



 **GPS Map Camera**



**Gurugram, Haryana, India**  
77, Market Of Sector 10a, Sector 10a, Gurugram, Haryana 122001, India  
Lat 28.441421° Long 77.008211°  
09/03/2025 11:20 AM GMT +05:30

GANDHI  
1947-1950



भारत सरकार

Government of India



धीरज मनोछा  
Dheeraj Manocha  
जन्म तिथि / DOB : 05/11/1997  
पुरुष / Male

5407

आधार - आदमी का अधिकार

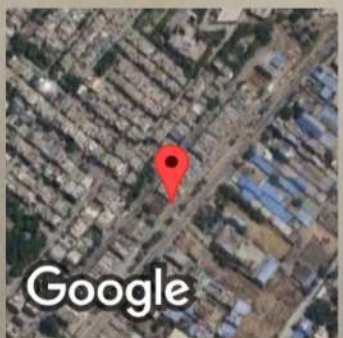
GPS Map Camera

Gurugram, Haryana, India

77, Market Of Sector 10a, Sector 10a, Gurugram, Haryana 122001, India

Lat 28.441428° Long 77.008206°

09/03/2025 11:02 AM GMT +05:30



Google

- 4) Weight loss details LA
- 5) Weight loss details & physical exam. Send to ZUC. LA
- 6) Call for details. LA
- 7) Calculated BMI beyond 30. Send to GOS. LA
- 8) Specific Health Insurance Contract Report



MINISTRY OF HEALTH SERVICES  
 LIC INSURANCE CORPORATION OF INDIA  
 SEVEN BROADWAY, CHOLLA STREET, CHENNAI - 600 006. Life Assured & PROTECTED

Date of Death - 06/03/2025 - SA. 10000000 - Plan 5

Special Reports Required : Attached Total No. of 25

- 1) 1st ECG Report
  - 2) 1st haemogram report
  - 3) 1st RFA Report
  - 4) Deformity Questionnaire
  - 5) SBT13
  - 6) HbA1c
  - 7) Urine Cotinine Test
  - 8)
  - 9)
  - 10)
- ## Lapsation
- details of
- 144574765 15/0
- 144574268 15/02



*Manoj*

Dr. RAVINDRA  
MD (Med), FCCP  
Reg. No. 4805/12587



भारत सरकार  
Government of India



धीरज मणोछा  
Dhoeraj Manocha  
जन्म तिथि / DOB - 05/11/1997  
पुरुष / Male

5407

आधार - जन्म आदमी का अधिकार

GPS Map Camera



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*Sheryj*

Dr. RAVINDRA  
MD (Med), FCCP  
Reg. No. 4805/12587

**PUSH**



 **GPS Map Camera**

## Gurugram, Haryana, India

77, Market Of Sector 10a, Sector 10a, Gurugram, Haryana 122001, India

Lat 28.441421° Long 77.008211°

09/03/2025 11:20 AM GMT +05:30



**Google**

Date: 09/03/2025

To,  
LIC of India  
Branch Office

122

8631

Proposal No. \_\_\_\_\_

Name of the Life to be assured Dheeraj manocha

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

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. RAVINDRA**  
MD (Med), FCCP  
Reg. No. 4806/12587

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.

Dheeraj  
(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	No
COMPUTERISED TREADMILL TEST	No	IDENTIFICATION & DECLARATION FORMAT	No
HAEMOGRAM	Yes	MEDICAL EXAMINER'S REPORT	Yes
LIPIDOGRAM	No	BST (Blood Sugar Test-Fasting & PP) Both	No
BLOOD SUGAR TOLERANCE REPORT	No	FBS (Fasting Blood Sugar)	No
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	Yes	PGBS (Post Glucose Blood Sugar)	No
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	No
REPORT ON X-RAY OF CHEST (P.A. VIEW)	No	Hb%	No
ELISA FOR HIV	No	Other Test	Yes

UET, HbA1c

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

**LIC****MEDICAL EXAMINER'S REPORT**

Form No LIC03-001(Revised 2020)

भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIABranch Code: 122  
Proposal/ Policy No: 8631  
MSP name/code :  
Date & Time of Examination: 09/03/20, 11:02 AM  
Medical Diary No & Page No:Mobile No of the Proposer/Life to be assured: 8585974688  
Identity Proof verified: Aadhar Card ID Proof No. 5407  
( In Case of Aadhaar Card , please mention only last four digits)

[ Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. Ravindra (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India"

