

Name : MRS PRAVEEN BEGAM
Proposal No : 2772
Branch Code : 111
Contact Details : 8882368840
Location : RZ-138, Block E, New Roshanpura,
Appointment Date : 06-11-2024

Member Information

Booked Member Name Age Gender
MRS PRAVEEN BEGAM 52 year Female

Included Test -

Urine Analysis

BST Only fasting or Only PGBS

ECG

Thanks,

Medsave Team


NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

To,
LIC of India
Branch Office

Date: 07/11/2024

Proposal No. 2772

Name of the Life to be assured PRAVEEN BEHAM

The Life to be assured was identified on the basis of Personal.

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. SAKSHI VIRMANI
MBBS, MD PATH

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.

प्रावेण

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

| Sr. No | Reports Name | Sr. No | Reports Name |
|--------|----------------------------------|--------|--|
| 1 | FMR | 9 | Lipidogram |
| 2 | Rest ECG with Tracing | 10 | BST (Blood Sugar Test-Fasting & PP) Both |
| 3 | Haemogram | 11 | Hba1c |
| 4 | Hb% | 12 | FBS (Fasting Blood Sugar) |
| 5 | SBT-13 | 13 | PGBS (Post Glucose Blood Sugar) |
| 6 | Elisa for HIV | 14 | CTMT with Tracing |
| 7 | RUA | 15 | Proposal and other documents |
| 8 | Chest X-Ray with Plate (PA View) | | |

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD

Authorized Signature, _____

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RZ-13B, VAJAFGARH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____

Proposal No. 2772

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

Full Name of Life to be assured: PRAVEEN BEHAR

Age/Sex : 52/F

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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

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NEW DELHI-110043

Signature or Thumb Impression of L.A.

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

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y(N)
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y(N)
- 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 07/11 2004

Signature of L.A.

प्रावेण

Dr. KAILASH NATH GUPTA
MBBS, MD
REG.NO.- 11391
Signature of the Cardiologist
Name & Address
Qualification Code No.

Clinical findings

(A)

| Height (Cms) | Weight (kgs) | Blood Pressure | Pulse Rate |
|--------------|--------------|----------------|------------|
| 157 | 65 | 120/80 | 87 |

(B) Cardiovascular System

.....

Rest ECG Report:

| | | | |
|------------------------------|--------|---------------|--------|
| Position | Supine | P Wave | Normal |
| Standardisation Impv | Normal | PR Interval | Normal |
| Mechanism | Normal | QRS Complexes | Normal |
| Voltage | Normal | Q-T Duration | Normal |
| Electrical Axis | Normal | S-T Segment | Normal |
| Auricular Rate | 87/min | T-wave | Normal |
| Ventricular Rate | 87/min | Q-Wave | Normal |
| Rhythm | Sinus. | | — |
| Additional findings, if any. | Normal | | — |

Conclusion:

T212

Kailash Nath Gupta
 Dr. KAILASH NATH GUPTA
 MBBS. MD
 REG.NO.- 11391

Dated at 26. on the day of 07/11 2004

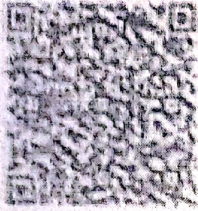
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Dr. SAKSHI VIRMANI
 Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DCNPB5245Q

नाम / Name

PRAVEEN BEGAM

पिता का नाम / Father's Name

MOHAMD KASIM

जन्म की तारीख / Date of Birth

21/02/1972

PRAVEEN

हस्ताक्षर / Signature



11073017

Dr. SAKSHI VIRMANI
MBBS MD PATH
REG.NO.-8941

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RZ-13B, NAJAFGARH,
NEW DELHI-110043

