

Date: 6/11/2024

To,
LIC of India
Branch Office

Proposal No. 2299

Name of the Life to be assured SARFE ALAM

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. BINDU
MBBS, MD

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.

Sarfe Alam

(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)		HIV	YES
ELISA FOR HIV	YES	Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 2299

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: SAKFE ALAM

Age/Sex : 48/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.

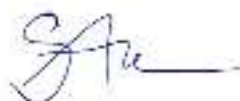
- Have you ever had chest pain, palpitation, breathlessness at rest or exertion?
Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

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/MAY/2024

Signature of L.A.

Dr. HINDU
M.B.B.S. MD
Reg. No. 33435
Signature of the Cardiologist
Name & Address
Qualification Code No.




Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
172	93.2	124/82	82/M

(B) Cardiovascular System

N

Rest ECG Report:

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

Conclusion: *WNL*Dated at *DELHI* on the day of *06/Nov/2024*

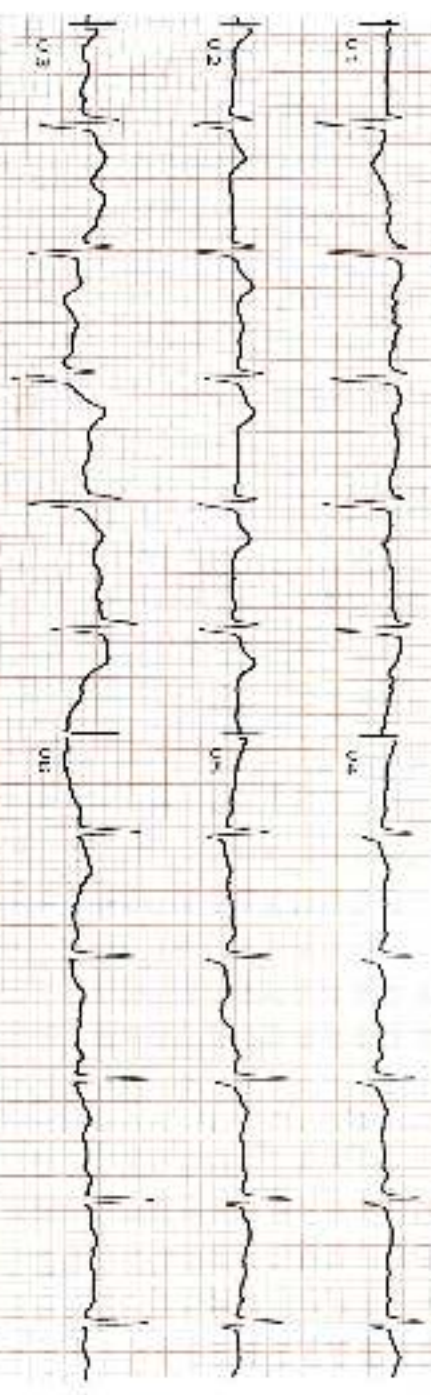
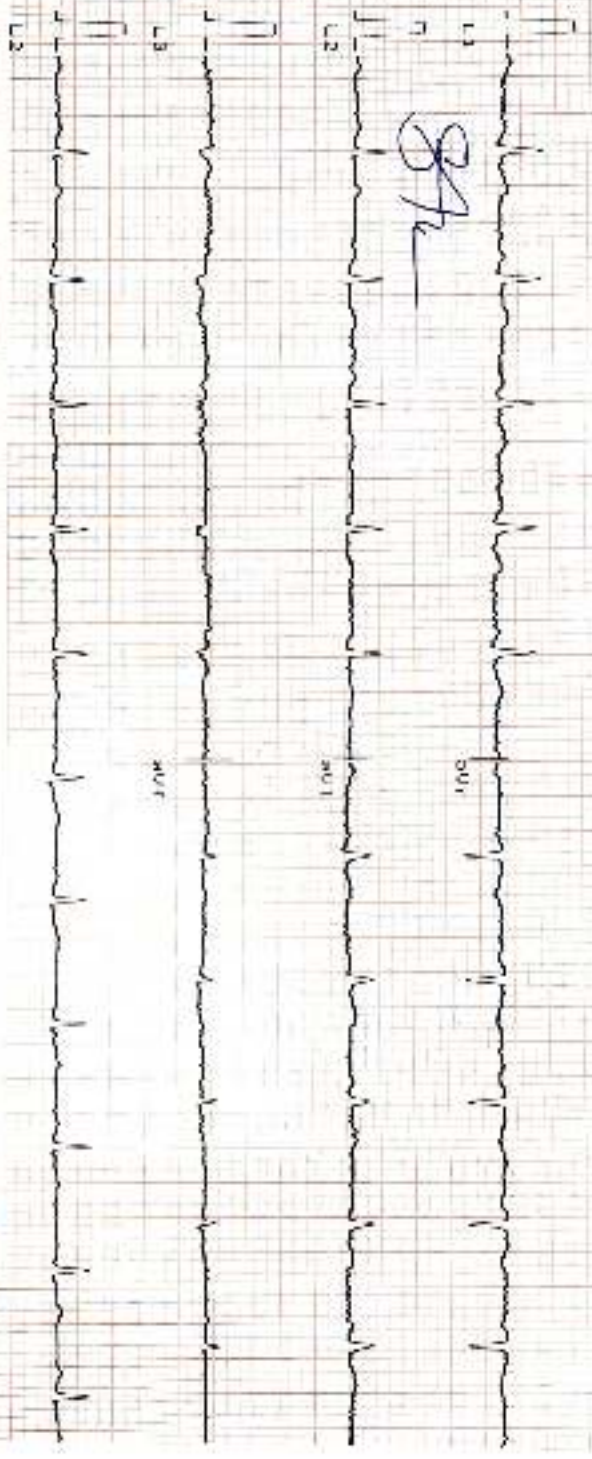
Dr. BINDU
 MBBS, MD
 Reg. No. 33435

