

irine diagnostic

healthpartner

S. No. : 20/OCT/31
Name : MR AMRESH SINGH GAUTAM
Ref. by : LIFE INSURANCE CORPORATION
Date : 20-10-2024
AGE : 29Years
SEX : MALE

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

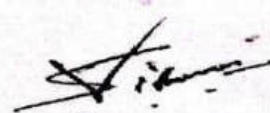
| Test | Result | Units | Normal Range |
|------------------------------|--------|--------|--------------|
| FASTING BLOOD SUGAR | 84 | mg/dl. | (60-110) |
| TOTAL BILIRUBIN | 0.75 | mg/dl. | (0.1-1.2) |
| CONJUGATED (D.Bilirubin) | 0.44 | mg/dl. | (0.00-0.6) |
| UNCONJUGATED (I.D.Bilirubin) | 0.21 | mg/dl. | (0.1-1.0) |
| TOTAL PROTEIN | 6.6 | mg/dl. | (6.0-8.3) |
| ALBUMIN | 4.4 | mg/dl. | (3.5-5.0) |
| GLOBULIN | 2.2 | mg/dl. | (2.3-3.5) |
| A/G RATIO | 2.0 | | (1.0-3.0) |
| S.G.O.T. (AST) | 24 | IU/L | (5.0-34.0) |
| S.G.P.T. (ALT) | 28 | IU/L | (5.0-40.0) |
| GAMMA GT | 26 | U/L | (9-45) |
| ALKALINE PHOSPHATASE | 120 | U/L | (80-200) |
| URIC ACID | 5.8 | mg/dl. | (4.4-7.2) |
| SERUM CHOLESTEROL | 175 | mg/dl. | (150-200) |
| HDL CHOLESTEROL | 47 | mg/dl. | (30-63) |
| S. TRIGLYCERIDES | 130 | mg/dl. | (60-160) |
| LDL | 120 | mg/dl. | (UPTO-150) |
| VLDL | 35 | mg/dl. | (23-45) |
| SERUM CREATININE | 0.72 | mg% | (0.6-1.2) |
| BUN | 12 | mg/dl | (02-18) |



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DD-28 KALKAJI DELHI :- 110019


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



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H A E M A T O L O G Y

| Test | Result | Units | Normal Range |
|------------|--------|-------|--------------|
| Hemoglobin | 14.5 | gm% | 12-16 |



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S E R O L O G Y

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

Result : "Non-Reactive"

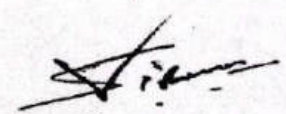
Normal-Range : "Non-Reactive"

**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 | 1.015 |

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 - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 5422
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: AMRESH SINGH GAUTAM
 Age/Sex : 29 Y/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 20/10/2024
 on the day of _____ 2023

Signature of L.A.



Signature of the Cardiologist Dr. RAINA KHAN
 Name & Address _____
 Qualification MBBS, DMRD Code No. Reg. No. 25508

Clinical findings

(A)

| Height (Cms) | Weight (kgs) | Blood Pressure | Pulse Rate |
|--------------|--------------|----------------|------------|
| 183 | 90 | 122/84 | 74/min |

(B) Cardiovascular System

R

Rest ECG Report:

| | | | |
|------------------------------|---------|---------------|---|
| Position | Supine | P Wave | ✓ |
| Standardisation Imv | ✓ | PR Interval | ✓ |
| Mechanism | ✓ | QRS Complexes | ✓ |
| Voltage | ✓ | Q-T Duration | ✓ |
| Electrical Axis | ✓ | S-T Segment | ✓ |
| Auricular Rate | 74/min | T-wave | ✓ |
| Ventricular Rate | 74/min | Q-Wave | ✓ |
| Rhythm | Regular | | |
| Additional findings, if any. | nil | | |

