

Date: 11/03/2025

To,  
LIC of India  
Branch Office

Proposal No. 9892

Name of the Life to be assured GAURAV PANT

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.

Signature of the Pathologist/ Doctor

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

Name:

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

*Gaurav Pant*  
(Signature of the Life to be assured)

Name of life to be assured:

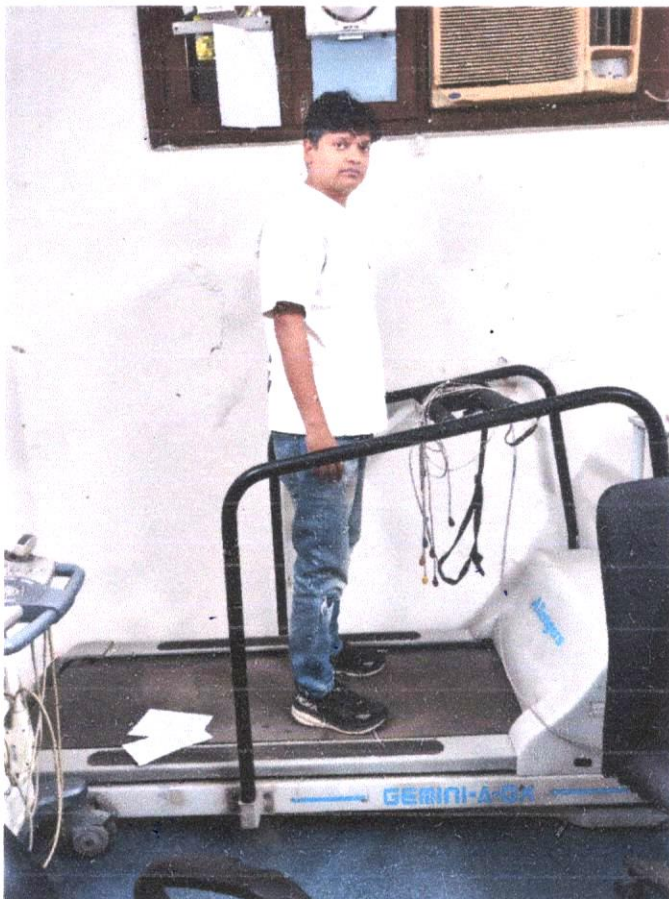
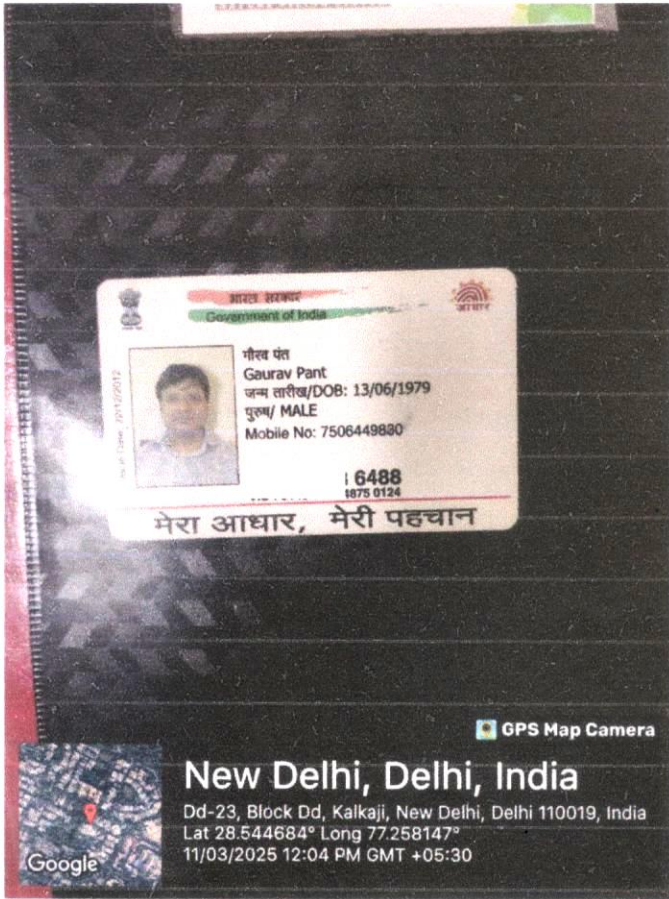
**Reports Enclosed:**

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	<input checked="" type="checkbox"/>	PHYSICIAN'S REPORT	<input type="checkbox"/>
COMPUTERISED TREADMILL TEST	<input checked="" type="checkbox"/>	IDENTIFICATION & DECLARATION FORMAT	<input type="checkbox"/>
HAEMOGRAM	<input checked="" type="checkbox"/>	MEDICAL EXAMINER'S REPORT	<input type="checkbox"/>
LIPIDOGRAM	<input type="checkbox"/>	BST (Blood Sugar Test-Fasting & PP) Both	<input type="checkbox"/>
BLOOD SUGAR TOLERANCE REPORT	<input type="checkbox"/>	FBS (Fasting Blood Sugar)	<input type="checkbox"/>
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	<input checked="" type="checkbox"/>	PGBS (Post Glucose Blood Sugar)	<input type="checkbox"/>
ROUTINE URINE ANALYSIS	<input checked="" type="checkbox"/>	Proposal and other documents	<input type="checkbox"/>
REPORT ON X-RAY OF CHEST (P.A. VIEW)	<input type="checkbox"/>	Hb%	<input type="checkbox"/>
ELISA FOR HIV	<input checked="" type="checkbox"/>	Other Test <u>HBAc/UCT</u>	<input type="checkbox"/>

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,





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





# irine diagnostic

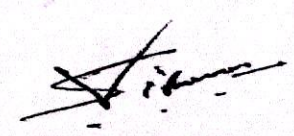
healthpartner

S. No. : 11/MAR/07  
Name : MR GAURAV PANT AGE : 45Years  
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE  
Date : 11-03-2025

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

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	92	mg/dl.	(60-110)
TOTAL-BILIRUBIN	0.73	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.48	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.25	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	7.2	mg/dl.	(6.0-8.3)
ALBUMIN	4.9	mg/dl.	(3.5-5.0)
GLOBULIN	2.3	mg/dl.	(2.3-3.5)
A/G RATIO	2.13		(1.0-3.0)
S.G.O.T. (AST)	25	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	26	IU/L	(5.0-40.0)
GAMMA GT	30	U/L	(9-45)
ALKALINE PHOSPHATASE	128	U/L	(80-200)
URIC ACID	5.2	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	172	mg/dl.	(150-200)
HDL CHOLESTEROL	40	mg/dl.	(30-63)
S. TRIGLYCERIDES	126	mg/dl.	(60-160)
LDL	112	mg/dl.	(UPTO-150)
VLDL	38	mg/dl.	(23-45)
SERUM CREATININE	0.72	mg%	(0.6-1.2)
BUN	10	mg/dl	(02-18)



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

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019



# irine diagnostic

healthpartner

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Name : MR GAURAV PANT AGE : 45Years  
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Date : 11-03-2025

## S E R O L O G Y

\*\*Test Name : Human Immunodeficiency  
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

