

Date: 08/10/2024

To,
LIC of India
Branch Office

Proposal No. 2532

Name of the Life to be assured DEVINDER KUMAR

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.

Signature of the Pathologist/ Doctor



Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Name: _____

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

Duendes

(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	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: UCT

17. Others (Please Specify) _____

Remarks of HealthIndia Insurance TPA Services PVT LTD
Authorized Signature,



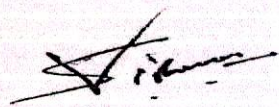
irine diagnostic


healthpartner

S. No. : 08/OCT/10
Name : MR DEVINDER KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 08-10-2024
AGE : 48Years
SEX : MALE

Cotinine

Test	Result
Cotinine	NEGATIVE


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

 8595347044

 irinediagnostic@gmail.com

 DD-23 KALKAJI DELHI :- 110019

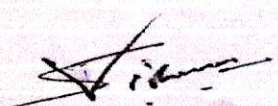
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H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	13.3	gm%	12-16


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URINE EXAMINATION

PHYSICAL EXAMINATION


COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.014

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-3/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL


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DD-28 KALKAJI DELHI :- 110019

S. No. : 08/OCT/10
 Name : MR DEVINDER KUMAR
 Ref. by : LIFE INSURANCE CORPORATION
 Date : 08-10-2024
 AGE : 48Years
 SEX : MALE

B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	89	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.72	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.42	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.20	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.5	mg/dl.	(6.0-8.3)
ALBUMIN	4.4	mg/dl.	(3.5-5.0)
GLOBULIN	2.1	mg/dl.	(2.3-3.5)
A/G RATIO	2.09		(1.0-3.0)
S.G.O.T. (AST)	28	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	25	IU/L	(5.0-40.0)
GAMMA GT	30	U/L	(9-45)
ALKALINE PHOSPHATASE	125	U/L	(80-200)
URIC ACID	5.8	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	172	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	110	mg/dl.	(60-160)
LDL	113	mg/dl.	(UPTO-150)
VLDL	38	mg/dl.	(23-45)
SERUM CREATININE	0.72	mg%	(0.6-1.2)
BUN	15	mg/dl	(02-18)



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DD-28 KALKAJI DELHI :- 110019

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. -

2532

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: DEVINDER KOMAR

Age/Sex

: 48 y/m

Instructions to the Cardiologist:

- 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.

Devinder

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.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?
Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. 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 08/10/2024 2023

Signature of L.A.

Devinder

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. RAINAKHAN

MBBS, DMRD

Reg. No. 25508



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
175	67.7	116/76	72/m

(B) Cardiovascular System

.....

.....

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	72/m	T-wave	Ⓟ
Ventricular Rate	72/m	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any	nic		

Conclusion: ECG-NIL

Dated at DELHI 08/10/2024 on the day of 200

Signature of the Cardiologist
Name & Address
Qualification
Code No.

Dr. RAJESH KHAN
MBBS, DMRD
Reg. No. 25508

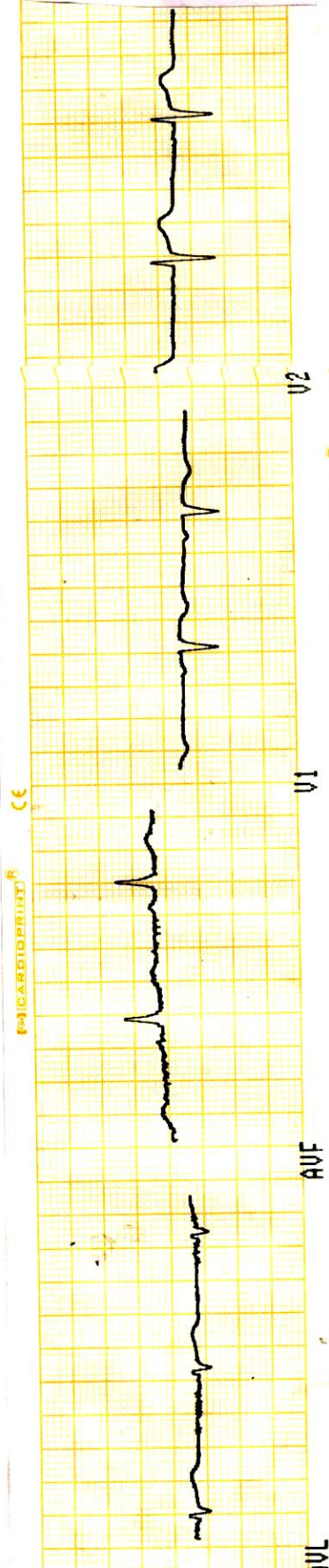


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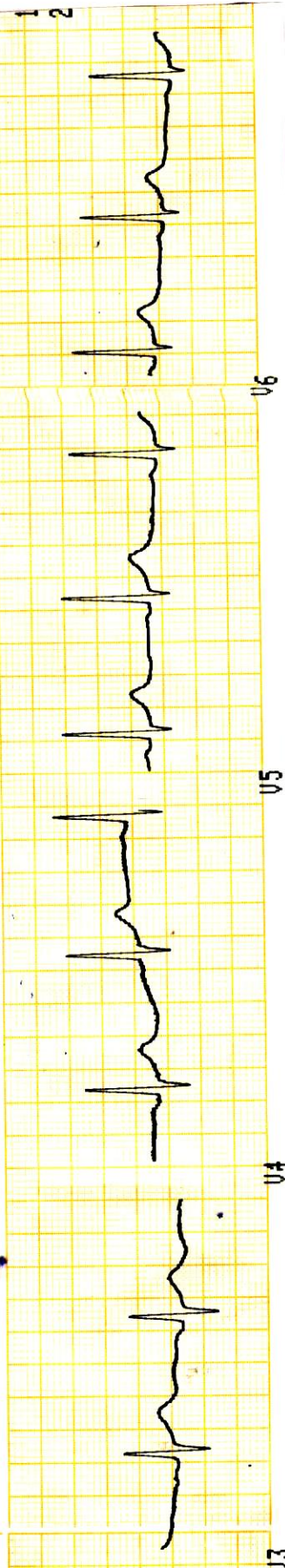
Devinder



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ECG - WNL
 DATE - 08-10-2024
 AGE - 48 years / MALE
 NAME :- DEVINDER KUMAR



Dr. RAINAKHAN
 MBBS, DMRD
 Reg. No. ~~25508~~