

Date: 17/11/2024

To,
LIC of India
Branch Office

Proposal No. 6162

Name of the Life to be assured SUNIL KUMAR

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. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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.


(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		Other Test <u>HBAlC</u>	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



Dr. RAINA
M.D.
Reg. No. 25508



 भारत सरकार
Government of India


सुनील कुमार
Sunil Kumar
जन्म तिथि / DOB 31/12/1987
पुरुष / Male



██████████ 9753

आधार - आम आदमी का अधिकार

Scanned with CamScanner



GPS Map Camera

 19:14° C

Faridabad, Haryana, India
F88g+qph, Palla Tilpat Rd, Shiva Colony, Tilpat,
Faridabad, Haryana 121003, India
Lat 28.466961° Long 77.326873°
Plus Code : 7JWVFB8G+QP
17/11/24 08:37 AM GMT +05:30

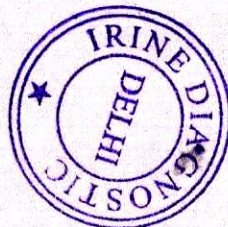
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2

S. No. : 19/NOV/18
 Name : MR SUNIL KUMAR
 Ref. by : LIFE INSURANCE CORPORATION
 Date : 17-11-2024
 AGE : 36Years
 SEX : MALE

B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	85	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.72	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.48	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.24	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.3	mg/dl.	(6.0-8.3)
ALBUMIN	4.3	mg/dl.	(3.5-5.0)
GLOBULIN	2.0	mg/dl.	(2.3-3.5)
A/G RATIO	2.15		(1.0-3.0)
S.G.O.T. (AST)	24	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	22	IU/L	(5.0-40.0)
GAMMA GT	29	U/L	(9-45)
ALKALINE PHOSPHATASE	125	U/L	(80-200)
URIC ACID	5.2	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	175	mg/dl.	(150-200)
HDL CHOLESTEROL	48	mg/dl.	(30-63)
S. TRIGLYCERIDES	132	mg/dl.	(60-160)
LDL	115	mg/dl.	(UPTO-150)
VLDL	35	mg/dl.	(23-45)
SERUM CREATININE	0.78	mg%	(0.6-1.2)
BUN	15	mg/dl	(02-18)



Shilpi Gupta

DR. SHILPI GUPTA
 M.B.B.S.MD(Path) 64715
 Consultant Pathologist

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irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019

irine diagnostic

healthpartner

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Ref. by : LIFE INSURANCE CORPORATION

Date : 17-11-2024

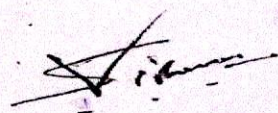
AGE : 36Years

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H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	14.5	gm%	12-16




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H A E M A T O L O G Y

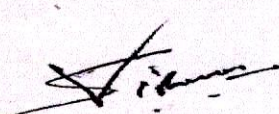
Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.1	%

INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the proceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.




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S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"

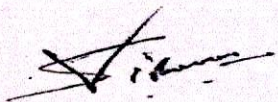
Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen {HbsAg}

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"




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URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.013

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-3/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL



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ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
Proposal No. - 6162
Agent/D.O. Code: _____ Introduced by: (name & signature)
Full Name of Life to be assured: SUNIL KUMAR
Age/Sex : 36 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
- 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

DELHI 17/11/2023 on the day of _____ 2023

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification Code No.

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
174	85	114/78	70/4

(B) Cardiovascular System

..... (A)

.....

Rest ECG Report:

Position	Supine	P Wave	(A)
Standardisation Imv	(A)	PR Interval	(A)
Mechanism	(A)	QRS Complexes	(A)
Voltage	(A)	Q-T Duration	(A)
Electrical Axis	(A)	S-T Segment	(A)
Auricular Rate	70/4	T-wave	(A)
Ventricular Rate	70/4	Q-Wave	(A)
Rhythm	Regular		
Additional findings, if any.	Nil		

