

Date: 16/02/2025

To,
LIC of India
Branch Office

Proposal No. 3116

Name of the Life to be assured KULWANT KAUR

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. BINDU

MBBS, MD

Reg. No. 33435

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.

Kulwant

(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	YES	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%	
ELISA FOR HIV	YES	Other Test	

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. -

3116

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

Full Name of Life to be assured: KULWANT KAUR

Age/Sex : 52/F

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 on the day of 16/02/2025

Signature of L.A.

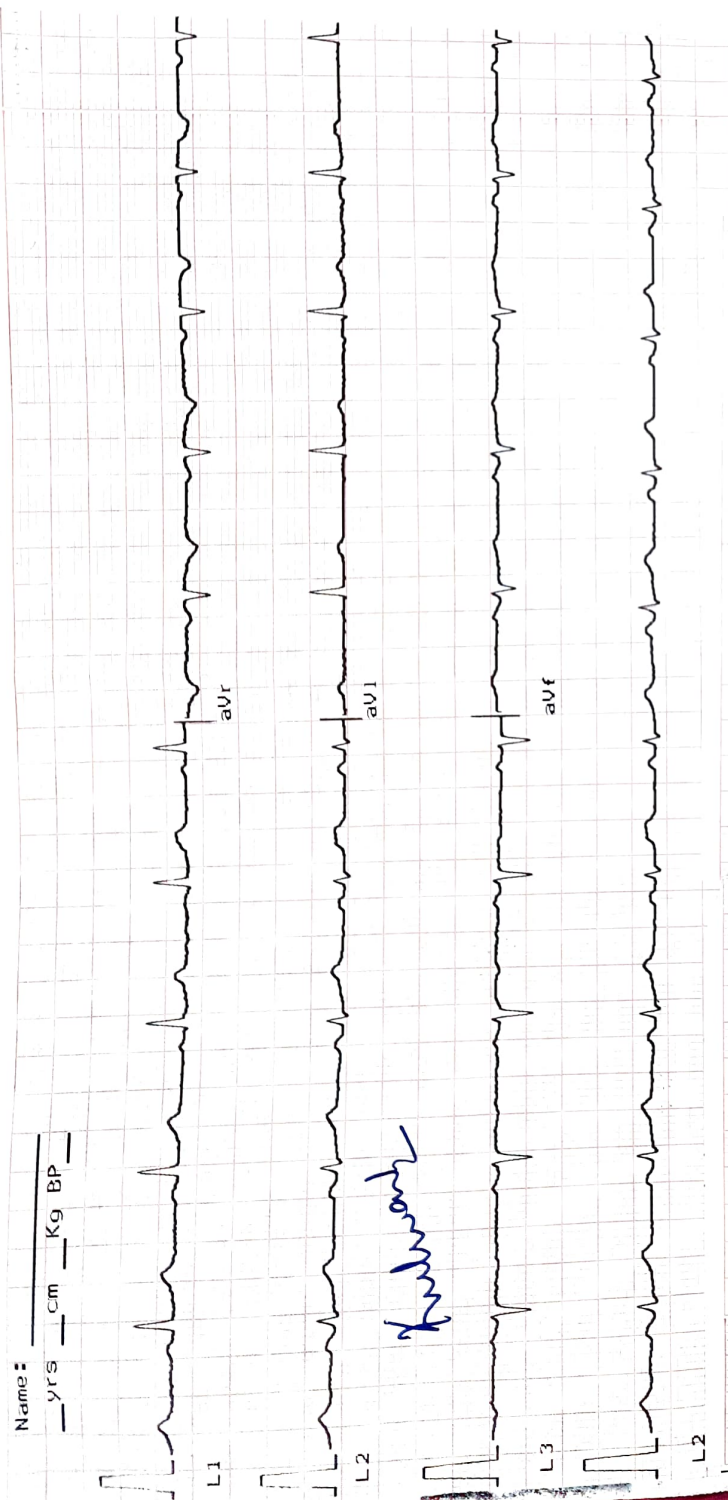



Dr. BINDU

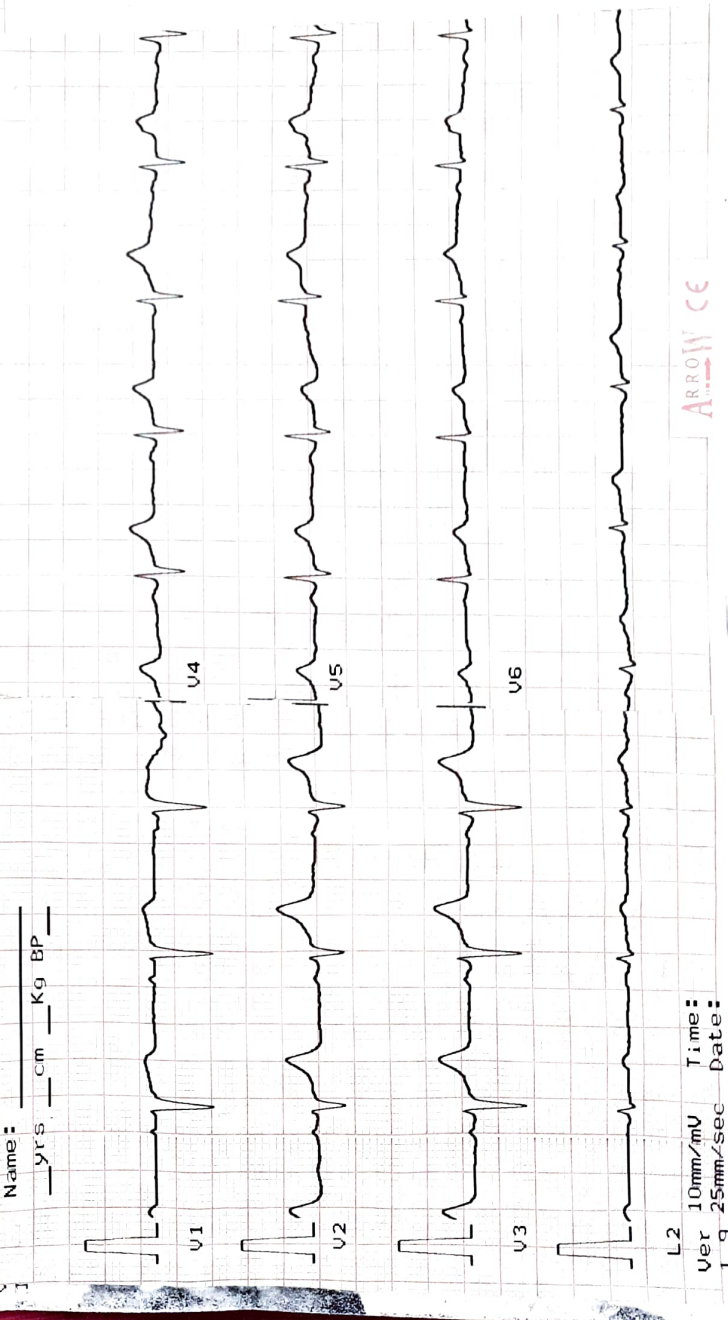
MRBS
Reg. No. 33435
Signature of the Cardiologist
Name & Address
Qualification Code No.

