

Date: 16/11/2024

To,  
LIC of India  
Branch Office

Proposal No. 5234

Name of the Life to be assured RAJESH DEVI SHARMA

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.

राजेश देवी शर्मा

(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,



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 5234

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

Full Name of Life to be assured: RAJESH DEVI SHARMA

Age/Sex : 49 / FEMALE

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.

राजेश देवी शर्मा

*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 DELHI on the day of 16 / Nov / 2024

Signature of L.A.

राजेश देवी शर्मा

Signature of the Cardiologist

Name & Address

Qualification Code No.



REG. NO. 33435  
MBBS, MD

Dr. BINDU  
MBBS, MD  
Reg. No. 33435

## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
161	62.5	124/82	84/M

(B) Cardiovascular System

N

## Rest ECG Report:

Position	Supine	P Wave	N
Standardisation Impv	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	84/M	T-wave	N
Ventricular Rate	84/M	Q-Wave	N
Rhythm	Regular		
Additional findings, if any	NH		

Conclusion: WNLDated at DBLHF on the day of 16/Nov/2004

Dr. BINDU  
MBBS, MD  
Reg No. 33435

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.





# ELITE DIAGNOSTIC

Email – [elitediagnostic4@gmail.com](mailto:elitediagnostic4@gmail.com)

PROP. NO. : 5234  
S. NO. : 110489  
**NAME** : **MRS. RAJESH DEVI SHARMA**      **AGE/SEX - 49/F**  
REF. BY : LIC  
Date : NOVEMBER, 16, 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

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.



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Date : NOVEMBER, 16, 2024

## ROUTINE URINE ANALYSIS

### **PHYSICAL EXAMINATION**

Quantity : 20.ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.012

### **CHEMICAL EXAMINATION**

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

### **MICROSCOPIC EXAMINATION**

Pus Cells/WBCs : 1-2. /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.*

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## HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	12.90	gm/dl	12-18

## BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	93.44	mg/dl	70-115
S. Cholesterol	178.40	mg/dl	130-250
H.D.L. Cholesterol	67.11	mg/dl	35-90
L.D.L. Cholesterol	119.88	mg/dl	0-160
S. Triglycerides	98.66	mg/dl	35-160
S. Creatinine	0.95	mg/dl	0.5-1.5
Blood Urea Nitrogen {BUN}	13.15	mg/dl	06-21
Albumin	4.2	gm%	3.2-5.50
Globulin	3.0	gm%	2.00-4.00
S. Protein Total	7.2	gm%	6.00-8.5
AG/Ratio	1.40		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.4	mg/dl	0.1-1.00
Total Bilirubin	0.6	mg/dl	0.1-1.3
S.G.O.T.	30.11	IU/L	00-42
S.G.P.T.	31.20	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	42.17	IU/L	00-60
S. Alk. Phosphatase	89.20`	IU/L	28-111 (Children 151-471)

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

Please correlate with clinical conditions.

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भारत सरकार  
Government of India



Aadhaar no. issued: 03/11/2011



राजेश देवी शर्मा  
RAJESH DEVI SHARMA  
जन्म तिथि/DOB: 01/01/1975  
महिला/ FEMALE


आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship  
or date of birth.** It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**9519 3984 1672**

मेरा **आधार**, मेरी पहचान



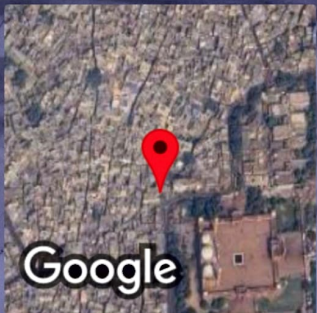
 **GPS Map Camera**

**Delhi, Delhi, India**

**2431, Chhipiwara, Chawri Bazar, Chandni Chowk, Delhi, 110006,  
India**

**Lat 28.651962° Long 77.232258°**

**16/11/24 08:23 AM GMT +05:30**



**Google**