Conclusion: ECG - normal

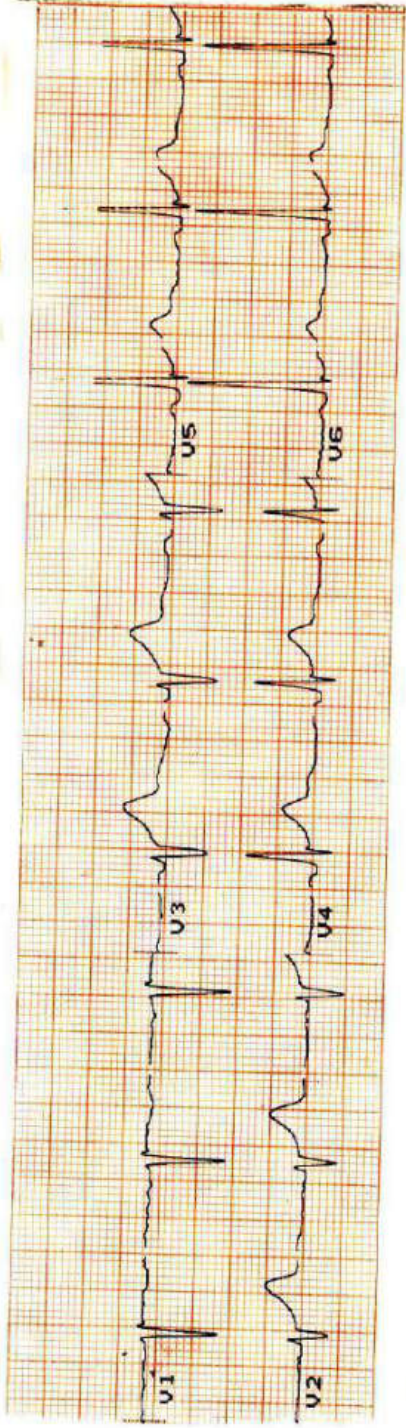
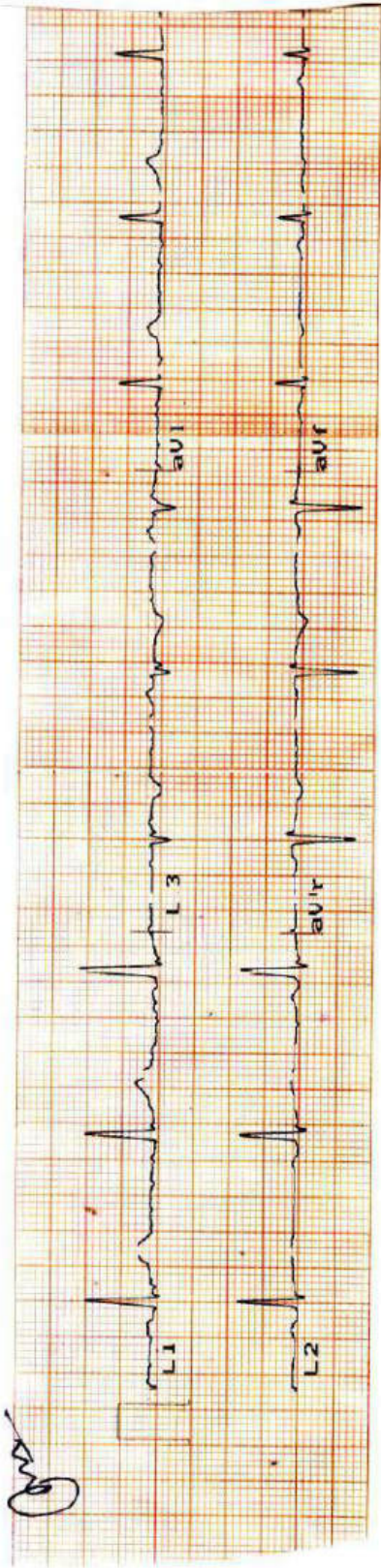


DR. RAJAKHAN
MBBS DMRD
Reg. No. 26508

Delhi 20/10/2024
Dated at _____ on the day of _____ 200



Signature of the Cardiologist
Name & Address
Qualification
Code No.



AMRESH SINGH GAUTAM

DATE = 20/10/2024

EKG: WHL

AGE = 29-10/M

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



Date: 20/10/2024

To,
LIC of India
Branch Office

Proposal No. 5422

Name of the Life to be assured AMRESH SINGH GASTAM

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 KHAN
MBBS, DMRD
Reg. No. 25508

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.

(Signature)

(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 | | BST (Blood Sugar Test-Fasting & PP) Both | |
| BLOOD SUGAR TOLERANCE REPORT | | FBS (Fasting Blood Sugar) | |
| SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13) | YES | PGBS (Post Glucose Blood Sugar) | |
| 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,



Dr. RAINAKKIAN
MED. DMRD
Reg. No. 25508

