Date: 04/10 2024

To, LIC of India Branch Office

Proposal No. 5049

Name of the Life to be assured\_

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.

GAURAU GHAT

Signature of the Pathologist/ Doctor

Name:

and the second

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)

101

Name of life to be assured:

Reports Enclosed:				
Sr. No	Reports Name	Sr. No	Reports Name	
1	FMR	9	Lipidogram	
2 1	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both	
3	Haemogram	11	Hbalc	
4 L	Hb%	12	FBS (Fasting Blood Sugar)	
5 1	-8BT-13	13	PGBS (Post Glucose Blood Sugar)	
6 1	Elisa for HIV	14	CTMT with Tracing	
7 2	RUA	15	Proposal and other documents	
8	Chest X-Ray with Plate (PA View)			
16.	Questionnaires:			

17. Others (Please Specify) ~~ No ~

Remarks of HealthIndia Insurance TPA Services PVT LTD Authorized Signature,



#### ANNEXURE II - 1

### LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

### ELECTROCARDIOGRAM

Zone	Division	Branch
Proposal No 5040	1	
Agent/D.O. Code:	Introduced by: (nar	ne & signature)
Full Name of Life to be	assured: GAURAV G	HAI
Age/Sex :	48(M	
Instructions to the Cardi	ologist:	

- 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.

Signature or Thumb Impression of L.A.

Witness

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

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

Dated at D64411 on the day of 04/0cf/2026, Reg. No.-33435 Signature of the Cardiologist Signature of L.A.

Reg. No.-33435 Name & Address Oualification Code No.



Clinical findings

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
(77	85.1	120 (70	70/M

.....

Cardiovascular System (B)

Rest ECG Report:

o reperi		P Wave	(A)
Position	Sypine		0
Standardisation Imv	0	PR Interval	M
Mechanism		QRS Complexes	A
Voltage	N	Q-T Duration	N
Electrical Axis	(N)	S-T Segment	R
Auricular Rate	FOM	T -wave	(N)
Ventricular Rate	Folm	Q-Wave	(N)
Rhythm	Rejula	N.	
Additional findings, if any	MAR		

