



भारत सरकार
GOVERNMENT OF INDIA



Shweta Goel

1982-04-13

Female

xxxxxxxx7314

Address:

W/O: Naveen Goel A - 236 - Surya Nagar
Chander Nagar - Ghaziabad Chander Nagar
Uttar Pradesh 201011



Tap to Zoom

आधार-आम आदमी का अधिकार



Ghaziabad, Uttar Pradesh, India

37, Block B, Chander Nagar, Dadri, Ghaziabad, Uttar Pradesh 201011, India

Lat 28.663672° Long 77.330739°

11/03/2025 10:48 AM GMT +05:30

Date: 11/03/2025


To,
LIC of India
Branch Office

Proposal No. 8439

Name of the Life to be assured SHWETA GOEL

The Life to be assured was identified on the basis of Aadhar - 7314

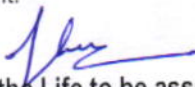
I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.


Signature of the Pathologist/ Doctor

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39504
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, Main Road 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	/	IDENTIFICATION & DECLARATION FORMAT	/
HAEMOGRAM	/NO	MEDICAL EXAMINER'S REPORT	/
LIPIDOGRAM	/	BST (Blood Sugar Test-Fasting & PP) Both	NO
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)	/NO	Hb%	Yes
ELISA FOR HIV	/	Other Test HbA1c	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. - 8439

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

Full Name of Life to be assured: SHWETA GOEL

Age/Sex : 42/female

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 VI 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 cus on the day of 11/03 2025

Signature of L.A. [Signature]

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. Pankaj Nand Chaudhan
M.D. (Medicine) MCI-398
Sp. Heart, Thyroid and Diabet...

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237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
155	70	118/76	70/min

(B) Cardiovascular System

NIL

Rest ECG Report:

Position	Supine	P Wave	Ⓜ
Standardisation Imv	Ⓜ	PR Interval	Ⓜ
Mechanism	Ⓜ	QRS Complexes	Ⓜ
Voltage	Ⓜ	Q-T Duration	Ⓜ
Electrical Axis	Ⓜ	S-T Segment	Ⓜ
Auricular Rate	70/min	T-wave	Ⓜ
Ventricular Rate	70/min	Q-Wave	Ⓜ
Rhythm	Regula		
Additional findings, if any	NIL		

Conclusion:

ECG is WNL

Dated at Gzb on the day of 11/03 2005

Signature of the Cardiologist
Name & AddressQualification **Dr. Pankaj Nand Chaudhary**
Code No. **M.D. (Medicine) MCI-39804**
Spl. Heart, Thyroid and Diabetes**GLOBL DIAGNOSTIC**
237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

Name :