\*\*Test Name : Hepatitis B Surface  
Antigen {HbsAg}

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

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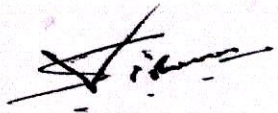
healthpartner

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Ref. by : LIFE INSURANCE CORPORATION SEX : MALE  
Date : 11-03-2025

## H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	13.7	gm%	12-16
Total Leucocytes Count {TLC}	8500	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	50	%	40-75
Lymphocytes	42	%	20-45
Eosinophils	04	%	01-06
Monocytes	04	%	02-10
Basophils	00	%	00-01
Erythrocyte Sedimentation Rate {ESR}	11	mm/1Hr	00-15
Red Blood Cell [RBC]	5.7	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	44.8	%	37-54
Mean Cell Value [MCV]	86.2	fl	76-96
Mean Cell Hemoglobin [MCH]	30.8	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.2	%	30-35
Platelet count	2.55	Lakhs	1.5-4.5



  
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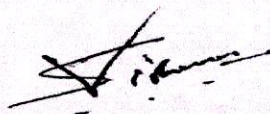
healthpartner

S. No. : 11/MAR/07  
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## Cotinine

Test	Result
Cotinine	NEGATIVE



  
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S. No. : 11/MAR/07  
Name : MR GAURAV PANT  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 11-03-2025  
AGE : 45Years  
SEX : MALE

## H A E M A T O L O G Y

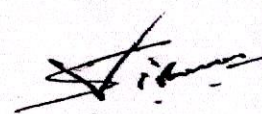
Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.2	%

### INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin 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 proceeding 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.



  
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Name : MR GAURAV PANT  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 11-03-2025

AGE : 45Years  
SEX : MALE

## URINE EXAMINATION

### PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.012

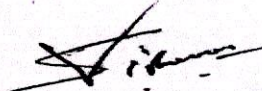
### CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

### MICROSCOPIC EXAMINATION

PUS GELLS	2-3/HPF
EPITHELIAL CELLS	2-4/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL



  
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DD-28 KALKAJI DELHI :- 110019



ANNEXURE II - 2

**LIFE INSURANCE CORPORATION OF INDIA**  
**COMPUTERISED TREADMILL TEST**

Form No. LIC03 - 003

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
Proposal No. 9892  
Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature) \_\_\_\_\_  
Full Name of Life to be assured: GAURAV PANT  
Age/Sex: 45 yrs/m

**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.

*Gaurav Pant*

*Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. 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 'Yes', submit all relevant papers with this form.*

Dated at DELHI on the day of 11/03/2025 200

Signature of L.A.

*Gaurav Pant*

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.

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





## COMPUTERISED TREADMILL TEST

- (a) Pre-test :     Supine  
                      Standing  
                      Hyperventilation
- (b) Exercise:     Stage I         )  
                      Stage II        )     3 minutes each  
                      Stage III        )  
                      ... peak exercise
- (c) Recovery:     Recovery  
                      Recovery  
                      Recovery

### Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 9:46

Maximum Blood Pressure - 146/90

Maximum Workload - 11.02

Maximum heart rate 169

Maximum predicted heart rate 175 %

Reason for termination -

Comments *NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA*

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



Signature of the Cardiologist

Name & Address

Qualification     Code No.

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the stracings)

