

Date: 11-03-2025

To,
LIC of India
Branch Office
114

Proposal No. 8554

Name of the Life to be assured AMIT KUMAR

The Life to be assured was identified on the basis of AADVAR 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.

(4)

Signature of the Pathologist/ Doctor

Name: DR. HEMANT KAPOOR

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36636

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Amit

(Signature of the Life to be assured)

Name of life to be assured: AMIT KUMAR

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM		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)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test <u>KRAIC</u>	✓

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 012

PHYSICIAN'S REPORT

DECLARATION

I, hereby authorise Dr HEMANT KAPOOR to intimate LIC of India all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and answers to Questions in Part One and Part Two of this report are true and complete and I do hereby declare that these will form part of the proposal dated 11/03/2025 given by me to LIC of India.

Hemis
Signature of the L.A.

PART - I.

1. Full Name of Life to be assured (L.A.) AMIT KUMAR
2. Has the L.A. suffered from -

Heart Disease	Hypertension	Diabetes
Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Y/N <input checked="" type="checkbox"/>

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. consume tobacco, snuff, other narcotic substances in any form? NO

No. of Years	Quantity used	Date of cessation, if any
-	-	-

4. Does L.A. consume alcoholic drinks? NO

No. of Years	Quantity used	Date of cessation, if any
-	-	-

Date: 11/03/2025

Signature of Physician

Name: DR. HEMANT KAPOOR

Qualification: MD, DPM

Reg.No. 36636

H

Note : If Q.2 of Part-I is negative, no need of filling up Part-II.

Dr. HEMANT KAPOOR
MD, DPM
Consultant Cardiologist
DMC Reg. No. 36636

PART – II.

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes?
 Y/N * **NO**
 (If 'Yes' then details of –

Investigations	Treatment	Hospitalisation	Present status	Prognosis

2. Blood Pressure Reading - **NO**

Current	At the time of detection of HT	Duration of HT, if taking regular treatment
124/82 125/85	—	—

3. Diabetes - **NO**

Date of Diagnosis	Type	Duration
—	—	—

4. Are there any symptoms/signs of

(a)	Renal Disease	NO
(b)	Neurological involvement	NO
(c)	Eye Involvement	NO
(d)	Peripheral Vascular Disease	NO
(e)	Any other infectious diseases (esp. TB)	NO

5. Is L.A. taking regular treatment for above disease/s? **NO**

* (enclose all relevant papers with this form)

Signature of the L.A.

