

To,
LIC of India
Branch Office

Date: 31/10/2024

Proposal No. 2909

Name of the Life to be assured HERA LAL

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

Signature of the Pathologist/ Doctor
Reg. No. 25508

Name:

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

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

Hiralal

(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% <input checked="" type="checkbox"/>	12	FBS (Fasting Blood Sugar) <input checked="" type="checkbox"/>
5	SBT-13	13	PGBS (Post Glucose Blood Sugar) <input checked="" type="checkbox"/>
6	Elisa for HIV	14	CTMT with Tracing
7	RUA <input checked="" type="checkbox"/>	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

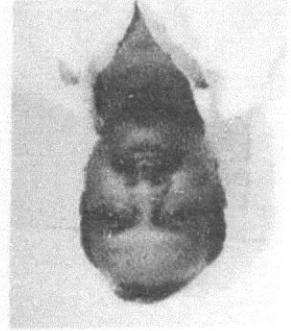
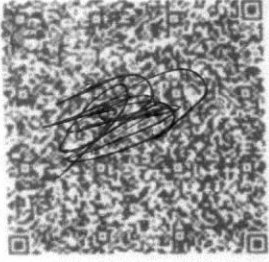
Remarks of HealthIndia Insurance TPA Services PVT LTD
Authorized Signature.



भारत सरकार, नई दिल्ली

VID : 9160 7739 9897 1907

3155



हिरा लाल

हिरा लाल

जन्म तिथि/DOB: 10/01/1973

पुरुष/ MALE

Government of India

भारत सरकार



DR. FAN KHAN
MBBS, DMRD
Reg. No. 25508



GPS Map Camera

Ghaziabad, Uttar Pradesh, India

69, Block M, Duplex Flats, Block P, Sector 23, Sanjay

Nagar, Ghaziabad, Uttar Pradesh 201002, India

Lat 28.688264° Long 77.454214°

31/10/24 09:42 AM GMT +05:30

Google

irine diagnostic

healthpartner

S. No. : 01/OCT/40
Name : MR HIRA LAL
Ref. by : LIFE INSURANCE CORPORATION
Date : 31-10-2024
AGE : 51Years
SEX : MALE

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

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	94	mg/dl.	(60-110)
POST GLUCOSE 75 gram AFTER 2HRS	112	mg/dl.	(UPTO 145)



Shilpi Gupta

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

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019

irine diagnostic

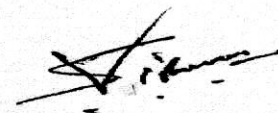
healthpartner

S. No. : 01/OCT/40
Name : MR HIRA LAL
Ref. by : LIFE INSURANCE CORPORATION
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H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	13.9	gm%	12-16




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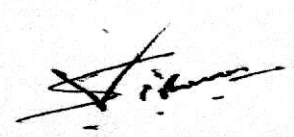
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B I O C H E M I S T R Y

Test	Result	Units	Normal Range
SERUM CHOLESTEROL	185	mg/dl.	(150-200)
HDL CHOLESTEROL	43	mg/dl.	(30-63)
S. TRIGLYCERIDES	115	mg/dl.	(60-160)
LDL	105	mg/dl.	(UPTO-150)
VLDL	35	mg/dl.	(23-45)
SERUM CREATININE	0.70	mg%	(0.6-1.2)




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URINE EXAMINATION

PHYSICAL EXAMINATION

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

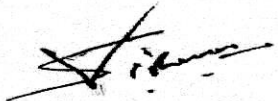
CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS	3-4/HPF
EPITHELIAL CELLS	3-4/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. - 2909

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

Full Name of Life to be assured: HIRA LAL

Age/Sex : 51 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 V_{4R} 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

31/10/2023

Signature of L.A.

Hiralal

Signature of the Cardiologist

Name & Address

Qualification Code No.

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



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
172	82	124/82	76/4

(B) Cardiovascular System

..... P

.....

Rest ECG Report:

Position	③	P Wave	②
Standardisation Imv	②	PR Interval	②
Mechanism	②	QRS Complexes	②
Voltage	②	Q-T Duration	②
Electrical Axis	②	S-T Segment	②
Auricular Rate	76/4	T-wave	②
Ventricular Rate	76/4	Q-Wave	②
Rhythm	Regular		
Additional findings, if any	nil		

Conclusion: ECG - WPC

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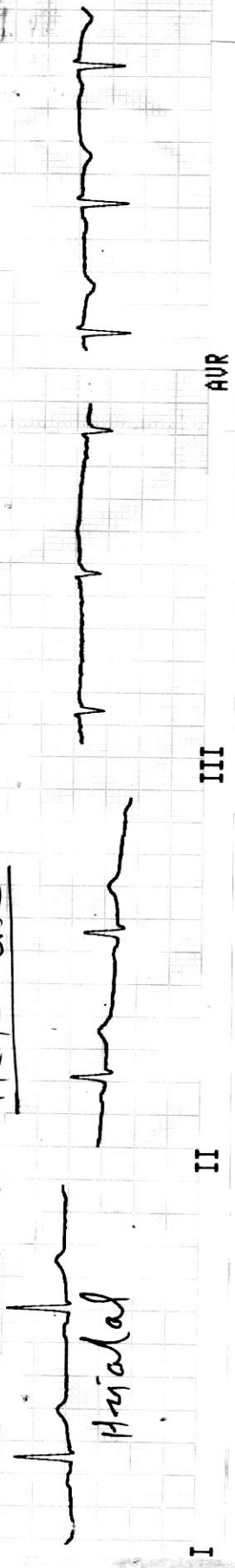
DELHI 31/10/2024
Dated at _____ on the day of _____ 200



Signature of the Cardiologist
Name & Address
Qualification
Code No.

