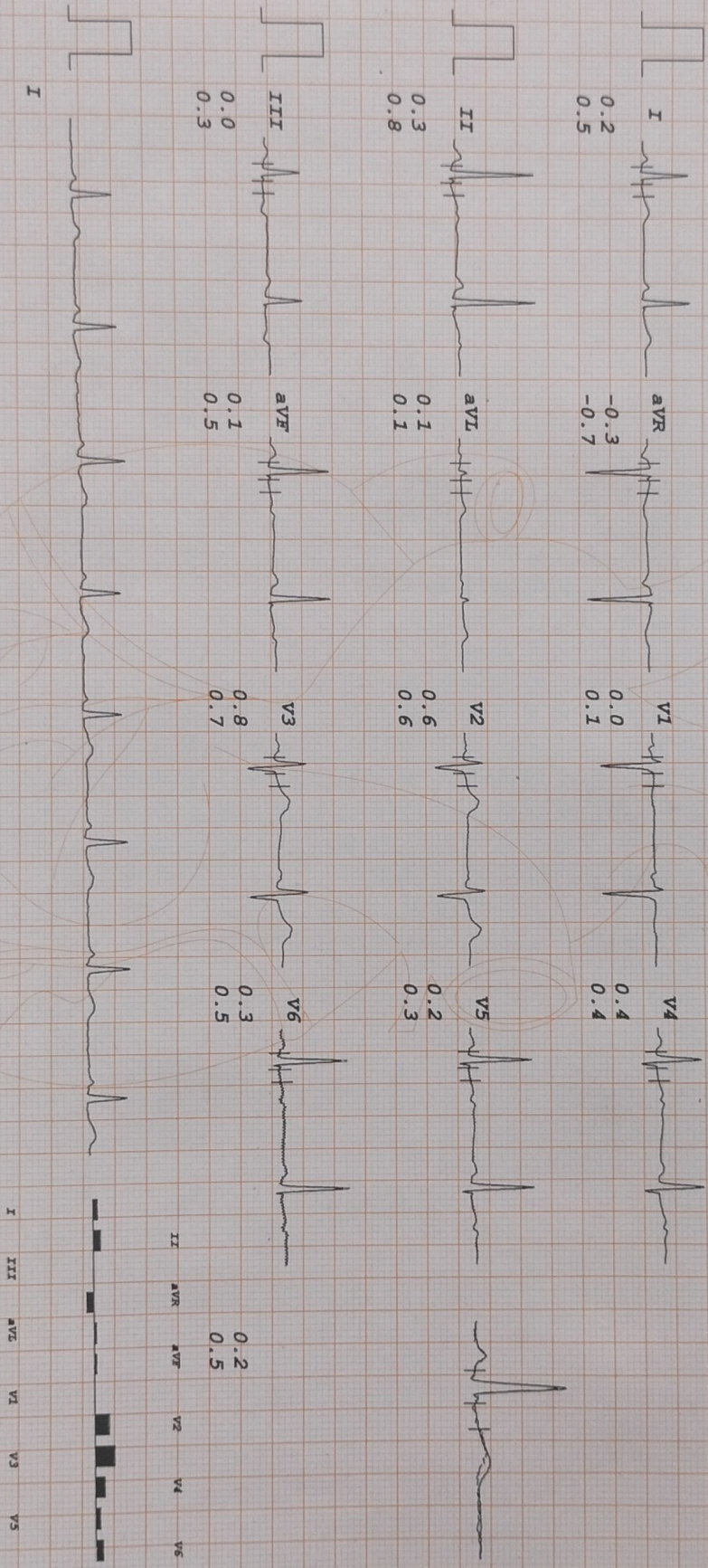
MANOJ PRASAD  
I.D. 9831  
Age 45/M  
Date 09-03-2025

RATE 73bpm  
B.P. 130/90

RECOVERY Bruce  
TOTAL TIME 18:29  
PHASE TIME 5:55

LINKED MEDIAN

Mag, X 2



Rhythm: Filtered (35 Cycles) Sine Corrected

UNI-EM, Indore. Tel.: +91-791-4030035, Fax: +91-791-4031180, E-Mail: info@electromedics.net, Web: www.uni-em.com, TNS No: 0.4

