

Date: 6/11/2024

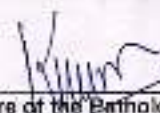
To,
LIC of India
Branch Office

Proposal No. 6168

Name of the Life to be assured PRABHAT BHATTI


The Life to be assured was identified on the basis of Aadhaar - 3848

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: 
Name: DR. KUSUM LATA

DR. KUSUM LATA
MBBS, M.D. (PATH)
DMS No.: 7859
Green Park Diagnostics

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:

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	Hb1c
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: _____

Others (Please Specify) SGOT, SGPT, GGT, Physician Report

Remarks of Health Assure PVT LTD

Authorized Signature, _____





Kusum
DR. KUSUM LATA
MBBS, M.D.(PATH)
DMC No.: 7859
Green Park Diagnostic

KS



Issue Date: 26/09/2012

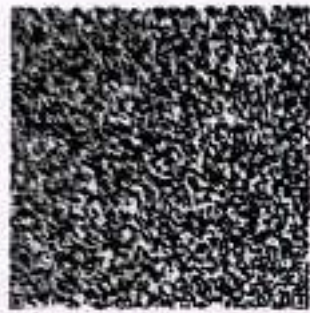
PRABHAT BHATTI
जन्म तिथि / DOB: 16/07/1972
पुरुष / MALE
Mobile No.: 9717295557



Download Date: 01/09/2022

~~921823~~ 3848

मेरा आधार, मेरी पहचान



Address:
C/O Chandu Lal Bhatti, C-225, Type-IV,
South Moti Bagh Market, Nanak Pura,
South Moti Bagh, South West Delhi,
Delhi - 110021 01/09/2022





भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

Delhi Divisional Office-I

PHYSICIAN'S REPORT

DECLARATION

I hereby authorize Dr. KOSUM LATA 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:..... Given by me to LIC of India.

[Handwritten Signature]
Signature of the L.A.

PART-I

1. Full Name of Life to be assured (L.A.): PRABHAT BHATTI
2. Has the L.A. suffered from:

Heart Disease	<u>N/O</u>	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, other narcotic substance in any form? N/O

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

4. does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any
<u>10 years</u>	<u>Very occasionally</u>	<u>N/O</u>

(2-3 times in a year only (beer))

Date: 06/11/2024

Signature of Physician

Name: Kosum Lata
 Qualification: MBBS, M.D. (PATH)
 Reg. No.: 7859
 DMC No.: Green Park Diagnostics

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



PART-II.

1. Is L.A. ever treated/hospitalized for any heart disease, hypertension and diabetes? Y/N ✓
 (if "Yes" then details of-

Investigations	Treatment	Hospitalisation	Present Status	Prognosis

2. Blood Pressure Reading-

Current	At the time of detection of Hypertension	Duration of Hypertension ,if taking regular treatment
	N/A	

3. Diabetes-

Date of Diagnosis	Type	Duration

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 ?

* (enclose all relevant papers with this form)

(.....)
 Signature of the Life to be Assured)

Date: 6/11/2024

Signature of the Doctor
 Name: DR. ROSEEM LATA
 MBBS, M.D. (PATH)
 DRG.No.: 7859
 Qualification: Green Park Diagnostics
 Reg.No.:





Green Parkk Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016
 Ph.: 011-41759058, 9582859223 E-mail: greenpark43@yahoo.co.in
 Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date 06/11/2024
 Name MR. PRABHAT BHATTI
 Ref. By LIC OF INDIA

Srl No. 1001

Age 52 Yrs.
 Sex M

BIOCHEMISTRY

Test Name	Value	Unit	Normal Value
S.G.O.T (AST)	31	IU/L	00.0 - 40.0
S.G.P.T (ALT)	35	IU/L	00.0 - 40.0
GGTP	42	IU/L	10 - 50.0

End of Report



Page 1 of 1

DR. KUSUM LATA DR. KKUSUM
 MBBS, M.D.(PATH) MD(PATH.&BACT.)
 DMC No.: 7859 CONSULTANT PATHOLOGIST
 Green Park Diagnostics



LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

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यहाँ पर प्रसव पूर्व (लिंग पैदा होने से पहले लड़का या लड़की) की पहचान नहीं की जाती। यह दण्डनीय अपराध है।

- बच्चे की लिंग के लिए पुछना/मांग करना पीसी और पीएनडीटी अधिनियम के तहत एक दण्डनीय अपराध है।
- Here Pre-Natal Sex Determination and Disclosure of Sex (Boy or Girl Before Birth) of Foetus is not done. It is prohibited and punishable under law.
- SEEKING / ASKING FOR THE SEX OF CHILD IS ALSO A PUNISHABLE OFFENCE UNDER PC & PNDT Act.

In case of any complaint / query contact :- PC & PNDT Act

Contact : District Appropriate Authority (South Distt.)
Add. : M. B. Road, Saket, New Delhi - 110068
Tel. No. : 011-29535025, 26693000



GPS Map Camera

New Delhi, Delhi, India
G-43, Block G, Green Park Extension, Green Park, New Delhi,
Delhi 110016, India
Lat 28.55753° Long 77.20278°
06/11/24 09:56 AM GMT +05:30



Go



भारत सरकार
GOVERNMENT OF INDIA



PRABHAT BHATTI
जन्म तिथि / DOB: 16/07/1972
पुरुष / MALE
Mobile No.: 9717295557

Issue Date: 26/09/2012

3621 5228 3848

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



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Delhi - 110021 01/09/2022



help@uidai.gov.in



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