

Date: 17-10-2024

To,  
LIC of India  
Branch Office

Proposal No. 167320853

Name of the Life to be assured BALRAJ BHALLA

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.

*Bhalla*  
(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 HealthIndia Insurance TPA Services PVT LTD  
Authorized Signature.



**Transport Department Government of NCT of Delhi**  
**Authorisation to Drive Vehicle Class throughout India**

DL No : DL03 19990230364 (R)  
 Name : BALRAJ BHALLA  
 S/D/W : C S BHALLA

	DOB : 26/06/1964	Blood Group : U
	Class of Vehicle	Date Of Issue
	LMV	16/08/1999
	MCWG	16/08/1999

Address: 118-A/1 ZAMRUD PUR G K I GREATER  
 KAILASH,SOUTH DELHI 110048

Issue Date : 05/12/2019  
 Validity(NT) : 04/12/2024  
 Validity(TR) : NA  
 Adpt.Veh.No : NA

(Sign of DL Holder)  
 Licensing Authority  
 SZ, SHEIKH SARAI



**Irene Hospital**  
 118-A/1 Zamrud Pur G K I Greater Kailash, South Delhi, Delhi 110048  
 Phone: 011-26101111, 011-26101112  
 Email: info@irenehospital.com, irenehospital@gmail.com  
 Website: www.irenehospital.com

**New Delhi, Delhi, India**  
 DD-23, Block DD, Kailaji, New Delhi, Delhi 110019, India  
 Lat 28.544656°  
 Long 77.258163°  
 17/10/24 09:39 AM GMT +05:30

OPS Map Camera  
 Check In  
 Google





# irine diagnostic


healthpartner

S. No. : 17/OCT/25  
Name : MR BALRAJ BHALLA  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 17-10-2024  
AGE : 60Years  
SEX : MALE

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

Test	Result	Units	Normal Range
Hemoglobin	13.1	gm%	12-16



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

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

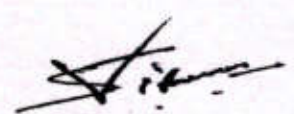


S. No. : 17/OCT/25  
Name : MR BALRAJ BHALLA  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 17-10-2024  
AGE : 60Years  
SEX : MALE

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

Test	Result	Units	Normal Range
SERUM CHOLESTEROL	183	mg/dl.	(150-200)
HDL CHOLESTEROL	50	mg/dl.	(30-63)
S. TRIGLYCERIDES	129	mg/dl.	(60-160)
LDL	120	mg/dl.	(UPTO-150)
VLDL	40	mg/dl.	(23-45)
SERUM CREATININE	0.89	mg%	(0.6-1.2)



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

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019



S. No. : 17/OCT/25  
Name : MR BALRAJ BHALLA  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 17-10-2024  
AGE : 60Years  
SEX : MALE

## URINE EXAMINATION

### PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.018

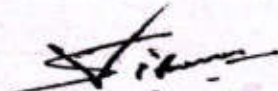
### CHEMICAL EXAMINATION

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

### MICROSCOPIC EXAMINATION

PUS CELLS	4-5/HPF
EPITHELIAL CELLS	4-5/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL



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

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019

## ANNEXURE II - 1

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. -

167 320 853

Agent/D.O. Code:

Introduced by: (name &amp; signature)

Full Name of Life to be assured: BALRAJ BHALLA

Age/Sex

: 60 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

on the day of

17/10/2024

2023

Signature of L.A.

Bhalla -



Signature of the Cardiologist

Name &amp; Address

Qualification

Code No.



