



भारत सरकार

Government of India



स्नेहा मिश्रा

SNEHA MISHRA

पिता : सुरेश कुमार मिश्रा

Father : Suresh Kumar Mishra

जन्म वर्ष / Year of Birth : 1991

महिला / Female



7812 3096 7441


आधार - आम आदमी का अधिकार

Green Park Diagnostics Ph.: 011-26537881
G-43, Green Park Main Market, New Delhi-110016 011-41759058

- यहाँ 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 पीएनडी 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 & PNDDT ACT.

In case of any complaint contact District Appellate Authority for PC & PNDDT Act
Contact : District Appellate Authority (South Distt.)
Add. : M. B. Road, Saket, New Delhi - 110068
Tel. No. : 011-29535027



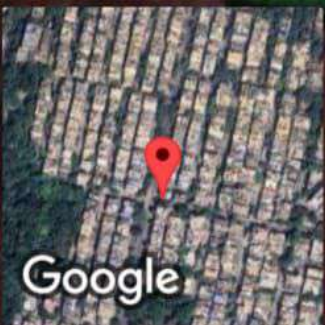
 GPS Map Camera

नई दिल्ली, दिल्ली, भारत

42, ब्लॉक G, ग्रीन पार्क एक्सटेंशन, ग्रीन पार्क, नई दिल्ली, दिल्ली
110016, भारत

Lat 28.557549° Long 77.202809°

08/03/2025 09:06 AM GMT +05:30





भारत सरकार
Government of India

स्नेहा मिश्रा
SNEHA MISHRA

पिता : सुरेश कुमार मिश्रा
Father : Suresh Kumar Mishra


जन्म वर्ष / Year of Birth : 1991

महिला / Female

12 3026 7441

आधार - आम आदमी का अधिकार

Sneha Mishra


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

Date: 8/3/2025

To,
LIC of India
Branch Office
310

Proposal No. 9039

Name of the Life to be assured SNEHA MISHRA

The Life to be assured was identified on the basis of Aadhaar - 7441

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. KUSUM LATA
MBBS, M.D. (PATH)

Signature of the Pathologist/Doctor

Name: DR. KUSUM LATA
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.

Sneha Mishra

(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, _____



**LIC**

भारतीय आयुर्विमा 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: **310**

Proposal/ Policy No: **9839**

MSP name/code :

Date & Time of Examination: **8-3-2025**

Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured : **9654641324**
Identity Proof verified: **Aadhaar** ID Proof No. **7441**
(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. **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".

Sneha Mishra

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

| | | | |
|---|--|-------------------------------|------------------|
| 1 | Full name of the life to be assured: SNEHA MISHRA | | |
| 2 | Date of Birth: 21-12-1991 | Age: 33 yrs | Gender: F |
| 3 | Height (In cms): 162 | Weight (in kgs) : 70 | |
| 4 | Required only in case of Physical MER | Blood Pressure | Systolic |
| | Pulse : 78 L | (1 readings) | 120 |
| | | (2 readings) | 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 | 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 | NO |
| 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. | No |
| | ii Suffering from any pregnancy related complications | No |
| | 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 | No |

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

Yes



998

Declaration

I, Mr/Ms SNEHA MISHRA 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.

Sneha Mishra

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 08 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: N-Delhi
Date: 8/3/25
Stamp:

[Signature]
DR. KUSHAL KATA
MBBS, M.D. (PATH)
Signature of Medical Examiner
Name & Code No.
Green Park Diagnostics