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)1 Full name of the life to be assured: DHEERAJ MANOCHA  
2 Date of Birth: 05/11/1997 Age: 22 Gender: male  
3 Height (In cms): 173 Weight ( in kgs ): 78  
4 Required only in case of Physical MERPulse : 80/min Regular Blood Pressure (2 readings):  
1. Systolic 124 Diastolic 80  
2. Systolic 124 Diastolic 80

## ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) ) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	- No - No - No - No - No - No - No - No
6	In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom &findings.	- No
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	- No

8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
9	<p>a. Any history of chest pain, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <b>physical impairment/</b> disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	NO
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	<p>NO</p> <p>NO</p>
18	Is there any <b>abnormality</b> of Eyes (partial/total blindness),Ears (deafness/ discharge from the ears), Nose, Throat or Mouth,teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	NO
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <b>HIV /AIDS/ Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	NO



For Female Proponents only		
i.	Whether pregnant? If so duration.	N
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	A

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Healthy
---	---------

Declaration

You Mr/Ms Dheeraj Manocha declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

*Dheeraj*

Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 09 day of 03 20 25 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: Cecina  
Date: 09/03/25  
Stamp:

**Dr. RAVINDRA**  
MD (Med), FCCP  
Reg No. 4806/12587

Signature of Medical Examiner  
Name & Code No:



INSURANCE CORPORATION OF INDIA

**ELECTROCARDIOGRAM**

Proposal No.: 8631

Branch: 122

Full Name of Life to be assured: RHEE RAJ

Age/ Sex: 27/m MANOCHA

**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 of L.A. *Shree*

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.

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
173	78	124/80	80/min Regular

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	W	P Wave	N
Standardisation Imv	222	PR Interval	N
Mechanism	222	QRS Complexes	N
Voltage	222	Q-T Duration	N
Electrical Axis	222	S-T Segment	N
Auricular Rate	80/min	T-wave	N
Ventricular Rate	80/min	Q-Wave	N
Rhythm	regular		
Additional findings, if any.			

Dated at *CCW* on the *09* day of *03* 20*25* at *11:04* a.m./p.m.

Conclusion:

*TWNL*

**Dr. RAVINDRA**  
MD (Med), FCCP

Signature & Seal of the Cardiologist  
Reg. No. 4806/12587  
Name & Address: Qualification:





<b>Name</b> : Mr. Dheeraj Manocha	<b>Panel</b> : LIC
<b>Age</b> : 27 Yrs 4 Mon 4 Days	<b>TPA</b> : MEDSAVE
<b>Sex</b> : Male	<b>Received Date</b> : 09/03/2025
<b>Patient ID</b> : 14241562	<b>Report Date</b> : 09/03/2025

Test Name	Results	Units	Reference Range
SBT 13			
Blood Glucose Fasting	81.0	mg/dL	70.0 - 110.0
Total Cholesterol	168.0	mg/dL	<200.0
HDL Cholesterol	62.1	mg/dL	36.0 - 70.0
LDL Cholesterol	88.3	mg/dL	60.0 - 120.0
Serum Triglycerides	88.0	mg/dL	40.0 - 160.0
Serum Creatinine	0.77	mg/dL	0.60 - 1.30
Blood Urea Nitrogen	11.3	mg/dL	7.0 - 18.0
Serum Protein	6.94	g/dL	6.00 - 8.30
Serum Albumin	4.42	g/dL	3.50 - 5.00
Serum Globulin	2.52	g/dL	2.00 - 3.50
A:G Ratio	1.75		0.90 - 2.00
Serum Bilirubin (Total)	0.72	mg/dL	0.30 - 2.00
Serum Bilirubin (Direct)	0.15	mg/dL	0.00 - 0.25
Serum Bilirubin (indirect)	0.57	mg/dL	0.10 - 1.00
SGOT (AST)	22.0	IU/L	0.0 - 37.0
SGPT (ALT)	26.0	IU/L	0.0 - 45.0
Gamma Glutamyl Transferase (GGT)	55.3	IU/L	10.0 - 64.0
Serum Alkaline Phosphatase (ALP)	88.0	IU/L	53.0 - 128.0
Hepatitis B Surface Antigen (HBsAg)	Negative		Negative
HIV I & II ELISA	NON-REACTIVE		NON-REACTIVE
<b>HAEMATOLOGY</b>			
HbA1C	5.3	%	4.5 - 6.0

**INTERPRETATIONS :-**

Non Diabetic	=	< 6 %
Good Control	=	6 - 7 %
Fair Control	=	7 - 8 %
Poor Control	=	> 8 %

