

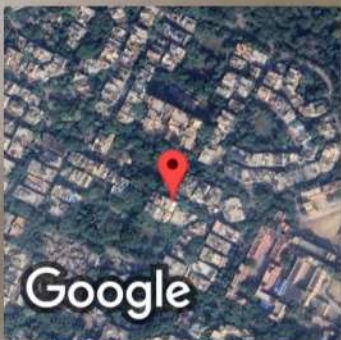
 GPS Map Camera

New Delhi, Delhi, India

Dd-23, Block Dd, Kalkaji, New Delhi, Delhi 110019, India

Lat 28.544677° Long 77.258144°

11/03/2025 11:56 AM GMT +05:30



Irene Hospital

DD-23, Kalkaji Extension, New Delhi-110019
Tel.: 011-4992 2225

यहाँ पर प्रसव पूर्व लिंग (पैदा होने से पहले लड़का या लड़की) की पहचान नहीं की जाती। यह कानून विरोधी है।
बच्चे के लिंग के लिए पूछना या मांग करना पाँसा और फाँसखोटी अधिनियम के तहत एक दंडनीय अपराध है।

Here Pre-Natal Sex determination and disclosure of sex (Before or after birth) of foetus is not done. It is prohibited and punishable.

SEEKING / ASKING FOR THE SEX OF THE FETUS IS
A PUNISHABLE OFFENCE UNDER THE PRE-NATAL
DIAGNOSIS AND SEX DETERMINATION (REGULATION) ACT, 1994.

In Case Of Any Complaint/Query Under This Act, Contact :

Dr. South East District, Old Gurgaon, Haryana
LAJPAT NAGAR-IV, NEW DELHI-110019
PH.: 011-26537273, 28478402.



Ultrasound

अल्ट्रासाउण्ड



Echocardiography
Ultrasound

ईकोकार्डोग्राफी
अल्ट्रासाउण्ड



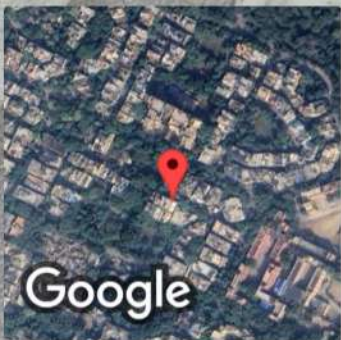
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Google

Date: 11/03/2025

To,
LIC of India
Branch Office

Proposal No. 6750

Name of the Life to be assured ANWAR KHAN

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.

3-11-2025

(Signature of the Life to be assured)

Name of life to be assured:

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>physician Report</u>	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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





Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

Form No. LIC03-012

PHYSICIAN'S REPORT

DECLARATION

I, hereby authorise Dr RAJIA KHAN 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.

3.21.12.29

Signature of the L.A.

Part - I

1. Full Name of Life to be assured (L.A.) ANWAR KHAN

2. Has the L.A. suffered from -

Heart Disease	Hypertension	Diabetes
Y/N	Y/N	Y/N

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

3. Does L.A. Consume Tobacco, snuff, and other narcotic substances in any form?

No. of Years	Quantity used	Date of cessation, if any
<u>25 years</u>	<u>6 Bidi day</u>	<u> </u>

4. Does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any
<u> </u>	<u> </u>	<u> </u>

Date : 11.03.2025

Dr. RAJIA KHAN

Reg. No. 25500

Signature of Physician

Name :

Address :

Qualification :

Reg. No.



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

Part – II

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes Y/N*

Investigations	Treatment	Hospitalisation	Present status	Prognosis
			No	

2. Blood Pressure Reading

Current	At the time of detection of HT	Duration of HT, if taking regular treatment
	No	

3. Diabetes –

Date of Diagnosis	Type	Duration
	No	

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? → Dr. RAINAKHAN

* (Enclose all relevant papers with this form)

MBBS, MD
Reg. No. 25508

अनिल 291

Signature of the L.A.

Date : 11/03/2025



Signature of Physician

Name :

Address :

Qualification :

Reg. No.: