



 GPS Map Camera

Gurugram, Haryana, India

220, 9, Old Railway Rd, Near Aryan Hospital, Shivpuri,
Sector 7, Gurugram, Haryana 122001, India

Lat 28.469811° Long 77.019457°

10/03/2025 09:11 AM GMT +05:30





सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



अजमेर सिंह

Ajmer Singh

जन्म तिथि / DOB: 15/11/1977

पुरुष / MALE

Mobile No.: 9354445449

9486 5960 7540

VID : 9140 4660 0671 3213



मेरा आधार, मेरी पहचान



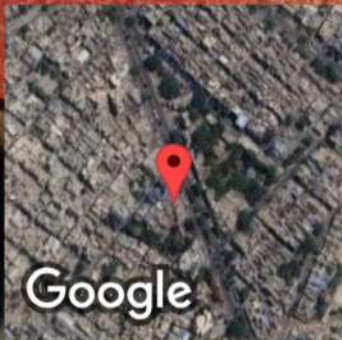
GPS Map Camera

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220/11, Old Railway Rd, Shivpuri, Sector 7, Gurugram,
Haryana 122001, India

Lat 28.469798° Long 77.019435°

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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

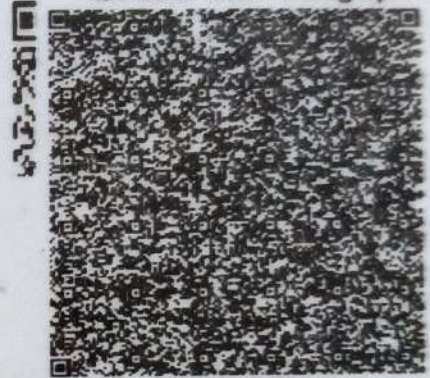
पता:

आत्मज: राम गोपाल, बगला, बागला २६, हिसार,
हरियाणा - 125052

Address:

S/O: Ram Gopal, bagla, Bagla (26),
Hisar, Haryana - 125052

QR Code with Photograph



9486 5960 7540

VID : 9140 4660 0671 3213



1947
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001



GPS Map Camera

Gurugram, Haryana, India

220/11, Old Railway Rd, Shivpuri, Sector 7, Gurugram,
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भारत सरकार
GOVERNMENT OF INDIA

Dr. HIMANSHU PUNIA
MBBS
Regn. No. HN-015235



अजमेर सिंह

Ajmer Singh

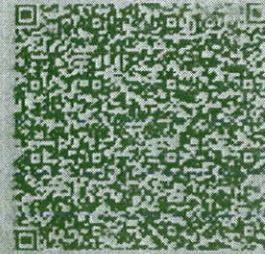
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Dr. HIMANSHU PUNIA

MBBS
Regn. No. HN-015235

Regional Office & Diagnostic Center :
325/11, Old Railway Road, Opposite Gupta Medicos, Near
Aryan Hospital, Rattan Garden, Gurugram - 122001 (Hr.)
Reports are Not Valid for Medico Legal Cases



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+91 - 9911 84 6182
+91 - 9910 49 2712
0124 - 4 2 1 9 1 7 5



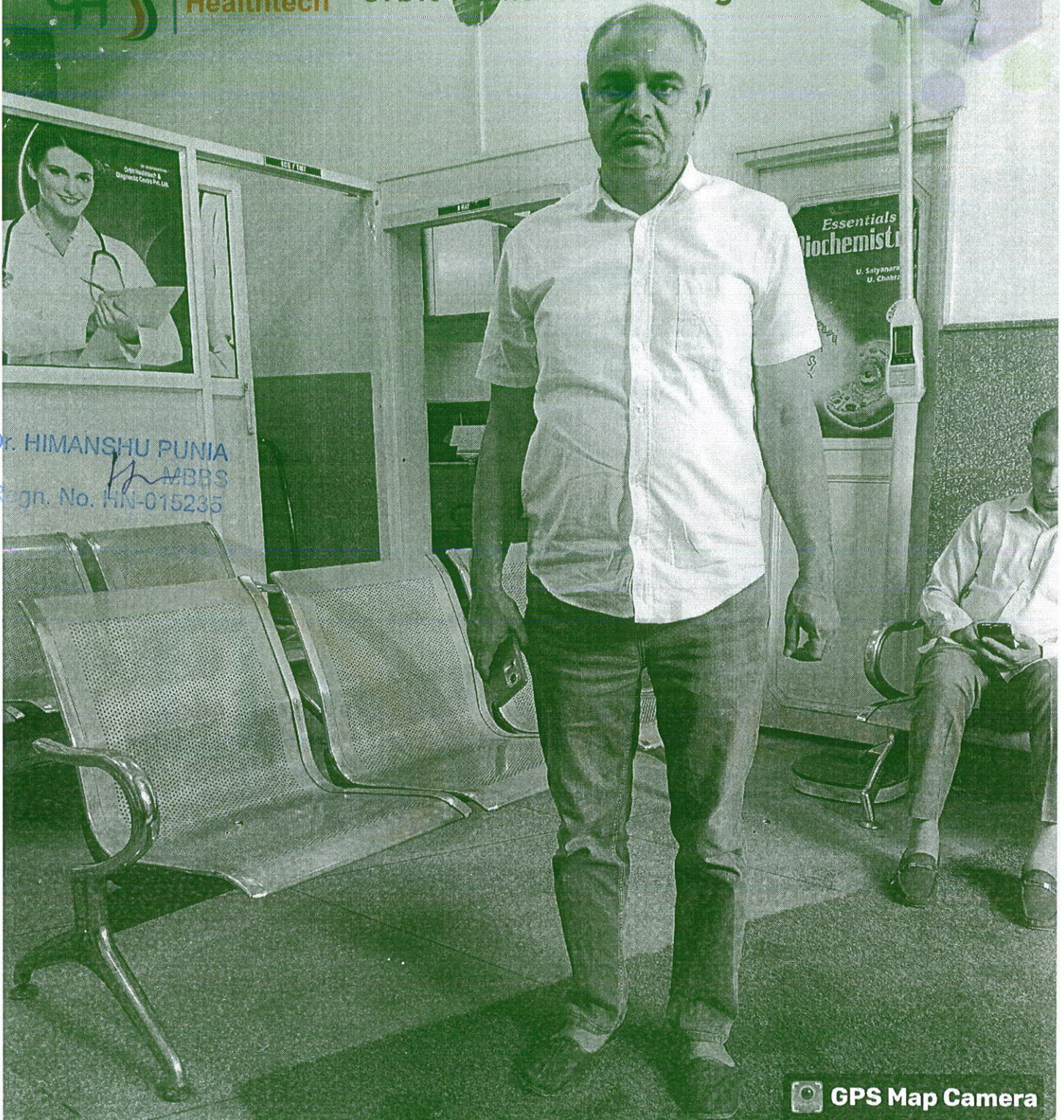
orbitcorporate1482@gmail.com





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To,
LIC of India,
Branch Office,
Branch No. 327

Date: 10/3/25

Proposal No. or Policy No. 1875

The Life to be assured was identified on the basis of Aadhaar

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.

Name of the Pathologist / Doctor: _____

Dr. HIMANSHU PUNIA
MBBS
Regn. No. HN-015235

Signature of the Pathologist / Doctor (Stamp of the DC)

I have observed the fasting of 12 hours & the examination / tests were done with my consent.