*Gaman Pant*







# IRINE DIAGNOSTIC

MR GAURAV PANT

I.D. LIC11032025

Age 45/M

Date 11/03/2025

RATE 77bpm

B.P. 120/80

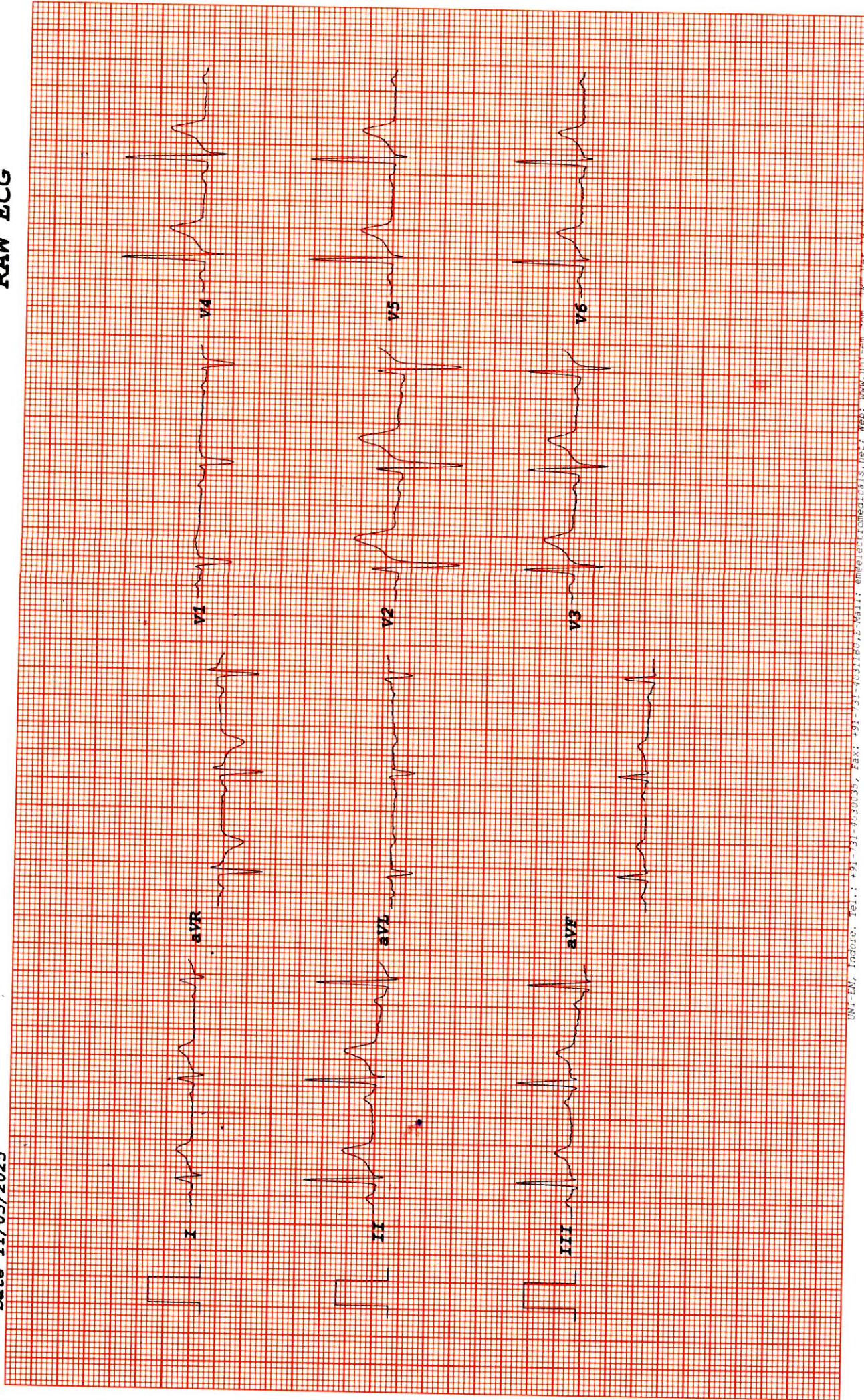
PRETEST

SUPINE

ST @ 10mm/mV

80ms PostJ

RAW ECG





# IRINE DIAGNOSTIC

MR GAURAV PANT  
 I.D. LIC11032025  
 Age 45/M  
 Date 11/03/2025

RATE 68bpm  
 B.P. 120/80

PRETEST  
 HYPERTENT

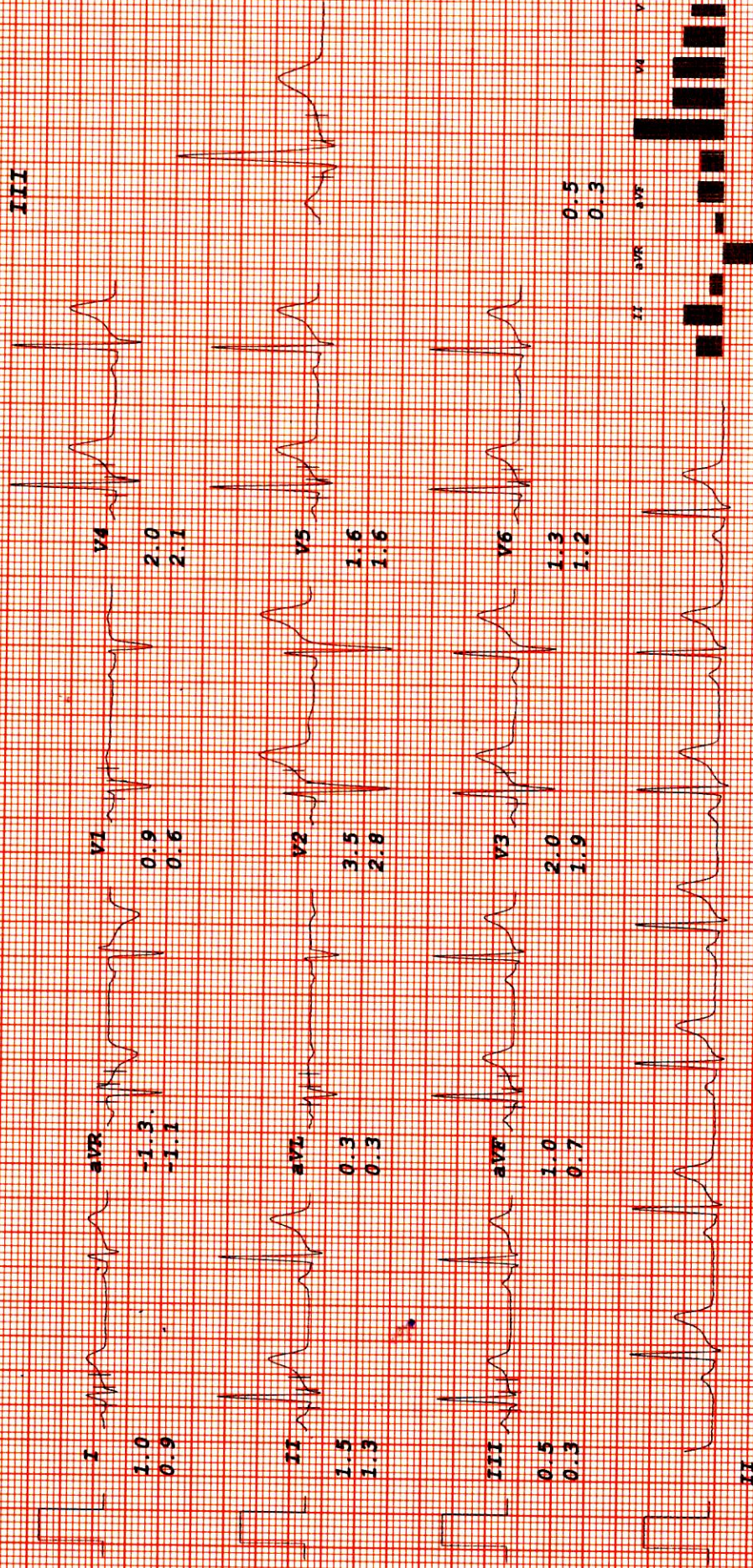
ST @ 10mm/mV  
 80ms PostJ

PHASE TIME 0:05

LINKED MEDIAN

Mag. X 2

III





# IRINE DIAGNOSTIC

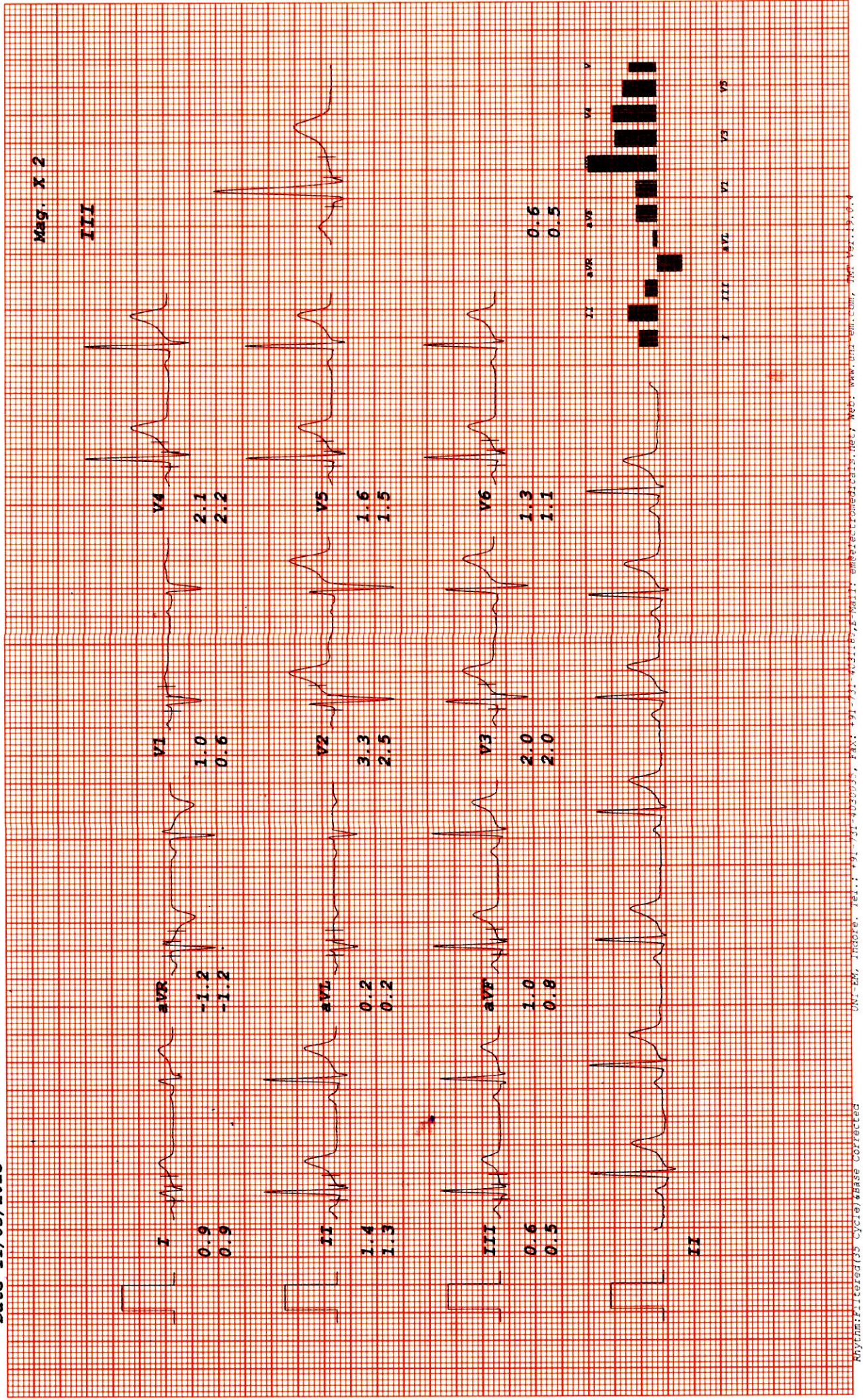
MR GAURAV PANT  
 I.D. LIC11032025  
 Age 45/M  
 Date 11/03/2025

