

Date: 17/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 7157

Name of the Life to be assured PREYA CHHIKARA

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

Name:

DR. RAJESH KUMAR  
MBBS, DMRD  
Reg. No. 25508

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)

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. Sence TPA Services PVT LTD  
Authorized Signature.





भारत सरकार

Government of India



Issue Date: 27/08/2022



Preya Chhikara  
DOB : 24/07/1986  
Female

~~3589 4899~~ 8464

मेरा आधार, मेरी पहचान



New Delhi, Delhi, India  
140, Block E, Saket, New Delhi, Delhi 110017, India  
Lat 28.5222203°  
Long 77.20816°  
17/10/24 09:22 AM GMT +05:30

GPS Map Camera





# irine diagnostic

healthpartner

S. No. : 17/OCT/21  
Name : MRS PREYA CHHIKARA AGE : 38Years  
Ref. by : LIFE INSURANCE CORPORATION SEX : FEMALE  
Date : 17-10-2024

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

| Test                         | Result | Units  | Normal Range |
|------------------------------|--------|--------|--------------|
| FASTING BLOOD SUGAR          | 86     | mg/dl. | (60-110)     |
| TOTAL BILIRUBIN              | 0.74   | mg/dl. | (0.1-1.2)    |
| CONJUGATED (D.Bilirubin)     | 0.49   | mg/dl. | (0.00-0.6)   |
| UNCONJUGATED (I.D.Bilirubin) | 0.25   | mg/dl. | (0.1-1.0)    |
| TOTAL PROTEIN                | 6.2    | mg/dl. | (6.0-8.3)    |
| ALBUMIN                      | 4.2    | mg/dl. | (3.5-5.0)    |
| GLOBULIN                     | 2.0    | mg/dl. | (2.3-3.5)    |
| A/G RATIO                    | 2.1    |        | (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                     | 26     | U/L    | (9-45)       |
| ALKALINE PHOSPHATASE         | 128    | U/L    | (80-200)     |
| URIC ACID                    | 5.2    | mg/dl. | (4.4-7.2)    |
| SERUM CHOLESTEROL            | 178    | mg/dl. | (150-200)    |
| HDL CHOLESTEROL              | 40     | mg/dl. | (30-63)      |
| S. TRIGLYCERIDES             | 132    | mg/dl. | (60-160)     |
| LDL                          | 110    | mg/dl. | (UPTO-150)   |
| VLDL                         | 35     | mg/dl. | (23-45)      |
| SERUM CREATININE             | 0.72   | mg%    | (0.6-1.2)    |
| BUN                          | 13     | mg/dl  | (02-18)      |



*Shilpi Gupta*

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

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019



S. No. : 17/OCT/21  
 Name : MRS PREYA CHHIKARA  
 Ref. by : LIFE INSURANCE CORPORATION  
 Date : 17-10-2024  
 AGE : 38Years  
 SEX : FEMALE

## HAEMATOLOGY

| Test   | Result | Units  | Normal Range           |
|--|--------|--------|------------------------|
| Hemoglobin                                   | 14.3   | gm%    | 12-16                  |
| Total Leucocytes Count (TLC)                 | 7200   | /cumm  | 4000-11000             |
| <b>Differential Leucocytes Count [D.L.C]</b> |        |        |                        |
| Neutrophils                                  | 60     | %      | 40-75                  |
| Lymphocytes                                  | 32     | %      | 20-45                  |
| Eosinophils                                  | 04     | %      | 01-06                  |
| Monocytes                                    | 04     | %      | 02-10                  |
| Basophils                                    | 00     | %      | 00-01                  |
| Erythrocyte Sedimentation Rate (ESR)         | 10     | mm/1Hr | 00-15                  |
| Red Blood Cell [RBC]                         | 5.2    | mill.  | M-4.6-6.5<br>F-3.9-5.6 |
| Packed Cell Value [PCV]                      | 44.5   | %      | 37-54                  |
| Mean Cell Value [MCV]                        | 87.3   | f1     | 76-96                  |
| Mean Cell Hemoglobin [MCH]                   | 29.5   | pg     | 27-32                  |
| Mean Cell Hemoglobin Conc. [MCHC]            | 32.8   | %      | 30-35                  |
| Platelet count                               | 2.33   | Lakhs  | 1.5-4.5                |



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## H A E M A T O L O G Y

| Test                             | Result | Units |
|----------------------------------|--------|-------|
| Glycosylated Haemoglobin (HbA1c) | 5.2    | %     |

### INTERPRETATION

|                       |   |           |
|-----------------------|---|-----------|
| Normal                | : | 4.4 - 6.7 |
| Goal                  | : | 6.7 - 7.3 |
| Good Diabetic Control | : | 7.3 - 9.1 |
| Action Suggested      | : | > 9.1     |

Note:- Glycosylated Hemoglobin 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 proceeding 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.