Saburi Path Lab  
10859, Street No. 5  
Gurgaon, Haryana, India

AMW

# SABURI PATH LAB

ST @ 10mm/mV

80ms Post-J

Bruce

RECOVERY TOTAL TIME 15:29

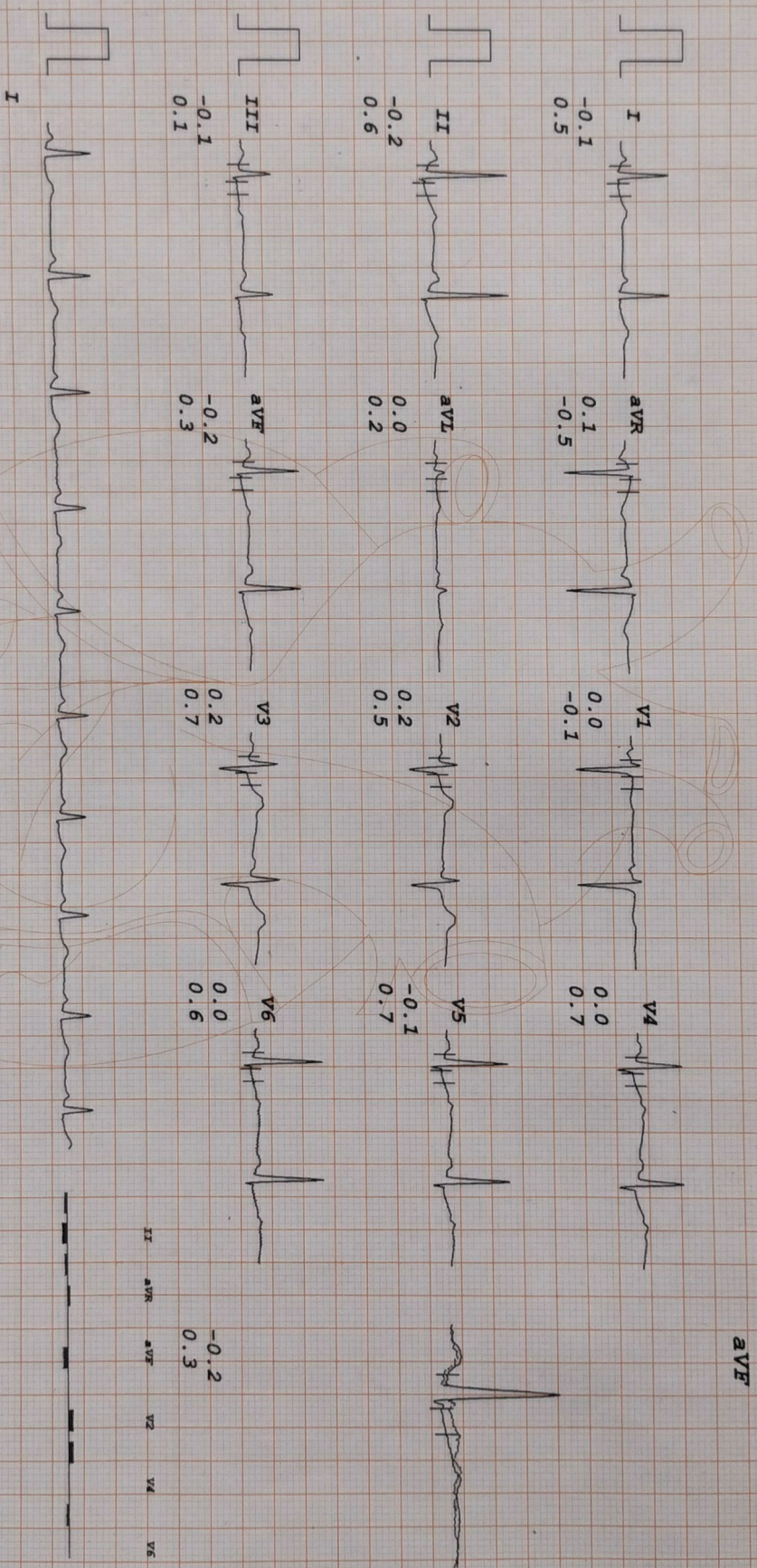
PHASE TIME 2:55

LINKED MEDIAN

MANOJ PRASAD  
I.D. 9831  
Age 45/M  
Date 09-03-2025

RATE 78bpm  
B.P. 150/97

MAG. X 2



Rhythm: Filtered (35 Cycle) Base Corrected

UNI-KH, Indore. Tel: +91-731-4030035, Fax: +91-731-4031180, E-Mail: em@electromedics.net, Web: www.uni-em.com, 2nd Ver: 31 Oct 2011

**Saburi Path, Patni**  
Street No-5  
105/10  
Opp. R.R.O. Nagari Dhami-1

ARROW

MANOJ PRASAD  
 I.D. 9831  
 Age 45/M  
 Date 09-03-2025

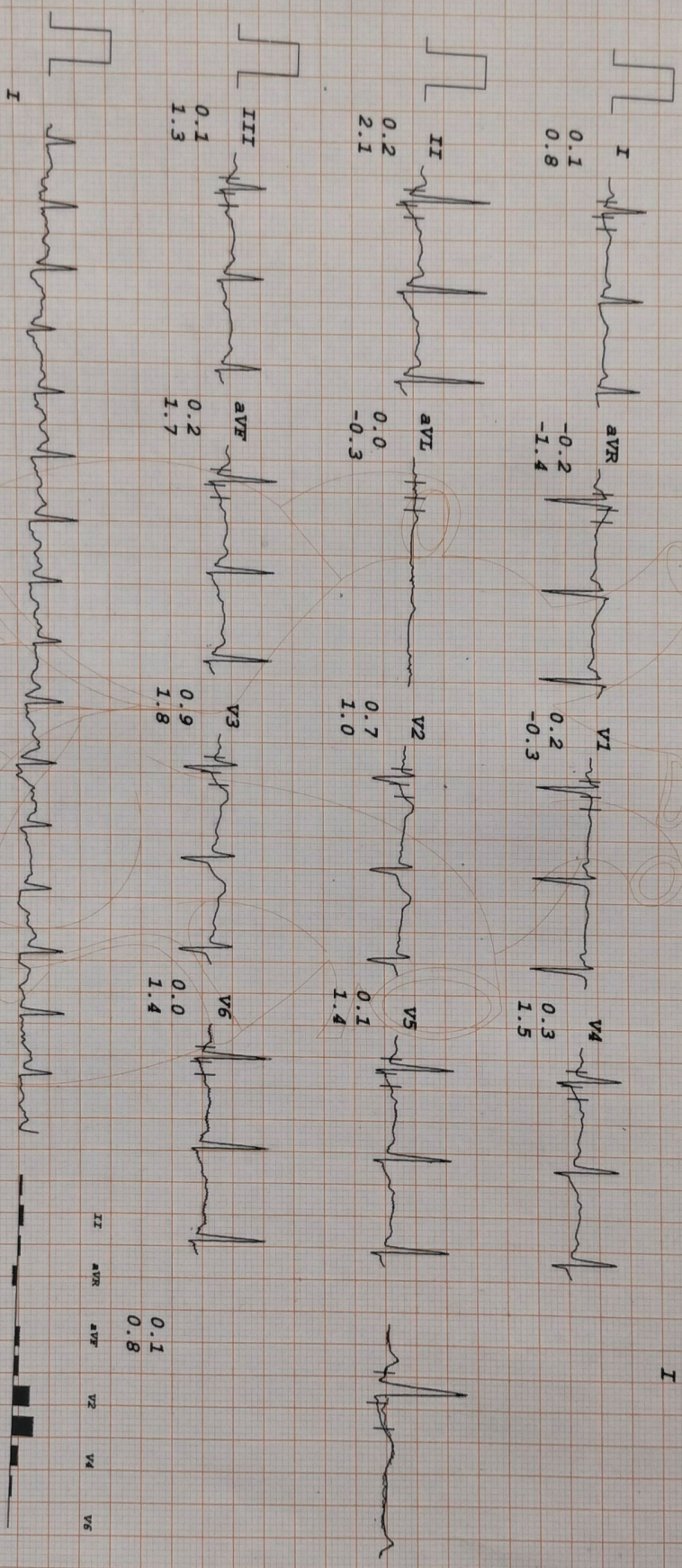
RATE 101bpm  
 B.P. 160/110

SABURI PATH LAB  
 RECOVERY BRUCE  
 TOTAL TIME 13:33  
 PHASE TIME 0:59

ST @ 10mm/mV  
 80ms Post J

LINKED MEDIAN

Mag. X 2



0.1  
0.1  
1.3

0.2  
0.2  
1.7

0.9  
0.9  
1.8

0.0  
0.0  
1.4

0.2  
0.2  
2.1

0.0  
-0.3

0.7  
1.0

0.1  
1.4

0.1  
0.8

-0.2  
-1.4

0.2  
-0.3

0.3  
1.5

0.1  
0.8

I  
II  
III  
aVR  
aVL  
aVF  
V1  
V2  
V3  
V4  
V5  
V6

Rhythm-filtered (35 cycles) leads corrected

UNI-EM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: anil@uni-em.com, www.uni-em.com

Saburi Path. Lab.  
 Street No-3  
 Prasad Nagar, Dabhi,  
 Indore-462010, M.P.

