

Name : RAJ KUMAR

Proposal No : 900401

Branch Code : 11y

Contact Details : 8527083999

Location : RZ-138, Block E, New Roshanpura,

Appointment Date : 13-11-2024

Member Information

Booked Member Name Age Gender

RAJ KUMAR 39 year Male

Included Test -

Complete Heamogram

HbA1c

Urine Analysis

SBT-13 with Tridot Method HIV Test

Computerised Tread Mill Test (TMT)

ECG

Thanks,

Medsave Team

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

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 900401.

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

Full Name of Life to be assured: P. T. Kumar

Age/Sex : 39/M

## 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

NAVYA HOSPITAL  
RZ-137, NAJAFGARH,  
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 Del on the day of 14/01 2024

Signature of L.A.

Dr. KAILASH NATH GUPTA  
MBBS, MD  
REG. NO. - 91391

Signature of the Cardiologist  
Name & Address  
Qualification Code No.

Date: 14/11/2024

To,  
LIC of India  
Branch Office

Proposal No. 900401

Name of the Life to be assured Raj Kumar

The Life to be assured was identified on the basis of AAO/MS

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.

Kailash Nath Gupta  
Dr. KAILASH NATH GUPTA  
MBBS, MD

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.

Raj Kumar

(Signature of the Life to be assured)

Name of life to be assured: Raj Kumar

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	Hæmogram	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,

[Signature]  
NAVYA HOSPITAL  
RZ-138, NAJAFGARH,  
NEW DELHI-110043

## LIFE INSURANCE CORPORATION OF INDIA

## COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone Division Branch

Proposal No. 900401

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

Full Name of Life to be assured: Raj Kumar

Age/Sex: 39/M

## 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.*

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?  Y  N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease?  Y  N
3. 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 'Yes', submit all relevant papers with this form.*

Dated at            on the day of 14/11 2007

Signature of L.A.

Dr. KAILASH NATH GUPTA

Signature of the Cardiologist  
Name & Address

Qualification

Code No.

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

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
176	79	120/80	78

(B) Cardiovascular System

.....  
 .....  
 .....

Rest ECG Report:

Position	Supine	P Wave	Nil
Standardisation Imv	10 mm	PR Interval	Nil
Mechanism	Nil	QRS Complexes	Nil
Voltage	Nil	Q-T Duration	Nil
Electrical Axis	Nil	S-T Segment	Nil
Auricular Rate	78 /mt	T-wave	Nil
Ventricular Rate	78 /mt	Q-Wave	Nil
Rhythm	Sinus		—
Additional findings, if any.	Nil		—

Conclusion:

Normal

Dated at Delhi on the day of 14/01 2004

**NAVYA HOSPITAL**  
 RZ-13B, WAJAFGARH,  
 NEW DELHI-110043

Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.

Dr. KAMLASH NATH GUPTA  
 M.B.B.S. MD  
 REG.NO.- 11391

भारत सरकार  
Government of India



नाम  
Dr. Kailash Nath  
पता: 110028, नया दिल्ली  
SEX: MALE

यह कार्ड का उपयोग केवल केवल केवल के लिए है। इसका उपयोग अन्य किसी भी उद्देश्य के लिए नहीं किया जा सकता है।  
This card is valid only for the purpose of registration of the holder in the name of birth. It should be used with notification (where applicable) or approval of the State / Union Govt.

6617 4683 9826

भारत सरकार, नया दिल्ली

Dr. KAILASH NATH *Dr.*  
MBBS. MD  
REG.NO.- 11391

**NAVYA HOSPITAL**  
RZ-13B, NAFGARH,  
NEW DELHI-110043

11/3/2019

भारत सरकार  
Government of India

यह कार्ड का उपयोग केवल केवल के लिए है। इसका उपयोग अन्य किसी भी उद्देश्य के लिए नहीं किया जा सकता है।  
This card is valid only for the purpose of registration of the holder in the name of birth. It should be used with notification (where applicable) or approval of the State / Union Govt.

