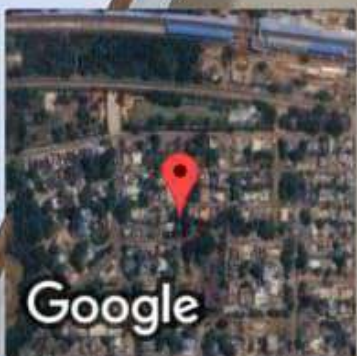
 **GPS Map Camera**

**Bhilai, Chhattisgarh, India**  
Shastri Market, Uttam Talkies, Power House Flyover,  
Janjgiri, Bhilai, Chhattisgarh 490001, India  
Lat 21.206247° Long 81.374505°  
04/02/25 10:29 AM GMT +05:30



# DATA SHEET

To,

LIC of India,  
Branch Office,

Proposal No/ Policy No/Agent code. 1914

Name of the life to be assured Bihari Lal Sharma

The life to be assured was identified on the basis of Athar 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 below in my presence.

Dr. A. K. Singh

MBBS, MD (PATHOLOGY)

Signature of the pathologist/doctor

Consultant Pathologist  
Name:

The examination tests were done with my consent and I am giving my blood sample after observing the fasting for 12 hours.

A. Sharma

Signature of the life to be assured  
Name:



### Reports enclosed:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 1) FMR/Video FMR                     | <input type="checkbox"/> 9) Chest X-Ray with Plate (PA View)          |
| <input checked="" type="checkbox"/> 2) Rest ECG with Tracing             | <input type="checkbox"/> 10) Lipidogram                               |
| <input checked="" type="checkbox"/> 3) Hemogram                          | <input type="checkbox"/> 11) BST-(Blood Sugar Test Fasting & PP)-Both |
| <input type="checkbox"/> 4) Hb%  | <input type="checkbox"/> 12) HbA1C                                    |
| <input checked="" type="checkbox"/> 5) SBT-13                            | <input type="checkbox"/> 13) FBS-(Fasting Blood Sugar)                |
| <input type="checkbox"/> 7) Elisa for HIV                                | <input type="checkbox"/> 14) PGBS-(Post Glucose Blood Sugar)          |
| <input checked="" type="checkbox"/> 8) RUA                               | <input type="checkbox"/> 15) CTMT with Tracing                        |
| <input type="checkbox"/> 16) Proposal & Other Documents<br>Questionnaire | <input checked="" type="checkbox"/> 17) Urine Cotinine                |

Others (Please Specify) \_\_\_\_\_

Rubber stamp of TPA



Aadhaar no issued 27/01/2014

भारत सरकार

Government of India



बिहारी लाल शर्मा  
Bihari Lal Sharma  
जन्मतिथि / DOB 23/11/1970  
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, वा 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).

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ 5162

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता S/O बी डी शर्मा, म न १३ सी, सड़क -4, सेक्टर -2,  
भिलाई भिलाई १, दुर्ग, छत्तीसगढ़, 490001  
Address S/O. B.D.Sharma, H N-13-C,  
RODE-4, SECTOR-2, Bhilai, Bhilai 1, PO Bhilai  
1, DIST Durg, Chhattisgarh, 490001

Details as on 02.05.2024



*B.D.Sharma*



~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ 5162

1947

help@uidai.gov.in

www.uidai.gov.in



From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR  
HAEMOGRAM

Full Name of the life to be Assured		MR. BIHARI LAL SHARMA	
Age	54	Sex	M
Division		Branch	38K
Proposal No.	1914	Agent Code No.:	Dev. Officer code No.
Introducer	Name	Designation/Club Membership	Signature (In full)
Agent			
Second Introducer			

1. Red Blood Cell Count :	4.88	(4.4-6.1 mill/cumm)
2. Hb% :	14.0 gm%	(11-15 F: 12-18 M)
3. Hematocrit :	45.3	(45-55%)
4. Indices :		
(a) MCV (Mean Corpuscular Volume):	88.5	78-92 fl
(b) MCH (Mean Corpuscular Hb):	27.2	26.5 pg
(c) MCHC (Mean Corpuscular Hb Concentration):	33.0	32-36 g/dl
5. Morphology		
Macrocytes	Microcytes :00	Hypochromia : 00
Poikilocytosis :	Anisocytosis :00	
6. Target Cells		
Spherocytes :	Eliptocytes :00	
7. White Blood cells		
Total Count :	8,200	4000-11000 Cell/cumm
Differential Count :		
A) Neutrophils	68 (40-75%)	C) Eosinophils : 01 (01-06%)
B) Lymphocytes :	25 (25-45%)	E) Basophils : 00 (00-01%)
		D) Monocytes : 06 (01-10%)
8. Platelets :	2.61	1.5-4.5 Lakh/cumm
9. Erythrocytes Sedimentation rate :	10 mm	0 - 20mm/1hrs F; 0 - 15mm/1hrsM
(Method ..... Westergren method.....)		