RATE 68bpm  
 B.P. 120/80

PRETEST  
 VALSALVA

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN









# IRINE DIAGNOSTIC

MR GAURAV PANT  
 I.D. LIC11032025  
 Age 45/M  
 Date 11/03/2025

RAITE 113bpm  
 B.P. 130/80

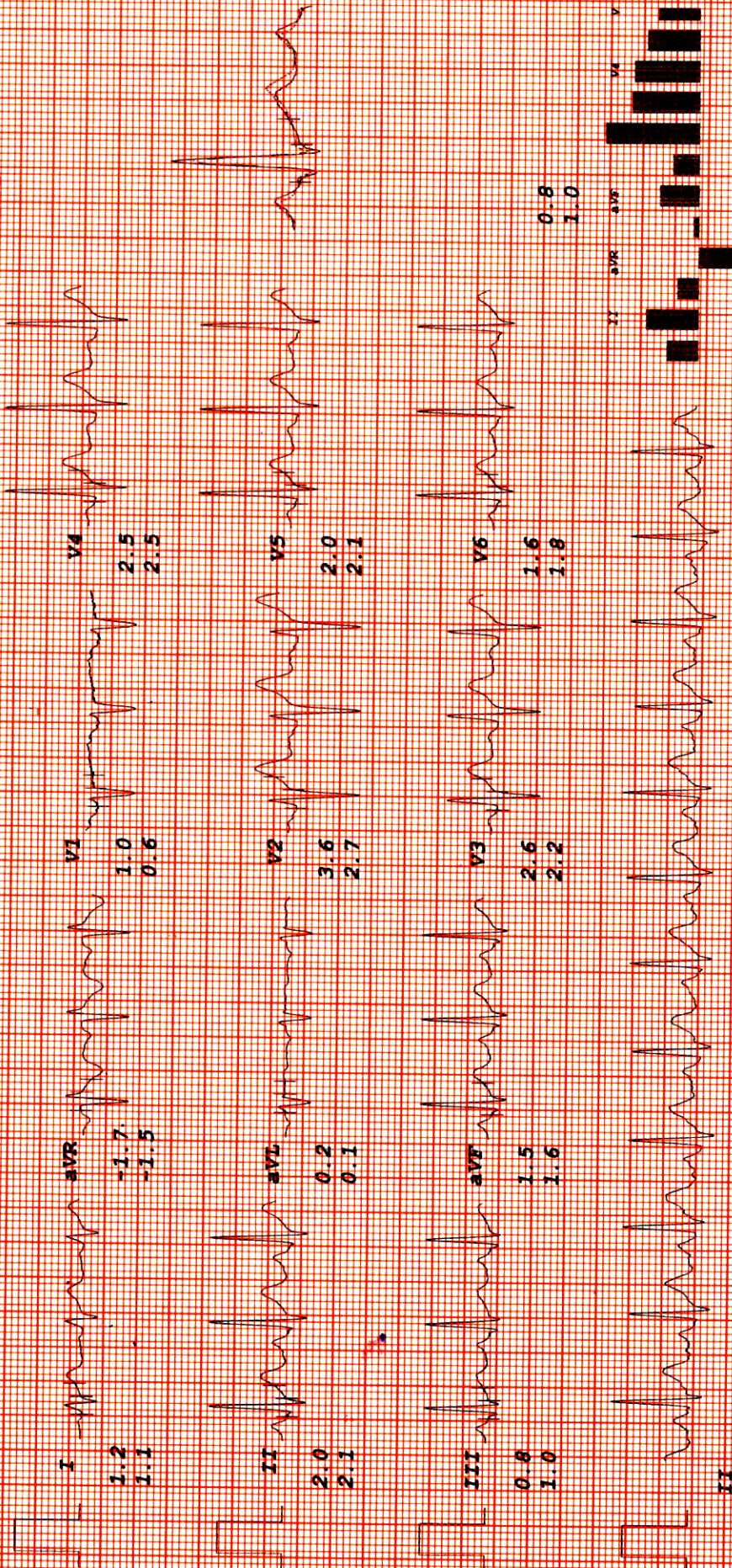
Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



