



Geo-Tagging Camera

13/03/2025 09:47:30AM
GMT+05:30

Ghaziabad,UP,UP GHAZIABAD
Sector-13, Vasundhra, Ghaziabad, Uttar
Pradesh - 201012

Google





भारत सरकार

GOVERNMENT OF INDIA



सौरभ शर्मा

Saurabh Sharma

जन्म तिथि/ DOB: 10/07/1990

पुरुष / MALE



9673 2227 9935

मेरा आधार, मेरी पहचान

Date: 13/03/2025

To,
LIC of India
Branch Office

Proposal No. 119134389

Name of the Life to be assured SAURABH SHARMA

The Life to be assured was identified on the basis of Aadhar - 9935

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. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

Name:

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

Saurabh Sharma
(Signature of the Life to be assured)

GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

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

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. - 119134389

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

Full Name of Life to be assured: SAURABH SHARMA

Age/Sex : 34/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 Y
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N Y
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N Y

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

Dated at Cus on the day of 13/03 2025

Signature of L.A.

Saurabh Sharma

Signature of the Cardiologist

Name & Address

Qualification

Code No.

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237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
Spl. Heart, Thyroid and Diabetes

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
180	76	124/80	70/min

(B) Cardiovascular System

NIL

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/min	T-wave	Ⓜ
Ventricular Rate	70/min	Q-Wave	Ⓜ
Rhythm	Regular		
Additional findings, if any	NIL		

Conclusion: — ECG is WNL

Dated at Gms on the day of 13/03 2005

Signature of the Cardiologist

Name & Address

Qualification

Code No.

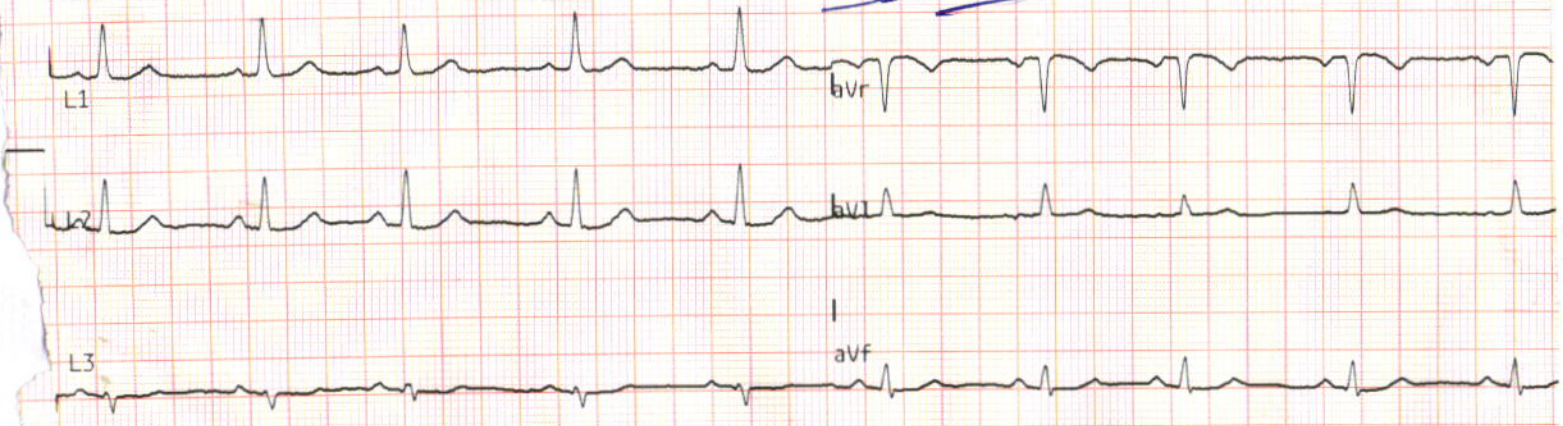
GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand 2
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Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39804
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228# [redacted] 13:22, SAURABH SHARMA