GREEN PARK DIAGNOSTICS

G-43, GREEN PARK MAIN MARKET
NEW DELHI - 110016

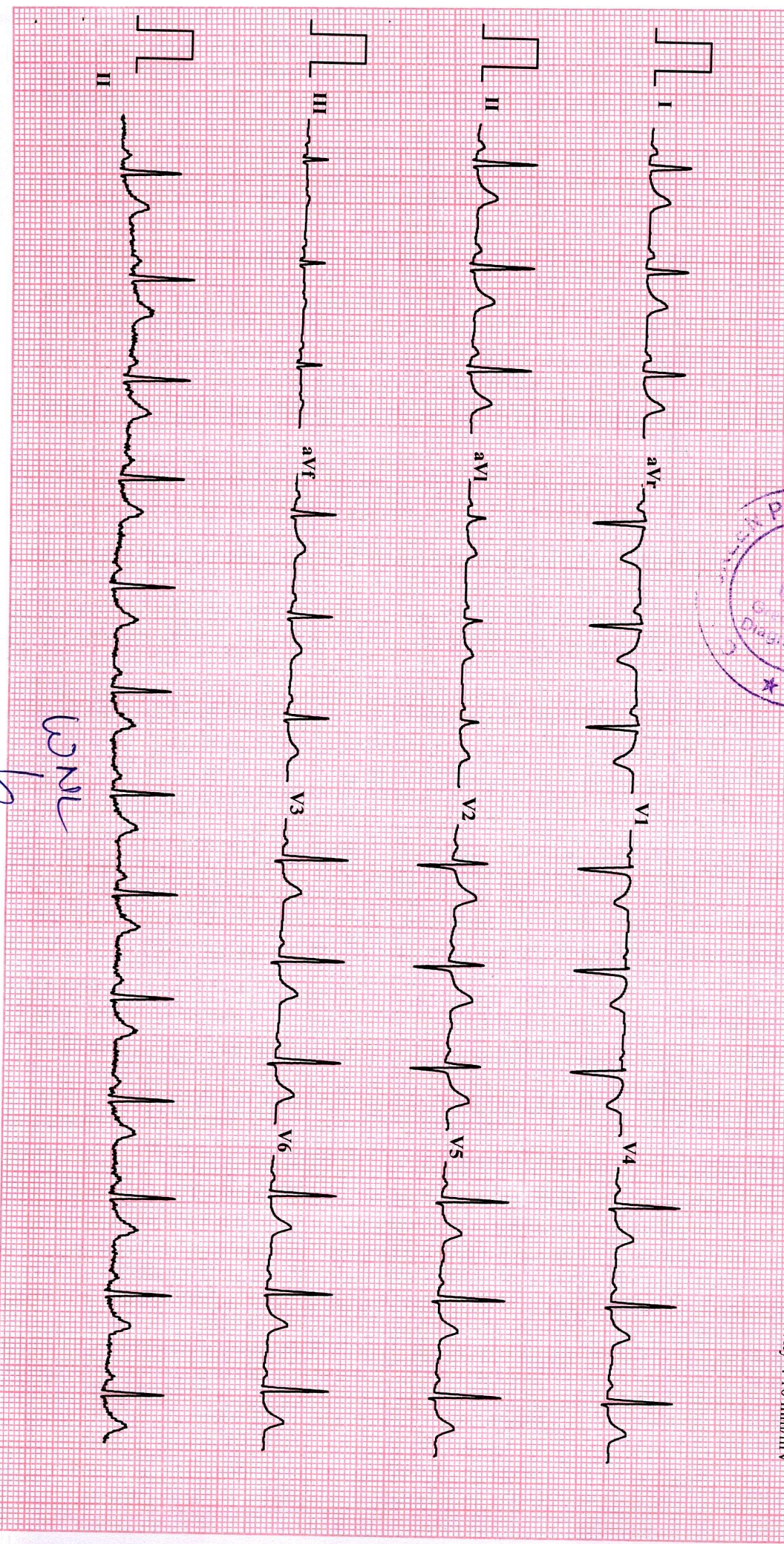
Ms. SNEHA MISHRA

ID: : 65423
AGE/SEX : 33 Yr/F
HT/WT : /
DATE : 08-03-2025
REF BY : Dr. J.C
MACHINE INTERPRETATION : Normal ECG.



RATE : 83 bpm
BP : N/A
P Axis : 34 deg.
QRS Axis : 45 deg.
T Axis : 39 deg.
P Duration : 96 ms
PR Duration : 135 ms
QRS Duration : 60 ms
QT Interval : 343 ms
QTc Interval : 384 ms

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



BNL

Dr. SURAIKA AABEEN
Consultant Cardiologist
UNI-EM, Indraprastha Hospital
Gyromed 1111
Phone: +91-11-26109005, Fax: +91-11-26109006
E-Mail: em@electromedics.net, Web: www.uni-em.com, ECG Ver. 19.0.1

Sneha Mishra

Dr.

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch 310Proposal No. 9839

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

Full Name of Life to be assured: SNEHA MISHRAAge/Sex 33/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

Sneha Mishra
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
- 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 N. Delhi on the day of 8/31 2005

Signature of L.A. Sneha Mishra

Dr. GAIYA JABEEN
Signature of the Cardiologist
Name & Address
Qualification MD Code No. 51111

Clinical findings

(A)

| Height (Cms) | Weight (kgs) | Blood Pressure | Pulse Rate |
|--------------|--------------|----------------|------------|
| 162 | 70 | 120/70 | 83h |

(B) Cardiovascular System

NAD

Rest ECG Report:

| | | | |
|------------------------------|---------|---------------|--------|
| Position | Supine | P Wave | Normal |
| Standardisation Impv | 10mm/20 | PR Interval | Normal |
| Mechanism | Sinus | QRS Complexes | Normal |
| Voltage | Normal | Q-T Duration | Normal |
| Electrical Axis | Normal | S-T Segment | Normal |
| Auricular Rate | 83h | T-wave | Normal |
| Ventricular Rate | 83h | Q-Wave | Normal |
| Rhythm | Regular | | |
| Additional findings, if any. | | | |

Conclusion: WNL

Dated at N. Delhi on the day of 8/3/2015

Signature of the Cardiologist
 Dr. SURAJA JABEEN
 Name & Address
 Consultant Cardiologist
 Qualification
 DMC No-51111
 Code No.

| | | | | |
|----------------|-------------------------|---------------------|------------|----------------|
| Date | 08/03/2025 | Srl No. 1004 | Age | 33 Yrs. |
| Name | MS. SNEHA MISHRA | | Sex | F |
| Ref. By | LIC OF INDIA | | | |

PROFILE

| Test Name | Value | Unit | Normal Value |
|---|-------|--------------|--------------|
| HAEMOGRAM(WHOLE BLOOD) | | | |
| HAEMOGLOBIN (HB) (Non cyanide Hb Detection) | 13.0 | gm/dl | 12.0 - 15.0 |
| TOTAL LEUCOCYTE COUNT (TLC) (Electrical Impedence) | 7400 | /cmm | 4000 - 10000 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 70 | % | 40 - 80 |
| LYMPHOCYTE | 26 | % | 20 - 40 |
| EOSINOPHIL | 02 | % | 01 - 06 |
| MONOCYTE | 02 | % | 02 - 10 |
| BASOPHIL (DLC Done by Microscopic) | 00 | % | 0 - 1.0 |
| ERYTHROCYTE SEDIMENTATION RATE (Westergren) | 10 | mm/1st hr. | 0 - 20 |
| PLATELET COUNT (Electrical Impedence) | 1.98 | Lakh/cmm | 1.5 - 4.1 |
| R B C (Red Blood Cells) (Electrical Impedence) | 4.5 | Millions/cmm | 3.8 - 4.8 |
| P.C.V / HAEMATOCRIT (Cumulative Pulse Height) | 40.2 | % | 36 - 46 |
| M C V (Calculated) | 88.4 | cubic micron | 83 - 101 |
| M C H (Calculated) | 28.5 | picogram | 27.0 - 32.0 |
| M C H C (Calculated) | 32.0 | % | 31.5 - 34.5 |

DR. KUSUM LADA
DR. KUSUM
 MBBS, M.D.(PATH & BACT.)
 DMC No.: 7859
CONSULTANT PATHOLOGIST
 Green Park Diagnostics