6617 4683 9826

भारत सरकार, नया दिल्ली

# Navya Hospital

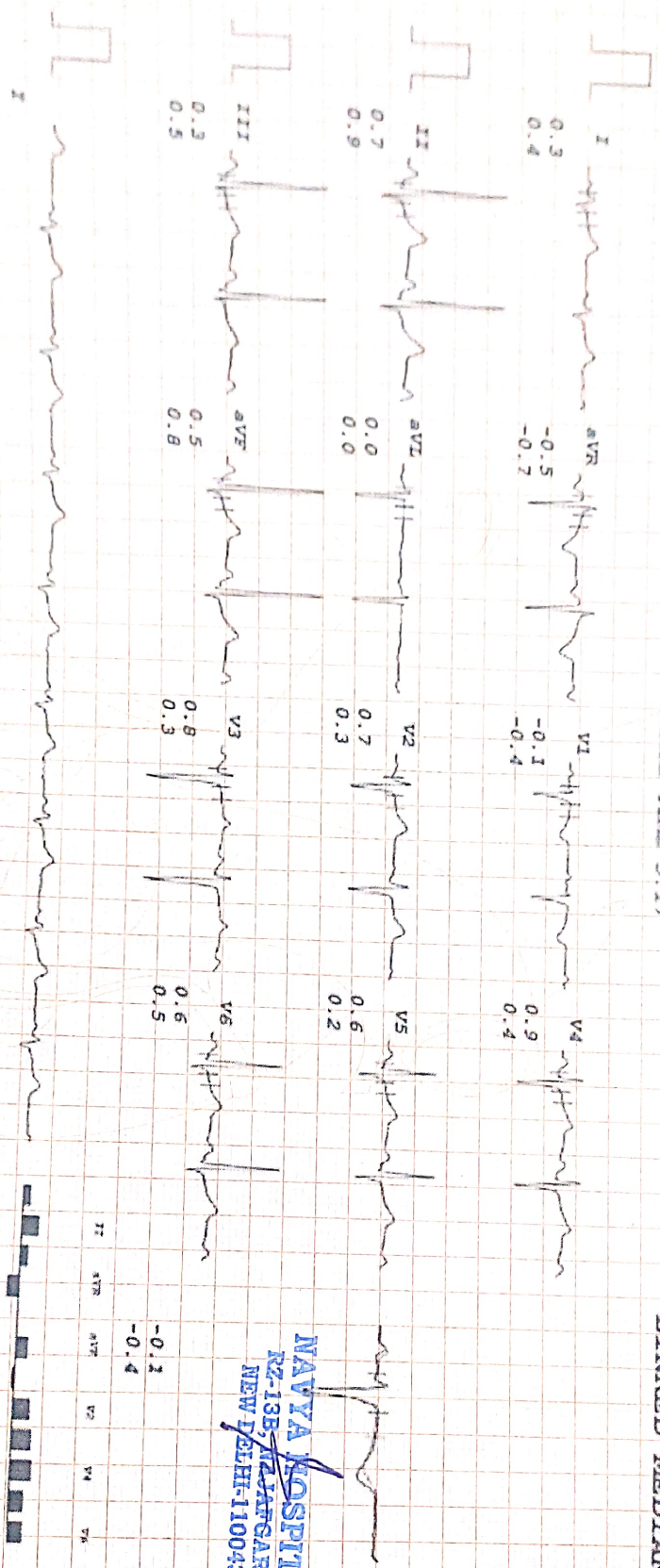
RAJ KUMAR  
 I.D. 1888  
 Age 35/M  
 Date 14-11-2024

RATE 88PM  
 B.P. 115/87

BRUCE  
 RECOVERY  
 TOTAL TIME 14:42  
 PHASE TIME 5:17

ST # 10mm/AV  
 50mm PAPER

LINKED MEDIAN



NAVYA HOSPITAL  
 K2-13B, MAJGARH,  
 NEW DELHI-110043

Department of Cardiology, Navya Hospital, K2-13B, Majgarh, New Delhi-110043. Phone: 011-26111111, 011-26111112, 011-26111113, 011-26111114, 011-26111115, 011-26111116, 011-26111117, 011-26111118, 011-26111119, 011-26111120, 011-26111121, 011-26111122, 011-26111123, 011-26111124, 011-26111125, 011-26111126, 011-26111127, 011-26111128, 011-26111129, 011-26111130, 011-26111131, 011-26111132, 011-26111133, 011-26111134, 011-26111135, 011-26111136, 011-26111137, 011-26111138, 011-26111139, 011-26111140, 011-26111141, 011-26111142, 011-26111143, 011-26111144, 011-26111145, 011-26111146, 011-26111147, 011-26111148, 011-26111149, 011-26111150, 011-26111151, 011-26111152, 011-26111153, 011-26111154, 011-26111155, 011-26111156, 011-26111157, 011-26111158, 011-26111159, 011-26111160, 011-26111161, 011-26111162, 011-26111163, 011-26111164, 011-26111165, 011-26111166, 011-26111167, 011-26111168, 011-26111169, 011-26111170, 011-26111171, 011-26111172, 011-26111173, 011-26111174, 011-26111175, 011-26111176, 011-26111177, 011-26111178, 011-26111179, 011-26111180, 011-26111181, 011-26111182, 011-26111183, 011-26111184, 011-26111185, 011-26111186, 011-26111187, 011-26111188, 011-26111189, 011-26111190, 011-26111191, 011-26111192, 011-26111193, 011-26111194, 011-26111195, 011-26111196, 011-26111197, 011-26111198, 011-26111199, 011-26111200.