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



## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
159	62	122/76	82/m

(B) Cardiovascular System

A

## Rest ECG Report:

Position	Supine	P Wave	Q
Standardisation Inv	A	PR Interval	Q
Mechanism	A	QRS Complexes	Q
Voltage	A	Q-T Duration	Q
Electrical Axis	A	S-T Segment	Q
Auricular Rate	82/m	T-wave	Q
Ventricular Rate	82/m	Q-Wave	Q
Rhythm	Regular		
Additional findings, if any	nil		

Conclusion: ECG-normal

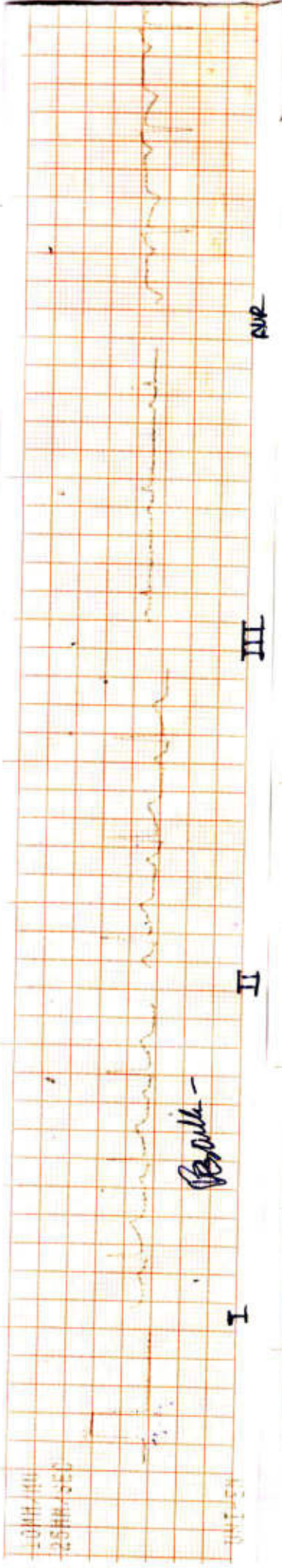
DEWH 17/10/2024  
 Dated at \_\_\_\_\_ on the day of \_\_\_\_\_ 200

Dr. RAINA KHAN  
 MBBS, DMRD  
 Reg. No. 25500

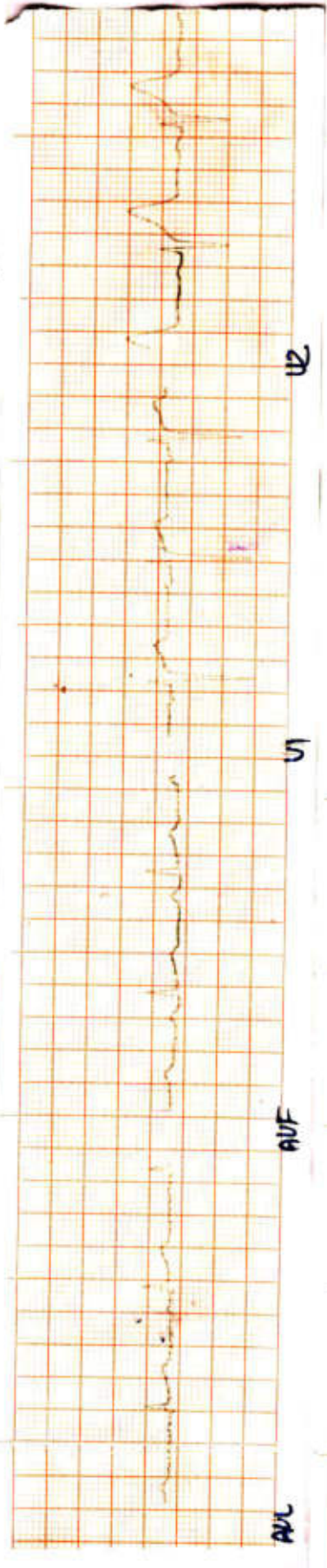


Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.





Beata-



BAL RAJ BHALLA

EKG-wal

DATE => 17/10/2024

AGE=> 60-70/m



Dr. RAJESH K. BHALLA  
MBBS, DMRD  
Reg. No. 255508