



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act, 1956)

_____ DIVISION

Form No. LIC03-012

PHYSICIAN'S REPORT

DECLARATION

I, hereby authorise Dr Bindu to intimate LIC of India all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and answers to Questions in Part One and Part Two of this report are true and complete and I do hereby declare that these will form part of the proposal dated 21/Nov/2024 given by me to LIC of India.

Bindu
Signature of the L.A.

Part - I

1. Full Name of Life to be assured (L.A.) PIARE LAL

2. Has the L.A. suffered from - N, M, D

Heart Disease	Hypertension	Diabetes
Y/N	Y/N	Y/N

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. Consume Tobacco, snuff, and other narcotic substances in any form?

No. of Years	Quantity used	Date of cessation, if any
No	No	No

4. Does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any
No	No	No

Date: 21/Nov/2024

Signature of Physician

Name: Dr. Bindu
Address: _____
Qualification: BBS, M2
Reg. No. 33435

Note: If Q.2 of Part - I is negative, no need of filling up Part - II



Part - II

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes Y/N*

Investigations	Treatment	Hospitalisation	Present status	Prognosis
<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>

2. Blood Pressure Reading

Current	At the time of detection of HT	Duration of HT, if taking regular treatment
<i>No</i>	<i>No</i>	<i>No</i>

3. Diabetes -

Date of Diagnosis	Type	Duration
<i>October - 2023</i>	<i>D, M II</i>	<i>Taking medicine 3 months (currently no medication)</i>

(not formal)

4. Are there any symptoms / signs of

(a)	Renal Disease	<i>No</i>
(b)	Neurological involvement	
(c)	Eye Involvement	
(d)	Peripheral Vascular Disease	
(e)	Any other infectious diseases (esp. TB)	

5. Is L.A. taking regular treatment for above disease/s? *No*

* (Enclose all relevant papers with this form)

Pooja D
Signature of the L.A.

Date: *21/Nov/2024*

Dr. Bindu
Signature of Physician

Name :

Address :

Dr. BINDU

MBBS, MD

Qualification :

Reg. No - 33435

Reg. No.





ELITE DIAGNOSTIC

Email - elitediagnostic@gmail.com

PROP. NO. : 5662
S. NO. : 110538
NAME : MR. PIARE LAL AGE/SEX - 59/M
REF. BY : LIC
Date : NOVEMBER, 21, 2024

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)		%

INTERPRETATION

Normal	:	5.0 - 6.7
Good Diabetic Control	:	6.8 - 7.3
Fair Control	:	7.4 - 9.1
Poor Control	:	more than 9.1

Note: - Glycosylated Haemoglobin is a specific component of HbA1c and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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

Please correlate with clinical conditions.

DR. I.K. MATHUR

M.B.B.S., MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7/61, Gali no. 10, Mata Rameshwar Marg, Netaji Park, Kirti Nagar, Delhi-110028 Contact: +91-9620089041, 9871144570

NOTE: Not to be final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is valid for analysis - legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic@gmail.com

PROP. NO. : 5662
S. NO. : 110538
NAME : MR. PIARE LAL AGE/SEX - 59/M
REF. BY : LIC
Date : NOVEMBER, 21, 2024

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar (PP)	136.48	mg/dl	80-140
S. Creatinine	0.91	mg/dl	0.5-1.5
Total Lipids	569.5	mg/dl	400-700
S. Triglycerides	152.30	mg/dl	30-150
S. Cholesterol	198.60	mg/dl	130-250
H.D.L. Cholesterol	47.00	mg/dl	35-90
L.D.L. Cholesterol	121.20	mg/dl	0-150
V.L.D.L. Cholesterol	30.40	mg/dl	0-50


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

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

 Consultant Pathologist

7991, Gali no. 10, Mata Rameshwar Marg, Nehru Nagar Kirti Bagh, Delhi- 110005 Contact +91-8650089641, 9871144776

NOTE: Not to be final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico-legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic@gmail.com

PROF. NO. : 5662
S. NO. : 110538
NAME : MR. PIARE LAL AGE/SEX - 59/M
REF. BY : LIC
Date : NOVEMBER, 21, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /SPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 0-1. /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. 13702

 Consultant Pathologist

7091, Call no. 10, Mata Rameshwari Marg, Nehru Nagar Kirti Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE: Not to be final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico-legal cases.



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



प्यारे लाल

Piare Lal

जन्म तिथि / DOB: 05/04/1965

पुरुष / MALE

Mobile No.: 9210613371


8190 5130 1070

VID : 9122 4691 5392 9502

Issue Date: 31/07/2020

मेरा आधार, मेरी पहचान



 **GPS Map Camera**

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Lat 28.69738° Long 77.086563°

21/11/24 08:15 AM GMT +05:30



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