



ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROPOSAL NO. : 3285
 S. NO. : 109126
 NAME : MR. RAJAN JAIN AGE/SEX: 50/M
 REF. BY : LIC
 Dat : OCTOBER, 06, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.55	gm/dl	12-18

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	96.08	mg/dl	70-115
S. Cholesterol	179.58	mg/dl	130-250
H.D.L. Cholesterol	66.58	mg/dl	35-90
L.D.L. Cholesterol	132.52	mg/dl	0-160
S. Triglycerides	112.58	mg/dl	35-160
S. Creatinine	0.88	mg/dl	0.5-1.5
Blood Urea Nitrogen {BUN}	14.60	mg/dl	06-21
Albumin	4.2	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.4	gm%	6.00-8.5
AG/Ratio	1.31		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.8	mg/dl	0.1-1.00
Total Bilirubin	1.0	mg/dl	0.1-1.3
S.G.O.T.	24.58	IU/L	00-42
S.G.P.T.	25.41	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	46.51	IU/L	00-60
S. Alk. Phosphatase	78.69	IU/L	28-111

(Children 151-471)

SEROLOGY


Test Name : Human Immunodeficiency Virus I&II {HIV} (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)
 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 hesitation. This report is not for medico – legal cases.

Date: 06/10/2024

To,
LIC of India
Branch Office

Proposal No. 3285

Name of the Life to be assured RAJAN JAIN

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]
Signature of the Pathologist/Doctor

Dr. BINDU
MBBS MD
Reg. No.-33435

Name: _____

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

[Signature]
(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,



भारत सरकार
Insurance Identification Authority of India

Enrollment No. 76029

Signature of Insured Person
Sri. Narinder Kumar Jain
Maha Gauri S.O.
New Delhi Delhi - 110007

Signature of Insurer
Medavive Health Insurance TPA Ltd.
New Delhi

1710
12 0995

मेरा आधार, मेरी पहचान

1710
12 0995

मेरा आधार, मेरी पहचान

Dr. BINDU
MBBS, MD
Reg. No. 33435



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 3285
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: RAJAN JAIN
 Age/Sex : 50-10/M

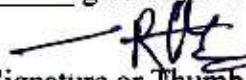
Instructions to the Cardiologist:

- 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 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.

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 06/10/2024 2023

Signature of L.A.





Signature of the Cardiologist
 Name & Address
 Qualification Code No.



Dr. BINDU
 MBS, MD
 Reg. No. -33435

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
165	78	118/84	78/100

(B) Cardiovascular System

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Rest ECG Report:

Position	Supine	P Wave	A
Standardisation Impv	D	PR Interval	D
Mechanism	D	QRS Complexes	D
Voltage	D	Q-T Duration	D
Electrical Axis	D	S-T Segment	D
Auricular Rate	78/100	T-wave	D
Ventricular Rate	78/100	Q-Wave	D
Rhythm	Regular		
Additional findings, if any	NIL		

Conclusion: ECG - NHL

Dr. BINDU

[Signature] MD
Reg. No. - 33435

DELHI 06/10/2024

Dated at _____ on the day of _____ 200



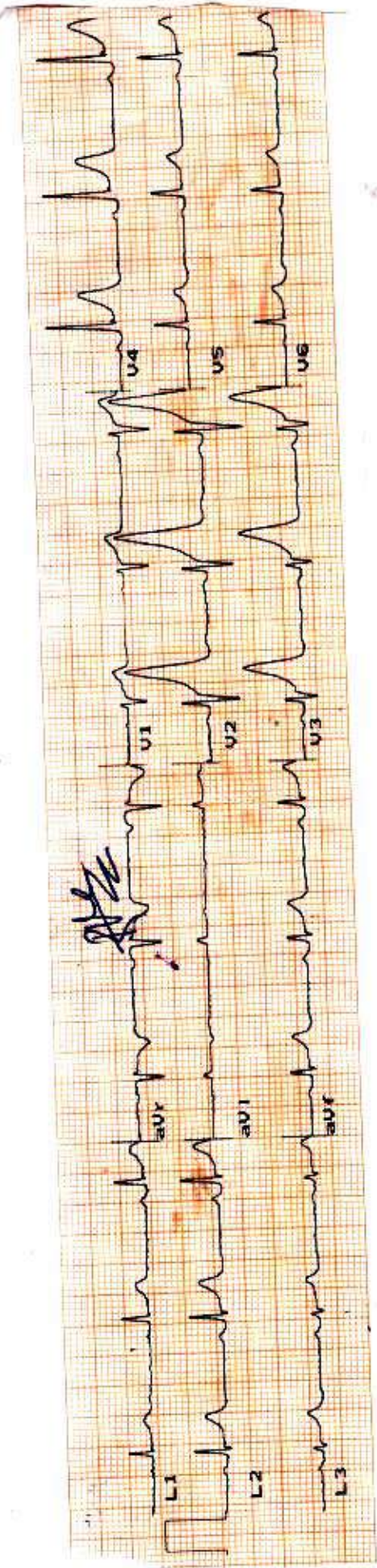
Signature of the Cardiologist*

Name & Address

Qualification

Code No.





DR. BHADU
 XGSS, MD
 Reg. No.-33435

NAME RASWAN
 AGE 50
 SEX M

DATE 06/10/24
 TIME 10:30 AM