ARROW



MANOJ PRASAD  
I.D. 9831  
Age 45/M  
Date 09-03-2025

RATE 80bpm  
B.P. 123/84

# SABURI PATH LAB

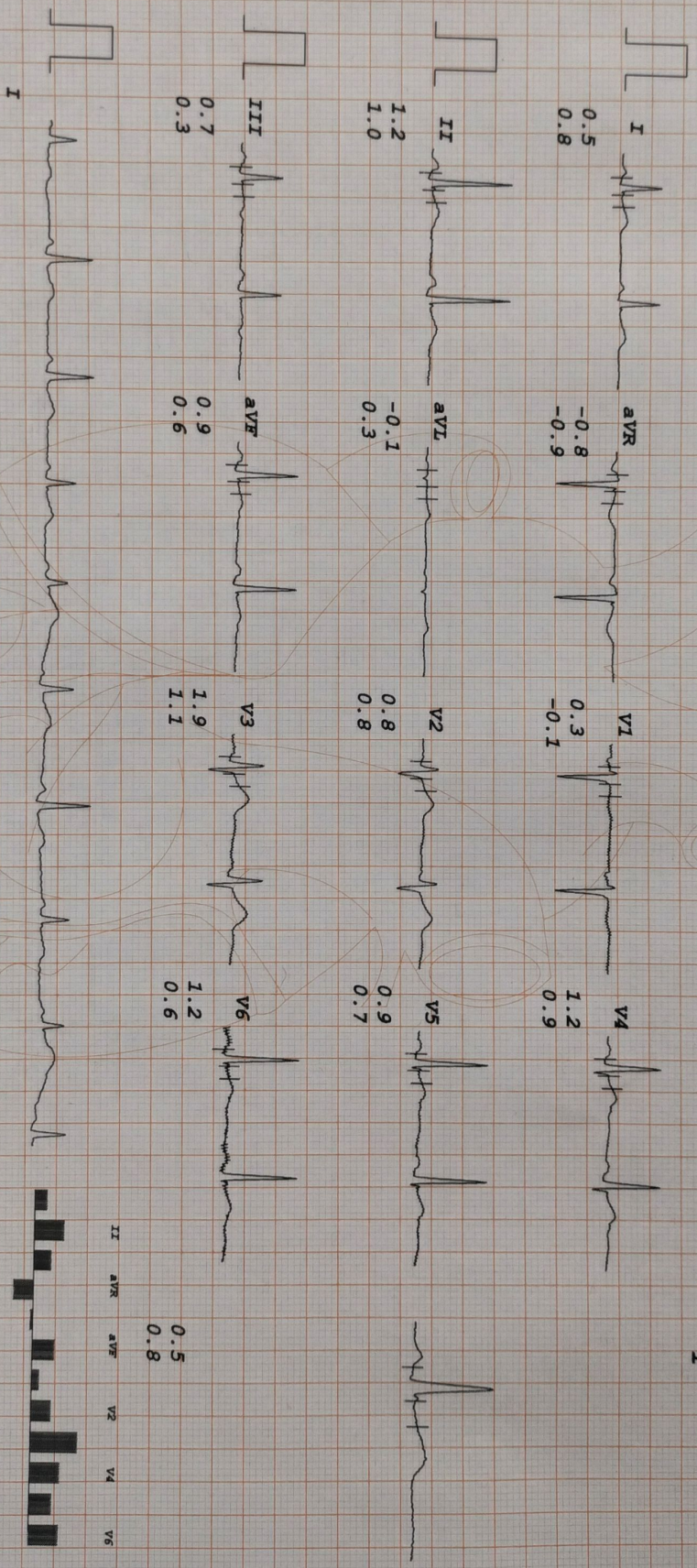
PRETEST  
HYPERVENT

ST @ 10mm/mV  
80ms PostJ

PHASE TIME 0:56

LINKED MEDIAN

Mag. X 2



Rhythm: Filtered (35 Cycle) Spase Corrected

UNIT-EM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: em@electromedics.net, Web: www.uni-em.com, INT Ver: 19.0-4