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



Name: _____
Age: _____ cm Kg BP _____

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DR. P. R. RAO
REG. NO. 33435



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 2299
S. NO. : 110181
NAME : MR. SARFE ALAM AGE/SEX - 48/M
REF. BY : LIC
Date : NOVEMBER, 06, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20 ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.016

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, Main Kameshwar Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-955089041, 9611144570

NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any limitation. This report is not for medico-legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic@gmail.com

PROP. NO. : 2299
S. NO. : 110181
NAME : MR. SARFE ALAM AGE/SEX - 46/M
REF. BY : LIC
Date : NOVEMBER, 06, 2024

SEROLOGY

Test Name : *Human Immunodeficiency Virus I&II (HIV)(Elisa method)*

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

Test Name : *Hepatitis B Surface Antigen (HbsAg) (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. 19707

Consultant Pathologist

7091, Colina 10, Mata Rameshwar Marg, Nehru Nagar Kirti Bagh, Delhi- 110005 Contact: +91-9650349341, 9871144570

NOTE: Not to be 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.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 2299
S. NO. : 110181
NAME : MR. SARFE ALAM AGE/SEX - 48/M
REF. BY : LIC
Date : NOVEMBER, 06, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.66	gm/dl	12-18

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	96.11	mg/dl	70-115
S. Cholesterol	203.70	mg/dl	130-250
H.D.L. Cholesterol	68.70	mg/dl	35-90
L.D.L. Cholesterol	123.40	mg/dl	0-160
S. Triglycerides	131.23	mg/dl	25-160
S. Creatinine	0.90	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	16.11	mg/dl	06-21
Albumin	4.8	gm%	3.2-5.50
Globulin	3.0	gm%	2.00-4.00
S. Protein Total	7.8	gm%	6.00-8.5
AG/Ratio	1.60		0.5-3.2
Direct Bilirubin	0.3	mg/dl	0.00-0.3
Indirect Bilirubin	0.6	mg/dl	0.1-1.00
Total Bilirubin	0.9	mg/dl	0.1-1.3
S.G.O.T.	38.40	IU/L	00-42
S.G.P.T.	37.39	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	52.60	IU/L	00-60
S. Aik. Phosphatase	90.48	IU/L	28-111 (Children 151-471)

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 18702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwar Marg, Nehru Nagar Karol Bagh, Delhi-110045 Contact: (91)-9650089041, 9871144570

NOTE: Not to be 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.

आयकर विभाग

INCOME TAX DEPARTMENT

SARFE ALAM

ABDUL WAHUL

17/05/1976

Permanent Account Number

APAPA8677C



Signature




भारत सरकार

GOVT. OF INDIA



16042009



 **GPS Map Camera**

New Delhi, Delhi, India
A177, Bhalswa Dairy, Extension, New Delhi, Delhi, 110042, India
Lat 28.744886° Long 77.168323°
06/11/24 08:51 AM GMT +05:30



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