Date: **11/03/2025**

Signature of Physician

Name: **DR. HEMANT KAPOOR**

Qualification : **MD, DPB**

Reg.No. **36636**

Dr. HEMANT KAPOOR


MD, DPB

Consultant Pathologist

DMC Regd. No. 36636


 भारत सरकार
GOVERNMENT OF INDIA


 अमित कुमार
Amit Kumar
जन्म वर्ष / Year of Birth : 1992
पुरुष / Male



9286 8566 4306





आधार — आम आदमी का अधिकार



Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36638

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: ११७, बी-ब्लॉक, नंदा
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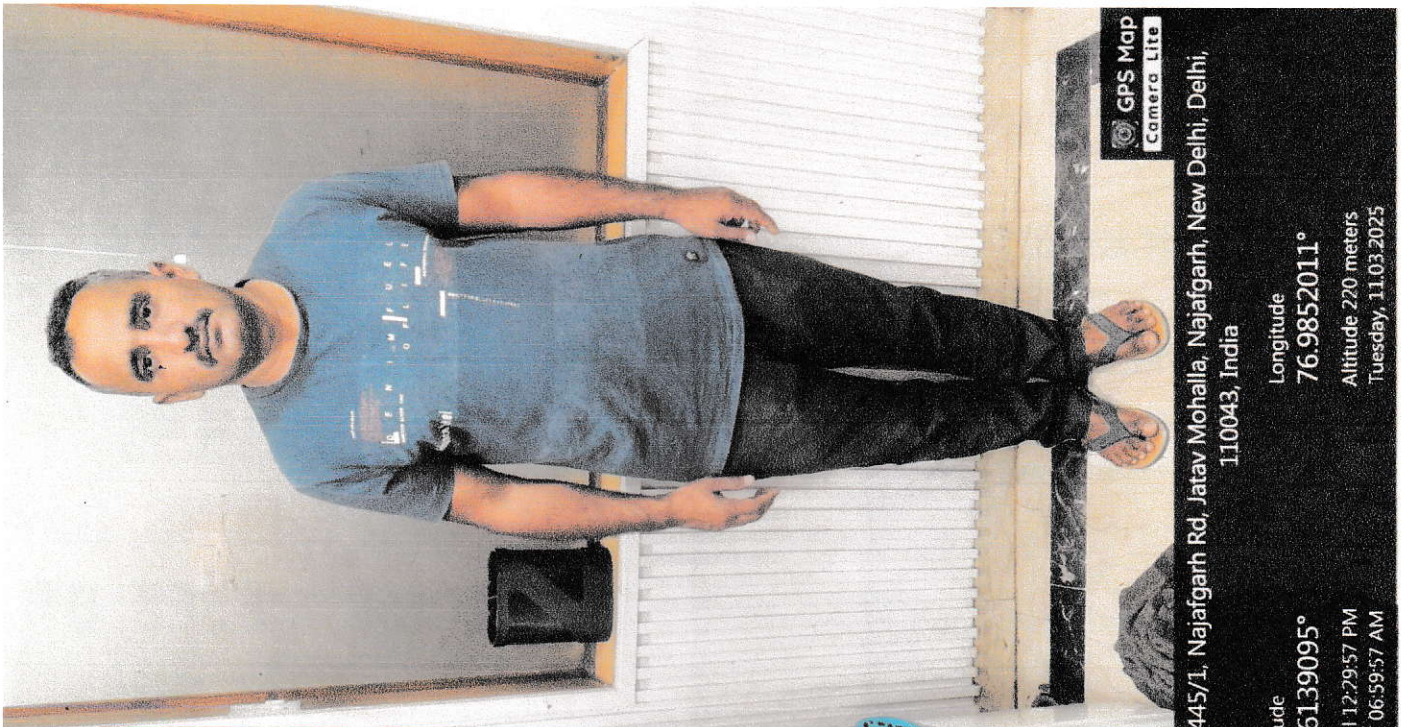
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 ACCREDITED LAB

DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist
DR. HEMANT KAPOOR
 MD, DPB (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
 MD (Radiology)

H
 Dr. HEMANT KAPOOR
 MD, DPB
 Consultant Pathologist
 DMC Regd. No. 36636



GPS Map
 Camera Lite

1445/1, Najafgarh Rd, Jatav Mohalla, Najafgarh, New Delhi, Delhi,
 110043, India

Longitude
 76.9852011°
 Altitude 220 meters
 Tuesday, 11.03.2025

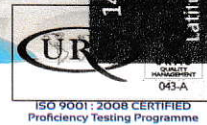
Latitude
 28.6139095°
 Local 12:29:57 PM
 GMT 06:59:57 AM



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 Clinical Co-relation is essential. Please Contact us in Case of Unexpected Results.

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Consultant Pathologist
DR. HEMANT KAPOOR
MD, DPB (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

Lab NO	072503110006	Sr.No	505
NAME	MR.AMIT KUMAR	Ref. BY	LIC
Age / Sex	33 YRS/MALE	Sample Coll DATE	11/Mar/2025 04:18PM
S/O	LATE. SATISH KUMAR	Approved ON	11/Mar/2025 04:46PM
DATE	11/Mar/2025 12:28PM	Printed ON	11/Mar/2025 04:46PM

Test Name	Result	Status	Bio. Ref. interval	Unit
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HEMATOLOGY

**HBA1C Glycosylated Haemoglobin *, Whole Blood
EDTA***

HbA1c (Glycosylated Haemoglobin)	5.7			%
----------------------------------	-----	--	--	---

Reference Range in %

- | | | |
|-------------------------------------|---|-----|
| 1) Non Diabetic Adults | = | < 6 |
| 2) Good Control | = | 6-7 |
| 3) Action Suggested or Poor Control | = | >7 |

Note

HBA1C provides an index of average blood glucose levels over the past 8-12 weeks and is a much better

Indicator of long term glycemic control as compared to blood and urinary glucose determinations.

This is for the persual of Insurance Company for pre policy checkup purpose only.

Instrument Used: Bio-rad D10.

*** End Of Report ***

The tests marked with '*' are not in the scope of NABL Accreditation.

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST

DR. HEMANT
DR. HEMANT
MD, DPB
PATHOLOGIST

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CHECKED
TECHNICAL OFFICER

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