I declare that the person examined/investigated, signed/affix thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at	Bhilai	on the	04	day of	02	2025	at	10:00	AM
----------	--------	--------	----	--------	----	------	----	-------	----

Signature of Thumb Impression of L.A.



Signature of the Pathologist	
Name of the Pathologist	Dr. A. K. Singh
Qualification	MBBS, MD (PATHOLOGY)
Name & Address of the Hospital/Clinic/Lab	CGMC-5767/2014 Consultant Pathologist





From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR  
**ROUTINE URINE ANALYSIS**

Full Name of the life to be Assured		MR. BIHARI LAL SHARMA			
Age	54	Sex	M		
Division		Branch	38K		
Proposal No.	1914	Agent Code No.:		Dev. Officer code No.	
Introducer	Name	Designation/Club Membership	Signature (In full)		
Agent					
Second Introducer					

1. Physical Examination

(i)	Colour	YELLOW	(ii)	Sediment	CLEAR
(iii)	Transparency	CLEAR	(iv)	Reaction	Acidic

2. Chemical Examination

(i)	Protein	NIL	(ii)	Sugar	NIL
(iii)	Bile salt	NIL	(iv)	Bile pigments	Nil

3. Microscopic Examination

(i)	Red Blood Cells	NIL	(ii)	Epithelial Cells	2-3
(iii)	Crystals	NIL	(iv)	Pus Cells	1-2
(v)	Casts	NIL	(vi)	Deposits	Clear

(Bacteria's ..... Absent.....)

Remarks

If pus cells are present GRAM STAIN is necessary  
 If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person examined/investigated, signed/affix thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at	Bhilai	on the	04	day of	02	2025	at	10:00	AM
----------	--------	--------	----	--------	----	------	----	-------	----

Signature of Thumb Impression of



Signature of the Pathologist	<i>Dr. A. K. Singh</i>
Name of the Pathologist	Dr. A. K. Singh
Qualification	M.B.B.S. MD (PATHOLOGY)
Name & Address of the Hospital/Clinic/Lab	C-5767/2014 Consultant Pathologist



Form No. LIC 03 -

**SPECIAL BIO-CHEMICAL TESTS – 13 (SBT – 13)**

Zone:		Division:		Branch :	38K
Proposal No.:	1914				
Agent/D.O. Code :		Introduced by :			
Full Name of Life to be assured :		MR. BIHARI LAL SHARMA			
Age/Sex :	54	Yrs.	M		

**SPECIAL BIO-CHEMISTRY TESTS-13 (SBT-13)**

PARAMETER	RESULT		NORMAL RANGE
Blood Sugar (Method GOD, POD)	115.4		70-140
Total Cholesterol	181.5	mg/dl	130 - 250
HDL	36.30	mg/dl	M:30 - 70/F:30 - 85
LDL	116.1	mg/dl	100 - 150
S. Triglycerides	145.2	mg/dl	< 190
S. Creatinine	1.00	mg/dl	0.6-1.4
Blood Urea Nitrogen	22.36	mg/dl	10-40
S. Protien	6.83	mg/dl	6.0 - 8.3
Albumin	4.12	mg/dl	3.2 - 5.6
Globulin	2.71	mg/dl	2.3 - 3.5
A/G Ratio	1.52	mg/dl	1.0 - 2.2
S. Billirubin			
Total	0.64	mg/dl	Upto1.00
Direct	0.20	mg/dl	Upto 0.25
Indirect	0.44	mg/dl	Upto0.75
SGOT	18.26	mg/dl	0 - 46
SGPT	21.32	mg/dl	0 - 46
GGTP (GGT)	24.17	U/L	05 - 50 U/L
S. Alkaline Phosphatase	88.42	mg/dl	42 - 128
HbsAg (Australa Antigen)	Negative		NON REACTIVE
Elisa for HIV (Method Elisa)	Negative	0.27	NON REACTIVE



I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to related to him/her or the Agent or the Development Officer.