**HAEMOGRAM**

**COMPLETE BLOOD COUNT**

Haemoglobin	15.2	g/dL	13.0 - 17.0
Total Leucocyte Count	6800	/cumm	4000 - 11000

**DIFFERENTIAL LEUCOCYTE COUNT**



Dr. Gandhi Kranti Deepak  
 MD Pathology  
 Reg. No. 12345  
 MD. Pathology



Name : Mr. Dheeraj Manocha  
Age : 27 Yrs 4 Mon 4 Days  
Sex : Male  
Patient ID : 14241562

Panel : LIC  
TPA : MEDSAVE  
Received Date : 09/03/2025  
Report Date : 09/03/2025

Test Name	Results	Units	Reference Range
Neutrophil	55	%	40 - 80
Lymphocyte	40	%	24 - 44
Eosinophil	02	%	01 - 06
Monocyte	03	%	02 - 06
Basophil	00	%	00 - 01
Hematocrit (PCV)	45.2	%	41.0 - 53.0
Total RBC Count (RBC)	5.34	10 <sup>6</sup> /uL	4.50 - 5.50
MCV	84.6	fL	80.0 - 100.0
MCH	28.5	pg	26.0 - 34.0
MCHC	33.6	g/dL	31.0 - 37.0
Platelet Count	1.80	Lakh/cumm	1.50 - 4.50
Erythrocyte Sedimentation Rate (ESR)	14.0	mm/1st hr.	0.0 - 20.0

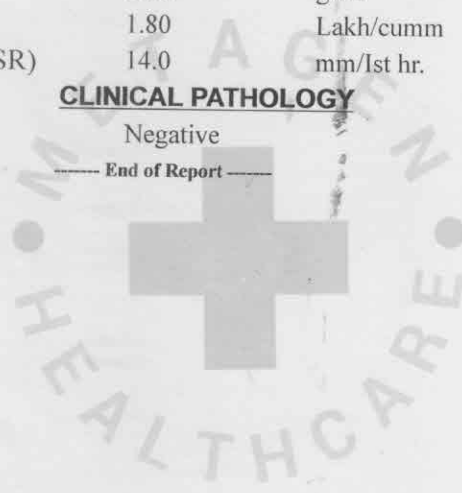
### CLINICAL PATHOLOGY

Urine Cotinine Qualitative

Negative

Negative

----- End of Report -----



Dr. Gandhi Kranti Deepak  
MD Pathology  
Reg. No. 16318  
Dr. Gandhi Kranti Deepak  
MD. Pathology

