



# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6097  
S. NO. : 110296  
NAME : MR. PUNIT JAIN  
REF. BY : LIC  
Date : OCTOBER, 27, 2024  
AGE/SEX: 56/M

## ROUTINE URINE ANALYSIS

### PHYSICAL EXAMINATION

Quantity : 25.ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.015

### CHEMICAL EXAMINATION

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

### MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 2-3. /HPF  
RBCs : Nil. /HPF  
Epithelial Cells : 1-2. /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. 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.



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## HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	13.80	gm/dl	12-18

## BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	95.22	mg/dl	70-115

Test	Result	Units	Normal Range
Total Lipids	507.8	mg/dl	400-700
S. Triglycerides	142.6	mg/dl	70-150
S. Cholesterol	172.6	mg/dl	130-250
H.D.L. Cholesterol	42.0	mg/dl	35-90
L.D.L. Cholesterol	102.1	mg/dl	0-160
V.L.D.L. Cholesterol	28.5	mg/dl	0-50

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

Please correlate with clinical conditions.



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Consultant Pathologist

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Date: 27/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 6097

Name of the Life to be assured PUNIT 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 of the Pathologist/ Doctor

Name:

**Dr. BINDU**  
MBBS, MD  
Reg. No.-33435

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:**

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM	YES	BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	YES
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	YES
ELISA FOR HIV		Other Test	

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,





Latitude  
28.6311994°  
Local Time: 10:30:14 AM  
GMT: 05:00:14 AM

Longitude  
77.2719473°  
Altitude: 208 meters  
Sunrise: 27:30:2024

THB 442a, 2nd Floor, 12, Puchta Rd, Laxmi Park, Laxmi Nagar, Delhi, 110092  
India



**Dr. BINDU**  
M.B.S., MD  
Reg. No. -33435



भारत सरकार  
Government of India



Issue Date: 24/09/2011



पुनीत जैन  
PUNIT JAIN

जन्म तिथि / DOB : 21-09-1968

पुरुष / MALE  
9899211234

**1037**  
8 6691



## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
 Proposal No. 6097  
 Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature) \_\_\_\_\_  
 Full Name of Life to be assured: PUNJIT JAIN  
 Age/Sex : 56 Y/O/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 Y
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N Y
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N Y

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 27/10/2024 2023

Signature of L.A.

Punjat Jain



Signature of the Cardiologist  
 Name & Address  
 Qualification Code No.

DR. BINDU  
MBBS, MD  
 Reg. No. -33435



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
177	72	126/84	80/m

(B) Cardiovascular System

Q

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.	MI		

Conclusion: ECG-WNL

DEVI 27/10/2024  
Dated at on the day of

200

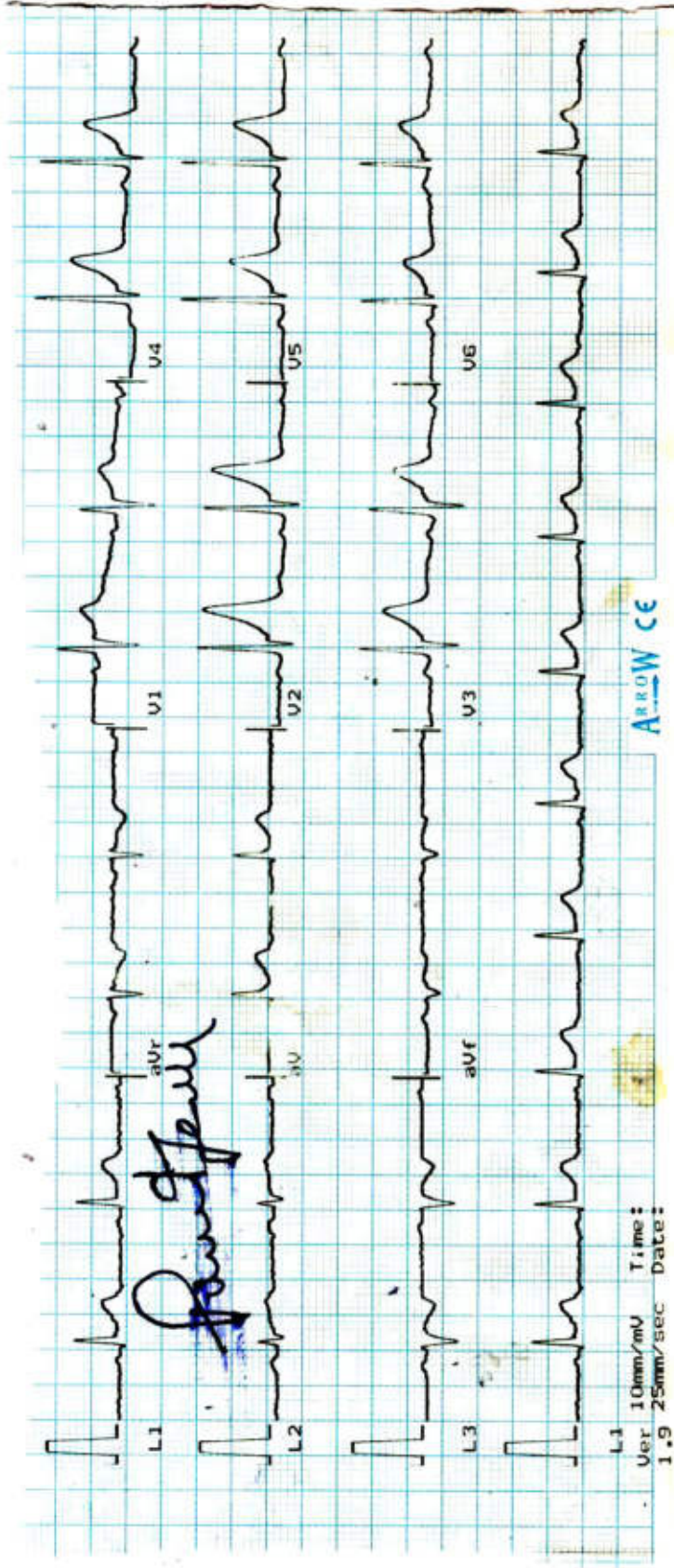


Dr. BINDU  
MBBS, MD  
Reg No - 33435



Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.





PUNIT JAIN  
 AGE 56 yrs / m  
 ECG - WNL  
 DATE 27/10/2024

DR. BINDU  
 MBBS, MD  
 Reg. No. 22435



Arrow CE