

Date: 09/03/2025

To,
LIC of India
Branch Office

Proposal No. 11108

Name of the Life to be assured AMIT CHAWLA

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

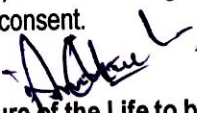
I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Signature of the Pathologist/ Doctor

Dr. BINEE J
MBBS, MD
Reg. No. 23435

Name:

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


(Signature of the Life to be assured)

Name of life to be assured:

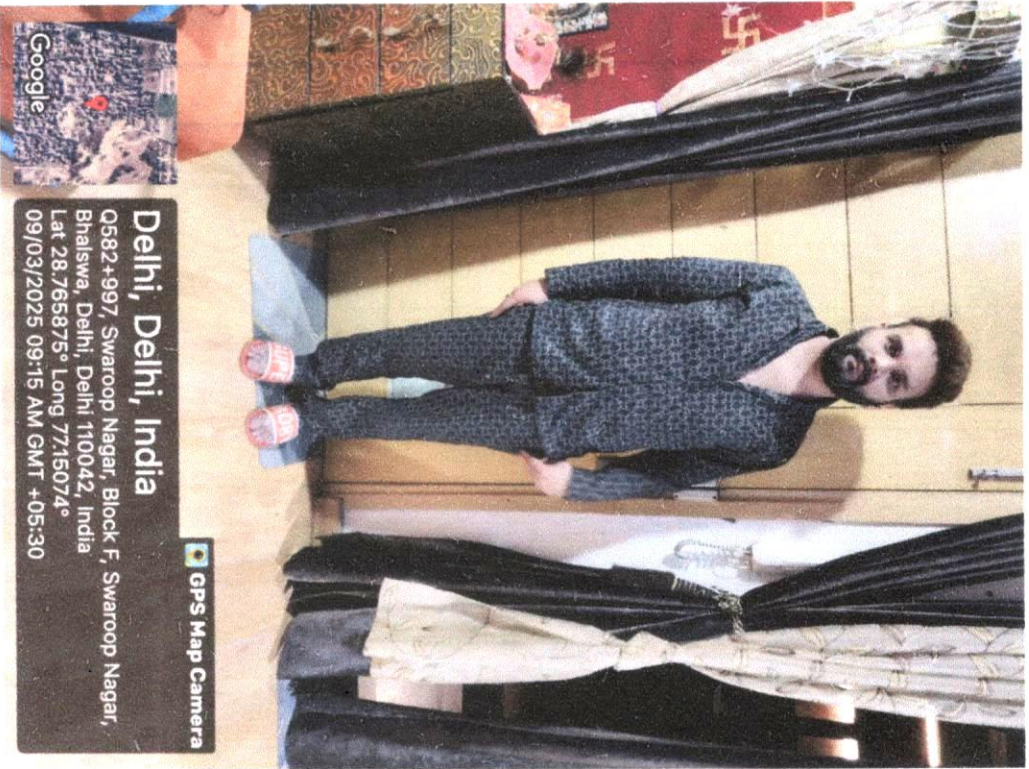
Reports Enclosed:

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>HBAIC</u>	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





DR. BINDU
 M.D.
 Reg. No. 33435

HEALTH CENTER

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 11108
Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: AMIT CHAWLA

Age/Sex : 37/0/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.

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

09/03/2025

2023

Signature of L.A.

[Handwritten Signature]

Signature of the Cardiologist

Name & Address

Qualification Code No.

DR. BINDU

MBBS, MD

Reg. No. - 33435



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
173	84	118/78	70/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	70/m	T-wave	ⓐ
Ventricular Rate	70/m	Q-Wave	ⓐ
Rhythm	Regular		
Additional findings, if any	HR		