Conclusion: ECG- CUNL

Dated at D& Lift on the day of 04/ocf 2094



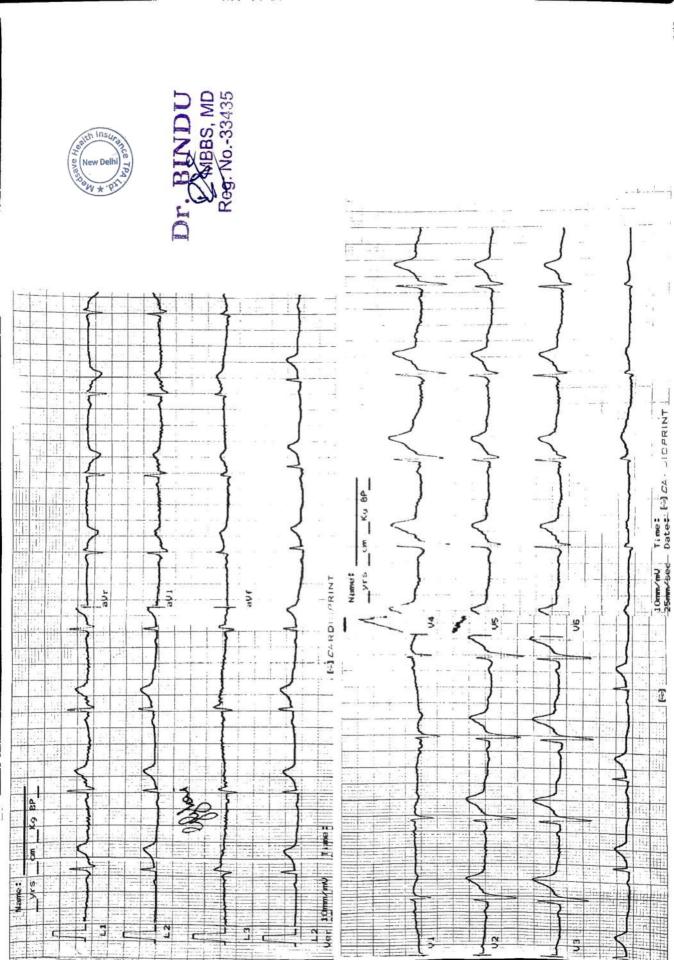
MBBS, MD

Reg. No.-33435 Signature of the Cardiologist

BL

Name & Address Qualification Code No.

Dr.



Email – elitediagnostic4@gmail.com

ELITE DIAGNOSTI

PROP. NO.	:	5049	
S. NO.	:	109105	10.00
NAME	:	MR. GAURAV GHAI	AGE/SEX - 48/M
REF. BY	:	LIC	
Date	:	OCTOBER,04,2024	

### HAEMOGRAM

Test	Result	Units Nor	mal Range
Hemoglobin	14.41	gm/dl	12-18
BIOCHEMISTRY-(SBT-13)			
Blood Sugar Fasting	98.21	mg/dl	70-115
S. Cholesterol H.D.L. Cholesterol L.D.L. Cholesterol S.Triglycerides S.Creatinine Blood Urea Nitrogen (BUN) Albumin Globulin S.Protein Total AG/Ratio Direct Bilirubin Indirect Bilirubin Total Bilirubin S.G.O.T.	193.42 42.58 140.79 128.69 0.82 14.81 4.1 3.1 7.2 3.61 0.2 0.8 1.0 31.40	mg/dl mg/dl mg/dl mg/dl mg/dl gm% gm% gm% mg/dl mg/dl mg/dl IU/L	130-250 35-90 0-160 35-160 0.5-1.5 06-21 3.2-5.50 2.00-4.00 6.00-8.5 0.5-3.2 0.00-0.3 0.1-1.00 0.1-1.3 00-42
S.G.P.T. Gamma Glutamyl Transferase (GGT) S. Alk. Phosphatase	32.79 42.41 69.60`	IU/L IU/L IU/L (Childre	00-42 00-60 28-111 en 151-471)

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

Please correlate with clinical conditions.

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DR. T.K. MATHUR M.B.B.S. MD (PATH) AEGO.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 hasitation. This report is not for medico - legal cases.

# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO.	:	5049	
S. NO. NAME REF. BY	:	109105	
	:	MR. GAURAV GHAI	
	:	LIC	
Date	:	OCTOBER, 04, 2024	

AGE/SEX - 48/M

## **ROUTINE URINE ANALYSIS**

### PHYSICAL EXAMINATION

Quantity		20.ml
Colour	:	P.YELLOW
Transparency	:	Clear
So Gravity	:	1.014

### CHEMICAL EXAMINATION

Reaction	:	ACIDIC	
Albumin		Nil	/HPF
Reducing Sugar	:	Nil.	/HPF
MICROSCOPIC EXAMINATION			
Pus Cells/WBCs	:	2-3.	/HPF
RBCs	:	Nil.	/HPF
Emithelial Gall			

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) 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 hasitation. This report is not for medico - legal cases.



Email - elitediagnostic4@gmail.com

PROP. NO.	:	5049
S. NO.	:	109105
NAME	:	MR. GAURAV GHAI
REF. BY	:	LIC
Date	:	OCTOBER, 04, 2024

AGE/SEX - 48/M

### **SEROLOGY**

Test Name	:Human Immunodeficiency Virus I&II {HIV}(Elisa method)		
Result	:	"Non-Reactive"	
Normal-Range	:	"Non-Reactive"	
Test Name	:Hepatitis B Su	rface 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)	
-		
,	Insultant Patholo	gist
	<b>y</b>	

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 <u>hasitation. This report is not for</u> <u>medico - legal cases.</u>