



GLOB

Wellness Package:-1 RS-599/-

Complete Blood Count With ESR

Blood Sugar Fasting

Serum Cholesterol

SGOT, SGPT

S. Bilirubin

B. Urea

S. Creatinine

ECG(Electrocardiogram)

Urine Examination

Wellness Package:-2 RS-1099/-

Complete Blood Count With ESR

Blood Sugar Fasting

Lipid Profile

Liver Function Test(LFT)

Kidney Function Test(KFT)

Thyroid Profile(T3, T4, TSH)

HbA1c

ECG(Electrocardiogram)

Urine Examination-R/M

 **GPS Map Camera**

Ghaziabad, Uttar Pradesh, India
239, Vijay Laxmi Pandit Marg, Mayur Vihar, Niti Khand 2,
Indirapuram, Ghaziabad, Uttar Pradesh 201014, India
Lat 28.645471° Long 77.373494°
08/03/2025 11:19 AM GMT +05:30



Blood Sugar Fas

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MAYANK JAIN

MANOJ JAIN

08/10/1990

Permanent Account Number

AKVPJ8495P

Mayank

Signature



04112008

Liver Function

Kidney Function

Date: 08/03/2025

To,
LIC of India
Branch Office

Proposal No. 900369

Name of the Life to be assured MAYANK JAIN

The Life to be assured was identified on the basis of Pan - AKVPJ8495P

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

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

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)

GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand.2
Indrapuram Gzb 201014

Name of life to be assured:

Reports Enclosed:

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

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. - 900369

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

Full Name of Life to be assured: MAYANIS JAIN

Age/Sex : 34/male

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 Cas on the day of 08/03 2025

Signature of L.A.

Mayanis Jain

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-3980
Heart, Thyroid and Diabetes
GLOBL DIAGNOSTIC
237, 2nd Floor Nil Chand 2
Indrapuram Gzb 201014

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
187	83	118/78	82/min

(B) Cardiovascular System

NIL

Rest ECG Report:

Position	Supine	P Wave	W
Standardisation Imv	W	PR Interval	W
Mechanism	W	QRS Complexes	W
Voltage	W	Q-T Duration	W
Electrical Axis	W	S-T Segment	W
Auricular Rate	82/min	T-wave	W
Ventricular Rate	82/min	Q-Wave	W
Rhythm	Regular		
Additional findings, if any	NIL		

Conclusion: _____

ECG is WNL

Dated at Ch on the day of 08/03 2025

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

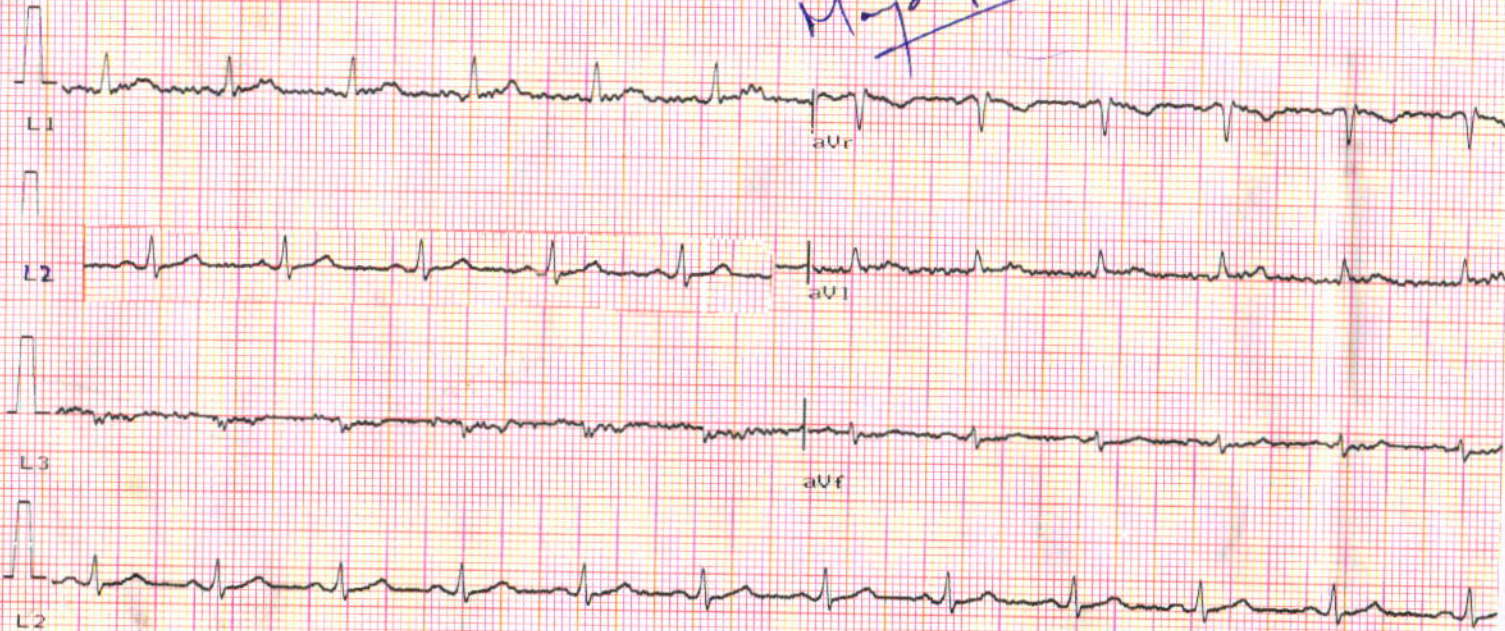
Signature of the Cardiologist
Name & Address
Qualification
Code No.