(Signature of the Life to be assured)

Name of the Life assured : AIMER SINGH

Reports enclosed:

1. HB% , SBT-12 , ECG
2. urine Analysis
3. _____

Time of Blood Collection: 9.40 AM

 <p>भारतीय आसुविमा महामंडळ भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA पुणे विभाग-१/पुणे मंडळ-IV/MUMBAI DIVISION-IV</p>	MEDICAL EXAMINER'S REPORT		Branch Code: 327
	Form No LIC03-001(Revised 2020)		Proposal/ Policy No: 1875
			MSP name/code :
			Date & Time of Examination: 10/3/25, 9.40 AM
			Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9810517078

Identity Proof verified: Aadhaar ID Proof No. 7540

(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. HIMANSHU PUNIA (Name of the Medical Examiner) is for conducting my 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: ASMER SINGH		
2	Date of Birth: 15/11/1977	Age: 47	Gender: MALE
3	Height (In cms): 166	Weight (in kgs) : 74	
4	Required only in case of Physical MER		

Pulse : 73/min	Blood Pressure (2 readings):
	1. Systolic 134 Diastolic 86
	2. Systolic 134 Diastolic 86

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 <i>treatment/ medication</i> including alternate medicine like ayurveda, homeopathy etc ?	NO
	b. Undergone any <i>surgery / hospitalized</i> for any medical condition / disability / injury due to accident?	NO
	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 -	NO
	i. Date of surgery / accident / injury / hospitalisation	NO
	ii. Nature and cause	NO
	iii. Name of Medicine	NO
	iv. Degree of impairment if any	NO
	v. Whether unconscious due to accident, if yes, give duration	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 <i>diagnostic tests</i> ?	NO
	Please specify date, reason, advised by whom & findings.	
7	Suffering or ever suffered from <i>Novel Coronavirus (Covid-19)</i> 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.	NO
	If yes provide all investigation and treatment reports	
8	a. Suffering from <i>Hypertension</i> (high blood pressure) or <i>diabetes</i> or blood sugar levels higher than normal or history of sugar /albumin in urine?	NO
	b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?	
	c. Whether on medication? please give name of the prescribed medicine and dosage	
	d. Whether developed any complications due to diabetes?	
	e. Whether suffering from any other <i>endocrine disorders</i> such as thyroid disorder etc.?	
	f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	

9	a. Any history of chest pain, <i>heartattack</i> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <i>high cholesterol</i> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	NO
10	Suffering or ever suffered from any disease related to <i>kidney</i> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <i>Liver disorders</i> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <i>lung related</i> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <i>Blood disorder</i> like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of <i>cancer</i> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <i>physical impairment/</i> 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 <i>disorder of the Stomach /</i> intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <i>psychiatric disorder</i> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	NO
18	Is there any <i>abnormality</i> 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 <i>HIV/AIDS/Sexually transmitted diseases</i> (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <i>smoking/ tobacco chewing/ consumption of alcohol/drug</i> etc) which is relevant in assessment of medical risk of examinee.	NO

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

N/A

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

Declaration

I Mr/Ms AMER SINGH declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I 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.

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 10 day of 03 2025
via 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.

Dr. HIMANSHU PUNJA

Signature of Medical Examiner
Regn. No. HN-015233

Place: G.G.N
Date: 10/3/25
Stamp:

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch 327

Proposal No. 1875

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

Full Name of Life to be assured: AJMER SINGH

Age/Sex : 47/male

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 10/3/2005 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.

- 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 10 on the day of 03

2005

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. AJAY DUA
DNB (Medicine) DNB (Cardiology)
Intervention Cardiology

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
166	74	134/86	73/min

(B) Cardiovascular System

NAD.