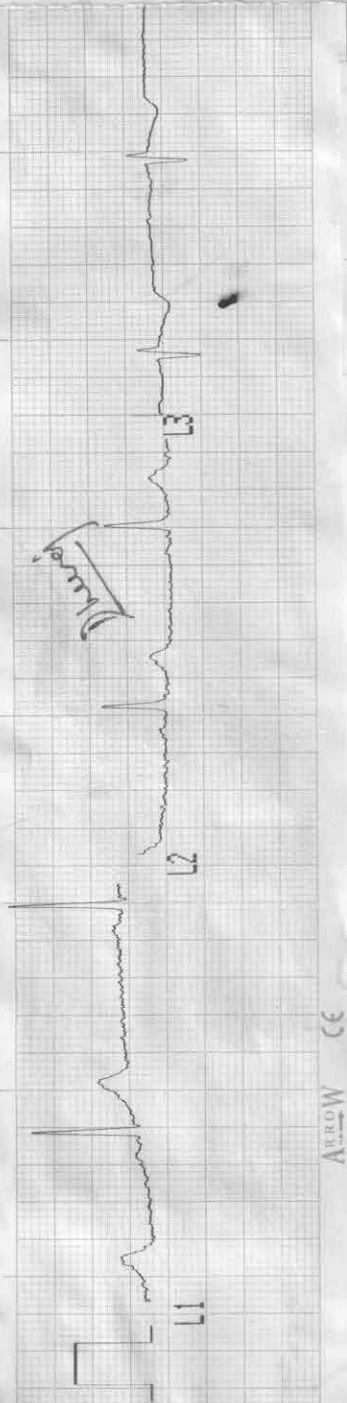


PK DHEERAJ

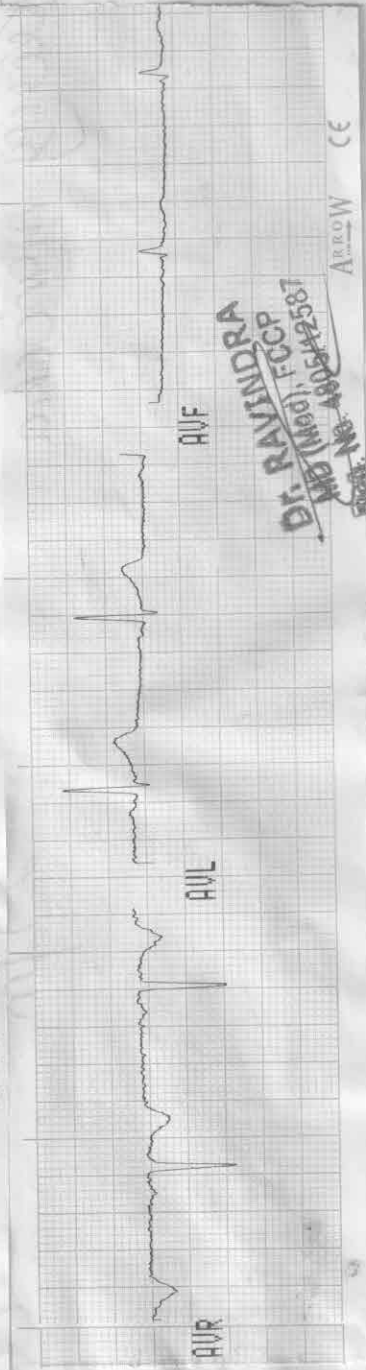
25MM/SEC

AGE M/F

DATE 10MM/MV

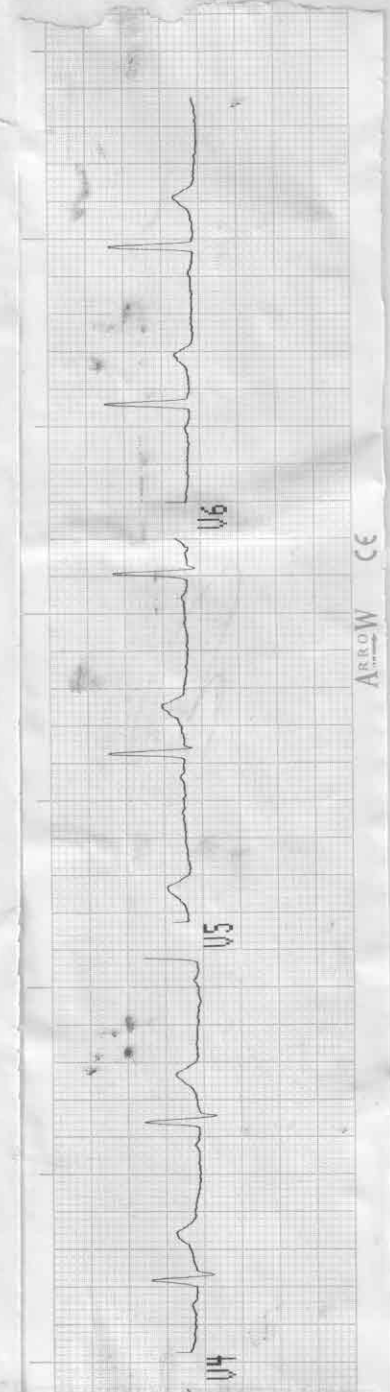


ARROW CE



DR. RAVINDRA  
MB (Med), FCO  
REG. NO. 480549587

ARROW CE

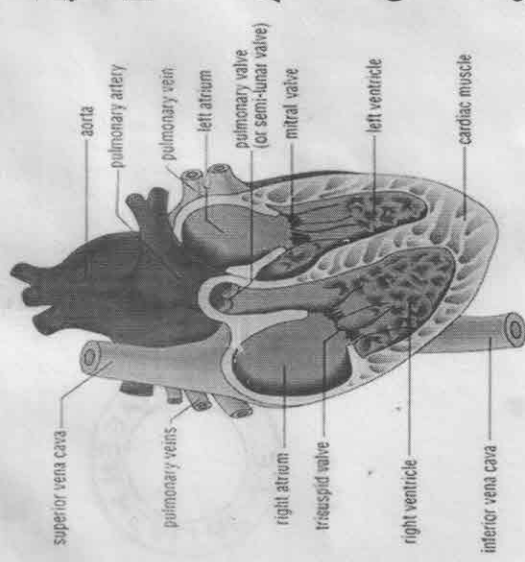


ARROW CE

# METAGEN HEALTHCARE

## ELECTROCARDIOGRAM

Name Dheeraj manocha Age & sex 27/m Company Lic



**ECG FINDINGS:**

Rate 80/min Rhythm Regular Mechanism N  
 Axis N P Wave N PR Interval N  
 QRS Complex N QT Interval N Q Wave N  
 ST Segment N T Wave N

Conclusion TWML

Dr. RAVINDRA  
 MBBS, MD, FCGP  
 Reg. No. 19005/12587

Date 09/03/2025 Doctors Signature \_\_\_\_\_