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237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

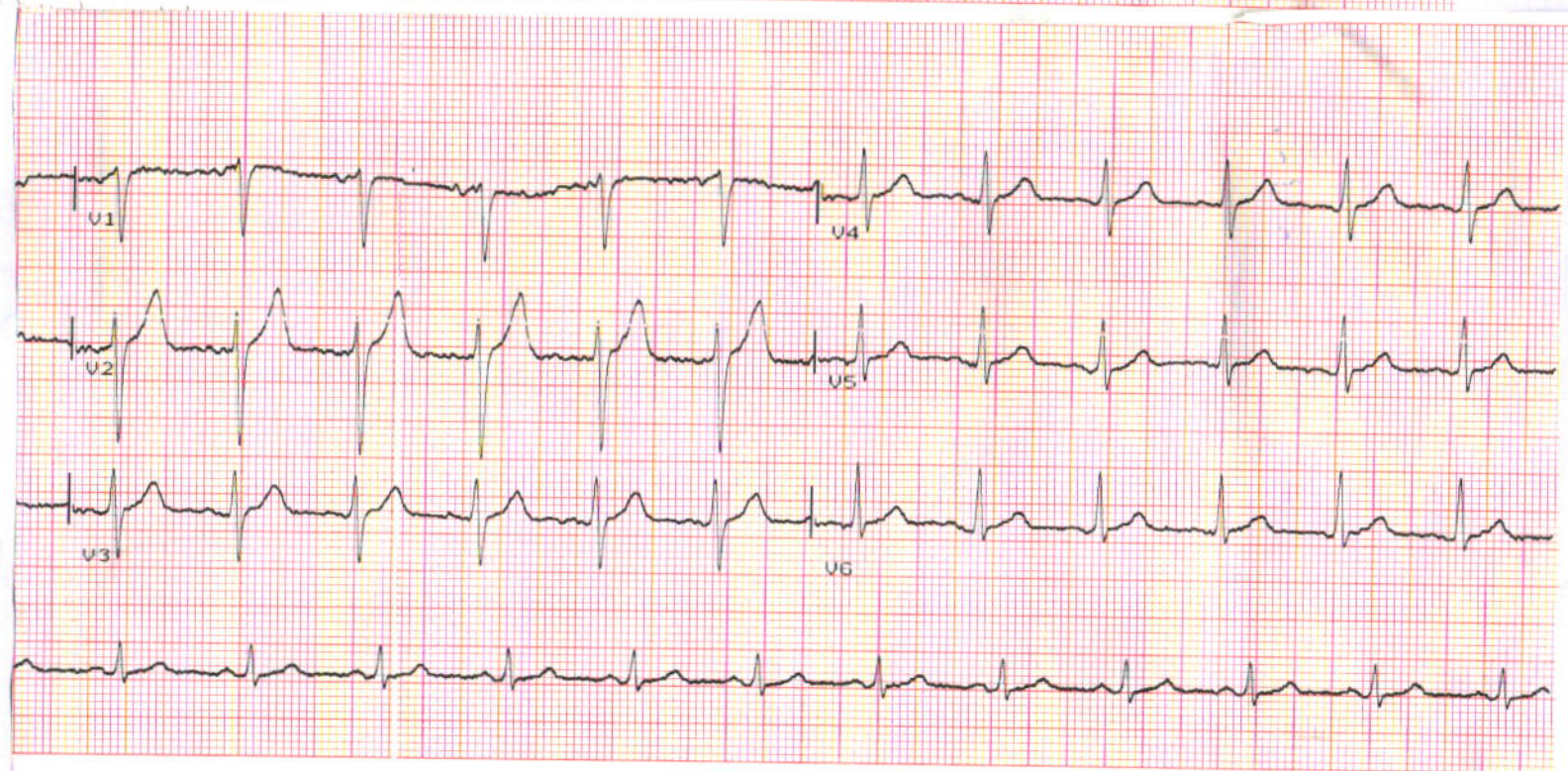
Name: _____
yrs _cm_ _Kg_ BP _____

MAYANK JAIN

M. J.



Ver 10mm/mV Time: _____
1.9 25mm/sec Date: _____





GLOBL DIAGNOSTIC

237 2nd Floor Niti Khand-2 Indrapuram, Ghaziabad, 201014

Mobile : 8744013600 | E-mail : globaldiagnostic23@gmail.com

Electrocardiogram Report

Name - Mr./Ms. MAYANK JAIN Age - 34/male K/C/O Hypertension/Dabetes Mellitus / IHD Lipids

Clinical Summary

ECG Findings

Rate 82/min Rhythm Regular Mechanism — Axis —

P wave Ⓜ PR interval Ⓜ QRS Complex Ⓜ

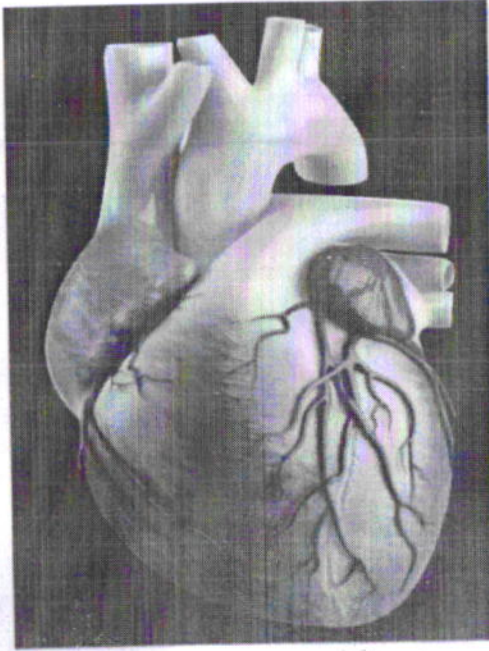
ST Segment Ⓜ

T wave Ⓜ QT interval Ⓜ

Recommendations ECG is WNL

Date 08/03/2026 Dr. [Signature]

Appl. No./ Proposal No. _____



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Dr. Pankaj Nand Chaudhary
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GLOBL DIAGNOSTIC

Plot NO 237 2ND Floor NITI KHAND 2 Indirapuram, Ghaziabad, 201014.