Rest ECG Report:

Position	Supine	P Wave	122ms
Standardisation Imv	Done	PR Interval	214ms
Mechanism	Normal	QRS Complexes	103ms
Voltage	Normal	Q-T Duration	363ms
Electrical Axis	Normal	S-T Segment	389ms
Auricular Rate	73/min	T-wave	Normal
Ventricular Rate	73/min	Q-Wave	Normal
Rhythm	Regular	—	—
Additional findings, if any.	—	—	—

Conclusion: TWWL

Dated at 10 on the day of 03 2025

Dr. AJAY DUA
 DNB (Medicine) DNB (Cardiology)
 Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

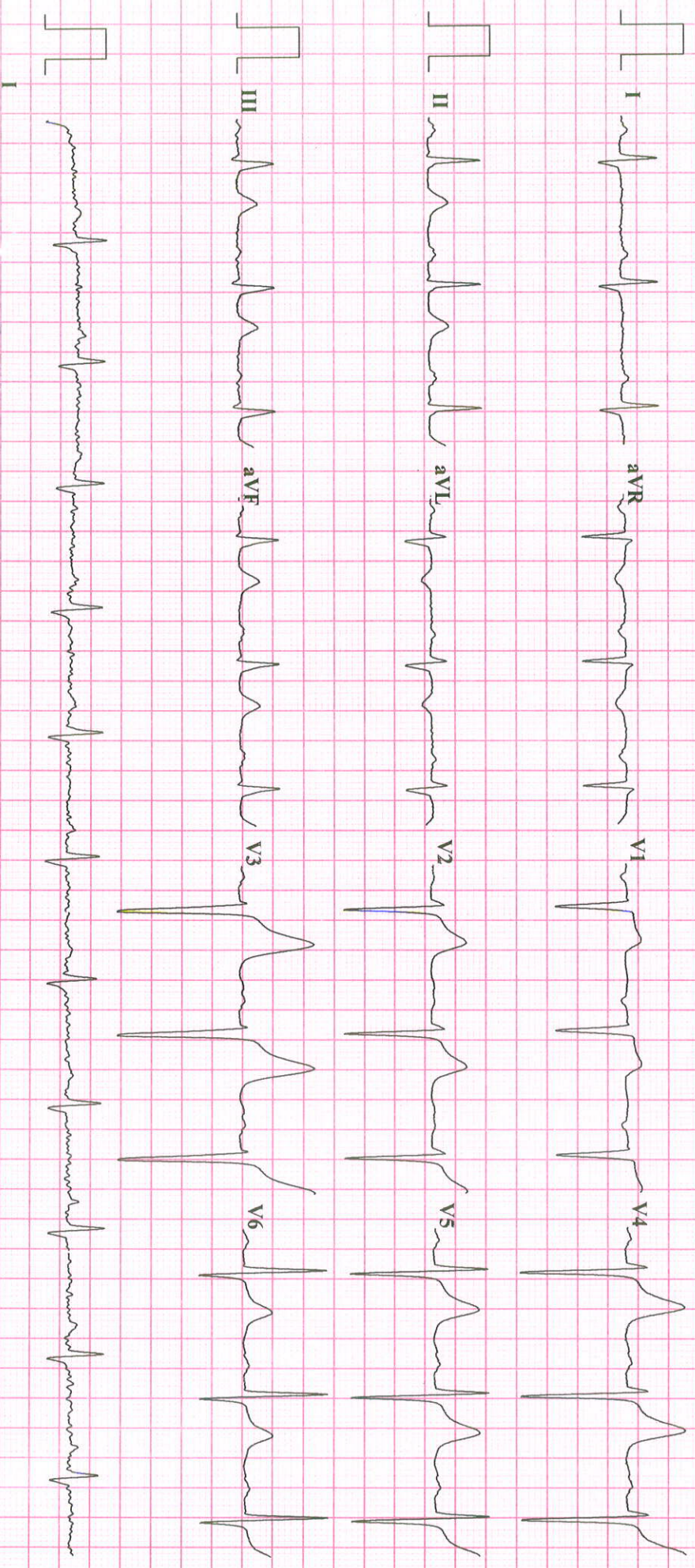
Mr. AJMER SINGH
 I.D. : 848
 AGE/SEX : 47 Yr / M
 HT/WT : /
 DATE : 10-03-2025
 REF BY : Dr.
UNCONFIRMED REPORT :

RATE : 73 bpm
 BP : N/A
 P Axis : 17 deg.
 QRS Axis : 72 deg.
 T Axis : 82 deg.

