

Name : MR MAHIPAL SINGH

Proposal No : 3901

Branch Code : 11d

Contact Details : 9811921013

Location : RZ-138, Block E, New Roshanpura,

Appointment Date : 13-11-2024

Member Information

Booked Member Name Age Gender

MR MAHIPAL SINGH 47 year Male

Included Test -

Urine Analysis

BST Only fasting or Only PGBS

Thanks,

Medsave Team

NAVYA HOSPITAL  
RZ-138, NEW ROSHANPURA,  
NEW DELHI-110043



To,  
LIC of India  
Branch Office

Date: 13/11/2024

Proposal No. 3901

Name of the Life to be assured MR. MAHIPAL Singh.

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. PANKAJ KUMAR  
MBBS, MD (GEN.MED)  
REG NO. 26552

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.

MR Singh  
(Signature of the Life to be assured)

Name of life to be assured: MR MAHIPAL Singh

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, \_\_\_\_\_

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RZ-13, NAJAFGARH,  
NEW DELHI-110043



## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_

Proposal No. 3901

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

Full Name of Life to be assured: MAHIPAL Singh

Age/Sex : 47/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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

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NEW DELHI-110043

Signature or Thumb Impression of L.A.

*Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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 on the day of 13/11 2024

Signature of L.A.

Dr. PANKAJ KUMAR  
MBBS. MD (GEN.MED)

Signature of the Cardiologist

Name & Address

Qualification Code No.

## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
160	70	120/80	78

(B) Cardiovascular System

..... NADP .....

.....

## Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10 mm	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	78 /min	T-wave	Normal
Ventricular Rate	78 /min	Q-Wave	Normal
Rhythm	sinus		
Additional findings, if any.	None		

Conclusion: Normal

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NEW DELHI-110043

Dated at Delhi on the day of 13/05 2004

Dr. PANKAJ KUMAR  
MBBS. MD (GEN.MED)  
REG.NO.- 26552

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA  
Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 13/11/2024 011:33 AM

Proposal No. 3901

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR. MAHIPAL SINGH

Age/Sex : 48/M

1. Physical Examination
  - (i) Colour : YELLOW
  - (ii) Sediment: NIL
  - (iii) Transparency : CLEAR
  - (iv) Reaction :ACIDIC
2. Chemical Examination
  - (i) Protein : NIL
  - (ii) Sugar :NIL
  - (iii) Bile salt : NIL
  - (iv) Bile pigments :NIL
3. Microscopic Examination
  - (i) Red Blood Cells: NIL
  - (ii) Epithelial Cells :01-02 /HPF
  - (iii) Crystals : NIL
  - (iv) Pus Cells : 01-02 /HPF
  - (v) Casts : NIL
  - (vi) Deposits : NIL
  - (VII) Bacterias :NIL

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NEW DELHI-110043

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

Dr. SAKSHI VIRMANI

Signature of the Pathologist

MBBS, MD PATH  
REG. NO. - 8941

Pathologist's name & Address

Qualification :

LICI Code No.

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately to check. Reports are not for medico legal purpose. It is only a professional opinion. Please clinical correlation is mandatory.

**CARE AG 2A Plus**  
**DIAGNOSTICS**

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi  
8290101773, 7903698279

ANNEXURE II - 8

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

Zone Division Branch DATE /TIME 13/11/2024 011:33 AM

Proposal No. 3901

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR. MAHIPAL SINGH

Age/Sex : 48/M

**BIO- CHEMICAL TESTS**

	TYPE OF TEST	ACTUAL READING	NORMAL VALUES
1	BLOOD SUGAR FASTING	88.4	60-110 MG/DL

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Dr. SAKSHI VERMANI  
MBBS. M.PATH  
REG. NO. - 8941

