

Date: 11/11/2024

To,  
LIC of India  
Branch Office

Proposal No. 2950

Name of the Life to be assured JYOTI GROVER

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.

**Dr. BINDU**  
MSBS, MD  
Reg. No. - 33435

Signature of the Pathologist/ Doctor

Name:

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

Grover  
(Signature of the Life to be assured)

Name of life to be assured:

**Reports Enclosed:**

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	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)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	YES
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,



Dr. BINDU

MDS, MD

Reg. No. 33435



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 2950

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

Full Name of Life to be assured: JYOTI GROVER

Age/Sex : 51 Yr / F

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.

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

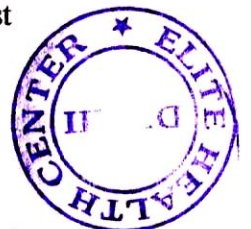
If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at DELHI on the day of 11/11/2024 2023

Signature of L.A.

Signature of the Cardiologist  
Name & Address  
Qualification Code No.

DR. BINDU  
MBBS, MD  
Reg. No. 33435



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
160	67	122/84	82/m

(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	82/m	T-wave	Ⓟ
Ventricular Rate	82/m	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any.	HL		

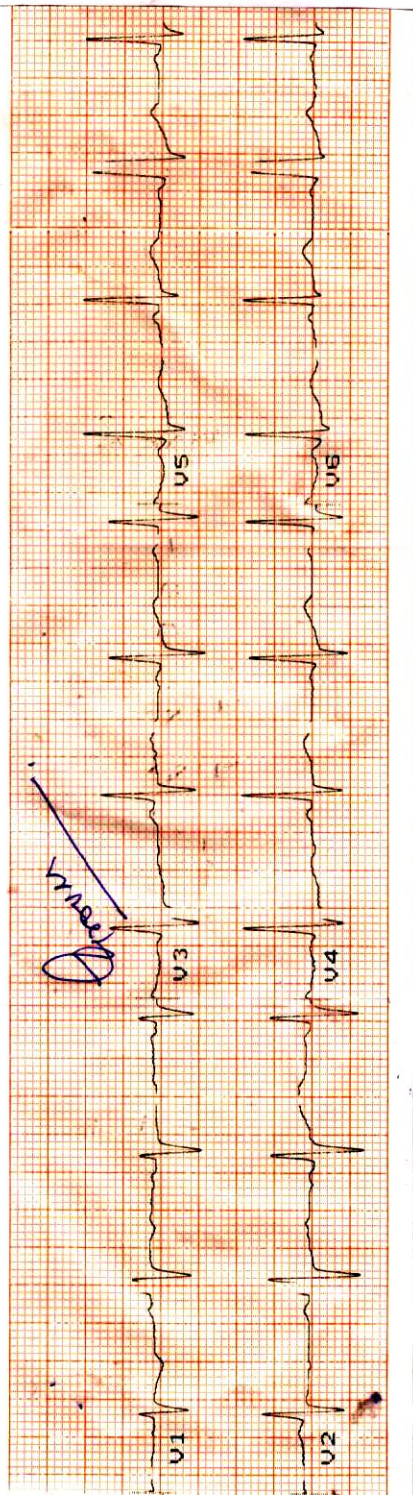
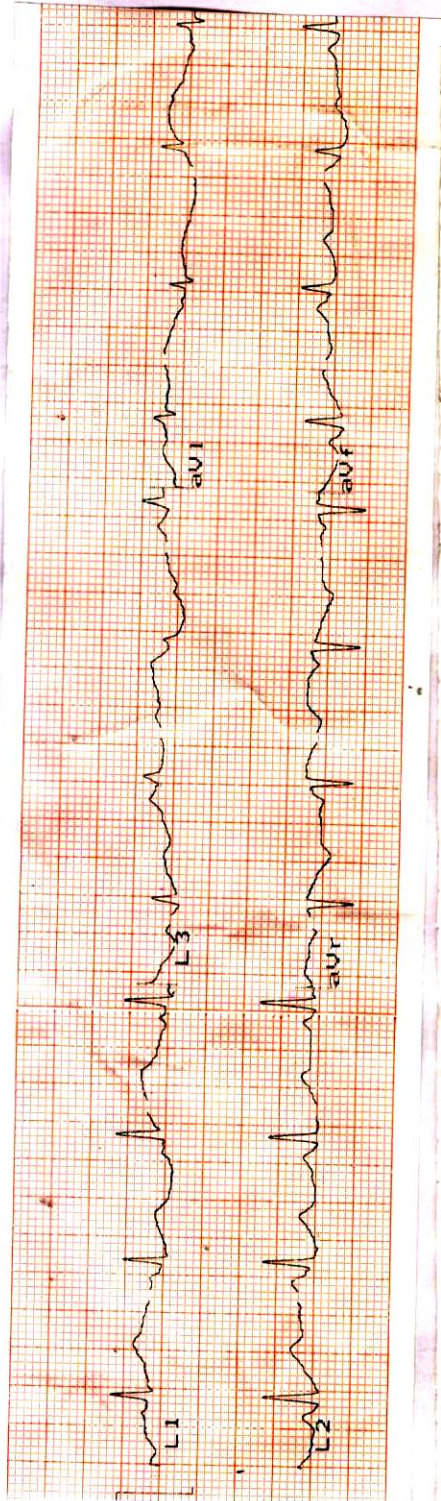
Conclusion: ECG - WNL

Dated at DEVI on the day of 11/11/2024 200

Dr. BINDU  
 MBBS, MD  
 Reg. No. - 33435



Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.



JYOTI GROVER

ECG-WMC

DATE 11/11/2024

AGE 51 YOF

Dr. BINDU

~~MD~~ MD

Reg. No. 33435



DIAGNOSTIC  
E/C/G/E





# ELITE DIAGNOSTIC

Email – [elitediagnostic4@gmail.com](mailto:elitediagnostic4@gmail.com)

PROP. NO. : 2950  
S. NO. : 110414  
NAME : MRS. JYOTI GROVER AGE/SEX - 51/F  
REF. BY : LIC  
Date : NOVEMBER, 11, 2024

## BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	101.12	mg/dl	70-115

\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

**DR. T.K. MATHUR**  
M.B.B.S. MD (PATH)  
REGD. NO. 19702  
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570  
NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for  
medico – legal cases.



# ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 2950  
S. NO. : 110414  
**NAME** : **MRS. JYOTI GROVER** **AGE/SEX - 51/F**  
REF. BY : LIC  
Date : NOVEMBER, 11, 2024

## ROUTINE URINE ANALYSIS

### **PHYSICAL EXAMINATION**

Quantity : 20.ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.011

### **CHEMICAL EXAMINATION**

Reaction : ACIDIC  
Albumin : Nil /HPF  
Reducing Sugar : Nil. /HPF

### **MICROSCOPIC EXAMINATION**

Pus Cells/WBCs : 1-2. /HPF  
RBCs : Nil. /HPF  
Epithelial Cells : 0-1. /HPF  
Casts : Nil. /HPF  
Crystals : Nil.  
Bacteria : Nil.  
Others : Nil.


\*\*\*\*\*End of The Report\*\*\*\*\*

*Please correlate with clinical conditions.*

**DR. T.K. MATHUR**

M.B.B.S. MD (PATH)

REGD. NO. 19702

 Consultant Pathologist

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