DR. KAILASH NATH  
 MBBS, MD  
 REG. NO. - 11391

Patient Name: I.D. 1968  
Age: 39/M  
Date: 14-11-2024

Rate: 75bpm  
B.P.: 126/78

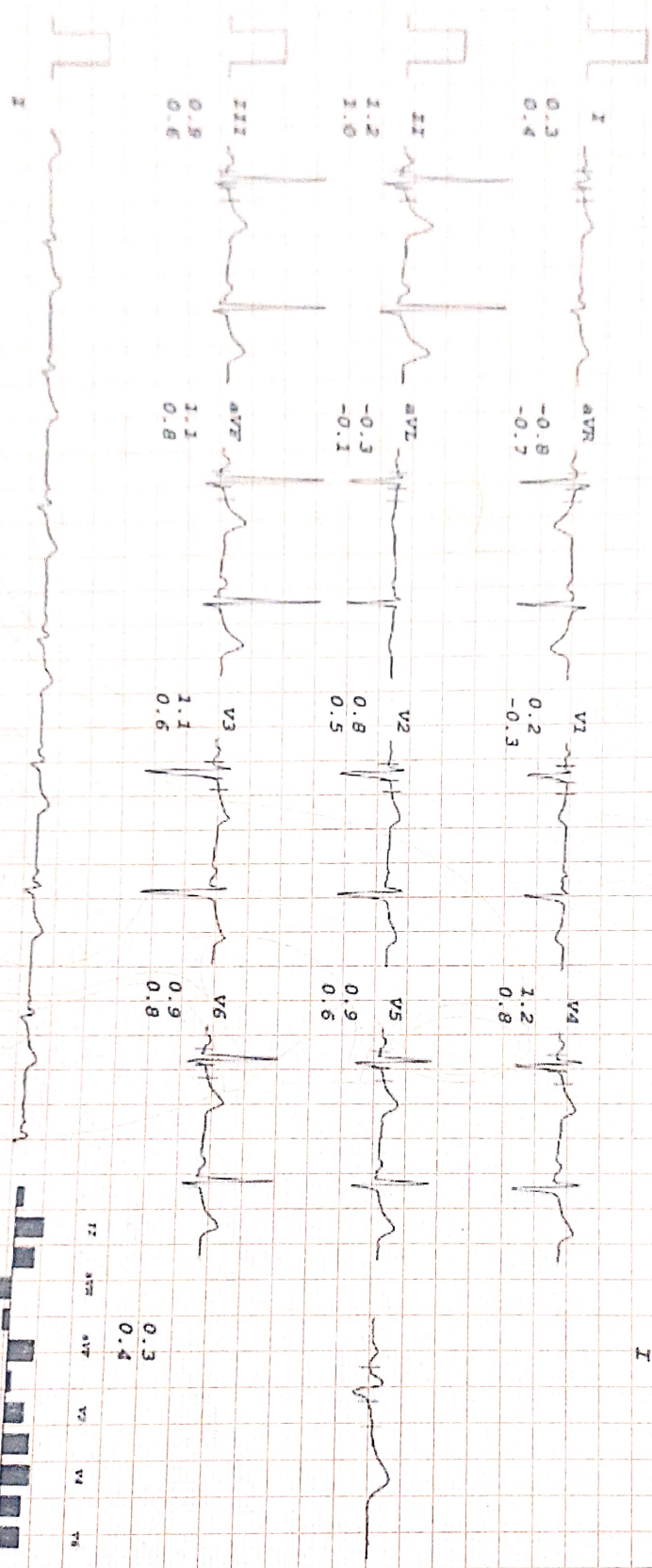
SUPINE

V1-V6 20mm/mV  
80ms/25mm

LINKED MEDIAN

Mag. X 2

I



NAVYA HOSPITAL  
EZ-13B, VILLAGRAPH,  
NEW DELHI-110043

D. KAILASH  
MBBS, MD  
REG. NO. - 11391



# Navya hospital

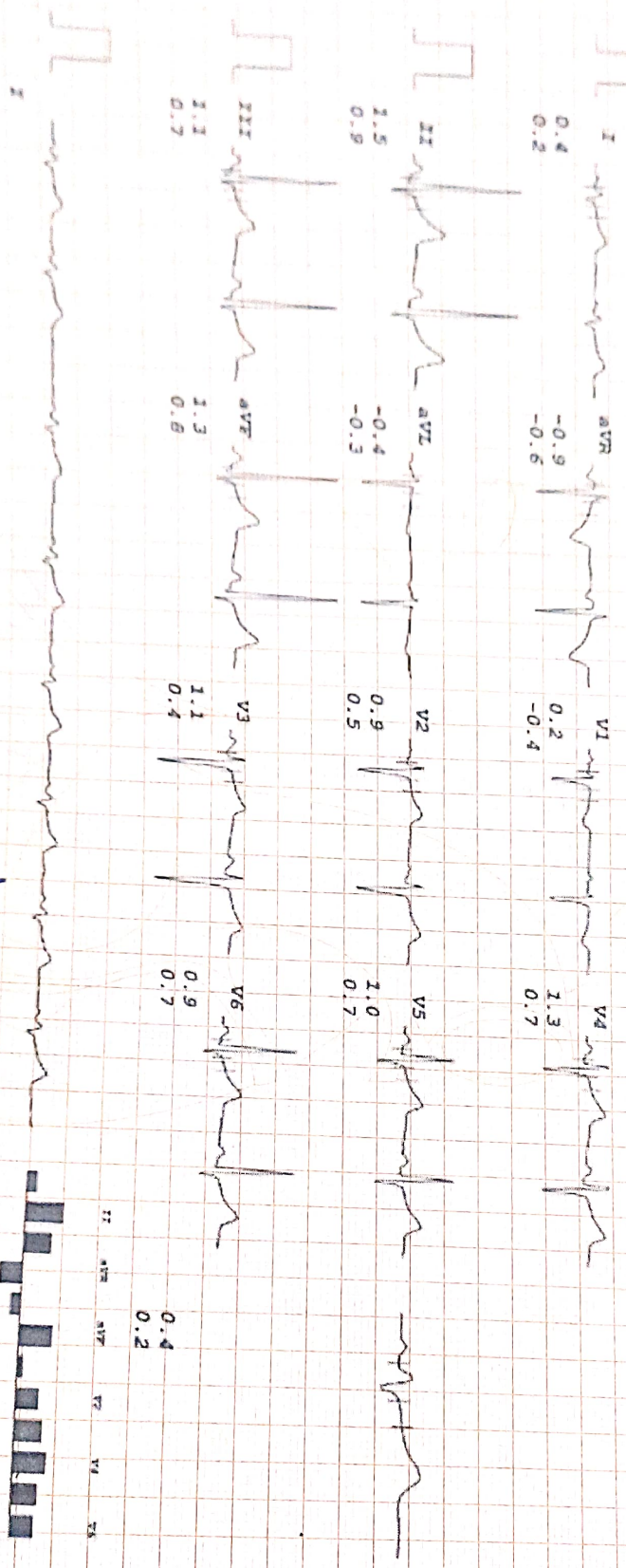
PRETEST  
STANDING  
ST @ 10mm/mV  
80ms Postly