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

Date **08/03/2025**

Srl No. **1004**

Age **33 Yrs.**

Name **MS. SNEHA MISHRA**

Sex **F**

Ref. By **LIC OF INDIA**

PROFILE

| Test Name | Value | Unit | Normal Value |
|-------------------------------|--------------|--------|---------------|
| SBT 13 | | | |
| BLOOD GLUCOSE - FASTING | 80 | mg /dl | 70 - 110 |
| TOTAL CHOLESTEROL | 170 | mg/dL | 150.0 - 200.0 |
| TRIGLYCERIDES | 128 | mg/dL | 40.0 - 165.0 |
| H D L CHOLESTEROL | 43 | mg/dL | 35.0 - 80.0 |
| L D L CHOLESTEROL | 101.4 | mg/dL | 100.0 - 129.0 |
| SERUM CREATININE | 0.9 | mg/dl | 0.60 - 1.20 |
| BLOOD UREA NITROGEN (BUN) | 12.14 | mg/dl | 5.0 - 25.0 |
| TOTAL PROTEIN | 6.8 | gm/dl | 6.0 - 8.3 |
| ALBUMIN | 4.0 | gm/dl | 3.2 - 5.0 |
| GLOBULIN | 2.8 | gm/dl | 2.5 - 3.5 |
| A/G RATIO | 1.429 | | 1.5 - 2.5 |
| TOTAL BILIRUBIN | 0.52 | mg/dl | 0.03 - 1.20 |
| CONJUGATED (D. Bilirubin) | 0.16 | mg/dl | 0.00 - 0.30 |
| UNCONJUGATED (I.D. Bilirubin) | 0.36 | mg/dl | 0.00 - 0.60 |
| S.G.O.T (AST) | 25 | IU/L | 00.0 - 40.0 |
| S G.P.T (ALT) | 27 | IU/L | 00.0 - 40.0 |
| G G T P | 38 | IU/L | 10 - 50.0 |
| ALKALINE PHOSPHATASE | 190 | IU/L | 100 - 290 |
| HIV ANTIBODY I & II | NEGATIVE | | |
| HBsAg | NEGATIVE | | |



Green Parkk Diagnostics

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 Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



NABL-M(EL)T-02403

Date 08/03/2025
 Name MS. SNEHA MISHRA
 Ref. By LIC OF INDIA

Srl No. 1004

Age 33 Yrs.
 Sex F

HAEMATOLOGY

| Test Name | Value | Unit | Normal Value |
|-----------|-------|------|--------------|
|-----------|-------|------|--------------|

HBA1C

PATIENT VALUE = 5.0 %

INTERPRETATION :-

| | | |
|-------------|---|------------------|
| Normal | : | Below 5.7 % |
| Prediabetes | : | 5.7 % - 6.4 % |
| Diabetes | : | 6.5 % or greater |

As mentioned previously , normal levels of HbA1c are less than 6 % , so a measurement over 6 % is considered high. For many people with type 1 and type 2 diabetes, the goal is to keep the HbA1c levels under 7% since keeping levels below 7 % has been shown to delay the complications of diabetes.

****End of Report****

Page 3

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Date 08/03/2025
 Name MS. SNEHA MISHRA
 Ref. By LIC OF INDIA

Srl No. 1004

Age 33 Yrs.
 Sex F

URINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY 30 ml.
 (Visual)
 COLOUR PALE YELLOW
 (Visual)
 TRANSPARENCY CLEAR
 (Visual)
 SPECIFIC GRAVITY 1.010
 (Reagent strip)

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS 0-1 /HPF 0-4
 RBC'S NIL /HPF NIL
 CASTS NIL NIL
 CRYSTALS NIL
 EPITHELIAL CELLS 1-2 /HPF
 BACTERIA NIL /HPF
 (Microscopic)
 OTHERS NIL

Page 4 of 4

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