Saburi Path. Lab.  
10559, Street No-1  
Pranag Nagar Dohri

# SABURI PATH LAB

MANOJ PRASAD  
I.D. 9831  
Age 45/M  
Date 09-03-2025

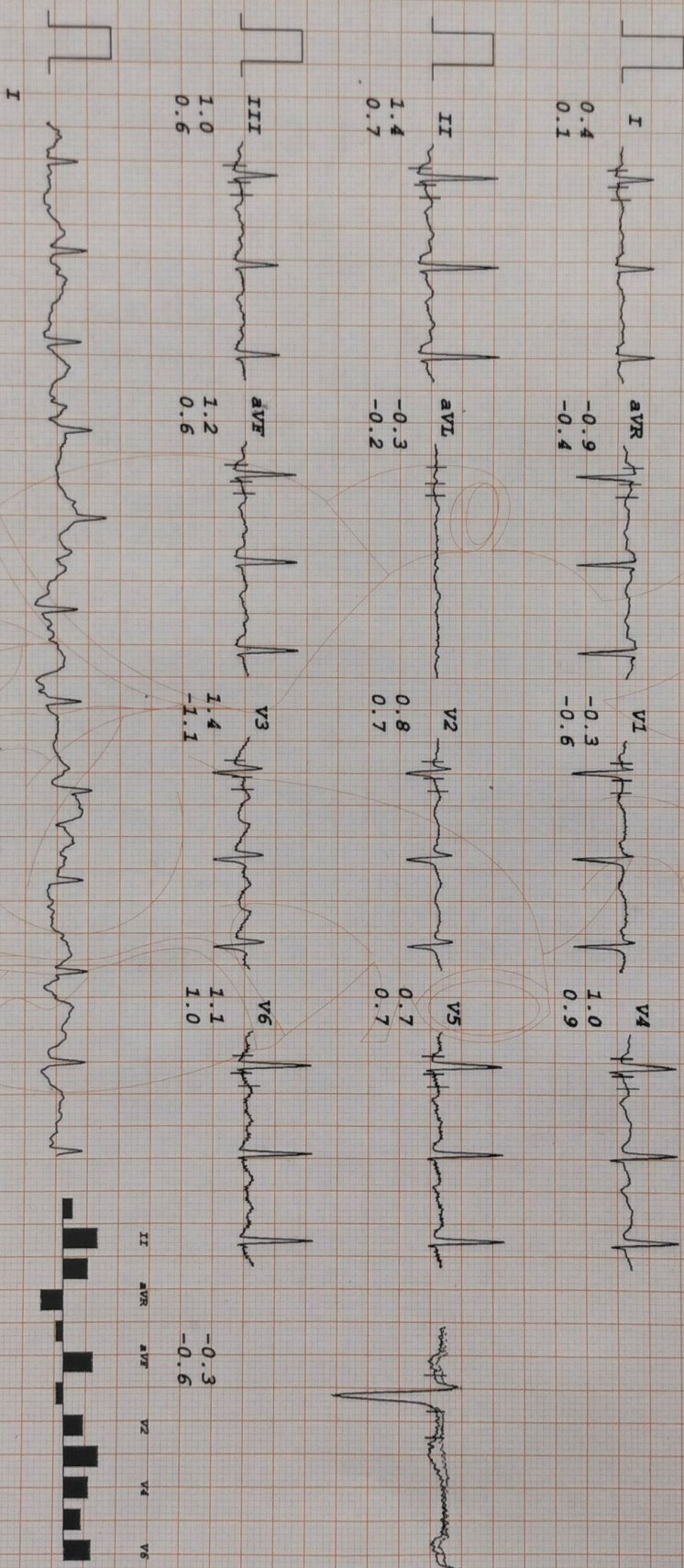
RATE 106bpm  
B.P. 145/94

Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 5 %

LINKED MEDIAN

Mag. X 2



Rhythm Filtered (35 Cycle) Base Corrected

UNI-DM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: emediatelectromedicals@rediffmail.com, Web: www.uni-dm.com

**Saburi Path. Lab.**  
10559, Street No-5  
Prasad Nagar, Delhi-11

ARROW

KANOU PRASAD  
 I.D. 9831  
 Age 45/M  
 Date 09-03-2025

RATE 70bpm  
 B.P. 120/83

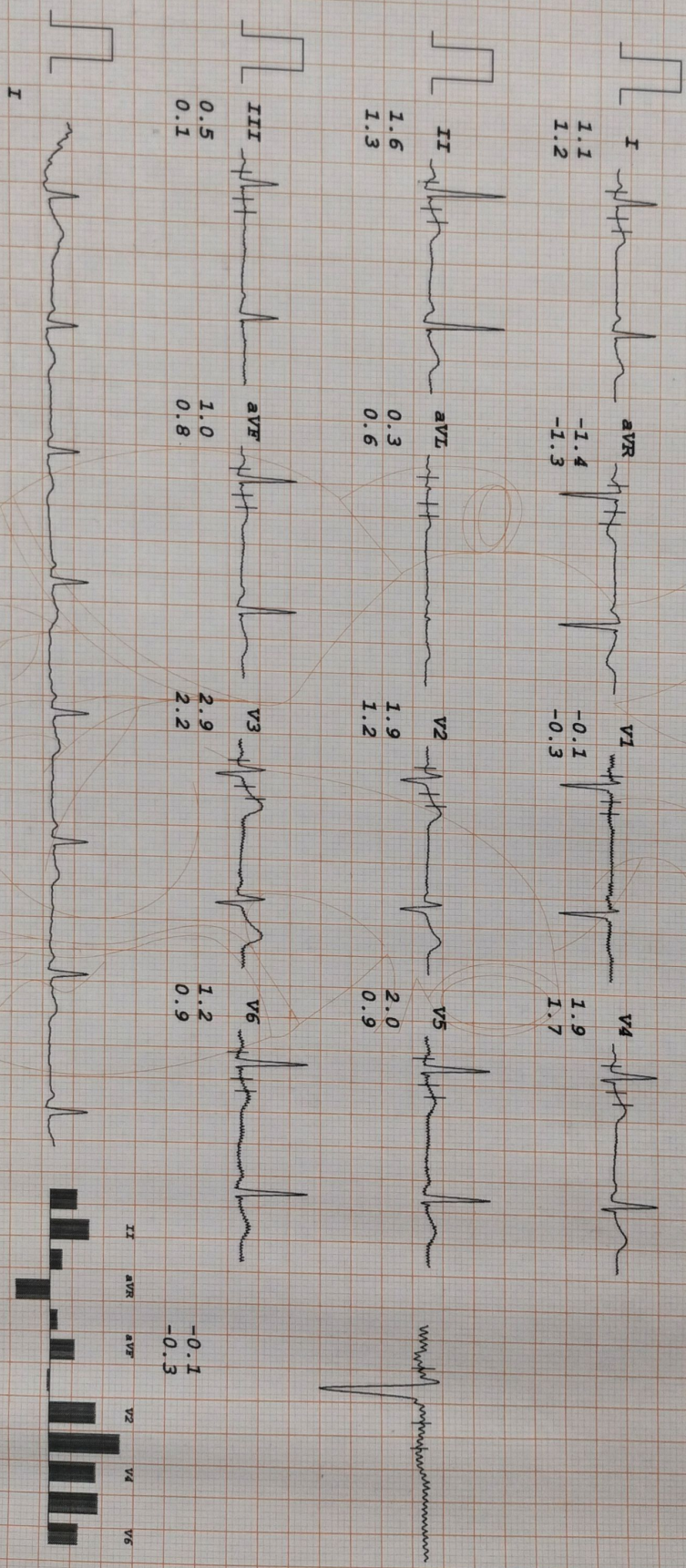
SABURI PATH LAB

PRETEST  
 STANDING

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Rhythm: Filtered (35 Cycles) Base Corrected