**RAJ KUMAR**  
I.D. 1988  
Age 39/M  
Date 14-11-2024

RATE 75bpm  
B.P. 125/79

LINKED MEDIAN

Mag. X 2



**NAVYA HOSPITAL**  
F2-13B, KALAFGARH,  
NEW DELHI-110043

Dr. KAILASH KUMAR  
MBBS, MD  
REG. NO. - 11391

W-3M

RAJ KUMAR  
 I.D. 1988  
 Age 39/M  
 Date 14-11-2024

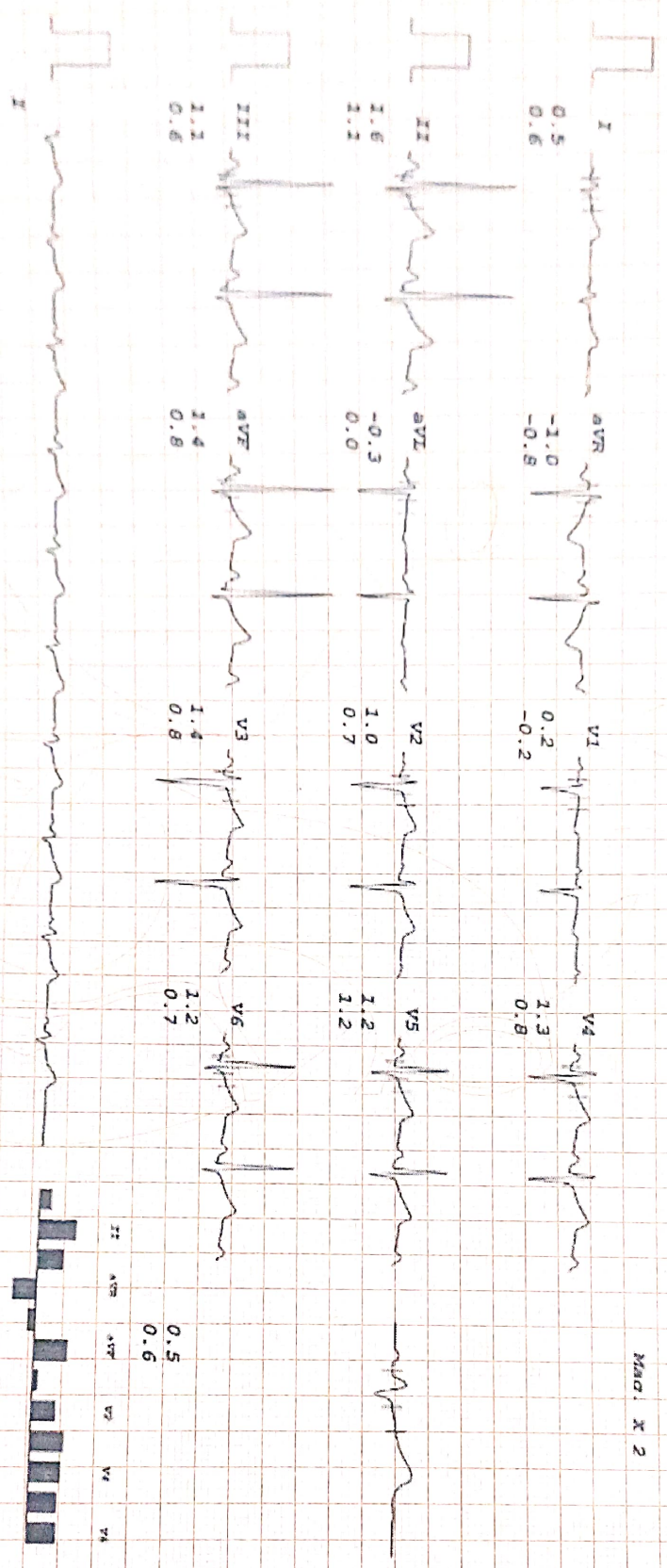
RATE 88bpm  
 B.P. 128/76

PULSE TIME 1:06

**Navya Hospital**  
 PRETEST  
 HYPERVENT  
 ST 10mm/AV  
 80ms post J

LINKED MEDIAN

Mag. X 2



Original ECG recorded on 11/14/2024. This is a copy of the original ECG. The original ECG is stored in the computer system. The original ECG is not available for review. The original ECG is not available for review. The original ECG is not available for review.

