

Date: 20/11/2024

To,
LIC of India
Branch Office

Proposal No. 3034

Name of the Life to be assured ZOYA

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.

Zo

(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 | YES | Other Test | HBAIC |

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





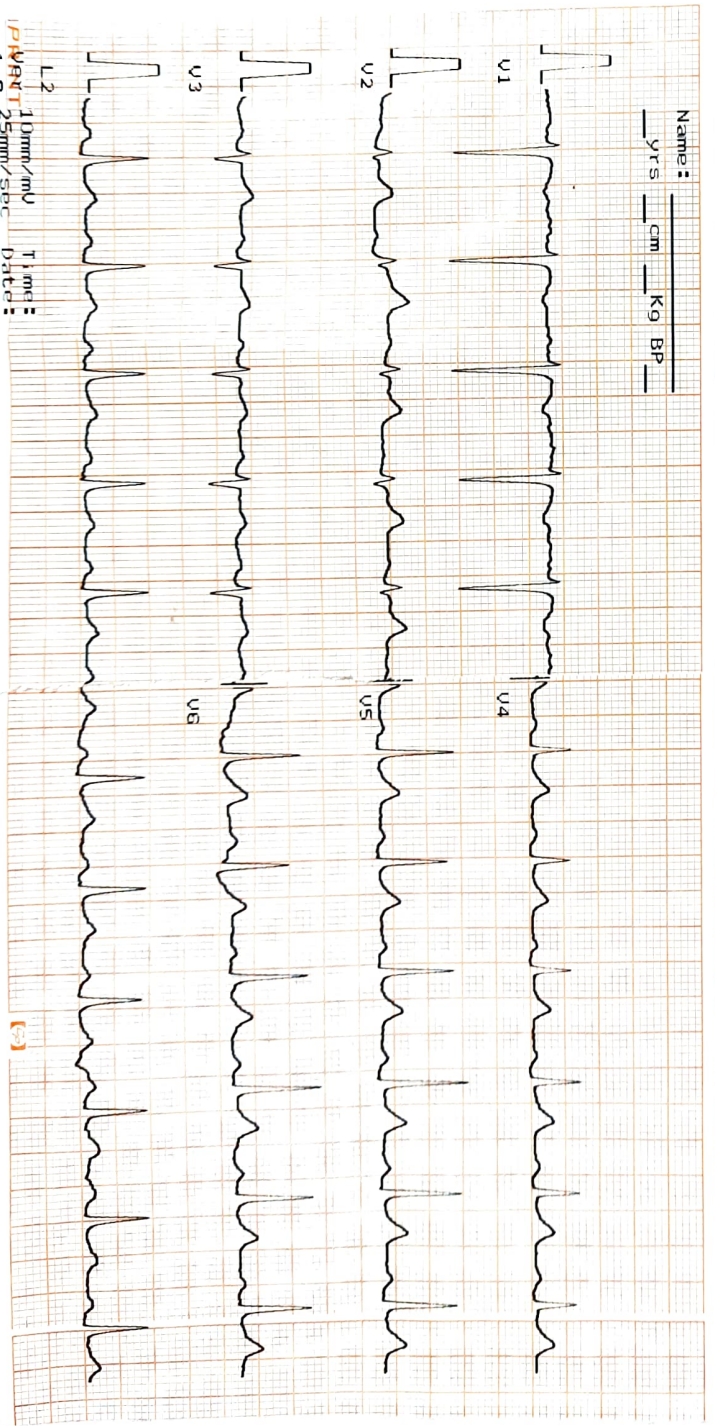
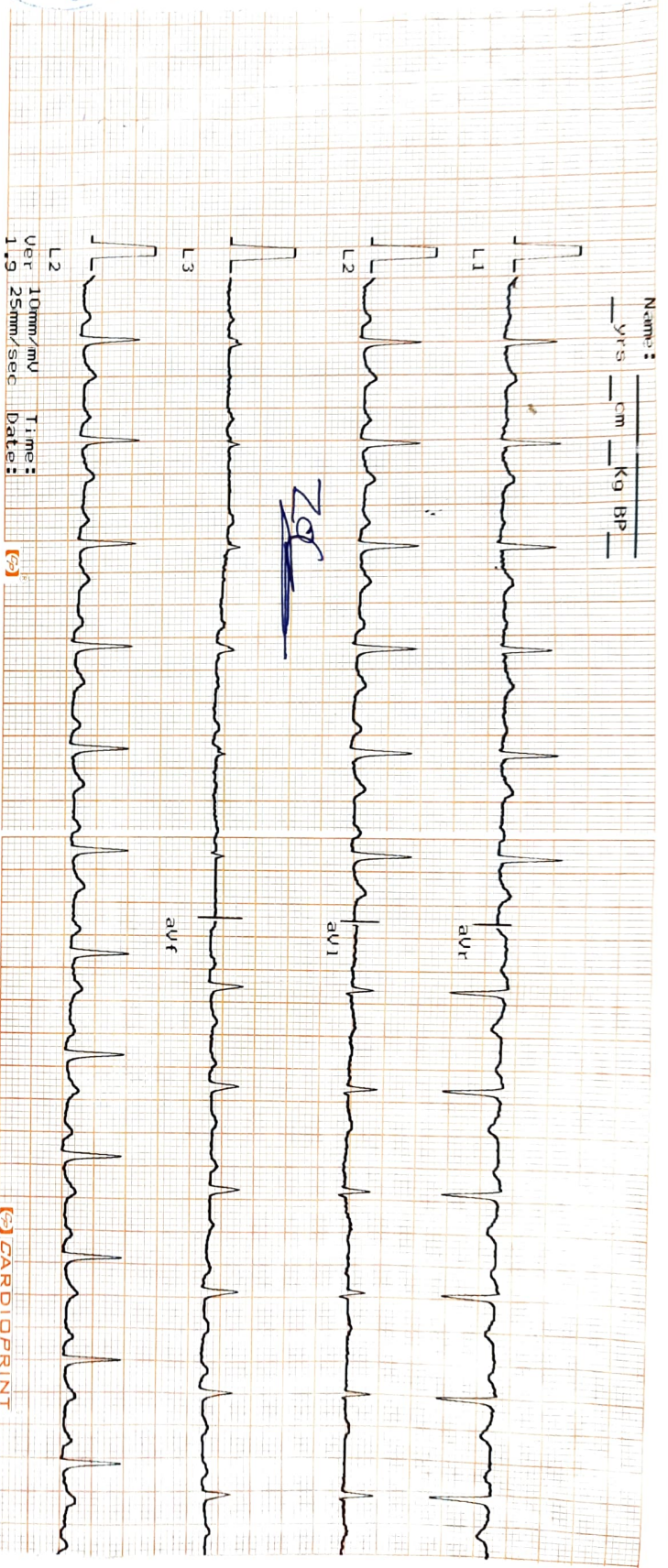
ZOYA