II

V5

V6

V7

V8

V9

V10

V11

V12

V13

V14

V15

V16

V17

V18

V19

V20

V21

V22

V23

V24

V25

V26

V27

V28

V29

V30



# IRINE DIAGNOSTIC

MR GAURAV PANT  
 I.D. LIC11032025  
 Age 45/M  
 Date 11/03/2025

RATE 122bpm  
 B.P. 134/86

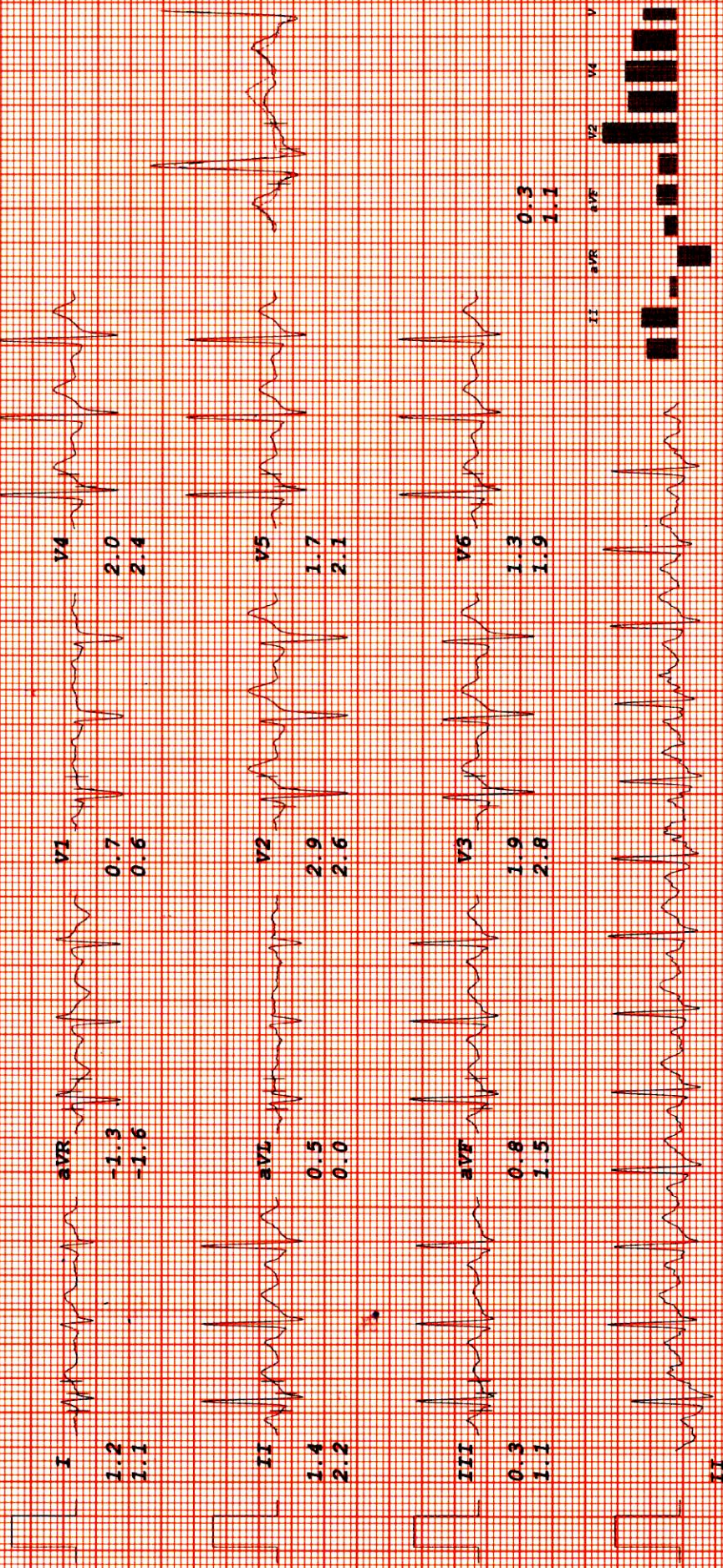
Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 &

LINKED MEDIAN

Mag. X 2

III



V5

V6

V1

aVL

III

I

aVF

V2

V3

V4

V



# IRINE DIAGNOSTIC

MR GAURAV PANT  
 I.D. LIC11032025  
 Age 45/M  
 Date 11/03/2025

Rate 155bpm  
 B.P. 140/86

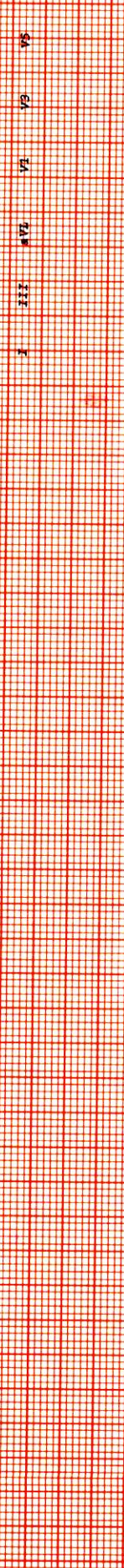
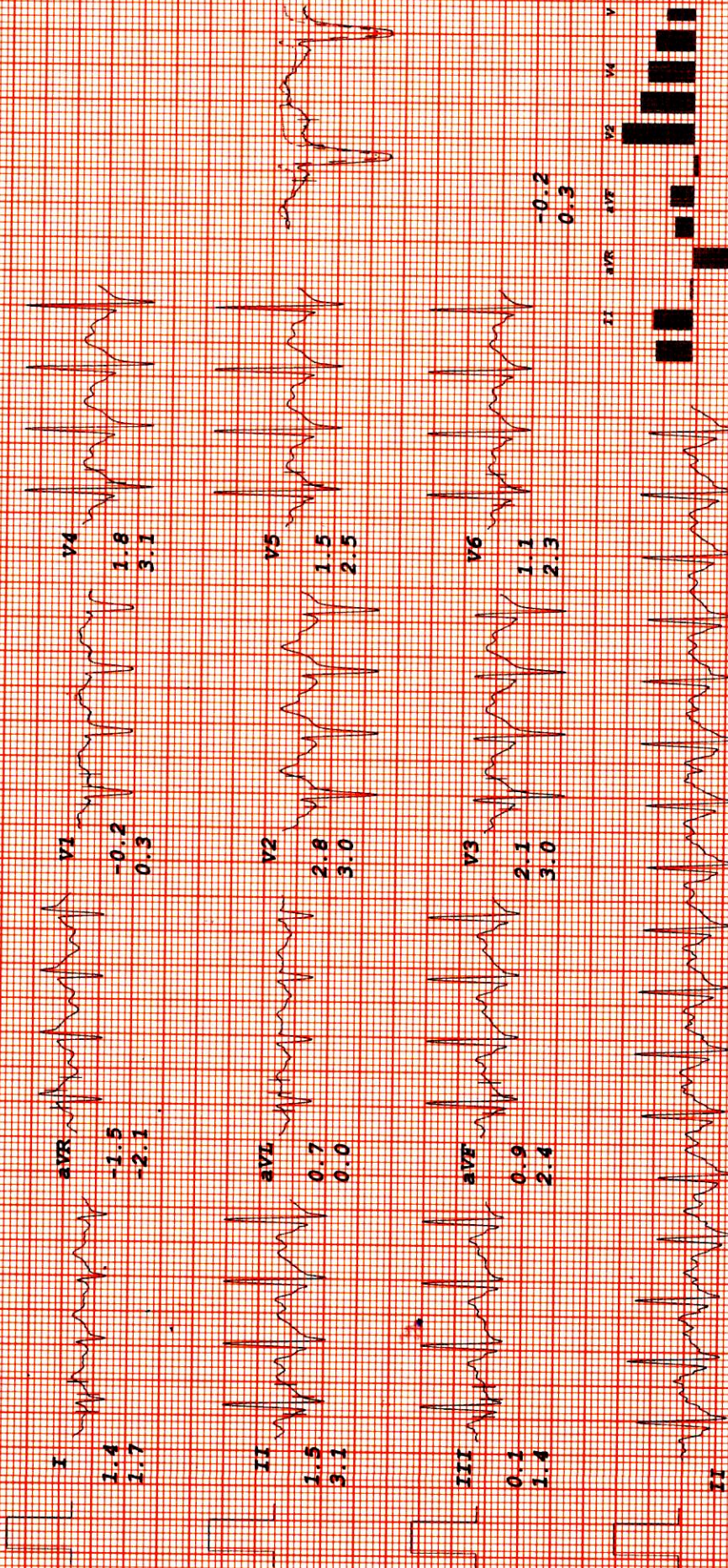
Bruce  
 Stage 3  
 TOTAL TIME 8:55  
 PHASE TIME 2:55