UNI-EM, Indore. Tel: +91-731-4030035, Fax: +91-731-4031180, E-Mail: em@electromedicalja.net Web: www.uni-em.com, INT Ver: 19.0.4

Saburi Path Lab  
 10559, Street No. 1  
 Postage Nagar Dewani

ARROW

# SABURI PATH LAB

MANOJ PRASAD  
 I.D. 9831  
 Age 45/M  
 Date 09-03-2025

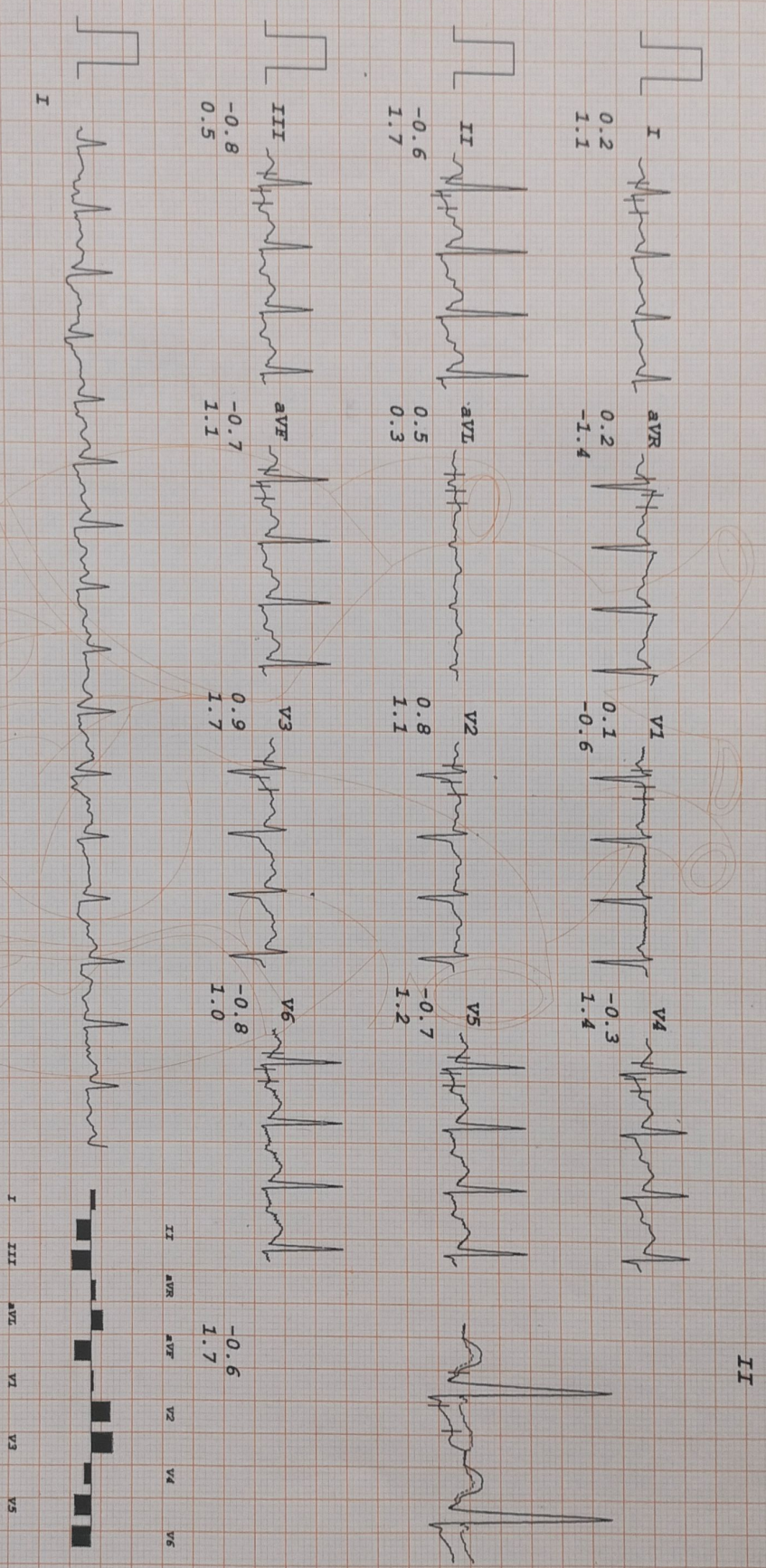
RATE 150bpm  
 B.P. 168/115

BRUCE  
 PR-EXERCISE  
 TOTAL TIME 12:26  
 PHASE TIME 0:26

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



Rhythm: Filtered (35 Cycle) Base Corrected

UNI-2M, Indore. Tel: +91-731-4030035, Fax: +91-731-4031180, E-Mail: omg@electromedicals.net, Web: www.uni-