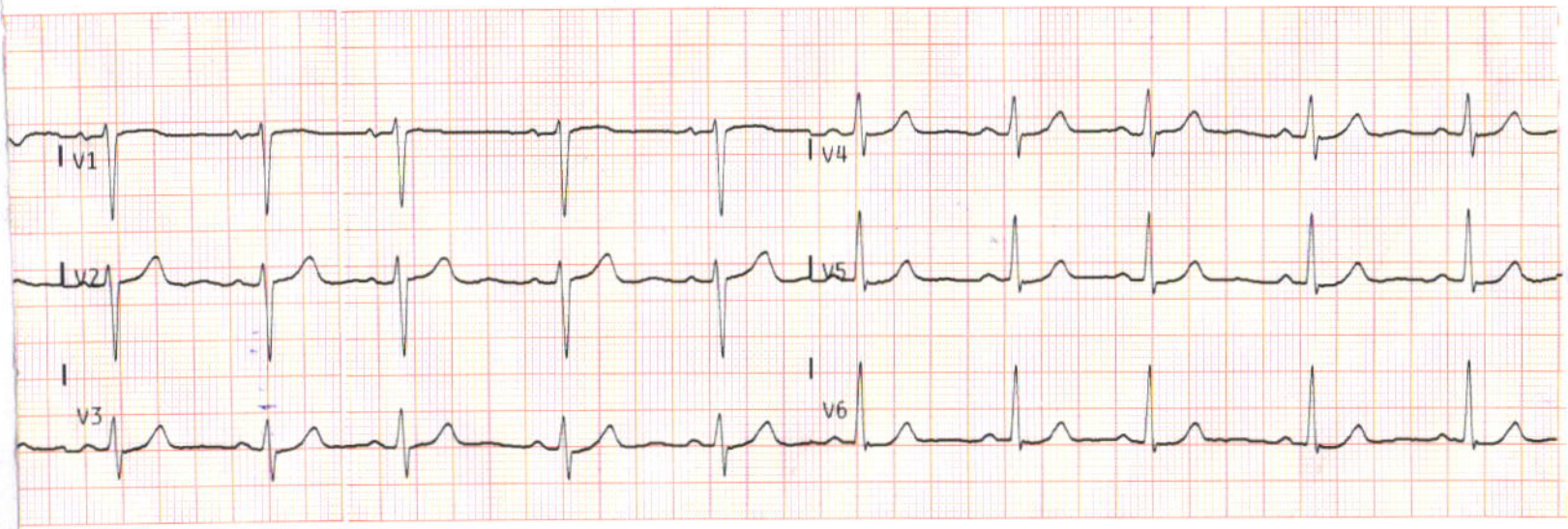
Weight: 0 Kg, Height: 0 cm, Rm NO: _____

Saurabh Sharma



MR300 (v2.2) 25 mm/s 10 mm/mV ~ 0.5-40Hz

Dept: _____, Hosp: _____





GLOBL DIAGNOSTIC

237 2nd Floor Niti Khand-2 Indrapuram, Ghaziabad, 201014
Mobile : 8744013600 | E-mail : globaldiagnostic23@gmail.com

Electrocardiogram Report

Name - Mr./Ms. SAURASH SHARMA Age - 34/male K/C/O Hypertension/Dabetes Mellitus / IHD Lipids

Clinical Summary

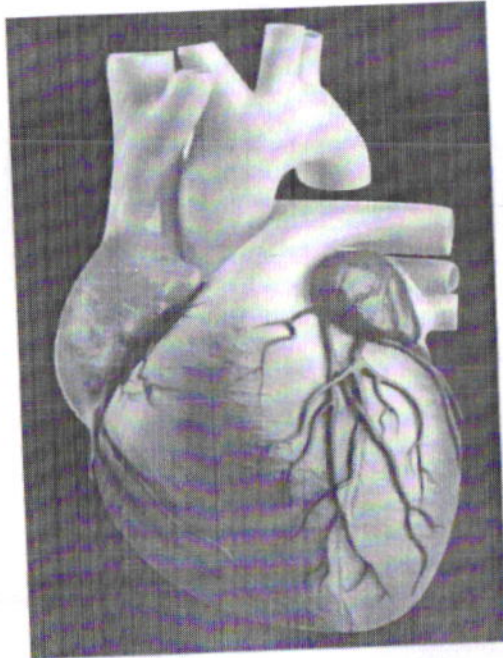
ECG Findings

Rate 70/min Rhythm Regular Mechanism — Axis —
P wave N PR interval N QRS Complex N
ST Segment N
T wave N QT interval N

Recommendations ECG is WNL

Date 13/03/2025 Dr. [Signature]

Appl. No./ Proposal No. _____



GLOBL DIAGNOSTIC
237, 2nd Floor Niti Khand 2
Indrapuram Gzb 201014

Dr. Pankaj Nand Chaudhary
M.D. (Medicine) MCI-39
Spl. Heart, Thyroid and Diabetes



GLOBL DIAGNOSTIC



Plot NO 237 2ND Floor NITI KHAND 2 Indirapuram, Ghaziabad, 201014.

