

To,
LIC of India
Branch Office

Date: 15/11/2024

Proposal No. 4844

Name of the Life to be assured SANDEEP SHARMA

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
MBBS, 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.

Sandeep

(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	YES	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)	YES	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV	YES	Other Test	HBAIC

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 4844
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: MR. SANDEEP SHARMA.
 Age/Sex : 32 / MALE

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

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 15/NOV 2024

Signature of L.A.

Sandeep

Signature of the Cardiologist

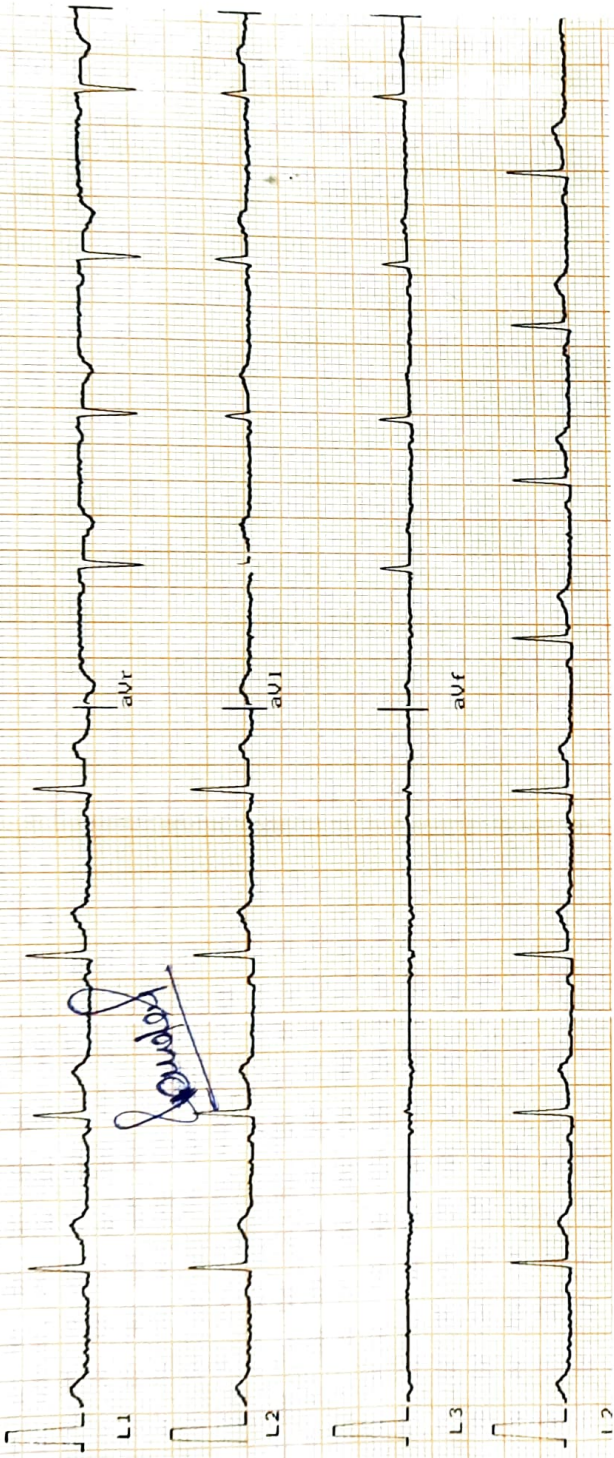
Name & Address

Qualification Code No.