ST @ 10mm/mv  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1





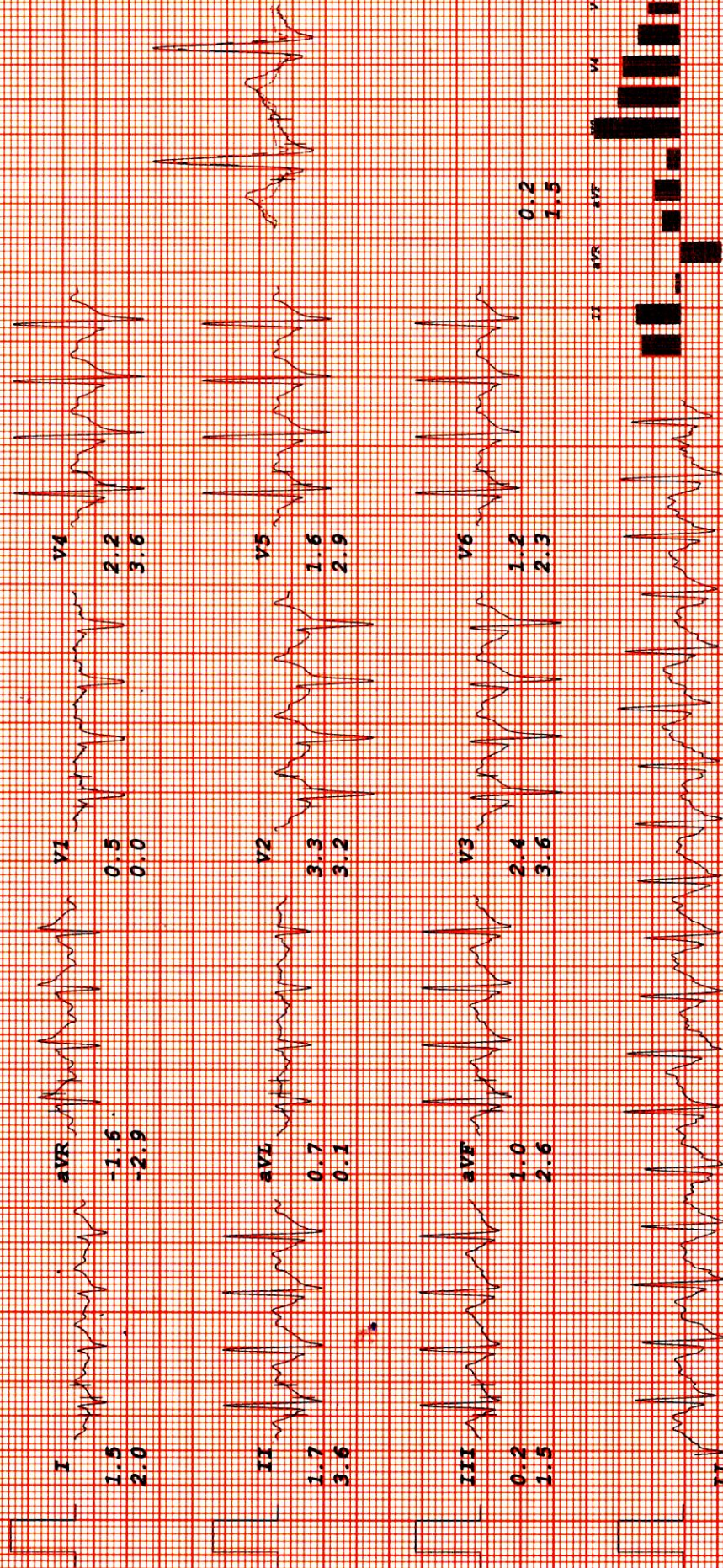
# IRINE DIAGNOSTIC

**MR GAURAV PANT**      **Bruce**      **ST @ 10mm/mV**  
**I.D. LIC11032025**      **PK-EXERCISE**      **80ms PostJ**  
**Age 45/M**      **RATE 169bpm**      **Speed 6.7 km/hr**  
**Date 11/03/2025**      **B.P. 146/90**      **SLOPE 16 %**  
                                  **TOTAL TIME 9:46**  
                                  **PHASE TIME 0:46**

**LINKED MEDIAN**

Mag. X 2

III



V5

V6

V1

aVL

III

I

aVR

V4

V2

V3

aVF

II

V



# IRINE DIAGNOSTIC

MR GAURAV PANT  
 I.D. LIC11032025  
 Age 45/M  
 Date 11/03/2025

RATE 132bpm  
 B.P. 146/90

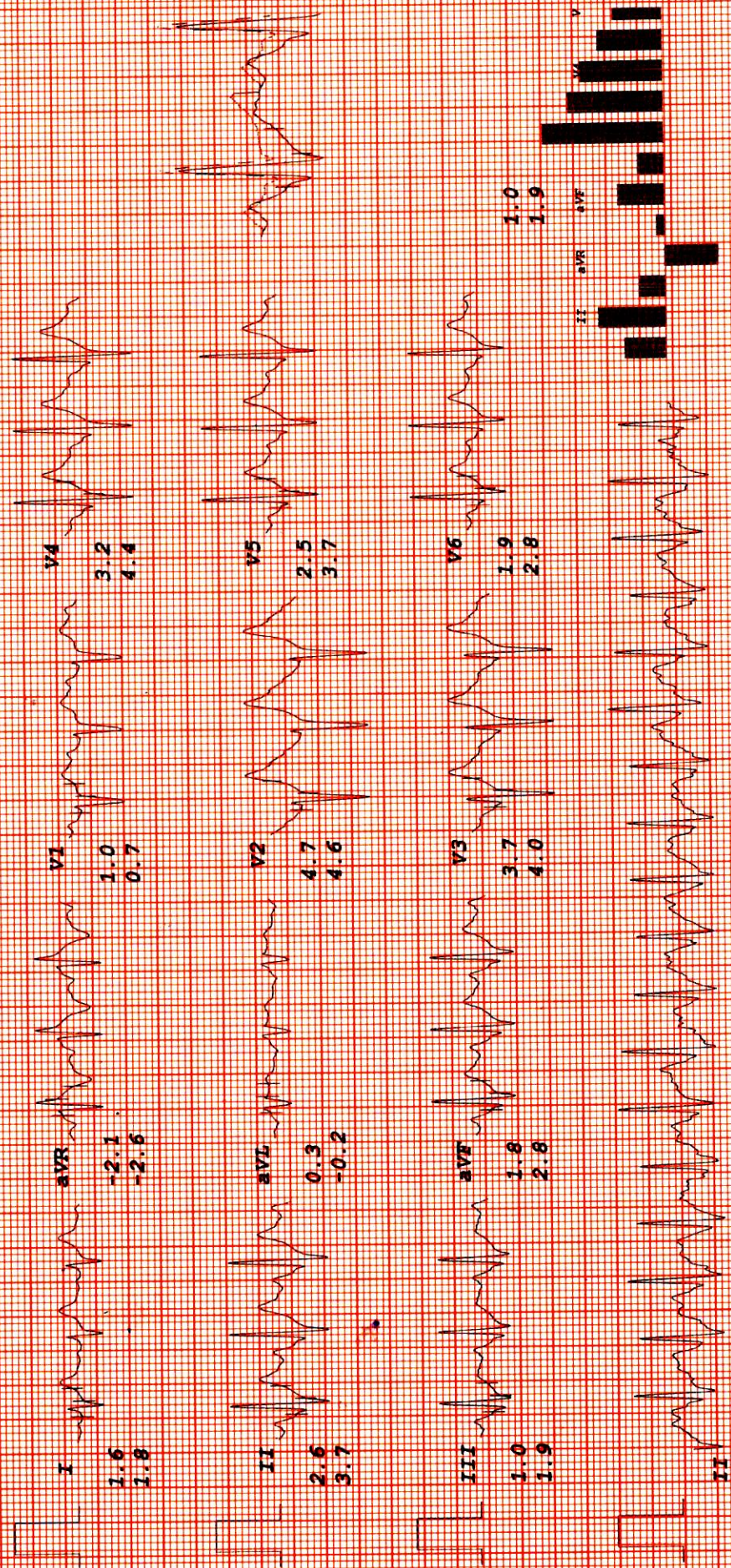
Bruce  
 RECOVERY  
 TOTAL TIME 10:57  
 PHASE TIME 0:59

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



III aVL aVF V1 V2 V3 V4 V5 V6



# IRINE DIAGNOSTIC

MR GAURAV PANT  
I.D. LIC11032025  
Age 45/M  
Date 11/03/2025

Rate 108bpm  
B.P. 136/84

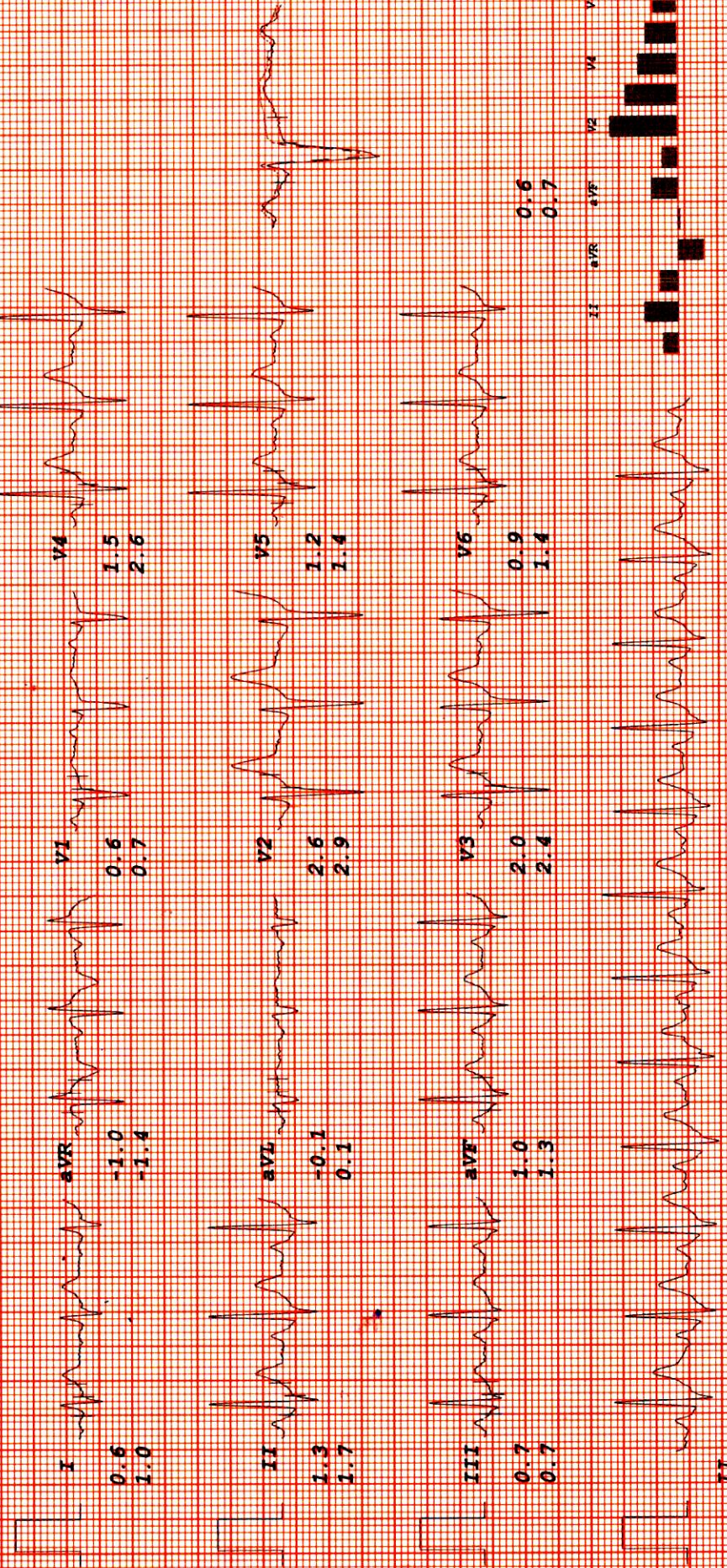
Bruce  
RECOVERY  
TOTAL TIME 12:53  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



