

Date: 12-10-2024

To,
LIC of India
Branch Office

Proposal No. 2994

Name of the Life to be assured BHAGWATI PRASAD

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. RAINA KAN
MBBS / DMD
Reg. No. 15508

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.

WPT
(Signature of the Life to be assured)

Name of life to be assured: _____

Reports Enclosed:

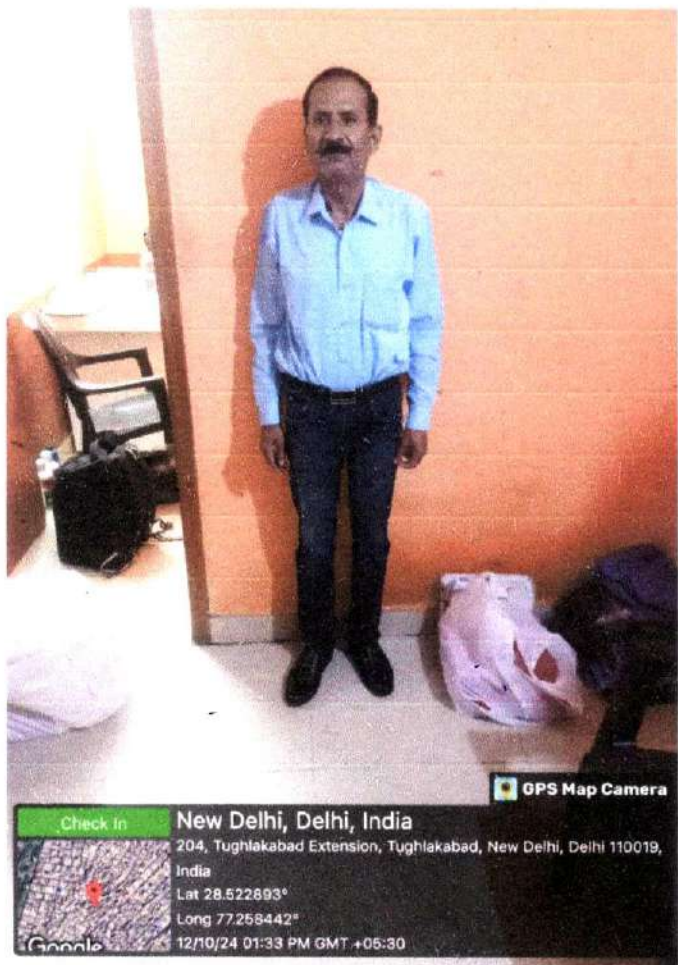
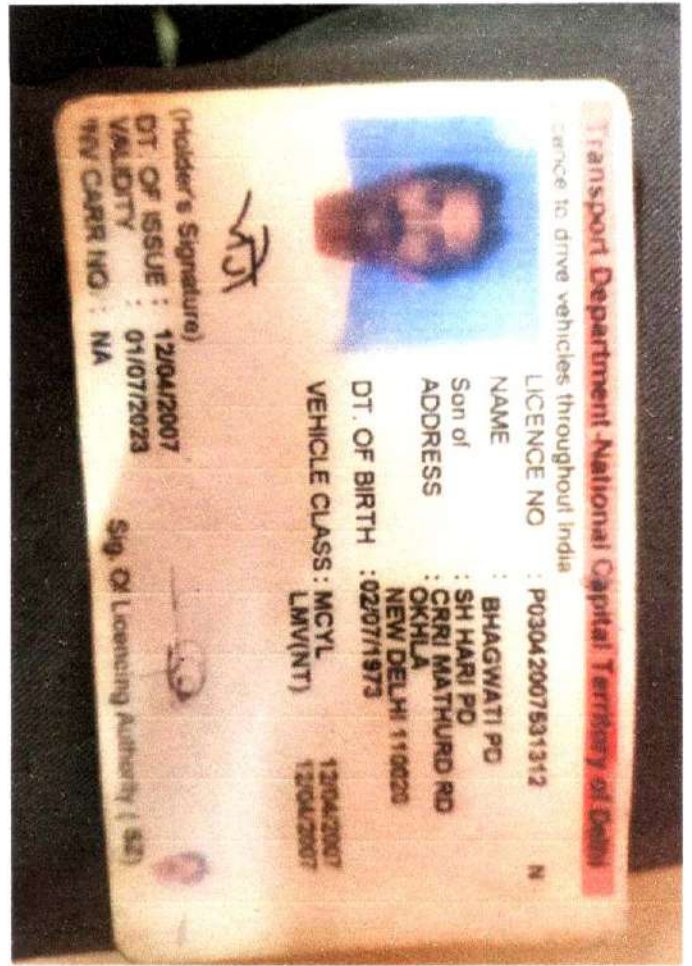
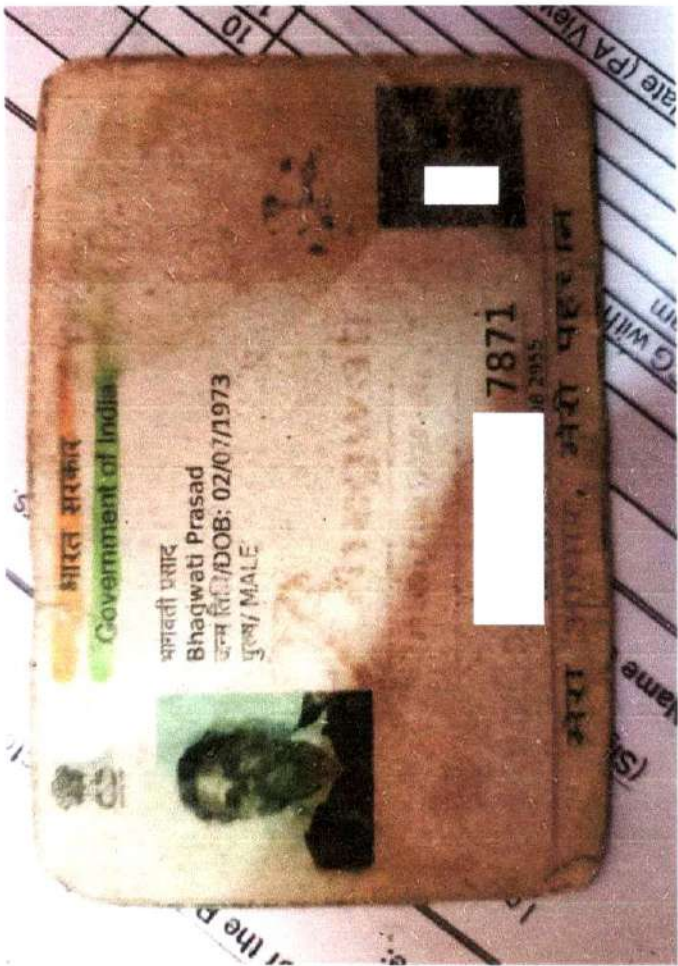
Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Med Save TPA Services PVT LTD
Authorized Signature.