WAVE



**RAJ KUNAR**  
 I.D. 1988  
 Age 39/M  
 Date 14-11-2024

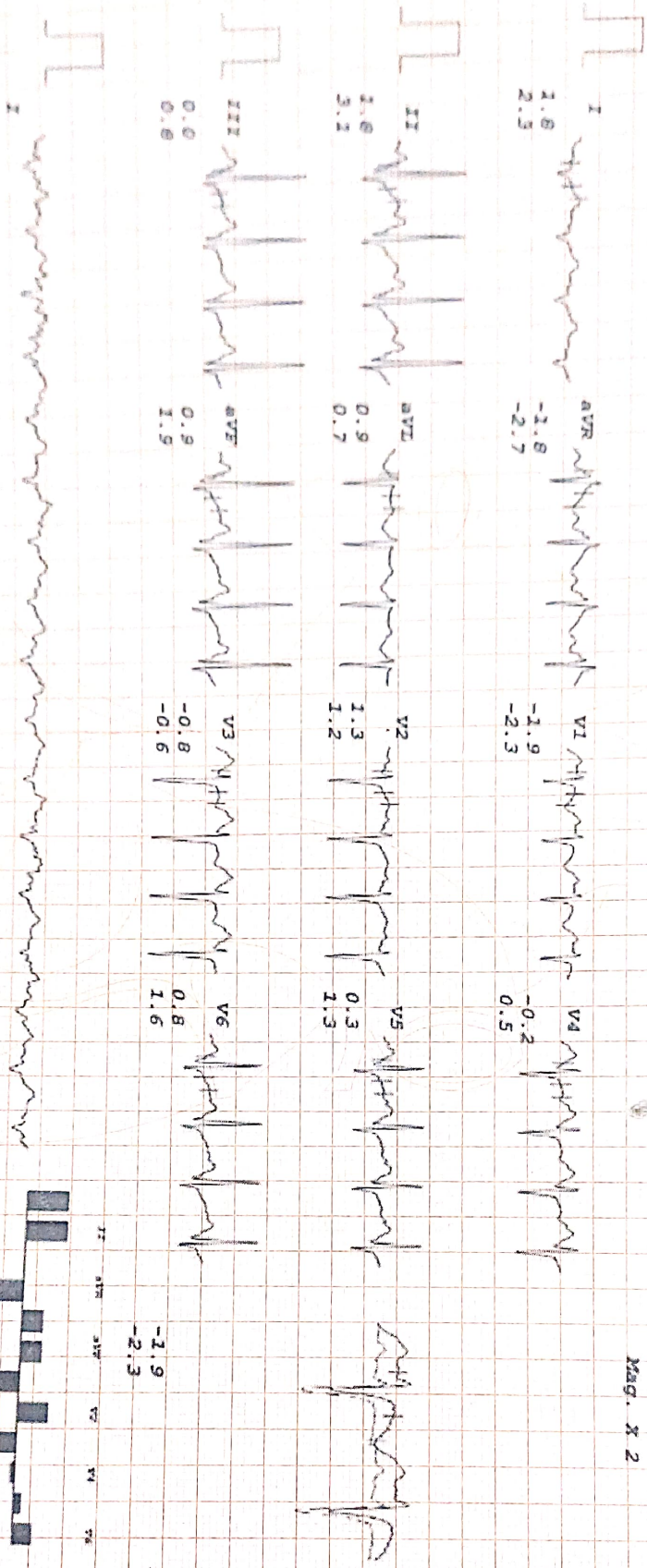
RATE 155bpm  
 B.P. 144/92

Bruce  
 Stage 2  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms Postcr  
 Speed 4 km/hr  
 SLOPE 12 %

**LINKED MEDIAN**

Mag. x 2



STANDARDIZED ECG RECORDING SYSTEM  
 THE UNIVERSITY OF CHICAGO  
 5841 SOUTH LINDEN AVENUE, CHICAGO, ILLINOIS 60637  
 TEL: 773-835-1000 FAX: 773-835-1001

AGAW

**RAJ KUMAR**  
**I.D. 1988**  
**Age 39/M**  
**Date 14-11-2024**

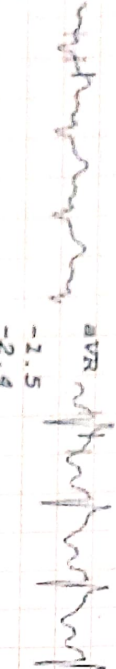
**RATE 155bpm**  
**B.P. 144/92**

**Brice Stage 3**  
**TOTAL TIME 5:55**  
**PHASE TIME 2:55**

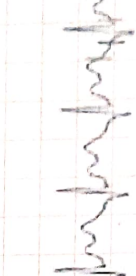
**ST @ 10mm/mV**  
**80ms Post J**  
**Speed 4 km/hr**  
**SLOPE 12 °**

**LINKED MEDIUM**

**I**  
 1.5  
 1.6



**aVR**  
 -1.5  
 -2.4



**V1**  
 -0.9  
 -0.7



**V4**  
 0.9  
 1.1



**II**  
 1.6  
 3.2



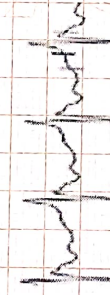
**aVL**  
 0.7  
 0.0



**V2**  
 0.9  
 1.2



**V5**  
 1.0  
 1.3



**III**  
 0.1  
 1.7



**aVF**  
 0.8  
 2.4



**V3**  
 0.6  
 0.6

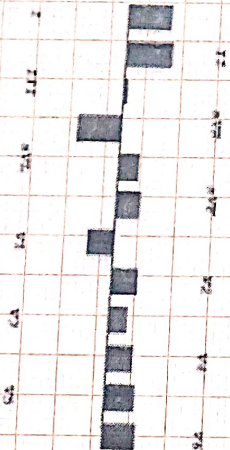
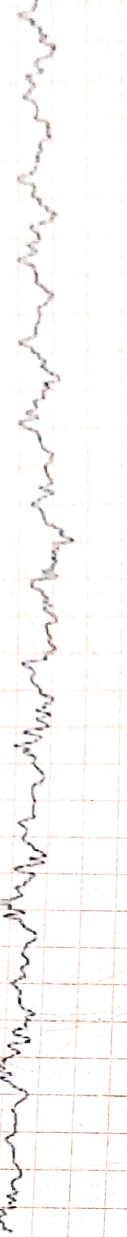