YRS

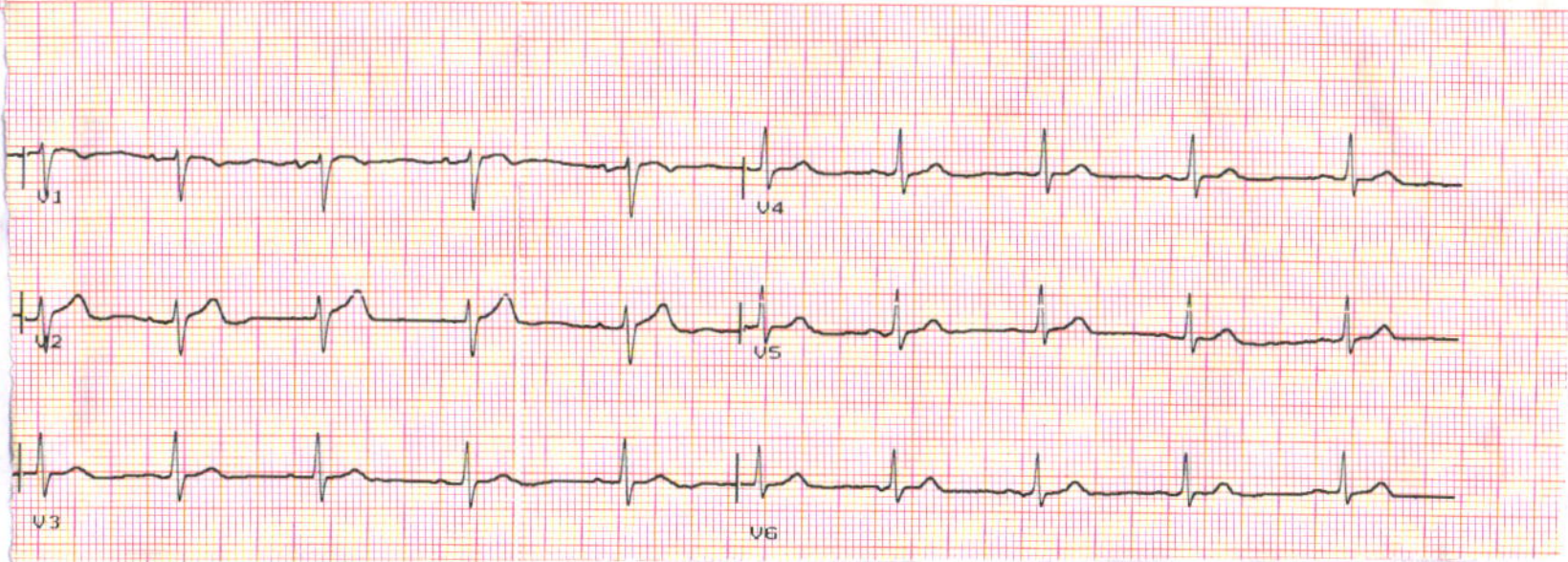
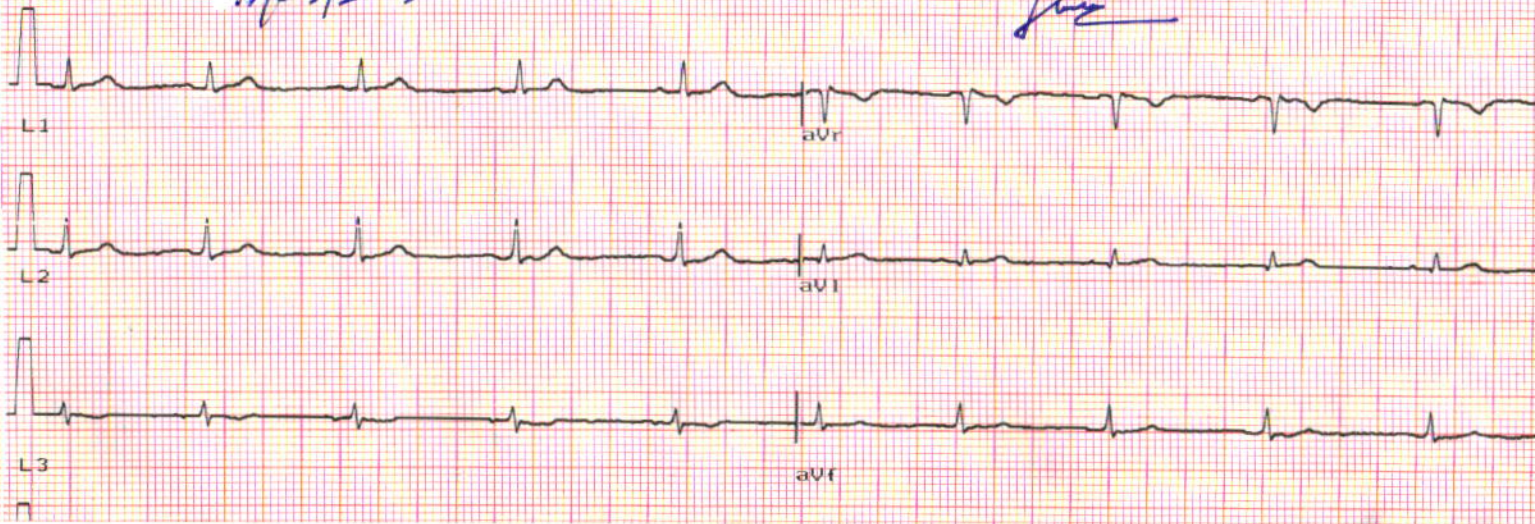
cm

Kg BP

11/03/2025

SHWETA GOEL

[Signature]





GLOBL DIAGNOSTIC

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

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

Electrocardiogram Report

Name - Mr./Ms. SHWETA GOEL Age - 42/Female K/C/O Hypertension/Dabetes Mellitus / IHD Lipids

