

To,
LIC of India
Branch Office

Date: 6/11/2024

Proposal No. 5578

Name of the Life to be assured SACFIN DABAS

The Life to be assured was identified on the basis of Aadhaar - 6348

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
Name: DR. KUSUM LATA
DR. KUSUM LATA
M.B.B.S. M.D. (PATH)
Disc No: 7859
Green Park Diagnostics

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:

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD

Authorized Signature, _____





Kum
DR. KUSUM LATA
MBBS, M.D.(PATH)
DMC No.: 7859
Green Park Diagnostics

भारत सरकार
Government of India

सचिन डबास
Sachin Dabas
जन्म तिथि / DOB: 27/06/1998
पुरुष / MALE
Mobile No.: 9899768694

Issue Date: 18/12/2011

6348
VID : 9141 8864 9747 5328

मेरा आधार, मेरी पहचान

अधार

12/15

Green Park Diagnostics

G-43, Green Park Main Market, New Delhi-110016

Ph.:011- 26537881

011-41759058

- यहां पर प्रसव पूर्व (लिंग पैदा होने से पहले लड़का या लड़की) की पहचान नहीं की जाती। यह दण्डनीय अपराध है।
 - बच्चे की लिंग के लिए पुछना/मांग करना पीसी और पीएनडीटी अधिनियम के तहत एक दण्डनीय अपराध है।
 - Here Pre-Natal Sex Determination and Disclosure of Sex (Boy or Girl Before Birth) of Foetus is not done. It is prohibited and punishable under law.
 - SEEKING / ASKING FOR THE SEX OF CHILD IS ALSO A PUNISHABLE OFFENCE UNDER PC AND PNDDT ACT.
- In case of any query under PC & PNDDT Act

Contact : District State Authority (South Distt.)
Add. : M. B. Road, New Delhi - 110068
Tel. No. : 011-295693339

43, Block G, Green Park Extension,
Green Park, New Delhi, Delhi

Lat: 28.557510, Long: 77.202787

06 Nov, 24, 11:28 AM, Wednesday



29.03° 17 N



भारत सरकार
Government of India



Issue Date: 18/12/2011



सचिन डबास
Sachin Dabas
जन्म तिथि / DOB: 27/06/1998
पुरुष / MALE
Mobile No.: 9899768694



2387 3253 6348
VID : 9141 8864 9747 5328

मेरा **आधार**, मेरी पहचान

**LIC**

भारतीय आरुथिमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
पुर्व विभाग-1/पुर्व मंडळ-1/ MUMBAI DIVISION-1

पुस्तक संख्या
Book No. A

998

फार्म संख्या
Form No.

050

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

Branch Code:

Proposal/ Policy No: **5578**

MSP name/code :

Date & Time of Examination: **6/11/24**

Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured : **9899768694**Identity Proof verified: **Aadhaar** ID P roof No. **6348**

(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. **KUSUM LATA** (Name of the Medical Examiner) is for conducting my Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: SACHIN DABAS		
2	Date of Birth: 27-06-1998	Age: 26 4/8	Gender: M
3	Height (In cms): 170	Weight (in kgs) : 72	
4	Required only in case of Physical MER	Blood Pressure	Systolic Diastolic
	Pulse : 76 L	(1 readings)	130 70
		(2 readings)	130 70

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 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 ? If answer to any of the questions 5(a) to (c)) is yes -	NO
	i. Date of surgery/accident/injury/hospitalisation	
	ii. Nature and cause	
	iii. Name of Medicine	
	iv. Degree of Impairment if any	
	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? Please specify date , reason ,advised by whom & findings.	NO
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. If yes provide all investigation and treatment reports	NO



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

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


Yes



998

Declaration

I, Mr/Ms Sachin Dabal declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I 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.


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 06 day of 11/
2024 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: 6/11/2024
Date:
Stamp: ND Dabal


Signature of Medical Examiner
Name & Code No.