Dated at	BHILAI	on the	04	day of	02	2025	at	10:00	AM
----------	--------	--------	----	--------	----	------	----	-------	----

Signature of the Pathologist  
Signature of the L.A.

**Dr. A. K. Singh**

Pathologist's name & Address, Qualification  
MBBS, MD (PATHOLOGY)  
CGMC-5767/2014  
Consultant Pathologist



Form No. LIC 03 -

PT.'S. NAME	MR. BIHARI LAL SHARMA	AGE	54	YRS	GENDER	M
REF. BY	LIC (38K)				PRO. NO.	1914
DATE OF SAMPLE COLLECTION	04.02.25	REPORT GENERATION DATE			04.02.25	

**CLINICAL PATHOLOGY**

URINE COTININE / NICOTINE	NEGATIVE
---------------------------	----------



**Dr. A. K. Singh**  
MBBS, MD (PATHOLOGY)  
CGMC-5767/2014  
Consultant Pathologist  
**DR. A. K. SINGH**  
PATHOLOGIST

CHECKED BY

*This document is not for medico legal purpose and must be co-related clinically.*



ID: 5162

BIHARILAL SHARMA

Male 54Years

88kg

04-02-2025 10:46:34

HR : 62 bpm

P : 106 ms

PR : 156 ms

QRS : 98 ms

QT/QTc : 404/411 ms

P/QRS/T : 31/5/33

RV5/SV1 : 0.630/0.446 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

**Dr. Suman Rao**

MBBS, MD (NFD)