Clinical Summary

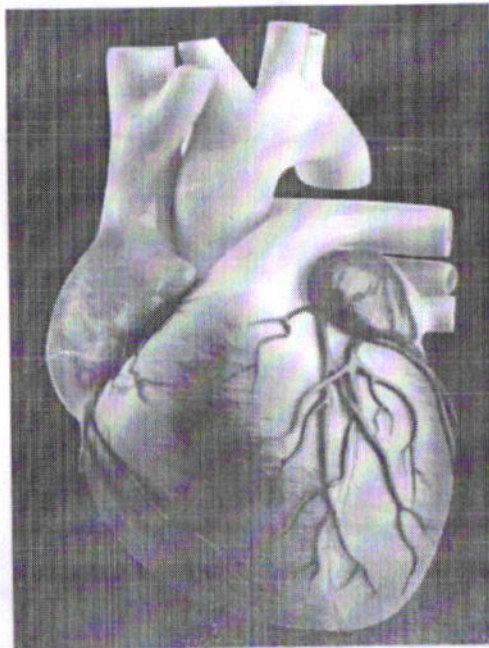
ECG Findings

Rate 70/min Rhythm Regular Mechanism — Axis —
P wave N PR interval N QRS Complex N
ST Segment N
T wave N QT interval N

Recommendations ECG is WNL

Date 11/03/2025 Dr. [Signature]

Appl. No./ Proposal No. _____



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Indrapuram Gzb 201014

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



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 :- 11/03/2025

Srl.No. :- 3032

Patient Name :- MRS. SHWETA GOEL

Age :- 42 Yrs.

Referred By :- LIFE INSURANCE

Sex :- Female

BLOOD SUGAR FASTING	89.0	mg/dl	70 - 110
TOTAL CHOLESTEROL	179.2	mg/dL	130 - 240
H D L - DIRECT	62.0	mg/dL	30.0 - 65.0
L D L CHOLESTEROL	117.2	mg/dL	10 - 150.0
TRIGLYCERIDES	136.0	mg/dL	25 - 160
CREATININE	0.94	mg/dl	0.60 - 1.40
BLOOD UREA NITROGEN (BUN)	14.6	mg%	6.0 - 20.0
TOTAL PROTEIN	7.70	gm/dl	6.0 - 8.5
ALBUMIN	4.66	gm/dl	3.5 - 5.5
GLOBULIN	3.04	gm/dl	1.5 - 3.5
A/G RATIO	1.533		0.5 - 2.5
CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.0 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dl	0.0 - 1.0
TOTAL BILIRUBIN	0.58	mg/dl	0.0 - 1.5
S.G.O.T	26.14	IU/L	0 - 35
S G.P.T	37.15	IU/L	0 - 45
G G T P	42.0	U/L	5.0 - 60.0
ALKALINE PHOSPHATASE	88.0	U/L	40 - 129
HEPATITIS B SURFACE ANTIGEN	NEGATIVE		
HIV ANTIBODY I & II	NEGATIVE		

1 Contd...2

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

DR. SHIPRA VATS
MBBS
MD PATH



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QMS/23N1117

Sample Coll. Date :- 11/03/2025	Srl.No. :- 3032
Patient Name :- MRS. SHWETA GOEL	Age :- 42 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Female

HAEMATOLOGY

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
HAEMOGLOBIN (HB) 2 Contd...3	13.0	gm/dl	13.0 - 17.0

DR. SHIPRA VATS
MBBS
MD PATH



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QMS/23N1117

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Sample Coll. Date :- 11/03/2025	Srl.No. :- 3032
Patient Name :- MRS. SHWETA GOEL	Age :- 42 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Female

HBA1C

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

3 Contd...4

HBA1C (Glycosylated Haemoglobin) : 5.52 %

<u>EXPECTED VALUES</u> :-			
Metabolically healthy patients	:-	4.8 - 6.0	%
Good Control	:-	6.0 - 6.8	%
Fair Control	:-	6.8 - 8.2	%
Poor Control	:-	>8.2	%

REMARKS:-

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 mean glucose patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1C** be performed at intervals of 4-6 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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QMS/23N1117

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

Sample Coll. Date :- 11/03/2025	Srl.No. :- 3032
Patient Name :- MRS. SHWETA GOEL	Age :- 42 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Female

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	1-2	/HPF	
CRYSTALS	NIL		
PUS CELLS	2-3	/HPF	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

4 of 4

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