KULWANT KAUR
 Age - 52/F
 ECG - CONL
 Date - 16/02/2025

Dr. BINDU
 MBBS, MD
 Reg. No. - 33435



Kulwant



L2 10mm/mV Time:
 Ver 25mm/sec Date:
 I.9

ARROW CE



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 3116
S. NO. : 111219
NAME : **MRS. KULWANT KAUR**
REF. BY : LIC
Date : FEBRUARY, 16, 2025

AGE/SEX - 52/F

BIOCHEMISTRY-(SBT-13)

Test	Result	Units	Normal Range
Blood Sugar Fasting	98.11	mg/dl	70-115
S. Cholesterol	198.05	mg/dl	130-250
H.D.L. Cholesterol	76.44	mg/dl	35-90
L.D.L. Cholesterol	112.91	mg/dl	0-160
S. Triglycerides	115.56	mg/dl	35-160
S. Creatinine	0.95	mg/dl	0.5-1.5
Blood Urea Nitrogen {BUN}	14.11	mg/dl	06-21
Albumin	4.5	gm%	3.2-5.50
Globulin	3.1	gm%	2.00-4.00
S. Protein Total	7.6	gm%	6.00-8.5
AG/Ratio	1.45		0.5-3.2
Direct Bilirubin	0.1	mg/dl	0.00-0.3
Indirect Bilirubin	0.5	mg/dl	0.1-1.00
Total Bilirubin	0.6	mg/dl	0.1-1.3
S.G.O.T.	40.87	IU/L	00-42
S.G.P.T.	41.23	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	46.97	IU/L	00-60
S. Alk. Phosphatase	101.36	IU/L	28-111

(Children 151-471)

SEROLOGY

Test Name : **Human Immunodeficiency Virus I&II {HIV} (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

Test Name : **Hepatitis B Surface Antigen {HbsAg} (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

*****End of The Report*****

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico - legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 3116
S. NO. : 111219
NAME : MRS. KULWANT KAUR
REF. BY : LIC
Date : FEBRUARY, 16, 2025
AGE/SEX - 52/F

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.015

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 0-2. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 1-2. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

*****End of The Report*****

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD.NO. 19702

Consultant Pathologist

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ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 3116
S. NO. : 111219
NAME : MRS. KULWANT KAUR AGE/SEX - 52/F
REF. BY : LIC
Date : FEBRUARY, 16, 2025

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	13.11	gm/dl	12-18
Red Blood Cell [RBC]	4.91	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	49.15	%	37-54
Mean Cell Value [MCV]	83.71		76-96
Mean Cell Hemoglobin [MCH]	30.90	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	32.81	%	30-35
Total Leucocytes Count {TLC}	8,300	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	57	%	40-75
Lymphocytes	33	%	20-45
Eosinophils	06	%	02-10
Monocytes	04	%	01-06
Basophills	00	%	00-01
Platelet count	1.93	LACKS	1.5-4.5
E S R (Wintrob's method)	14	M.M.	0-20

*****End of The Report*****

Please correlate with clinical conditions.

DR. T.K. MATHUR

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REGD. NO. 19702

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Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
150	82.2	122/84	86/M

(B) Cardiovascular System

..... (N)

.....

Rest ECG Report:

Position	Supine.	P Wave	(N)
Standardisation Inv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	86/M	T-wave	(N)
Ventricular Rate	86/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	Normal		

Conclusion: *CNL*

Dated at *DELHI* on the day of *16/02* 2025

Dr. BINDU

MBBS, MD

33435

Signature of the Cardiologist

Name & Address

Qualification

Code No.





भारत सरकार

Government of India



Aadhaar No. Issued: 15/01/2012



कुलवंत कौर
Kulwant Kaur

जन्म तिथि / DOB : 24/11/1972

महिला / Female



5295 0174 4839

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).**

5295 0174 4839

मेरा आधार, मेरी पहचान



 GPS Map Camera

New Delhi, Delhi, India

B1a/42, Block B1a, Janakpuri, New Delhi, Delhi 110058, India

Lat 28.627322° Long 77.088496°

16/02/25 07:54 AM GMT +05:30