II



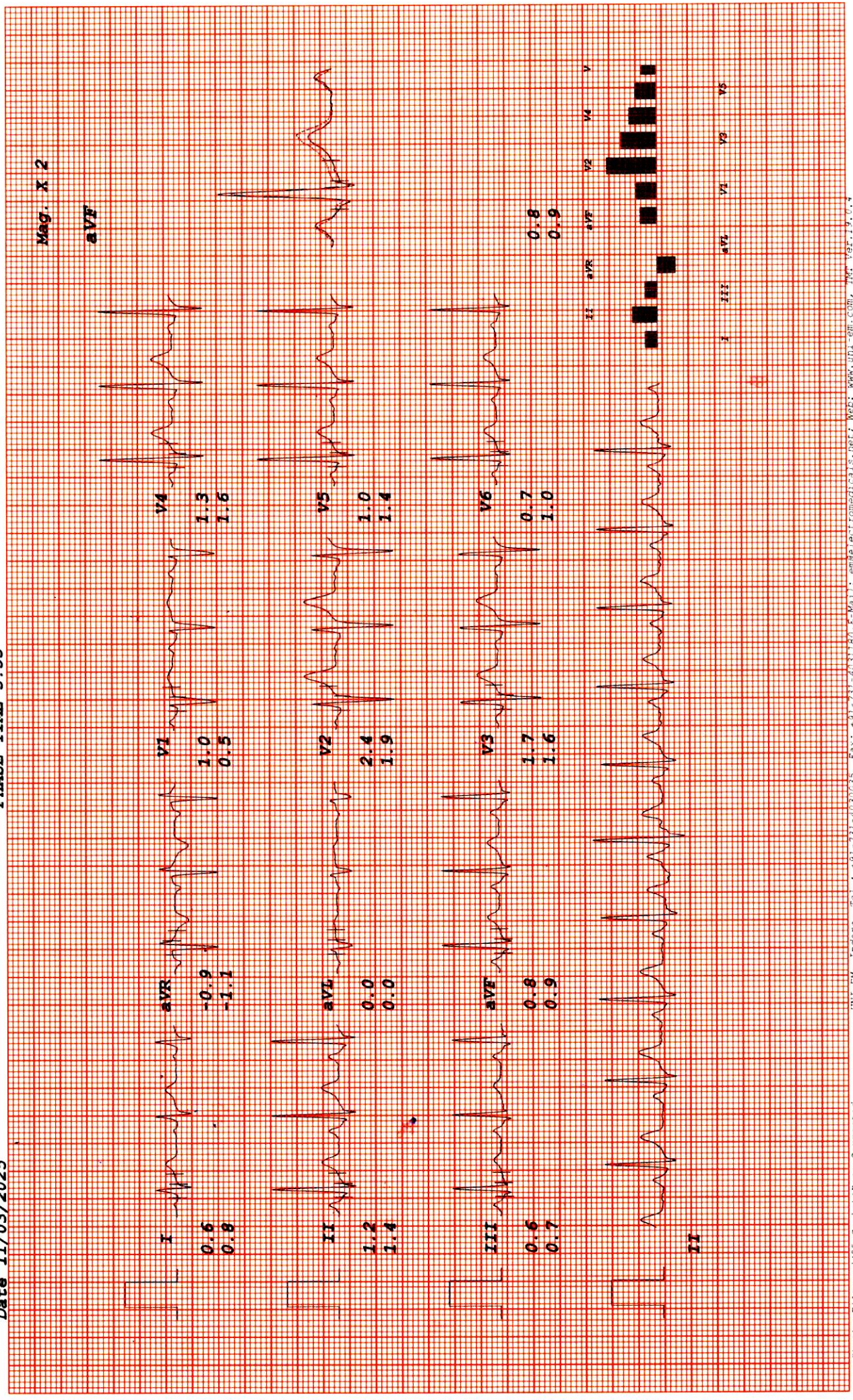
# IRINE DIAGNOSTIC

MR GAURAV PANT  
 I.D. LIC11032025  
 Age 45/M  
 Date 11/03/2025

Rate 103bpm  
 B.P. 124/80

Bruce  
 RECOVERY  
 TOTAL TIME 15:53  
 PHASE TIME 5:55

ST @ 10mm/mV  
 80ms PostJ  
**LINKED MEDIAN**





## ANNEXURE II - 1

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch  
 Proposal No. - 9892  
 Agent/D.O. Code: Introduced by: (name & signature)  
 Full Name of Life to be assured: GAURAV PANT  
 Age/Sex : 45-10/M  
 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 or Thumb Impression of L.A.

Gaurav Pant

*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.

Dated at DELHI on the day of 11/03/2025 2023

Signature of L.A.

Gaurav Pant

Signature of the Cardiologist

Name &amp; Address

Qualification Code No.

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





## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
171	72.4	124/84	70/4

(B) Cardiovascular System

.....

.....

## Rest ECG Report:

Position	Supine	P Wave	Ⓟ
Standardisation Imv	Ⓟ	PR Interval	Ⓟ
Mechanism	Ⓟ	QRS Complexes	Ⓟ
Voltage	Ⓟ	Q-T Duration	Ⓟ
Electrical Axis	Ⓟ	S-T Segment	Ⓟ
Auricular Rate	70/4	T-wave	Ⓟ
Ventricular Rate	70/4	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any	None		

Conclusion: ECG-normal

D. ELA 11/03/2025

Dated at \_\_\_\_\_ on the day of \_\_\_\_\_ 200



Dr. RAJIA KHAN  
M.B.B.S., D.I.P.R.D.  
Reg. No. 25508

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.



# IRINE DIAGNOSTIC

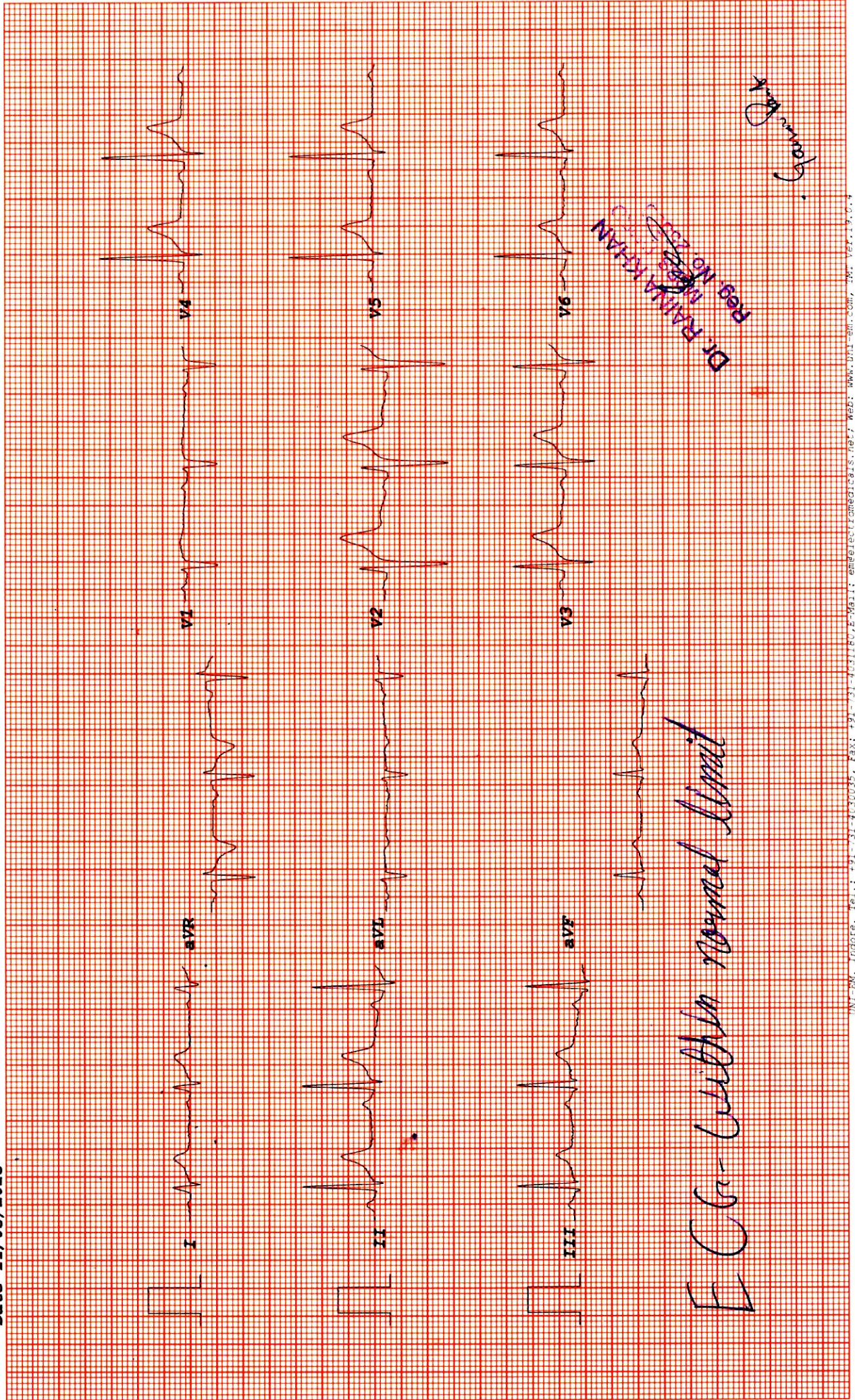
MR GAURAV PANT  
I.D. LIC11032025  
Age 45/M  
Date 11/03/2025

PRETEST  
RATE 77bpm  
B.P. 120/80

ST @ 10mm/mV  
80ms PostJ

ECG

RAW ECG



ECG - Within Normal Limit

DR. RAJMA KHAN  
Reg. No. 2551

Angi