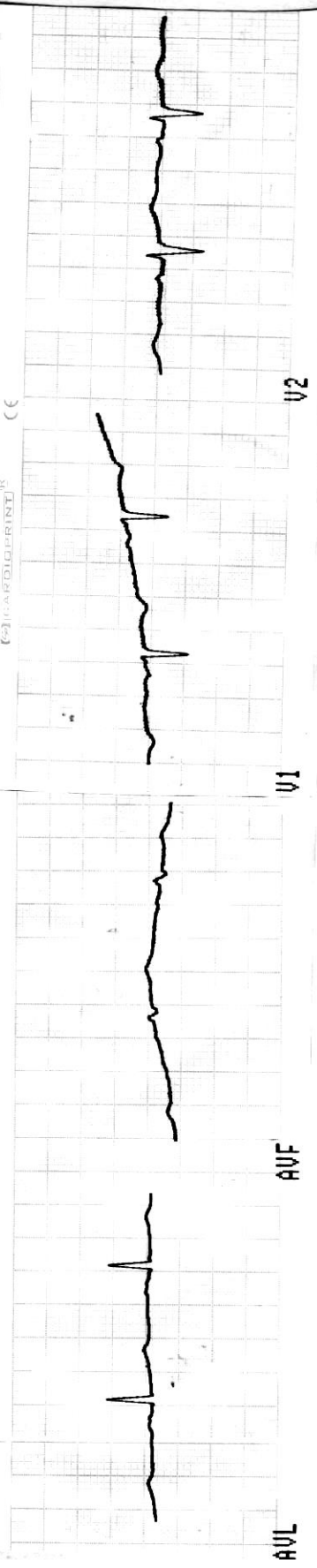
ECG CARDIOPRINT

HIRA GAC

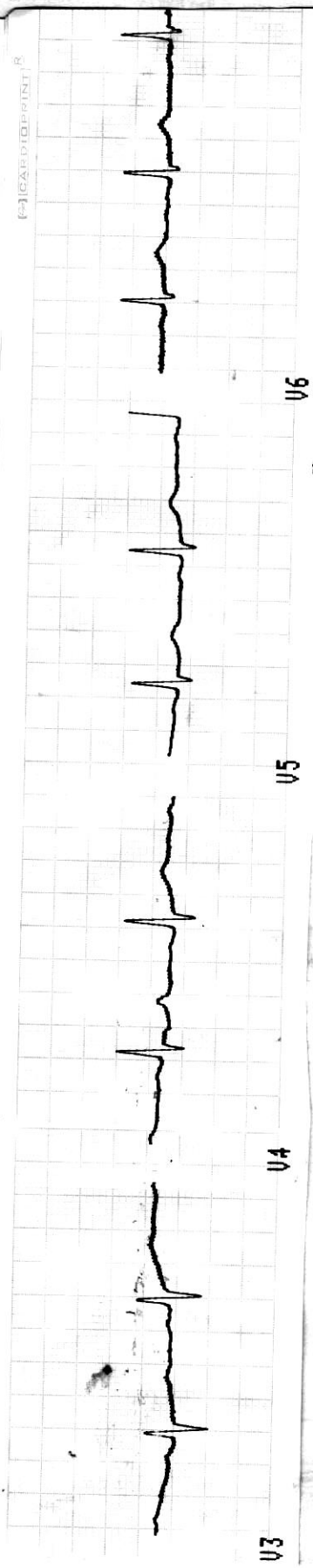


Hiralal

ECG CARDIOPRINT



ECG CARDIOPRINT



Dr. RAINA KHAN
MBBS DMRD
Reg. No. 25808

HIRA GAC
DATE = 3/10/2024
Access 5/7/24 M
ECG - WAC



भारत सरकार

Government of India



हीरा लाल

Hira Lal

जन्म तिथि/DOB: 10/01/1973

पुरुष/ MALE




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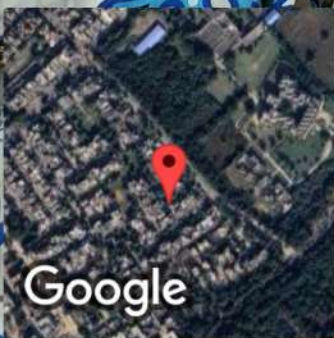
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मेरा आधार, मेरी पहचान



 **GPS Map Camera**

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