**V6**  
 1.1  
 1.4



**-0.9**  
**-0.7**

**I**



# Navya Hospital

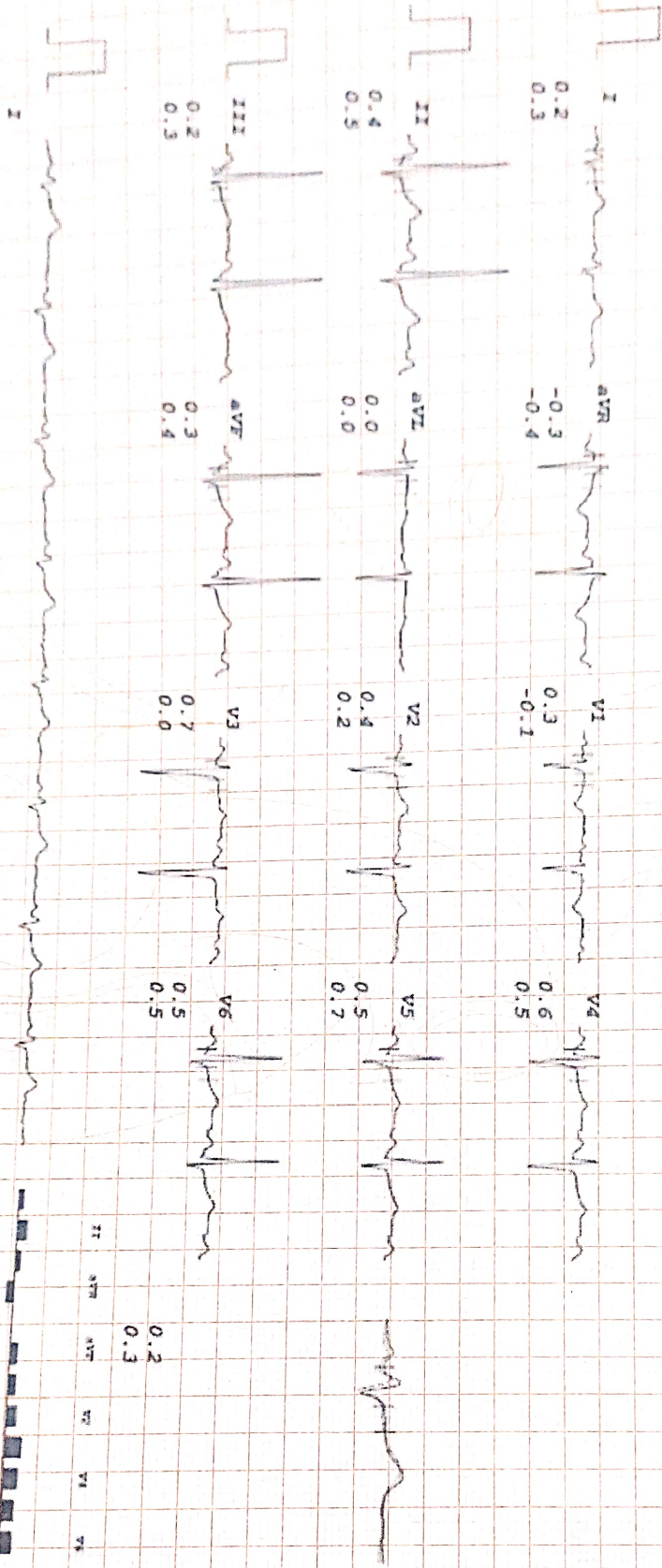
**RAJ KUMAR**  
 I.D. 1988  
 Age 39/M  
 Date 14-11-2024