**Saburi Path Lab.**  
 10359, Street No-5  
 Prakash Nagar, Delhi-110017

ARROW

# SABURI PATH LAB

MANOJ PRASAD  
I.D. 9831  
Age 45/M  
Date 09-03-2025

RATE 155bpm  
B.P. 168/115

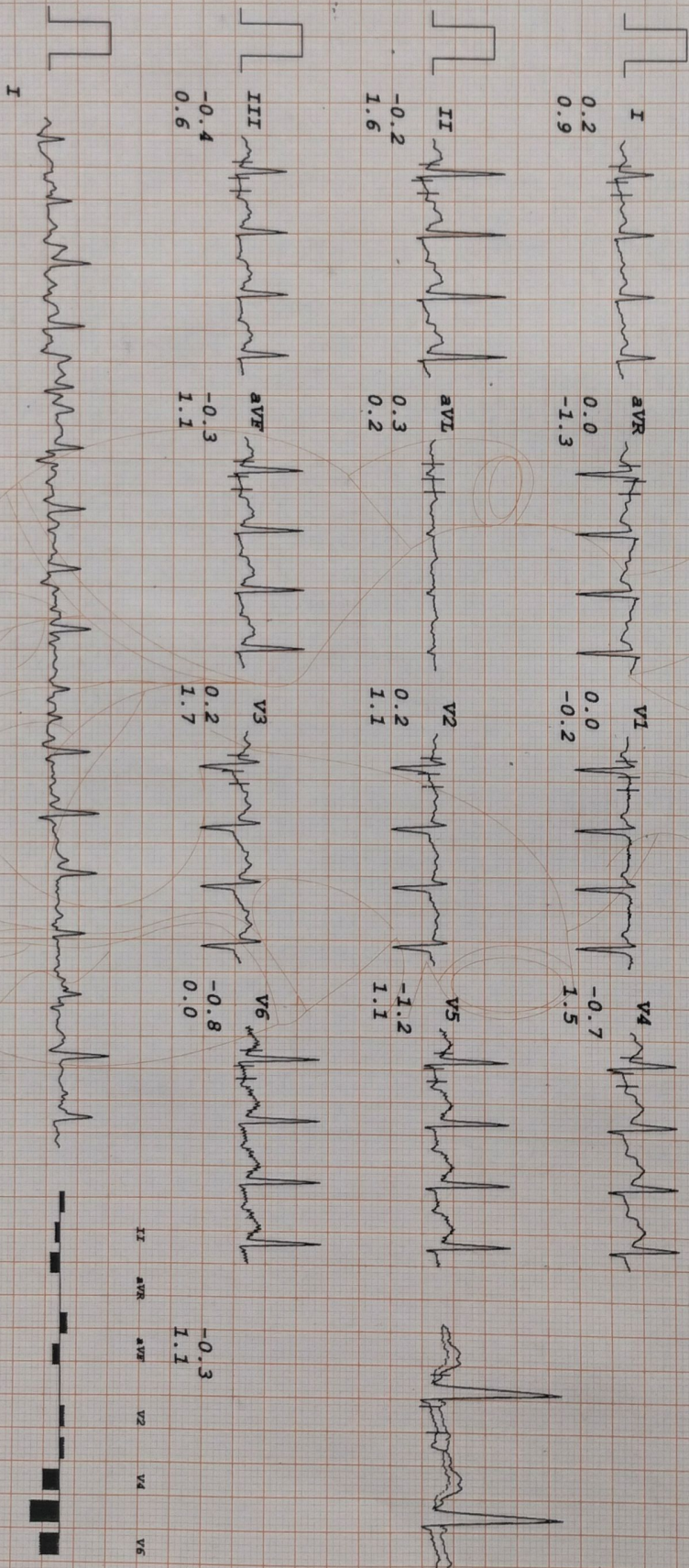
Stage 4  
TOTAL TIME 11:55  
PHASE TIME 2:55

Bruce

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 %

LINKED MEDIAN

Mag. X 2  
aVF



Saburi Path. Lab.  
10559, Street No-1  
Dahat-1  
Durgam Nagar

Rhythm Filtered (35 Cycle/s) Base Corrected

ONT-EM, Indore. Tel.: +91-731-4030035, Fax: +91-731-4031180, E-Mail: em@electromedics.in, Web: www.uni-em.com, ZMT Ver. 19.0.4

ARROW

MANOJ PRASAD  
 I.D. 9831  
 Age 45/M  
 Date 09-03-2025

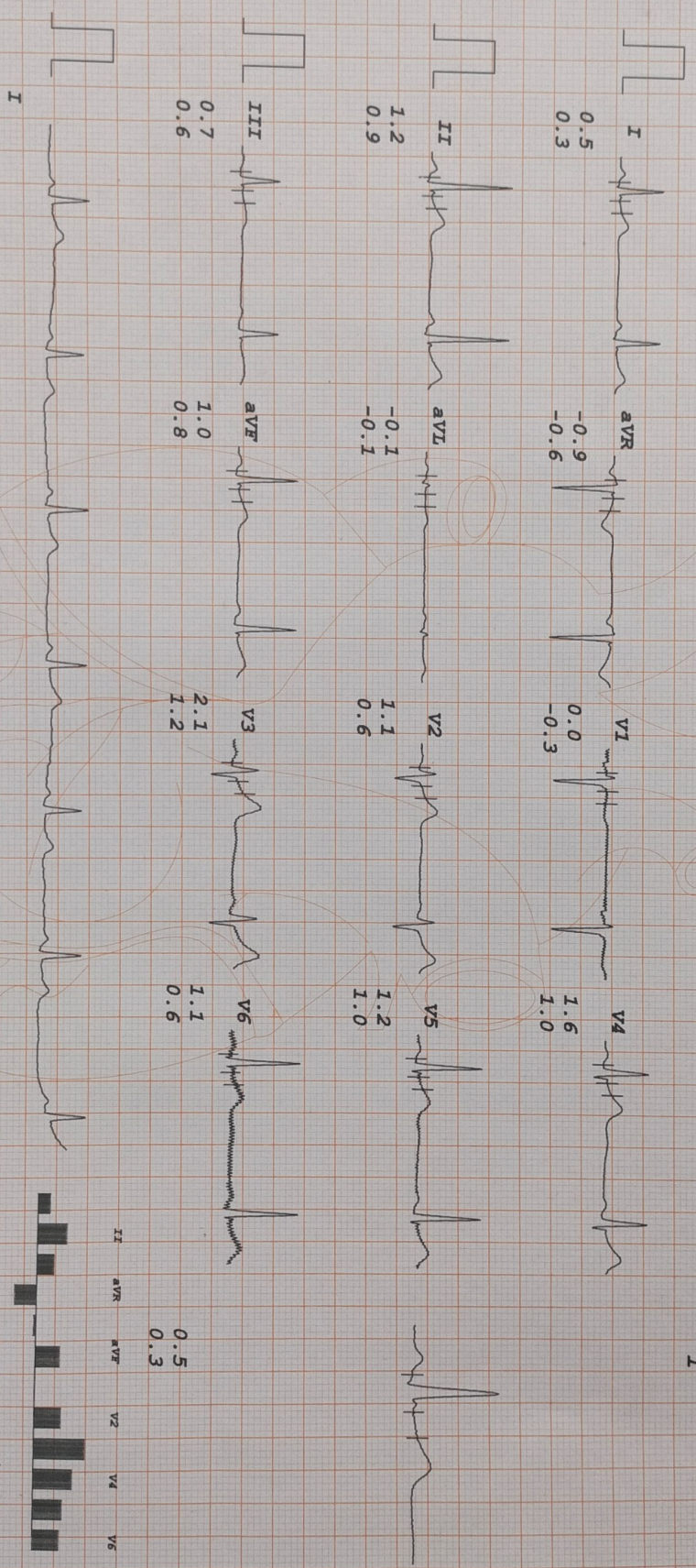
RATE 62bpm  
 B.P. 120/84

SABURI PATH LAB  
 PRETEST SUPINE

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Saburi Path. Lab.  
 10559, Street No-3  
 Patna Nagar Delhi-11