DR. KUSUM LATA
MBBS, M.D. (PATH)
DMC No.: 7859
Green Park Diagnostics





Green Park Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016
 Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in
 Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date 06/11/2024
 Name MR. SACHIN DABAS
 Ref. By LIC OF INDIA

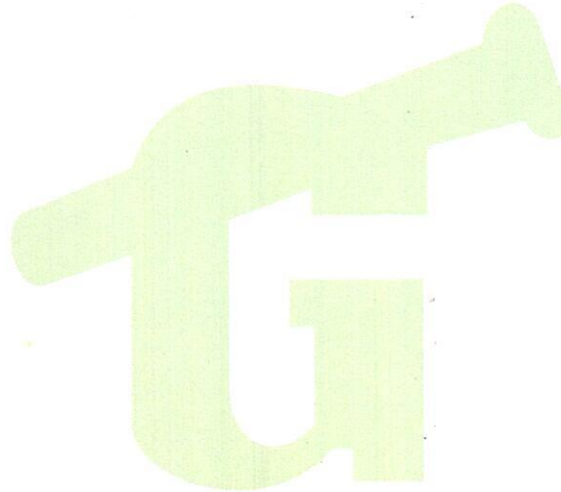
Srl No. 1002

Age 26 Yrs.
 Sex M

PROFILE

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (HB) (Non cyanide Hb Detection)	16.0	gm/dl	13.0 - 17.0

****End of Report****



Page 1

DR. KUSUM LATA
 MBBS, M.D.(PATH)
 DMC No.: 7859
 Green Park Diagnostics


 DR. KUSUM
 MD(PATH.&BACT.)
 CONSULTANT PATHOLOGIST

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiea Care, Paramount ETC.
 ● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your Queries | Offers | Home Collection Call 9582859223



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Date 06/11/2024

Srl No. 1002

Age 26 Yrs.

Name MR. SACHIN DABAS

Sex M

Ref. By LIC OF INDIA

LIPID PROFILE

TOTAL CHOLESTEROL	179	mg/dL	150.0 - 200.0
TRIGLYCERIDES	136	mg/dL	60.0 - 165.0
H D L CHOLESTEROL	43	mg/dL	30.0 - 65.0
V L D L	27.2	mg/dL	15.00 - 35.00
L D L CHOLESTEROL	108.8	mg/dL	100.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.163		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.53		0.00 - 3.55
CHD RISK FACTORS			

RISK
CHOLESTEROL

RATIO : TOTAL/HDL CHOLESTEROL

RATIO : LDL/HDL

	WOMEN	MEN	WOMEN	MEN
1/2 Average		3.43	3.27	1.00
Average		4.97	4.44	3.22
2x Average		9.55	7.05	5.03
End of Report		23.99	11.14	6.14

Page 2

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Date	06/11/2024	Srl No. 1002	Age	26 Yrs.
Name	MR. SACHIN DABAS		Sex	M
Ref. By	LIC OF INDIA			

IMMUNOLOGY - SEROLOGY

Test Name	Value	Unit	Normal Value
HIV (AIDS) ANTIBODY I & II			
TEST DISCRPTION	OBSERVED VALUE		RESULT
HIV I & II	0.29		NON REACTIVE

INTERPRETIVE CRITERIA

Non Reactive	:	<0.80
Equivocal	:	0.8-1.0
Reactive	:	>1.0

****End of Report****

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Date	06/11/2024	Srl No. 1002	Age	26 Yrs.
Name	MR. SACHIN DABAS		Sex	M
Ref. By	LIC OF INDIA			

URINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY (Visual)	25	ml.
COLOUR (Visual)	PALE YELLOW	
TRANSPARENCY (Visual)	CLEAR	
SPECIFIC GRAVITY (Reagent strip)	1.010	

CHEMICAL EXAMINATION

REACTION (Indicrom paper)	ACIDIC	ACIDIC
ALBUMIN (Reagent strip)	NIL	NIL
REDUCING SUGAR (Reagent strip)	NIL	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/HPF	0-2
RBC'S	NIL	/HPF	NIL
CASTS	NIL		NIL
CRYSTALS	NIL		
EPITHELIAL CELLS	0-1	/HPF	
BACTERIA (Microscopic)	NIL	/HPF	
OTHERS	NIL		

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