Dr. RAINA KHAN
 MBBS, DMRD
 Reg. No. 5508



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch
 Proposal No. - 2994
 Agent/D.O. Code: Introduced by: (name & signature)
 Full Name of Life to be assured: BHAGWATI PRASAD
 Age/Sex : 51-10/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.

Witness

Signature or Thumb Impression of L.A.

[Handwritten signature]

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 12/10/2024 2023

Signature of L.A.

[Handwritten signature]

Signature of the Cardiologist
Name & Address

Qualification Code No.

Dr. RAINA KHAN
MBBS/DMRD
Reg. No. 15503



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
166	60	126/82	70/4

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	Supine	P Wave	0
Standardisation Impv	0	PR Interval	0
Mechanism	0	QRS Complexes	0
Voltage	0	Q-T Duration	0
Electrical Axis	0	S-T Segment	0
Auricular Rate	70/4	T-wave	0
Ventricular Rate	70/4	Q-Wave	0
Rhythm	Regular		
Additional findings, if any	HR 6		

Conclusion: ECG-WNL

Dated at ECU1 on the day of 12/10/2024 200

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



Signature of the Cardiologist
Name & Address
Qualification
Code No.

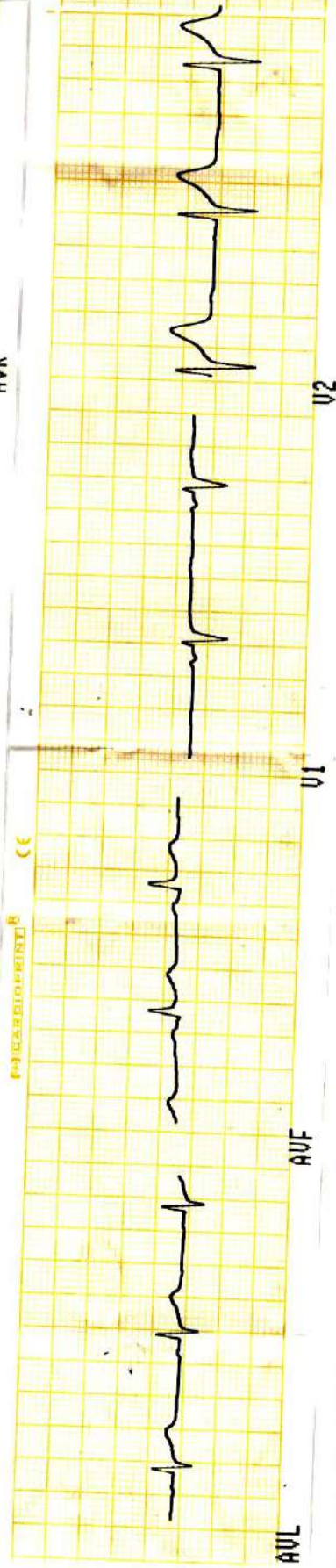


ECG CARBOPRINT® CE

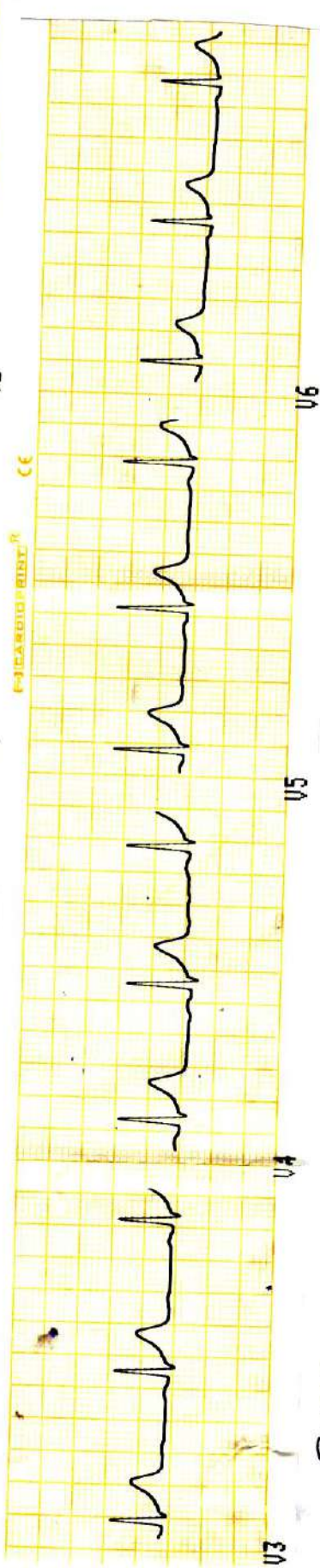
V107



ECG CARBOPRINT® CE



ECG CARBOPRINT® CE



SHAGWATI - PRASAD
 DATE -> 12/10/2024
 ECG - WNL
 AGE - 51y8/M



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