Conclusion: ECG-NORMAL



Dated at DEW 17/11/2024 on the day of 200

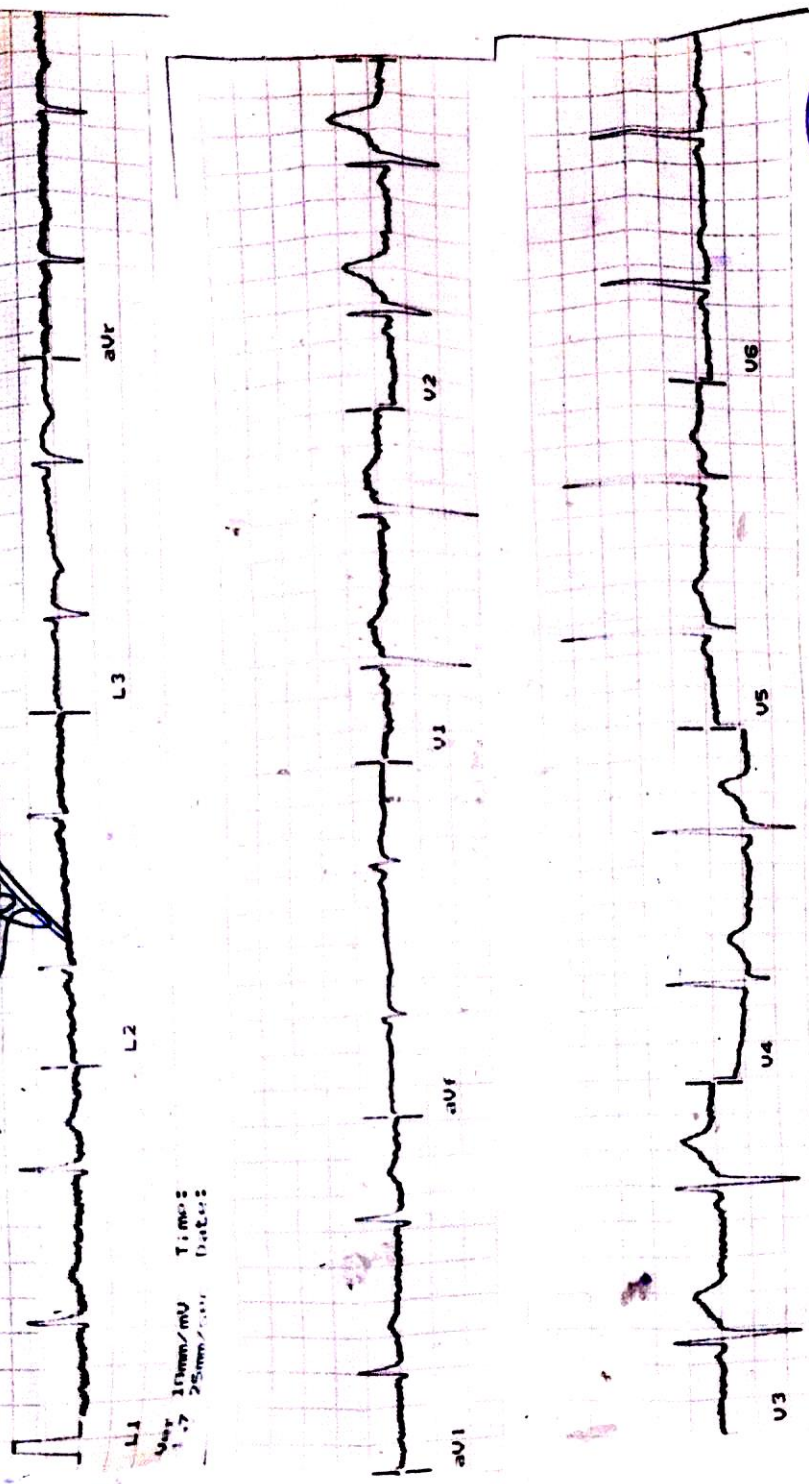
Dr. RAJIA KHAN
MBBS, DMRD
Reg. No. 25508

Signature of the Cardiologist
Name & Address
Qualification
Code No.

Name: _____
Yrs _____ cm _____ Kg BP _____

[Handwritten Signature]

L1
L2
L3
aVR
V1
V2
U3
U4
U5
U6



DR. RAJESH KUMAR
MBBS, DM, MRD
Reg. No. 25508

NAME - SUNIL KUMAR
AGE - 36/M
ECG - WNL
DATE - 17-11-2024