QMS/23N1117

Facilities: All Kind of Blood investigation, TMT, ECG, PFT

Sample Coll. Date :- 13/03/2025	Srl.No. :- 3021
Patient Name :- MR. SAURABH SHARMA	Age :- 34 Yrs.
Referred By :- LIFE INSURANCE	Sex :- Male

HB

Investigation / Test Name	Patient Value	Unit	Reference Range
Test Name	Value	Unit	Normal Value

HAEMATOLOGY

HAEMOGLOBIN (HB)	15.3	gm/dl	13.0 - 17.0
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1 Contd...2

DR. SHIPRA VATS
MBBS
MD PATH



GLOBL DIAGNOSTIC

Plot NO 237 2ND Floor NITI KHAND 2 Indirapuram, Ghaziabad, 201014.

Facilities: All Kind of Blood investigation, TMT, ECG, PFT



QMS/23N1117

Sample Coll. Date :- 13/03/2025

Srl.No. :- 3021

Patient Name :- MR. SAURABH SHARMA

Age :- 34 Yrs.

Referred By :- LIFE INSURANCE

Sex :- Male

BLOOD SUGAR FASTING	87.0	mg/dl	70 - 110
TOTAL CHOLESTEROL	163.2	mg/dL	130 - 240
H D L - DIRECT	53.0	mg/dL	30.0 - 65.0
L D L CHOLESTEROL	110.2	mg/dL	10 - 150.0
TRIGLYCERIDES	95.13	mg/dL	25 - 160
CREATININE	0.96	mg/dl	0.60 - 1.40
BLOOD UREA NITROGEN (BUN)	13.2	mg%	6.0 - 20.0
TOTAL PROTEIN	7.42	gm/dl	6.0 - 8.5
ALBUMIN	4.62	gm/dl	3.5 - 5.5
GLOBULIN	2.8	gm/dl	1.5 - 3.5
A/G RATIO	1.65		0.5 - 2.5
CONJUGATED (D. Bilirubin)	0.25	mg/dl	0.0 - 0.40
UNCONJUGATED (I.D. Bilirubin)	0.35	mg/dl	0.0 - 1.0
TOTAL BILIRUBIN	0.60	mg/dl	0.0 - 1.5
S.G.O.T	32.01	IU/L	0 - 35
S G.P.T	31.04	IU/L	0 - 45
G G T P	25.0	U/L	5.0 - 60.0
ALKALINE PHOSPHATASE	85.0	U/L	40 - 129
HEPATITIS B SURFACE ANTIGEN	NEGATIVE		
HIV ANTIBODY I & II	NEGATIVE		

2 Contd...3

COMMENTS :- HIV Elisa is a screening procedure. Positive specimens should be retested using another method before diagnosis.

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QMS/23N1117

Sample Coll. Date :- 13/03/2025

Srl.No. :- 3021

Patient Name :- MR. SAURABH SHARMA

Age :- 34 Yrs.

Referred By :- LIFE INSURANCE

Sex :- Male

URINE

Investigation / Test Name Test Name	Patient Value Value	Unit Unit	Reference Range Normal Value
COLOUR	PALE YELLOW		
SEDIMENT	ABSENT		
TRANSPARENCY	CLEAR		
PH	ACIDIC		ACIDIC
PROTEIN	NIL		
SUGAR	NIL		
BILE SALTS	NEGATIVE		
BILE PIGMENT	NEGATIVE		
RBC'S	NIL	/HPF	
EPITHELIAL CELLS	2-3	/HPF	
CRYSTALS	NIL		
PUS CELLS	2-3	/HPF	
CASTS	NIL		
DEPOSITS	NIL		
BACTERIA	NIL		

3 of 3

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