P Duration : 122 ms
 PR Duration : 214 ms
 QRS Duration : 103 ms
 QT Interval : 363 ms
 QTc Interval : 389 ms

Speed : 25 msec
 Sensitivity : 10 mm/mV

Rate 73/min WNL



Dr. AJMER SINGH
 (Signature)
 Registrar
 (Signature)

Filtered(35 Cycle) And Base Corrected

UNI-EMV Indore Tel: +91-731-4030035 Fax: +91-731-4031180 E-Mail: emv@electromedics.net Web: www.uni-emv.com

(Confirmed By)
 Dr:

Linked Median



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Healthtech**

Orbit Healthtech & Diagnostic Centre Pvt. Ltd.

Regd. on 10/03/2025
Name MR. AJMER SINGH
Refd.By. LIC

Srl.No. 6
Age/Sex 47 Yrs.

Ref. No. MADESAVE
Male Reported on 10/03/2025
Printed on 10/03/2025

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
<u>URINE EXAMINATION REPORT</u>			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
TRANSPENCY	CLEAR		CLEAR
SPECIFIC GRAVITY	1.020		1.010-1.035
PH	5.5		5.0-7.0
CHEMICAL EXAMINATION			
ALBUMIN	NIL		NIL
REDUCING SUGAR	NIL		NIL
MICROSCOPIC EXAMINATION			
PUS CELLS	0-1		1-4
EPITHELIAL CELLS	0-1		1-5
RBC'S	NIL		NIL
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
YEAST CELLS	NIL		NIL
LIC			

DR MANISH KUMAR
MBBS MD (PATHOLOGIST)
REG . NO. W-8271





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Healthtech**

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Refd.By. LIC

Srl.No. 6
Age/Sex 47 Yrs.

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Male Reported on 10/03/2025
Printed on 10/03/2025

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
SBT 13			
BLOOD SUGAR FASTING	101	mg %	60 - 110
SERUM CHOLESTEROL	178	mg %	100 - 200
SERUM TRIGLYCERIDES	121	mg %	25 - 150
H D L CHOLESTEROL	52	mg %	35 - 60
L D L CHOLESTEROL	126	mg %	0 - 130
V L D L CHOLESTEROL	24	mg %	5 - 40
SERUM CREATININE	1.0	mg %	0.4 - 1.4
BLOOD UREA NITROGEN (BUN)	15	mg %	6.0 - 20.0
SERUM PROTEINS	7.5	gm %	6.6 - 8.3
SERUM ALBUMIN	4.3	gm %	3.5 - 5.0
SERUM GLOBULIN	3.2	gm %	1.8 - 3.4
A/G RATIO	1.3		
TOTAL BILIRUBIN	0.8	mg %	0.1 - 1.2
CONJUGATED (DIRECT) BILIRUBIN	0.2	mg %	0.0 - 0.3
UNCONJUGATED (INDIR) BILIRUBIN	0.6	mg %	0.1 - 1.0
S.G.O.T. (AST)	29	IU/L	5 - 37
S.G.P.T. (ALT)	35	IU/L	5 - 40
GAMMA GLUTAMYL TRANSPEPTIDASE	42	U/L	0 - 60
ALKALINE PHOSPHATASE	121	U/L	40 - 140
HEPATITIS B SURFACE ANTIGEN	NEGATIVE		
HIV I & II ANTIBODIES - (ELISA)	NEGATIVE		

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REG . NO. W-8271





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Srl.No. 6
Age/Sex 47 Yrs.

Ref. No. MADESAVE
Male Reported on 10/03/2025
Printed on 10/03/2025

<u>Test Name</u>	<u>Value</u>	<u>Unit</u>	<u>Normal Value</u>
<u>HAEMATOLOGY</u>			
HAEMOGLOBIN	13.9	gm/dl	12.8 - 18.8

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3 of 3



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