RATE 89bpm  
 B.P. 135/87

BRUGO  
 RECOVERY  
 TOTAL TIME 14:02  
 PHASE TIME 4:37

ST @ 10mm/mV  
 80ms PostT

LINKED MEDIAN

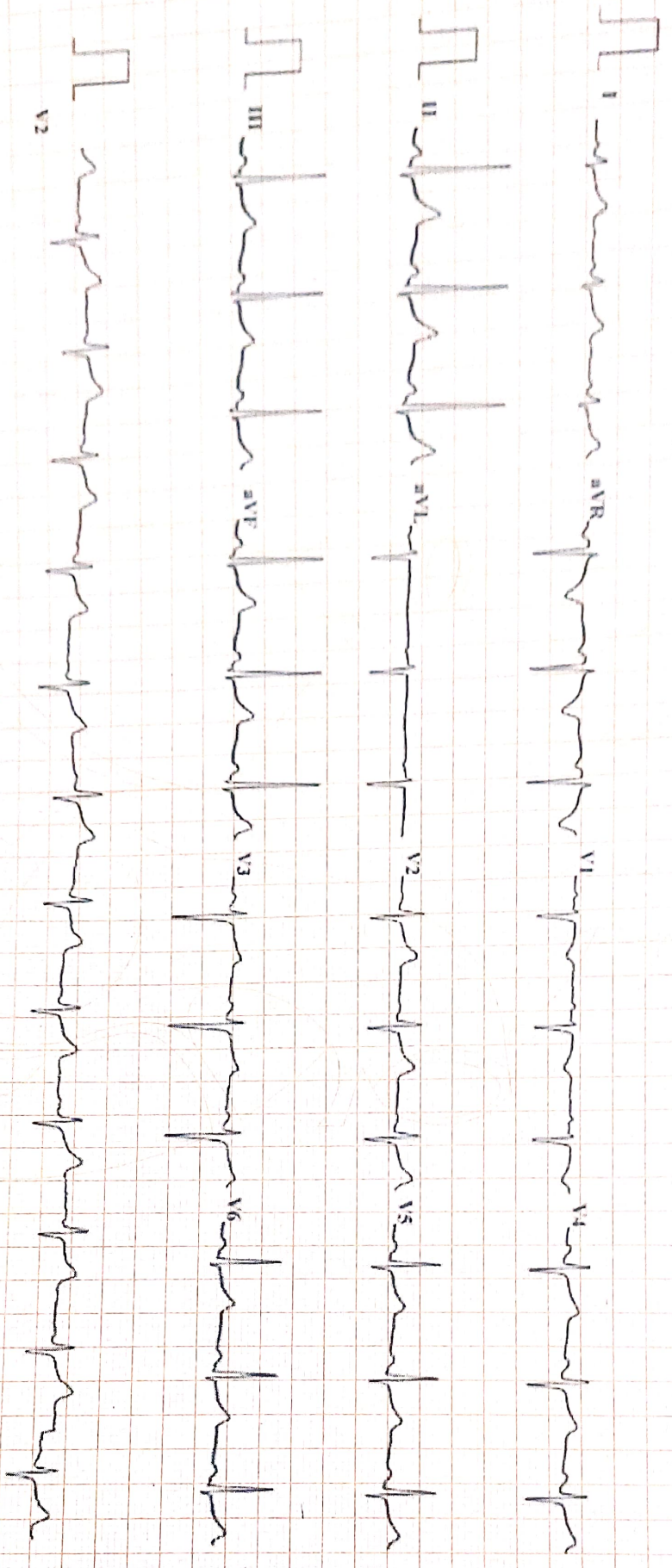


Original and duplicate copies of this ECG should be kept in the patient's file. The original copy should be kept in the hospital file. The duplicate copy should be kept in the patient's file. The original copy should be kept in the hospital file. The duplicate copy should be kept in the patient's file.

ID : 1083  
 AGENCY : 30 V.M.  
 HYPAT : /  
 DATE : 15/02/24 10:49:21 AM  
 REF BY : DILIP OF INDIA  
 MACHINE INTERPRETATION: Normal ECG

BP : N/A  
 P Axis : 71 deg  
 QRS Axis : 57 deg  
 T Axis : 65 deg  
 PR Duration : 112 ms  
 QRS Duration : 96 ms  
 QT Interval : 373 ms  
 QTc Interval : 407 ms

Speed : 25 mm/s  
 Sensitivity : 10 mV/mV



Filtered 35 Cycle/And Base Corrected

Under Review Tel: +91-21-8090313 Fax: +91-21-2011161 Email: emp@medtronic.in Web: www.medtronic.com

Dr.

HT/MT : 0 / 0  
 NEI/BI : LIC OF INDIA

INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED FM/HI	GRADE	H.R.I. bpm	B.P. mmHg	REE K100	SP LEVEL (MM)			METS	
								V1	V5			
SUPINE												
STANDING												
HYPERVENT												
STAGE 1	2:55	1:56			75	126 / 78	94	1.3	0.2		0.9	
STAGE 2	5:55	2:55	2.7	10	75	125 / 79	93	1.3	0.2		0.9	
STAGE 3	8:55	2:55	5.4	12	98	128 / 76	112	1.6	0.2		1.2	
PRE-EXERCISE	9:15	0:15	6.7	14	126	135 / 68	170	1.2	-0.5		0.5	4.67
RECOVERY	12:20	2:55		16	155	140 / 92	223	1.8	-1.9		0.3	7.04
RECOVERY	14:17	4:37			142	151 / 89	218	1.6	-0.9		0.2	6.92
RECOVERY	14:42	5:17			144	151 / 89	217	0.5	-0.5		0.2	10.33
					108	141 / 81	152	-0.2	0.2		0	
					89	135 / 87	120	0.4	0.3		0.5	
					87	125 / 77	108	0.7	-0.1		0.6	

**RESULTS**

EXERCISE CAPACITY : 9:15  
 MAX HEART RATE : 171 bpm 96 % of target heart rate 177 bpm  
 MAX BLOOD PRESSURE : 151 / 99 mm Hg  
 REASON OF TERMINATION : Achieved TRP,  
 RR RESPONSE : Normal,  
 ARRHYTHMIA : None,  
 R.P. RESPONSE :  
**IMPRESSIONS** :  
 Negative for Provocable myocardial ischemia.

**NAVYA HOSPITAL**  
 RZ-13B, N. FARGAH,  
 NEW DELHI-110043

**DR. KAILASH K. SINGH**  
 MBBS, MD  
 REG. NO. - 11391

Technician :

Dr. Kailash K. Singh, MBBS, MD, Reg. No. 11391, Navya Hospital, RZ-13B, N. Fargah, New Delhi-110043.



## COMPUTERISED TREADMILL TEST

- (a) Pre-test :   Supine  
                  Standing  
                  Hyperventilation
- (b) Exercise:   Stage I       )  
                  Stage II      )     3 minutes each  
                  Stage III     )  
                  ... peak exercise
- (c) Recovery:   Recovery  
                  Recovery  
                  Recovery

### Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mm Hg)	RFP
PRETEST	SUPINE					97	124/76	120
	SITTING					92	127/74	116
	STANDING						125/75	112
	HYPERVENTILATION					90	138/84	191
	WARM UP					139		
EXERCISE	STAGE 1	2:55	2.70	10.0	4.64	142	145/91	205
	STAGE 2	5:55	4.00	12.0	7.04	178	154/98	274
	STAGE 3	8:55	5.40	14.0	9.92	180	154/98	277
	STAGE 4		6.70	16.0	10.13	120	144/98	172
	PEAK EXERCISE	9:6			10.87	116	134/81	155
RECOVERY	RECOVERY	12:11	0.00	0.00	0.00	110	121/75	133
	RECOVERY	13:29	0.00	0.00	0.00	110	121/75	133
	RECOVERY	14:57				110		