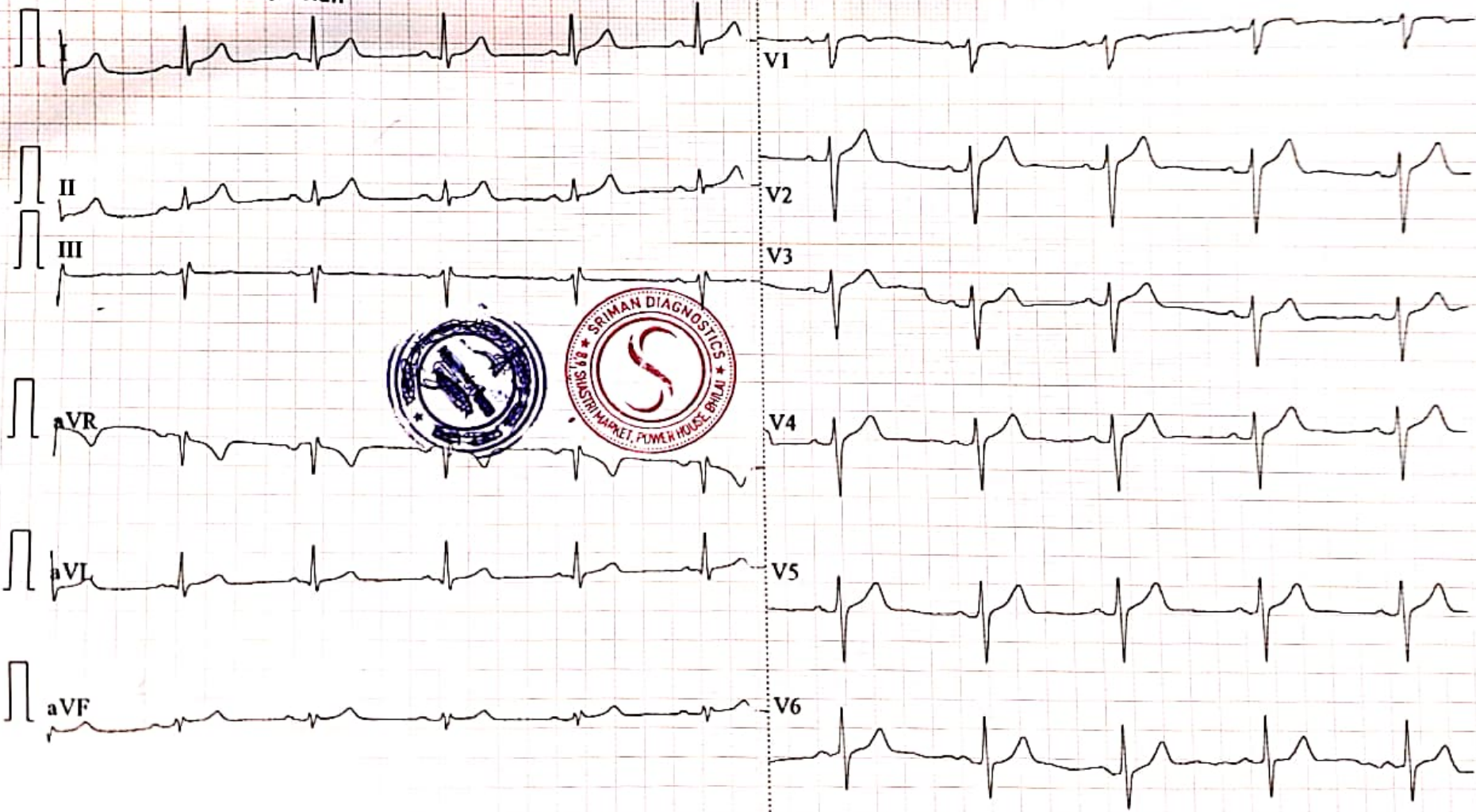
Fellowship in Nephrology

CGMC-1552/2008

Consultant Physician

Ref-Phys. : LIC

Report Confirmed by:



0.05-35Hz AC50 25mm/s 10mm/mV 2\*5.0s ♥62 CARDIART 08 D V1.43 Glasgow V28.6.0 SRIMAN DIAGNOSTICS POWER 1





From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR  
ELECTROCARDIOGRAM

Full Name of the life to be Assured		MR. BIHARI LAL SHARMA			
Age :	54	Sex:	M		
Division		Branch	38K		
Proposal No	1914	Agent Code No.:		Dev. Officer code No.	
Introducer	Name	Designation/Club Membership	Signature (In full)		
Agent					
Second Introducer					

**Instruction to the Cardiologist**

- I Please satisfy yourself about the identity of the examinee to guard against impersonation
- II The examinee and the person's 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 Twave change. They should be recorded additionally in deep inspiration, if V Shows a tall R -Wave. Additional lead VR 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 proposal dated ..... given by me to LIC of India

Signature of witness

Name of witness

Signature of Thumb Impression of L.A

Note - Cardiologist is requested to explain following questions to L.A and to note the answer there of

I. Have you ever had chest pain, palpitation, breathlessness at rest or exertion ?

II. Are you suffering from heart disease, diabetes, high or low Blood Pressure or Kidney diseases

III. Have you ever had Chest X-Ray, ECG. Blood Sugar. Cholesterol or any other test done ?

If the answer's to any all of the above questions is "yes" Submit all relevant papers with this form I declare that the person examined/investigated . signed/affix thumb impression

in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development officer .

Dated at	Bhilai	on the	04	day of	02	2025	at	10:00	AM
----------	--------	--------	----	--------	----	------	----	-------	----

Signature of Thumb Impression of L.A



Signature of the Cardiologist :	<i>Dr. Suman Rao</i>
Name of the Cardiologist :	<b>Dr. Suman Rao</b>
Qualification :	MBBS, MD (MED)
Name & Address of the Hospital :	Fellowship in Haemodialysis CGMC-1552/2008
	Consultant Physician



## Divisional Office, Raipur

Full Name of the life to be Assured	MR. BIHARI LAL SHARMA
-------------------------------------	-----------------------

### (A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse Rate
169	88	120/80	62

### (B) Cardiovascular System

.....

.....

### Rest ECG Report

Position	SUPINE		P Wave	NORMAL	
Standard dictation 1 mv	10 um		PR Interval	156	ms
Mechanism	Sinus		QRS Complexes	98	ms
Voltage	1 um		Q-T Duration	404/411	ms
Electrical Axis	CLEAR		S-T Segment	NORMAL	
Auricular Rate	62	bpm	T-Wave	NORMAL	
Ventricular Rate	62	bpm	Q-Wave	NORMAL	
Rhythm	Sinus Rhythm				
Additional Findings, if Any	No				

### Conclusion

.....W.N.L.....

.....

Dated at	Bhilai	on the	04	day of	02	2025	at	10:00	AM
----------	--------	--------	----	--------	----	------	----	-------	----

Signature of Thumb Impression of L.A.



Signature of the Cardiologist:	
Name of Dr. Cardiologist:	<b>Dr. Suman Rao</b>
Qualification:	<b>MBBS, MD (MED)</b>
Name of Address of the Hospital/Clinic:	<b>CGMC-1552/2008</b>
	<b>Consultant Physician</b>