Age - 41/FEMALE

EKG - CONC

Date - 20/11/2024

DR. BINDU
SABES MP
Reg. NO - 33435



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 3034

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

Full Name of Life to be assured: ZOYA

Age/Sex : 41 / FEMALE

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

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 20/Nov/ 2024

Signature of L.A.

Zob



Dr. BINDU
MBBS MD
Reg. No. 33435

Signature of the Cardiologist
Name & Address
Qualification Code No.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 3034
S. NO. : 110510
NAME : MRS. ZOYA AGE/SEX - 41/F
REF. BY : LIC
Date : NOVEMBER, 20, 2024

HAEMOGRAM

| Test | Result | Units | Normal Range |
|------------|--------|-------|--------------|
| Hemoglobin | 12.80 | gm/dl | 12-18 |

BIOCHEMISTRY-(SBT-13)

| | | | |
|----------------------------------|--------|-------|-----------|
| Blood Sugar Fasting | 91.40 | mg/dl | 70-115 |
| S. Cholesterol | 160.77 | mg/dl | 130-250 |
| H.D.L. Cholesterol | 66.82 | mg/dl | 35-90 |
| L.D.L. Cholesterol | 95.60 | mg/dl | 0-160 |
| S. Triglycerides | 110.63 | mg/dl | 35-160 |
| S. Creatinine | 0.81 | mg/dl | 0.5-1.5 |
| Blood Urea Nitrogen {BUN} | 11.11 | mg/dl | 06-21 |
| Albumin | 3.8 | gm% | 3.2-5.50 |
| Globulin | 3.0 | gm% | 2.00-4.00 |
| S. Protein Total | 6.8 | gm% | 6.00-8.5 |
| AG/Ratio | 1.26 | | 0.5-3.2 |
| Direct Bilirubin | 0.2 | mg/dl | 0.00-0.3 |
| Indirect Bilirubin | 0.7 | mg/dl | 0.1-1.00 |
| Total Bilirubin | 0.9 | mg/dl | 0.1-1.3 |
| S.G.O.T. | 29.18 | IU/L | 00-42 |
| S.G.P.T. | 28.70 | IU/L | 00-42 |
| Gamma Glutamyl Transferase (GGT) | 35.39 | IU/L | 00-60 |
| S. Alk. Phosphatase | 86.27 | IU/L | 28-111 |

(Children 151-471)

*****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.



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S. NO. : 110510
NAME : **MRS. ZOYA** **AGE/SEX - 41/F**
REF. BY : LIC
Date : NOVEMBER, 20, 2024

HAEMATOLOGY

| Test | Result | Units |
|----------------------------------|--------|-------|
| Glycosylated Haemoglobin (HbA1c) | 5.68 | % |

INTERPRETATION

| | | |
|-----------------------|---|---------------|
| Normal | : | 5.0 – 6.7 |
| Good Diabetic Control | : | 6.8 – 7.3 |
| Fair Control | : | 7.4 – 9.1 |
| Poor Control | : | more than 9.1 |

Note: - Glycosylated Haemoglobin 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 preceding 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.


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

Please correlate with clinical conditions.

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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.

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S. NO. : 110510
NAME : **MRS. ZOYA** **AGE/SEX - 41/F**
REF. BY : LIC
Date : NOVEMBER, 20, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.012

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /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.

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Clinical findings

(A)

| Height (Cm) | Weight (kgs) | Blood Pressure | Pulse Rate |
|-------------|--------------|----------------|------------|
| 154 | 48.3 | 118/78 | 88/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 | 88/M | T-wave | N |
| Ventricular Rate | 88/M | Q-Wave | N |
| Rhythm | Regular. | | |
| Additional findings, if any | MR | | |

Conclusion: *WNL*

Dated at DELHI on the day of 20/Nov/2024

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



Signature of the Cardiologist
Name & Address
Qualification
Code No.



भारत सरकार
GOVERNMENT OF INDIA



ज़ोया

Zoya

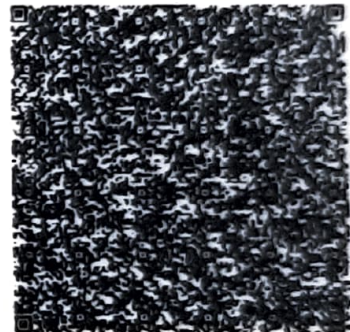
जन्म तिथि/DOB: 01/01/1983

महिला/ FEMALE

Mobile No: 9560805102


9440 0801 9388

VID : 9173 0577 7721 9919



मेरा आधार, मेरी पहचान



 GPS Map Camera

New Delhi, Delhi, India
A20, Mahendra Park, Jahangirpuri, New Delhi, Delhi, 110033,
India

Lat 28.724345° Long 77.165676°
20/11/24 08:21 AM GMT +05:30

