

Date: 08/11/2024

To,
LIC of India
Branch Office

Proposal No. 3036

Name of the Life to be assured PREM CHAND

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. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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.

[Handwritten Signature]

(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)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	YES
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



1-1 CORPORATION OF INDIA Form No. LIC03 -

BRANCH

आयकर विभाग INCOME TAX DEPARTMENT PREM CHAND KHEM CHAND 06/11/1963 <small>Permanent Account Number</small> ACWPC5268N <small>Signature</small>	भारत सरकार GOVT. OF INDIA
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DECLARATION

The foregoing answers are given by me after full and complete and no information has been given by me and complete dated _____

Signature of Thumb

Following questions



Dr. RAINA KHAN
 M.D.S., D.M.R.D.
 Reg. No. 25508

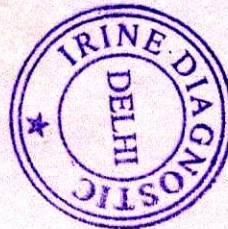


8 Nov 2024 8:23:12 am
 Wazirabad Road
 Shalimar Garden
 Ghaziabad
 Meerut Division
 Uttar Pradesh

S. No. : 08/NOV/03
Name : MR PREM CHAND
Ref. by : LIFE INSURANCE CORPORATION
Date : 08-11-2024
AGE : 61Years
SEX : MALE

B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	96	mg/dl.	(60-110)
POST GLUCOSE 75 gram AFTER 2HRS	115	mg/dl.	(UPTO 145)



DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 3036

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

Full Name of Life to be assured: PREM CHAND

Age/Sex : 61y/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

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

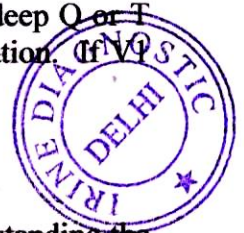
If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at _____ on the day of 08/11/2024 2023

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification Code No.

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
168	62	122/84	80/w

(B) Cardiovascular System

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Rest ECG Report:

Position	Supine	P Wave	P
Standardisation Imv	12	PR Interval	A
Mechanism	12	QRS Complexes	P
Voltage	12	Q-T Duration	P
Electrical Axis	12	S-T Segment	P
Auricular Rate	80/w	T-wave	P
Ventricular Rate	80/w	Q-Wave	P
Rhythm	Regular		
Additional findings, if any.	411		

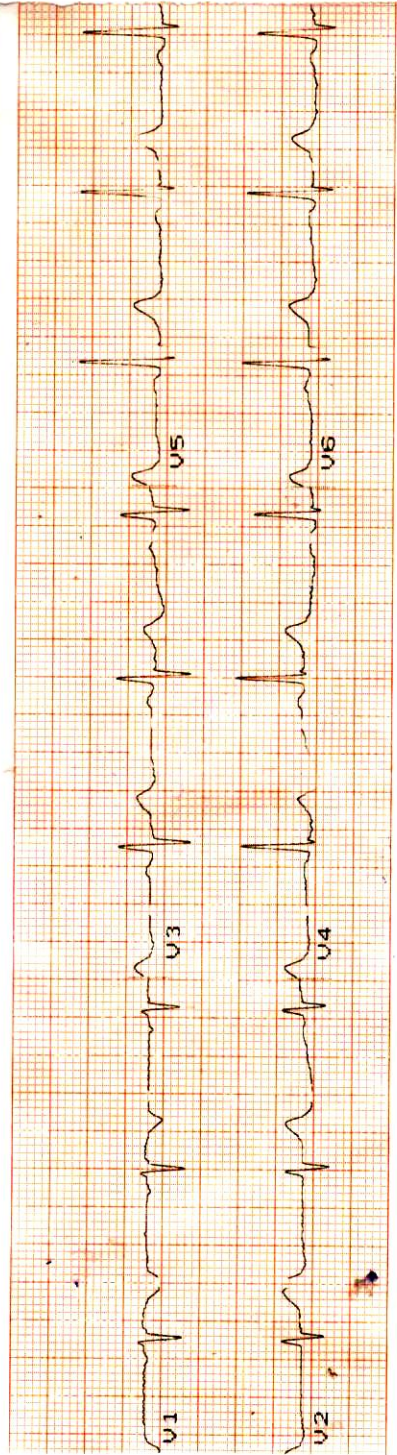
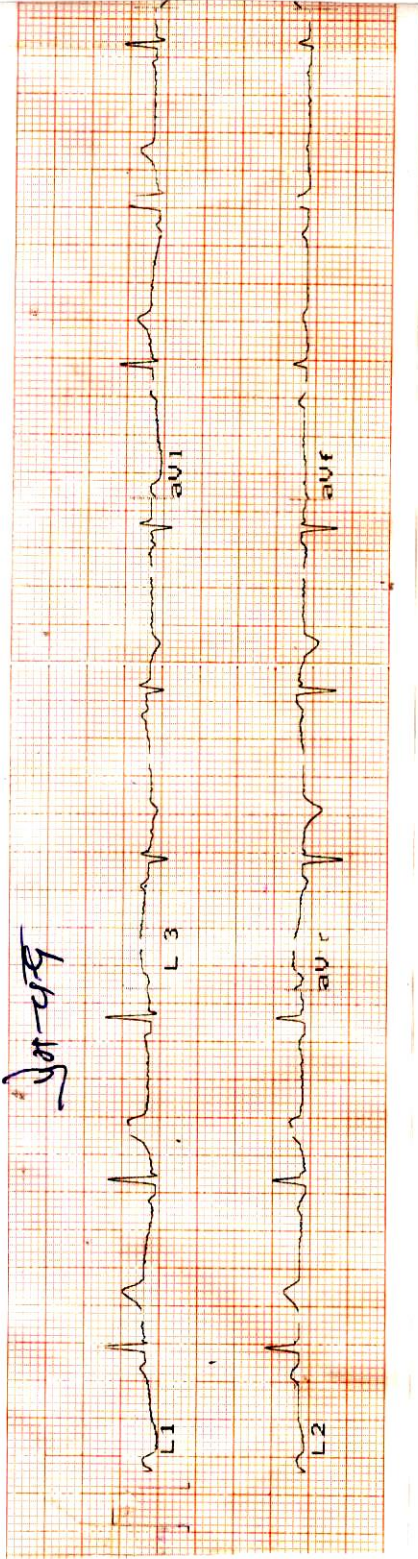
Conclusion: ECG-WNL



Dr. RAINA KHAN
MBS, DMRD
Reg. No. 25508

Dated at DELHI on the day of 08/11/2024 200

Signature of the Cardiologist
Name & Address
Qualification
Code No.



PREM CHAD

ECG-2024

DATE: 08/11/2024

AGE: 61 Y/M

DR. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