Conclusion: ECG - WNL

Dr. BINDU

MBBS, MD

Reg. No. - 33435

Dated at Dehi 09/03/2025 on the day of 200

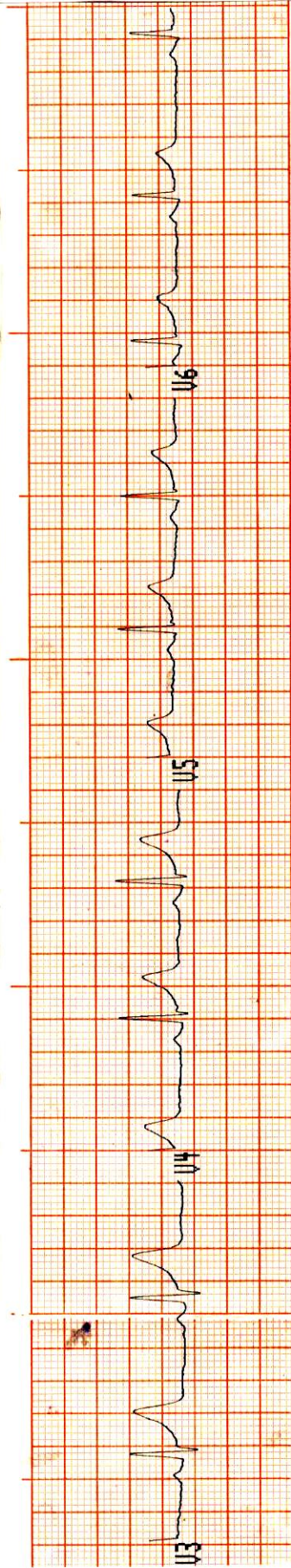
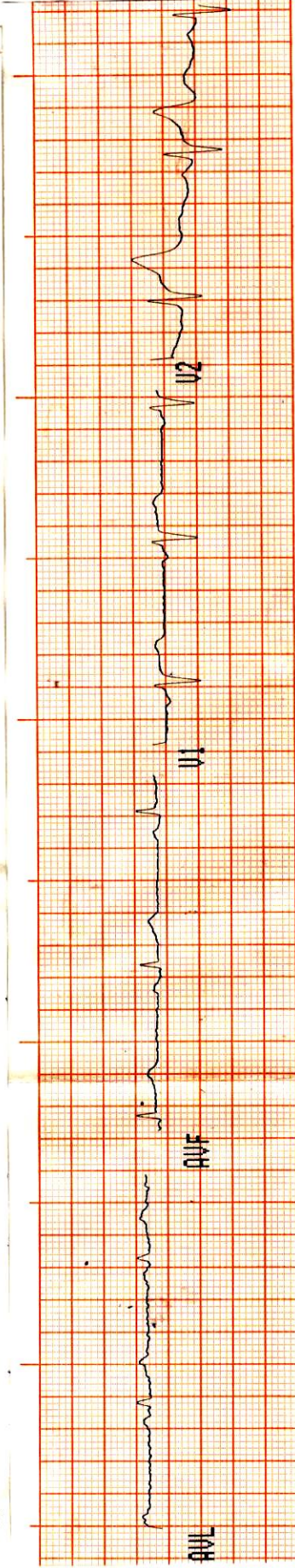
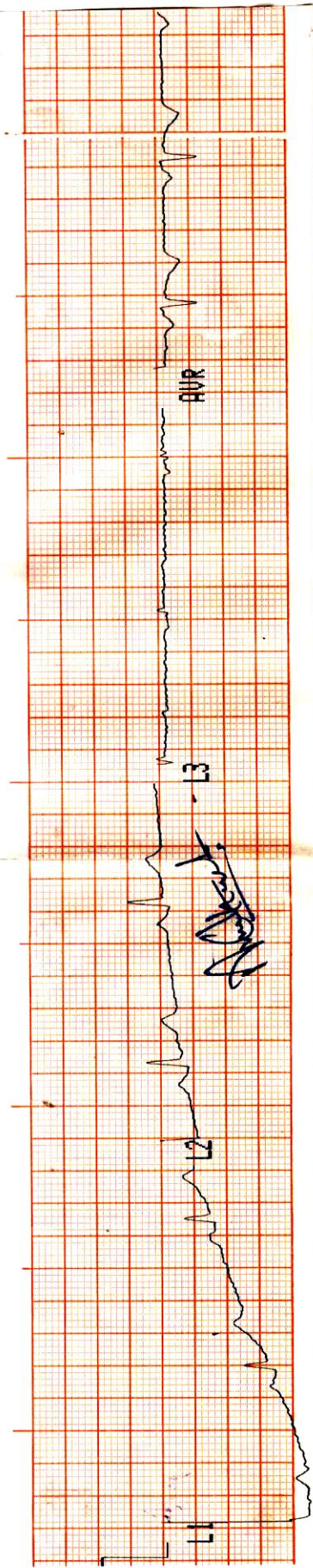


Signature of the Cardiologist

Name & Address

Qualification

Code No.



AMIT CHAWLA

DATE: 09/03/2025

AGE: 37 Y/M

ECG - WNL

Dr. BINDU
 MBBS, MD
 Reg. No. 33435





ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 11108
S. NO. : 112381
NAME : **MR. AMIT CHAWLA** **AGE/SEX - 37/M**
REF. BY : LIC
Date : MARCH, 09, 2025

BIOCHEMISTRY-(SBT-13)

Test	Result	Units	Normal Range
Blood Sugar Fasting	92.40	mg/dl	70-115
S. Cholesterol	159.84	mg/dl	130-250
H.D.L. Cholesterol	42.52	mg/dl	35-90
L.D.L. Cholesterol	84.20	mg/dl	0-160
S. Triglycerides	90.58	mg/dl	35-160
S. Creatinine	0.69	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	11.84	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.3	gm%	6.00-8.5
AG/Ratio	1.28		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.4	mg/dl	0.1-1.00
Total Bilirubin	0.6	mg/dl	0.1-1.3
S.G.O.T.	22.15	IU/L	00-42
S.G.P.T.	23.17	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	38.42	IU/L	00-60
S. Alk. Phosphatase	91.40`	IU/L	28-111

(Children 151-471)

SEROLOGY

Test Name : **Human Immunodeficiency Virus I&II {HIV}{Elisa method}**

Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

Test Name : **Hepatitis B Surface Antigen {HbsAg} (Elisa method)**

Result : "Non-Reactive"
Normal-Range : "Non-Reactive"


*****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 hesitation. This report is not for medico – legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 11108
S. NO. : 112381
NAME : MR. AMIT CHAWLA AGE/SEX - 37/M
REF. BY : LIC
Date : MARCH, 09, 2025

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.18	gm/dl	12-18

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.013

CHEMICAL EXAMINATION


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

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 2-3. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 1-2. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

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

Please correlate with clinical conditions.

DR. T.K. MATHUR
M.B.B.S. MD (PATH)
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 Consultant Pathologist

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PROP. NO. : 11108
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NAME : MR. AMIT CHAWLA
REF. BY : LIC
Date : MARCH, 09, 2025
AGE/SEX - 37/M

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.71	%

INTERPRETATION

Normal	:	5.0 – 6.7
Good Diabetic Control	:	6.8 – 7.3
Fair Control	:	7.4 – 9.1
Poor Control	:	more than 9.1

Note: - Glycosylated Haemoglobin 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 preceding 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.


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

Please correlate with clinical conditions.

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