Facilities: All Kind of Blood investigation, TMT, ECG, PFT



QMS/23N1117

Sample Coll. Date :- 08/03/2025

Srl.No. :- 3027

Patient Name :- MR. MAYANK JAIN

Age :- 34 Yrs.

Referred By :- LIFE INSURANCE

Sex :- Male

R B C	5.27	Millions/cmm	4.5 - 5.5
HAEMOGLOBIN (HB)	16.4	gm/dl	13.0 - 17.0
PCV	51.6	%	43 - 54
MCV (Mean Corpuscular Volume)	90.7		73 - 94
M C H	31.12	Picogram	27 - 32
M C H C	33.2	gm/dl	31.5 - 34.5
MICROCYTES	NIL		
HYPOCHROMIA	NIL		
MACROCYTES	NIL		
ANISOCYTOSIS	NIL		
POIKIOCYTOSIS	NIL		
SPHEROCYTES	NIL		
ELIPTOCYTES	NIL		
TOTAL LEUCOCYTIC COUNT (TLC)	8800	/cumm	4000 - 10000
NEUTROPHIL	48	%	40 - 80
LYMPHOCYTE	38	%	20 - 45
EOSINOPHIL	06	%	1 - 6
MONOCYTE	08	%	0 - 10
BASOPHIL	0	%	0 - 02
PLATELET COUNT	3.45	Lakh/cmm	1.5 - 4.5
ERYTHROCYTE SED.RATE(WGN)	9.0	mm/1st hr.	0 - 15

1 Contd...2

DR. SHIPRA VATS
MBBS
MD PATH



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QMS/23N1117

Sample Coll. Date :- 08/03/2025

Srl.No. :- 3027

Patient Name :- MR. MAYANK JAIN

Age :- 34 Yrs.

Referred By :- LIFE INSURANCE

Sex :- Male

BLOOD SUGAR FASTING	72.0	mg/dl	60 - 110
TOTAL CHOLESTEROL	160.2	mg/dL	130 - 240
H D L - DIRECT	46.0	mg/dL	30.0 - 65.0
L D L CHOLESTEROL	114.2	mg/dL	10 - 150.0
TRIGLYCERIDES	103.2	mg/dL	25 - 160
CREATININE	0.88	mg/dl	0.60 - 1.40
BLOOD UREA NITROGEN (BUN)	11.32	mg%	6.0 - 20.0
TOTAL PROTEIN	7.18	gm/dl	6.0 - 8.5
ALBUMIN	4.35	gm/dl	3.5 - 5.5
GLOBULIN	2.83	gm/dl	1.5 - 3.5
A/G RATIO	1.537		0.5 - 2.5
CONJUGATED (D. Bilirubin)	0.31	mg/dl	0.0 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.4	mg/dl	0.0 - 1.0
TOTAL BILIRUBIN	0.71	mg/dl	0.0 - 1.5
S.G.O.T	30.2	IU/L	0 - 35
S G.P.T	42.0	IU/L	0 - 45
G G T P	34.0	U/L	5.0 - 60.0
ALKALINE PHOSPHATASE	84.0	U/L	40 - 129
HEPATITIS B SURFACE ANTIGEN	NEGATIVE		
HIV ANTIBODY I & II	NEGATIVE		

2 Contd...3

COMMENTS :- HIV Elisa is a screening procedure. Positive specimens should be retested using another method before diagnosis.

DR. SHIPRA VATS
MBBS
MD PATH



Sample Coll. Date :- 08/03/2025
 Patient Name :- MR. MAYANK JAIN
 Referred By :- LIFE INSURANCE

Srl.No. :- 3027
 Age :- 34 Yrs.
 Sex :- Male

HAEMATOLOGY

Investigation / Test Name
 Test Name

Patient Value
 Value

Unit
 Unit

Reference Range
 Normal Value

3 Contd...4

HBA1C (Glycosylated Haemoglobin) : 5.24 %

EXPECTED VALUES :-

Metabolically healthy patients	:-	4.8 - 6.0	%
Good Control	:-	6.0 - 6.8	%
Fair Control	:-	6.8 - 8.2	%
Poor Control	:-	>8.2	%

REMARKS:-

mean glucose
 patient's recent history
 for glycemia
 urinary glucose.

In vitro quantitative determination of **HbA1C** in whole blood is utilized in long term monitoring of glycemia .The **HbA1C** level correlates with the concentration prevailing in the course of the (approx - 6-8 weeks) and therefore provides much more reliable information monitoring than do determinations of blood glucose or

intervals of 4-6

It is recommended that the determination of **HbA1C** be performed at weeks during diabetes mellitus therapy.

Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

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Sample Coll. Date :- 08/03/2025	Srl.No. :- 3027
Patient Name :- MR. MAYANK JAIN	Age :- 34 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Male

LIC DELHI

URINE

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
COLOUR	PALE YELLOW		
SEDIMENT	ABSENT		
TRANSPARENCY	CLEAR		
PH	ACIDIC		ACIDIC
PROTEIN	NIL		
SUGAR	NIL		
BILE SALTS	NEGATIVE		
BILE PIGMENT	NEGATIVE		
RBC'S	NIL	/HPF	
EPITHELIAL CELLS	2-3	/HPF	
CRYSTALS	NIL		
PUS CELLS	1-2	/HPF	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

4 Contd...5

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QMS/23N1117

Facilities: All Kind of Blood investigation, TMT, ECG, PFT

Sample Coll. Date :- 08/03/2025	Srl.No. :- 3027
Patient Name :- MR. MAYANK JAIN	Age :- 34 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Male

URINE COTININE

Investigation / Test Name	Patient Value	Unit	Reference Range
Test Name	Value	Unit	Normal Value

URINE COTININE TEST

NEGATIVE

5 of 5

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MBBS
MD PATH