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 07/11/2024 09:28 AM

Proposal No. 2772

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MRS PRAVEEN BEGAM

Age/ Sex: 52/F

1. Physical Examination

| | | | |
|--------------------|---------|---------------|---------|
| (i) Colour | :YELLOW | (ii) Sediment | :NIL |
| (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 | :00-01 /HPF |
| (iii) Crystals | :NIL | (iv) Pus Cells | :01-02 /HPF |
| (v) Casts | :NIL | (vi) Deposits | :NIL |
| (VII) Bacterias | :NIL | | |

Remarks

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

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG.NO.- 8941

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer. There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE AG PLUS
DIAGNOSTICS
Signature of the Pathologist

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043
☎ : 8700101773, 7903658279

LIFE INSURANCE CORPORATION OF INDIA

Zone Division Branch DATE /TIME 07/11/2024 09:28 AM

Proposal No. 2772

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MRS PRAVEEN BEGAM

Age/ Sex: 52/F

BIOCHEMISTRY

GLUCOSE FASTING 88.9 g/dL 70.0-120.0

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD-PATH
REG.NO.- 8941

Signature of the Pathologist

Disclaimer: There are chances for human error during printing of reports. Reports are not for medico legal purpose. It is only a professional opinion. Please clinical correlation is mandatory. Patient's name & Address Qualification

CARE  Plus
DIAGNOSTICS

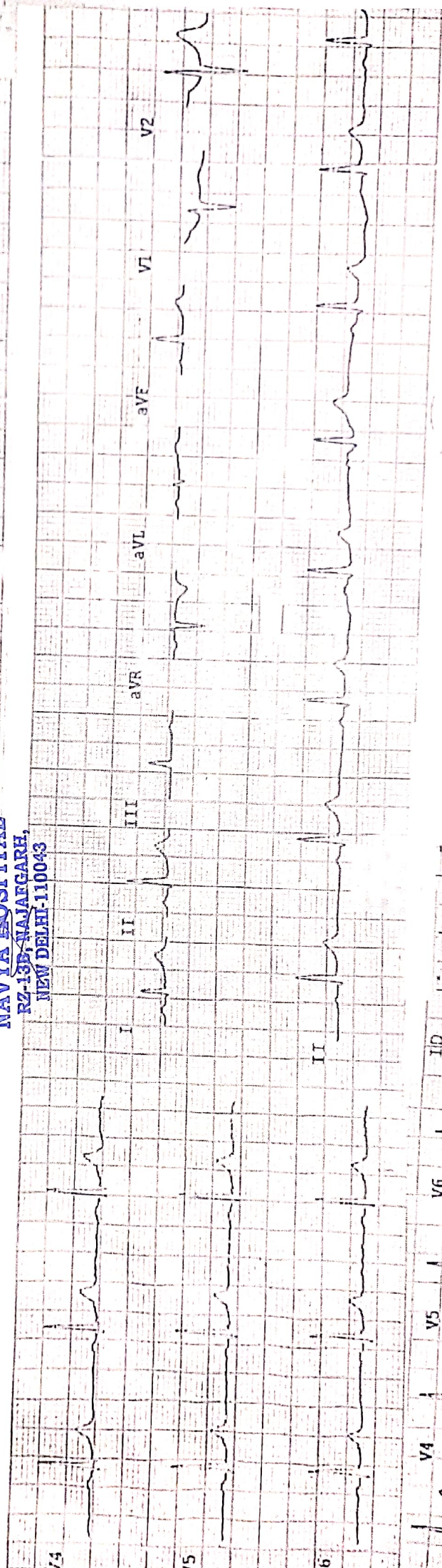
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☎ : 8700101773, 7903658279

Dr. KAVESH VERMA S.M.F. 02/11/2017



NAVYA HOSPITAL
 RZ-13B, NAJAFGARH,
 NEW DELHI-110043



| | | | |
|-----------------------|--------|------|---|
| Age | Years | ID | : |
| Gender: <u>Female</u> | | Name | : |
| BP | : | | |
| Weight: <u>50</u> | (mmHg) | | |

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 MBBS, MD
 REG. NO. - 11391