Rhythm: Filtered (35 Cycle) Base Corrected

UNI-EM, Indore. Tel: +91-731-4030035, Fax: +91-731-403180, E-Mail: emediacromedicals.net, Web: www.uni-em.com, NYT Ver.19.0.4

AKROV

भारत सरकार  
Government of India

मनोज प्रसाद  
Manoj Prasad  
जन्म तिथि/DOB: 05/02/1980  
पुरुष/ MALE

Issue Date: 10/01/2012

2176 3893 6516  
VID : 9168 6881 7911 4868

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
सन ऑफ गोरख प्रसाद, रेसिडेन्ट ऑफ डब्लू जेड १३३५,  
थर्ड फ्लोर, बैक साइड ऑफ एम सी डी स्कूल बलदेव लेन,  
शाकुर बस्ती, रानी बाघ, नार्थ वेस्ट दिल्ली,  
दिल्ली - 110034

Address:  
S/O GORAKH PRASAD, R/O WZ-1335, THIRD  
FLOOR, BACK SIDE OF MCD SCHOOL BALDEV  
LANE, SHAKUR BASTI, Rani Bagh, North West  
Delhi,  
Delhi - 110034

Download Date: 16/05/2022

2176 3893 6516  
VID : 9168 6881 7911 4868

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*Manoj Prasad*

*Dr. Udaynath Shahi*  
Dr. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)  
Reg. No.17854

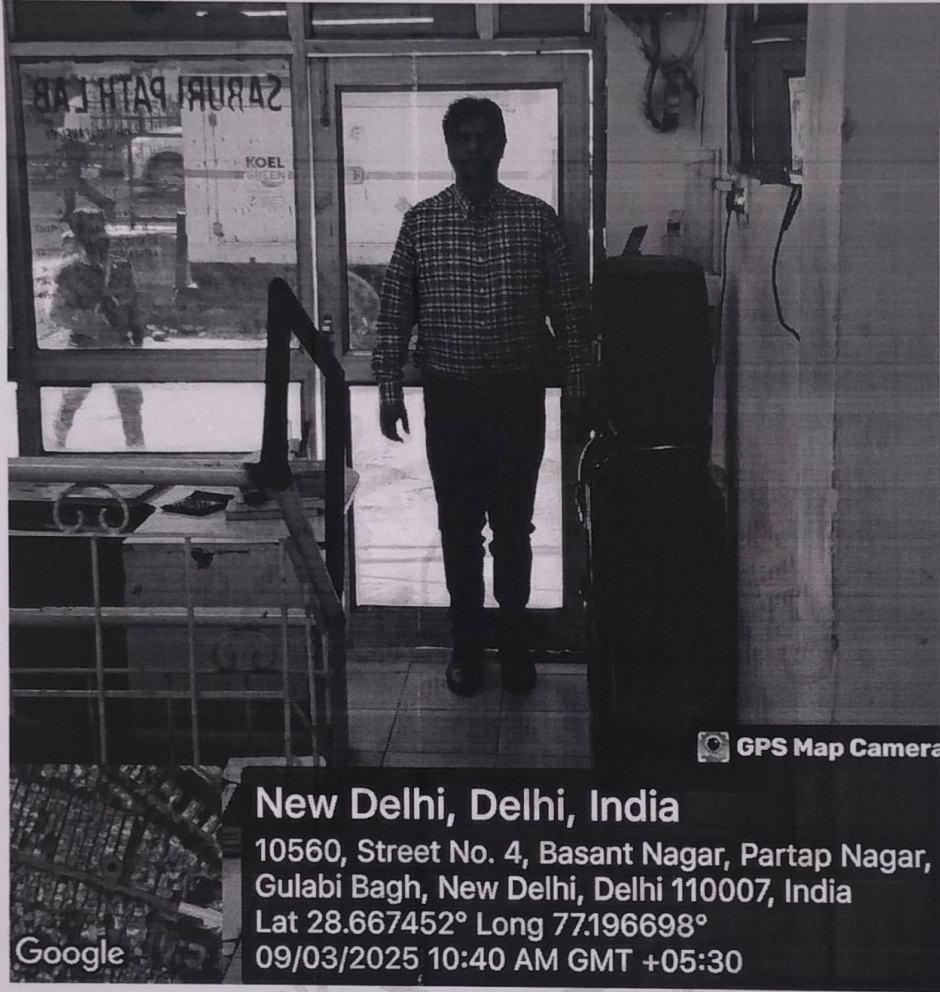
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GPS Map Camera

**New Delhi, Delhi, India**

10560, Street No. 4, Basant Nagar, Partap Nagar,  
Gulabi Bagh, New Delhi, Delhi 110007, India

Lat 28.667452° Long 77.196698°

09/03/2025 10:40 AM GMT +05:30

Google

*Udaynath Shahi*  
**Dr. UDAYNATH SHAHI**  
M.B.B.S. MD. (Medicine)  
Reg. No. 17854

**Saburi Path. Lab.**  
10559, Street No-3  
Pratap Nagar Delhi-1

Checked by

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Phones : 011-46543015, Mobile : 9818068572, 9718068572

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GPS Map Camera

**New Delhi, Delhi, India**

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Google



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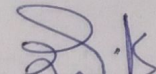
LabNo:	: S 81532	Date	09/03/2025
Name	: Mr. MANOJ PRASAD	Age :	45 yrs. Sex : Male
Refer by	: LIC OF INDIA		

## COMPLETE HAEMOGRAM / CBC

Test name	Result	Unit	Normal Range
HAEMOGLOBIN :	14.6	gm/dl	(12.0-18.0)
TOTAL LEUCOCYTE COUNT :	8700	cell / cum	(4000-11000)
D. L. C. = POLYMORPHS :	55	%	(40-70)
LYMPHOCYTES:	40	%	(20-40)
EOSINOPHILS:	03	%	(01-04)
MONOCYTE :	02	%	(01-10)
BASOPHILS :	00	%	(00-01)
E. S. R. ( WINTROBE METHOD	13	mm/1st hr.	(00-20)
P. C. V.	45.6	%	(35-48)
M. C. V.	92.5	fl	(80-95)
M. C. H.	28.7	pg	(27-32)
M. C. H. C.	34.5	mg/dl	(30-35)
RED BLOOD CELLS :	4.62	millions/c	(3.5-5.5)
PLATELET COUNT :	2.64	lakh / cum	(1.5-4.5)
RDW	13.2	%	(11.5-14.5)

### P / S ( PERIPHERAL BLOOD SMEAR

RBCs are normocytic normochromic.  
TLC, DLC as given above.  
No immature cells seen.  
Platelets are adequate.  
No hemoparasites seen.

  
Lab. Technician

DR. R. K. BHATNAGAR  
MBBS, MD.  
SENIOR CONSULTANT PATHOLOGIST

**Saburi Path. Lab.**  
10559, Street No-3  
Pratap Nagar Delhi-11

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# Saburi Path. Lab.

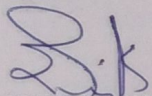
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LabNo: : S 81532 Date 09/03/2025  
Name : Mr. MANOJ PRASAD Age : 45 yrs. Sex : Male  
Refer by : LIC OF INDIA

## SPECIAL BIO-CHEMICAL TESTS (SBT-13)

Test name	Result	Unit	Normal Range
BLOOD SUGAR FASTING(GOD-POD)METHOD	88.5	mg/dl	(70-110)
TOTAL CHOLESTROL	187.3	mg/dl	(UP TO-200)
HD CHOLESTROL	49.8	mg/dl	(30-70)
LDL CHOLESTROL	108.4	mg/dl	(UP TO-130)
TRIGLYCERIDES	145.6	mg/dl	(UP TO-150)
S. CREATININE	0.98	mg/dl	(0.60-1.20)
BLOOD UREA NITROGEN (BUN)	12.3	mg/dl	(7-18)
TOTAL PROTEIN	7.4	gm/dl	(6.0-8.3)
ALBUMIN	4.3	gm/dl	(3.5-5.0)
GOBULINE	3.1	gm/dl	(2.3-3.5)
A/G RATIO	1.38		
TOTAL BILIRUBIN	0.80	mg/dl	(0.00-1.30)
CONJUGATED (D.bilirubin)	0.20	mg/dl	(0.0-0.40)
UNCONJUGATED(I.D.bilirubin)	0.60	mg/dl	(0.0-0.80)
SGOT (AST)	35.2	U/L	(UP TO-40)
SGPT(ALT)	30.4	U/L	(UP TO-40)
GGTP(GGT)	36.2	U/L	(UP TO-55)
S.ALKALINE PHOSPHATASE(ALP)	144.1	U/L	(80-250)
HBsAG (Australian antigen)	NEGATIVE		(NEGATIVE)
HIV ANTIBODY 1& 11 (ELISA METHOD)	NEGATIVE		(NEGATIVE)

  
LAB. TECHNICIAN

DR. R. K. BHATNAGAR  
MBBS, MD  
CONSULTANT PATHOLOGIST

**Saburi Path. Lab.**  
10559, Street No-3  
Partap Nagar Delhi-7

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LabNo: : S 81532	Date 09/03/2025
Name : Mr. MANOJ PRASAD	Age : 45 yrs. Sex : Male
Refer by : LIC OF INDIA	

Test name	Result	Unit	Normal Range
-----------	--------	------	--------------

HB A1C on D10 HPLC SYSTEM

5.20

%

COMMENTS:

INTERPRETATION :

HBA1C

NON Diabetic adults > 18 year

< 5.7

Good diabetic control

6.0 - 7.0 %

Fair diabetic control

7.0 - 8.0 %

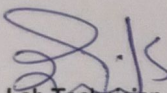
Poor control / uncontrolled diabetes

>8.0

( Action suggested )

The Glycosylated haemoglobin( HB A1c) assay has been validated as a reliable indicator of mean blood glucose level for a period of 8 - 12 weeks period .American Diabetic Association recommends the testing twice a year in a patient with good diabetic control, and quarterly, in other cases.

TO BE CORELATED CLINICALLY.

  
Lab. Technician

Dr.R.K.BHATNAGAR  
MBBS, M.D.  
CONSULTANT PATHOLOGIST

-----End of Report-----

Saburi Path. Lab.  
10559, Street No-3  
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LabNo:	: S 81532	Date	09/03/2025
Name	: Mr. MANOJ PRASAD	Age	: 45 yrs. Sex : Male
Refer by	: LIC OF INDIA		

## SPECIAL URINE EXAMINATION

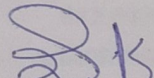
Test name	Result	Unit	Normal Range
URINE COTININE TEST	NEGATIVE.		(NEGATIVE)

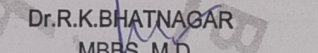
Immuno-chromatographic Assay for Qualitative Detection of COTININE in Urine.

### Interpretation:

A Positive result indicates the cotinine level is 200ng/ml or higher in the test urine sample.

A negative result indicates that the cotinine level is below the detection sensitivity of 200 ng/ml.

  
Lab. Technician

  
Dr. R.K. BHATNAGAR  
MBBS, M.D.  
CONSULTANT PATHOLOGIST

-----End of Report-----

**Saburi Path. Lab.**  
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Partap Nagar Delhi-9

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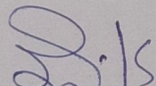
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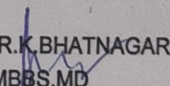
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LabNo: : S 81532 Date 09/03/2025  
Name : Mr. MANOJ PRASAD Age : 45 yrs. Sex : Male  
Refer by : LIC OF INDIA

## URINE EXAMINATION

Test name	Result	Unit	Normal Range
ROUTINE URINE EXAMINATION			
1. PHYSICAL EXAMINATION			
QUANTITY	30 ML		
COLOUR	PALE YELLOW		
SEDIMENT	NIL		
TRANPARENCY	CLEAR		
REACTION	ACIDIC		
2. CHEMICAL EXAMINATION			
PROTEIN	NIL		
SUGAR	NIL		
BILE SALT	NEGATIVE		
BILE PIGMENTS	NEGATIVE		
3. MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	NIL	/H.P.F	
EPITHELIAL CELLS	0 - 1	/H.P.F	
CRYSTALS	NIL		
PUS CELLS	1 - 2	/H.P.F	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

  
LAB. TECHNICIAN

  
DR. R.K. BHATNAGAR  
MBBS, MD  
CONSULTANT PATHOLOGIST

**Saburi Path. Lab.**  
10559, Street No-8  
Partap Nagar Delhi-7

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