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## S E R O L O G Y

\*\*Test Name : Human Immunodeficiency  
HIV I & II (ELISA METHOD)

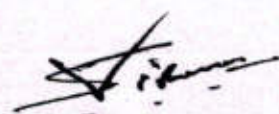
Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

\*\*Test Name : Hepatitis B Surface  
Antigen (HbsAg)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

  
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## URINE EXAMINATION

### PHYSICAL EXAMINATION

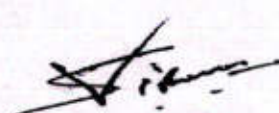
|                  |        |
|------------------|--------|
| COLOUR           | YELLOW |
| REACTION         | ACIDIC |
| APPEARANCE       | CLEAR  |
| ALBUMIN          | NIL    |
| SUGAR            | NIL    |
| SPECIFIC GRAVITY | 1.017  |

### CHEMICAL EXAMINATION

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

### MICROSCOPIC EXAMINATION

|                  |          |
|------------------|----------|
| PUS CELLS        | 2-4/HPF  |
| EPITHELIAL CELLS | 2-4/HPF  |
| RBC              | NIL /HPF |
| BACTERIA         | NIL      |
| CASTS            | NIL      |
| CRYSTALS         | NIL      |
| OTHERS           | NIL      |

  
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## ANNEXURE II - I

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. -

7157

Agent/D.O. Code:

Introduced by: (name &amp; signature)

Full Name of Life to be assured:

PRETA CHHAKRA

Age/Sex

38y/F

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 VI 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.



**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

DELHI

on the day of

17/10/2024

2023

Dr. RAINAKHAN  
MBBS DMRD  
Reg. No: 85508

Signature of L.A.




Signature of the Cardiologist  
Name & Address  
Qualification Code No.





## Clinical findings

(A)

| Height (Cm) | Weight (kgs) | Blood Pressure | Pulse Rate |
|-------------|--------------|----------------|------------|
| 171         | 79           | 122/76         | 80/m       |

(B) Cardiovascular System

A

## Rest ECG Report:

|                             |         |               |   |
|-----------------------------|---------|---------------|---|
| Position                    | Supine  | P Wave        | Q |
| Standardisation Imv         | Q       | PR Interval   | Q |
| Mechanism                   | Q       | QRS Complexes | Q |
| Voltage                     | Q       | Q-T Duration  | Q |
| Electrical Axis             | Q       | S-T Segment   | Q |
| Auricular Rate              | 80/m    | T-wave        | Q |
| Ventricular Rate            | 80/m    | Q-Wave        | Q |
| Rhythm                      | Regular |               |   |
| Additional findings, if any | nil     |               |   |

Conclusion: ECG - WNU

DEVI 17/10/2024

Dated at \_\_\_\_\_ on the day of \_\_\_\_\_ 200

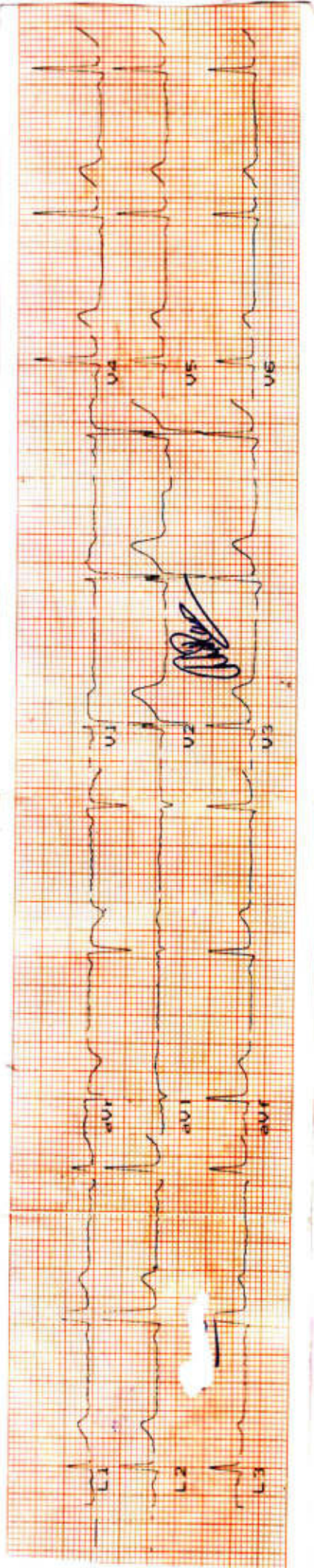


Dr. RAINA KHAN

Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.

MBBS, DMRD  
 Reg. No. 45508





PREYA CHHIKARA

ECG - WML

AGE = 38 Y/F

DATE = 17/10/2024



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