The protocol used - BRUCE

Total Exercise Time - 9.6

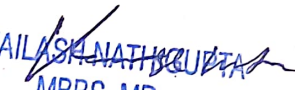
Maximum Blood Pressure - 154/98

Minimum Workload - 10.13 METS

Maximum heart rate - 181 bpm   Maximum predicted heart rate 88%

Reason for termination - achieved THR

Comments:

  
**Dr. KAILASH NATH GUPTA**  
 MBBS. MD  
 REG.NO.- 11391

**NAVYA HOSPITAL**  
 RZ-13B, RAJAFGARH,  
 NEW DELHI-110043

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone                      Division                      Branch                      DATE /TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR. RAJ KUMAR

Age/ Sex: 41/M

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	

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

Remarks

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

**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.

Disclaimer: 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 MAGNA Plus**  
**DIAGNOSTICS**

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

☎ : 8700101773, 7903658279

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA  
**SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)**

Form No. LIC03 - 011

ELISA FOR HIV

Zone Division Branch DATE /TIME 14/11/2024 09:50 AM

Proposal No. 900401

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR RAJ KUMAR

Age/Sex :39 /M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	88.7	60-110 MG/DL
2	TOTAL CHOLESTEROL	146.3	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	37.2	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	129.5	00-150 MG/DL
3	TRIGLYCERIDES	111.9	25-160 MG/DL
4	CREATININE	0.76	0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)	16.3	6.0-21.0 MG/DL
6	S PROTEINE	7.02	6.5-8.5 MG/DL
	(A) ALBUMIN	3.55	3.5-6.0 MG/DL
	(B) GLOBULINE	3.47	1.8-2.5 MG/DL
	(C) AG RATIO	1.02	
7	S. BILIRUBIN		
	(A) DIRECT	0.32	0.0-0.2 MG/DL
	(B) INDIRECT	0.60	0.2-0.8 GM/DL
	(C) TOTAL	0.92	0.2-1.0 MG/DL
8	SGOT (AST)	39.3	04-45 IU/DL
9	SGPT (ALT)	33.5	00-40IU/DL
10	GGTP (GGT)	44.9	11-50IU/DL
11	S. ALKANINE PHOSPATASE	109.3	15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN )	NEGATIVE	NEGATIVE
13	ELISA FOR HIV	NEGATIVE	NEGATIVE

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

Dr. SAKSHI SHIRMANI  
MBBS. MD PATH  
REG. NO. 8941

SIGNATURE OF PATHOLOGIST

PATHOLOGIST'S NAME & ADDRESS ALIFICATION

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**CARE A+ Plus**  
**DIAGNOSTICS**

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ANNEXURE II – 10

LIFE INSURANCE CORPORATION OF INDIA

Zone \_\_\_\_\_ Division Branch \_\_\_\_\_ DATE /TIME 14/11/2024 09:50 AM  
 Proposal No. 900401  
 Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature)  
 Full Name of Life to be assured: MR RAJ KUMAR

Age/Sex :39 /M

**HEAMETOLOGY**

Test	Result	Unit	
HbA1C	4.32	%	Non Diabetic:< <6.0 Pre diabetic: 5.7-6.9 Diabetic:>= >6.9

Mean Plasma Glucoselevels

Guidance For Known Diabetics
Below 6.5% : Good
Control6.5% - 7% :
Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

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

Pathologist's name & Address  
Qualification:

LIC Code No. :

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

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

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## LIFE INSURANCE CORPORATION OF INDIA

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_ DATE/TIME 14/11/2024 09:50 AM  
 Proposal No. 900401  
 Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature)  
 Full Name of Life to be assured: MR. RAJ KUMAR  
 Age/Sex :39 /M

### Complete Blood Count (CBC)+ESR

**Specimen: Whole Blood EDTA**

Haemoglobin (Hb) Colorimetric SLS	13.3	g/dL	13.0-17.0
TOTAL LEUKOCYTE COUNT (TLC) Flow Cytometry	8400	th/cumm	4.0-10.0
<b>Differential Cell Count</b>			
Neutrophils Flow cytometry / Microscopy	65	%	40-80
Lymphocytes Flow cytometry / Microscopy	30	%	20-40
Eosinophil Flow cytometry / Microscopy	3	%	1-6
Monocytes Flow cytometry / Microscopy	2	%	2-10
Basophils Flow cytometry / Microscopy	0	%	0-1
RBC Count Impedance	4.4	millions/cmm	4.5-5.5
Haematocrit (HCT) Calculated	39.9	%	40-50
MCV Calculated	90.1	fl	83-101
MCHC Calculated	32.4	g/dl	31.5-34.5
Platelet Count (PLT) Impedance / Microscopy	193	thou/ $\mu$ L	150-410
Mean Platelet Volume (MPV) Calculated	9.3	fl	7.4-10.4
RDW-CV Calculated	12.6	%	11.6-14.0
RDW-SD Calculated	44.2	fl	35.0-56.0
Erythrocyte Sedimentation Rate (ESR) Modified Westergren method	13	mm/hr	0-20

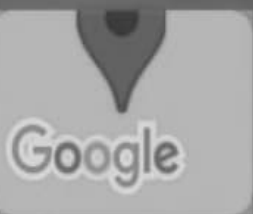
Signature of the Pathologist  
**Dr. SAKSHI KORMANI**  
 MBBS, MD, PATH  
 REG. NO. - 8941  
 Pathologist's name & Address  
 Qualification :

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

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Najafgarh, Delhi Division, Delhi

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