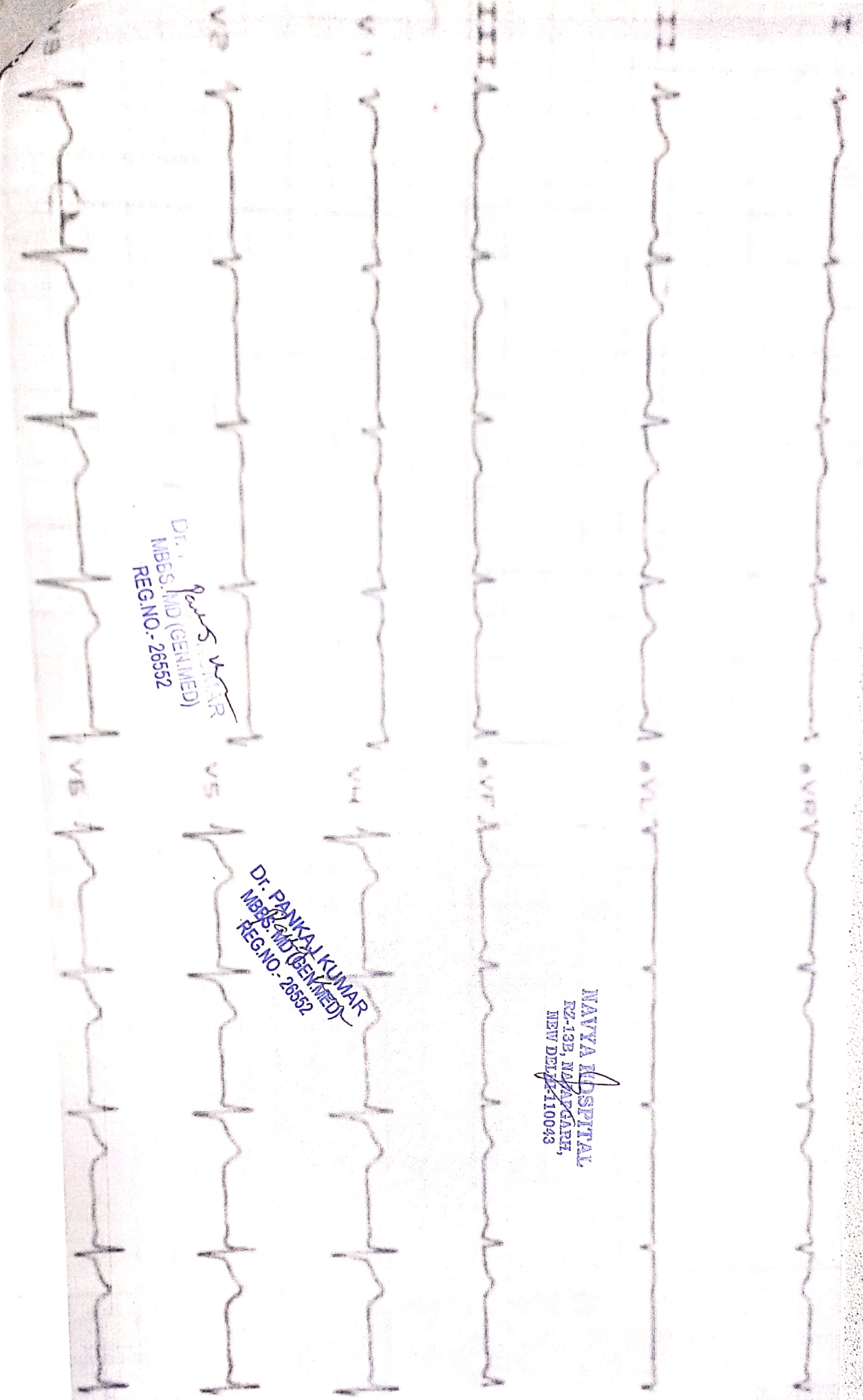
Signature of the Pathologist

Pathologist's name & Address

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**CARE AG Plus**  
**DIAGNOSTICS**

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Dr. Pankaj Kumar  
MBBS, MD (GENMED)  
REG. NO. - 26552

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