Dr. BINDU
 MBBS, MD
 Reg. No. 35

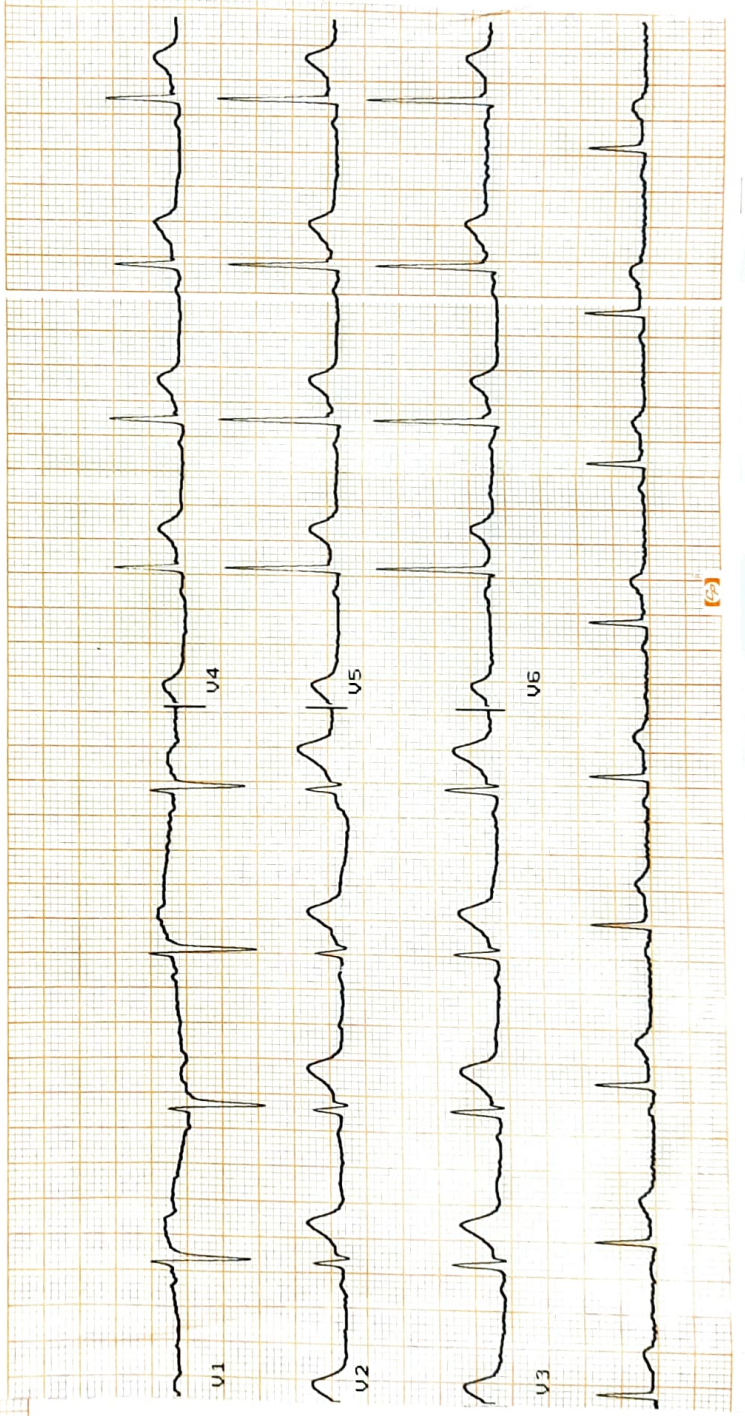


Name: _____
_ yrs _ cm _ Kg BP _____



Sunder

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





ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 4844
S. NO. : 110441
NAME : MR. SANDEEF SHARMA AGE/SEX - 32/M
REF. BY : LIC
Date : NOVEMBER, 15, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.30	gm/dl	12-18
Red Blood Cell [RBC]	5.05	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	41.48	%	37-54
Mean Cell Value [MCV]	80.40		70-96
Mean Cell Hemoglobin [MCH]	30.32	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	32.88	%	30-35
Total Leucocytes Count (TLC)	8,700	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	55	%	40-75
Lymphocytes	36	%	20-45
Eosinophils	05	%	02-10
Monocytes	04	%	01-06
Basophils	00	%	00-01
Platelet count	2.20	LACKS	1.5-4.5
E S R (Wintrob's method)	11	M.M.	0-20

*****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.



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HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.66	%

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 preceeding 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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BIOCHEMISTRY-(SBT-13)

Test	Result	Units	Normal Range
Blood Sugar Fasting	93.48	mg/dl	70-115
S. Cholesterol	182.20	mg/dl	130-250
H.D.L. Cholesterol	66.55	mg/dl	35-90
L.D.L. Cholesterol	101.30	mg/dl	0-160
S. Triglycerides	112.50	mg/dl	35-160
S. Creatinine	0.88	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	12.11	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	0.02	mg/dl	0.00-0.3
Indirect Bilirubin	0.05	mg/dl	0.1-1.00
Total Bilirubin	0.07	mg/dl	0.1-1.3
S.G.O.T.	27.55	IU/L	00-42
S.G.P.T.	28.50	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	33.58	IU/L	00-60
S. Alk. Phosphatase	90.80	IU/L	28-111 (Children 151-471)


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

Please correlate with clinical conditions.

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REF. BY : LIC
Date : NOVEMBER, 15, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.016

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.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

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

Please correlate with clinical conditions.

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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.

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Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
169	79	122/86	76/M

(B) Cardiovascular System

..... (N)

.....

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Imv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	76/M	T-wave	(N)
Ventricular Rate	76/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	Normal		

Conclusion: *CNL*Dated at *BELUR* on the day of *15/Nov/2024*

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

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





भारत सरकार

Government of India



Aadhaar no. issued: 02/12/2011



संदीप शर्मा

Sandeep Sharma

जन्म तिथि/DOB: 15/07/1992

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।

इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

Aadhaar is proof of identity, not of citizenship

or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

2359 0272 6741

मेरा आधार, मेरी पहचान



 GPS Map Camera

New Delhi, Delhi, India

Gopal Bhavan, F4, Block V, Krishan Vihar, New Delhi, Delhi,
110086, India

Lat 28.706538° Long 77.081624°

15/11/24 07:51 AM GMT +05:30

