

Date 09/11/2024

To,
LIC of India
Branch Office

Proposal No. 5595

Name of the Life to be assured DR. AMIT TREHAN

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.

(Handwritten 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	YES	IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test Fasting & PPI 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	YES	Other Test	MBAIC, UCT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 5595
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: MR. AMIT TREHAN
 Age/Sex : 47 / MALE

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.

Dr. BINDU

Dated at DELHI on the day of 09/MAY/2024

MBBS, MD

Reg. No. 33435

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification Code No.



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
173	77.1	122/80	84/M

(B) Cardiovascular System

(N)

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Inv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	84/M	T-wave	(N)
Ventricular Rate	84/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	(N)		

Conclusion: *CVNL*Dated at *DELHI* on the day of *09/Nov/2014*

Dr. BINDU

MBBS, MD

Signature of the Cardiologist

Name & Address

Qualification

Code No



ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 5595

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

Full Name of Life to be assured: MR. AMIT TREHAN

Age/Sex: 47/Male

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.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. 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 'Yes', submit all relevant papers with this form.

Dated at BILHA on the day of 09/Nov/2024

Dr. BINDU

MBBS, MD

Reg. No. 33435

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Signature of L.A. _____



COMPUTERISED TREADMILL TEST

- (a) Pre-test : Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II) 3 minutes each
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 8:30

Maximum Blood Pressure - 140/92

Maximum Workload - 9.52

Maximum heart rate 150 Maximum predicted heart rate 86 %

Reason for termination - Achieved TMR

Comments: *Negative for myocardial ischemia*
Myocardial → Chemia.

Dr. BINDU
MBBS, M.L.
Reg. No. 93435

Signature of the Cardiologist
Name & Address
Qualification Code No.

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)

[Handwritten Signature]



ELITE DIAGNOSTIC

7091, GALI NO-10, MATA RAMESHWARI MARG,
NEHRU NAGAR, HAROL BAGH, DELHI - 110005

Handwritten signature

Raw ECG

Rate : 167 bpm
BP : N/A
P Axis : 75 deg
QRS Axis : 105 deg
T Axis : -90 deg
P Duration : 162 ms
PR Duration : 172 ms
QRS Duration : 142 ms
QT Interval : 185 ms
QTc Interval : 277 ms

Speed : 25 mm/s
Sensitivity : 10 mm/mV



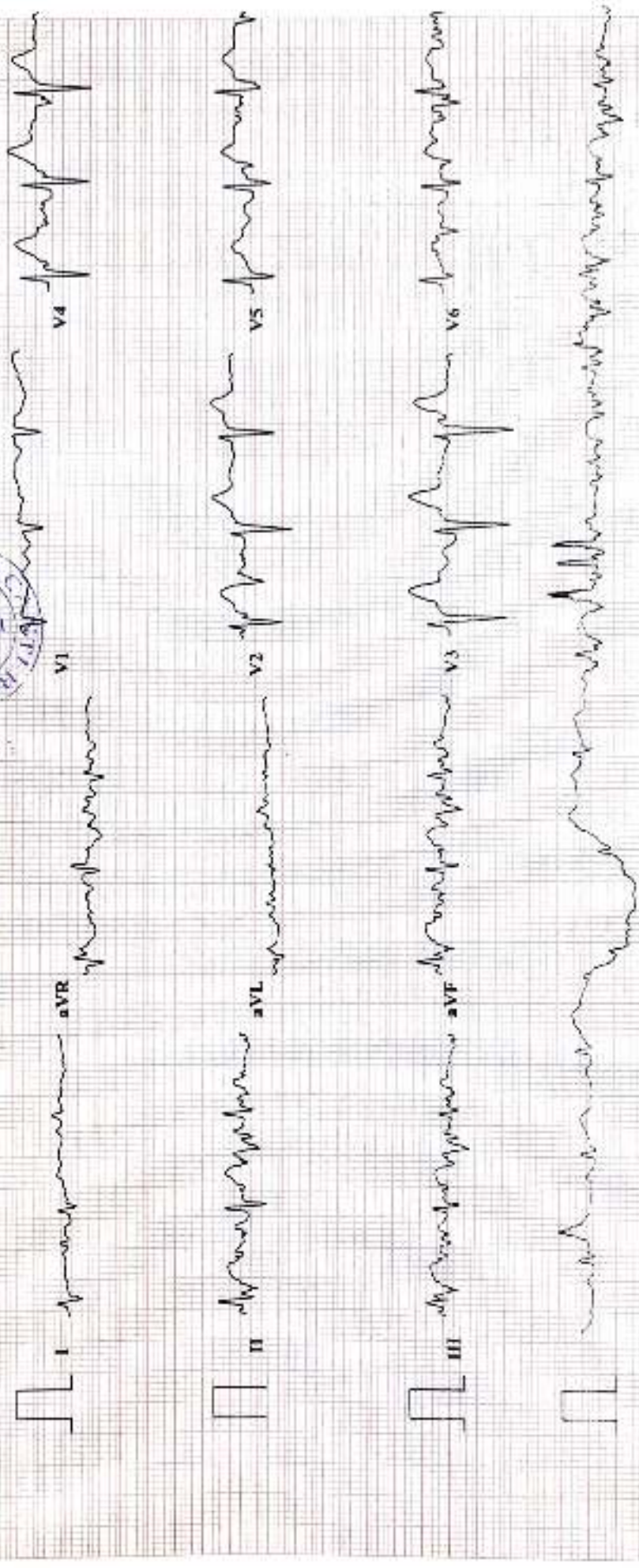
DIGVIKAR
MBBS, MD
Reg. No. 33435

DATE : 08/11/2024 10:25:31 AM

REF BY : Dr.

ECG - CORRECT

MACHINE INTERPRETATION : Normal ECG.



ELITE DIAGNOSTIC

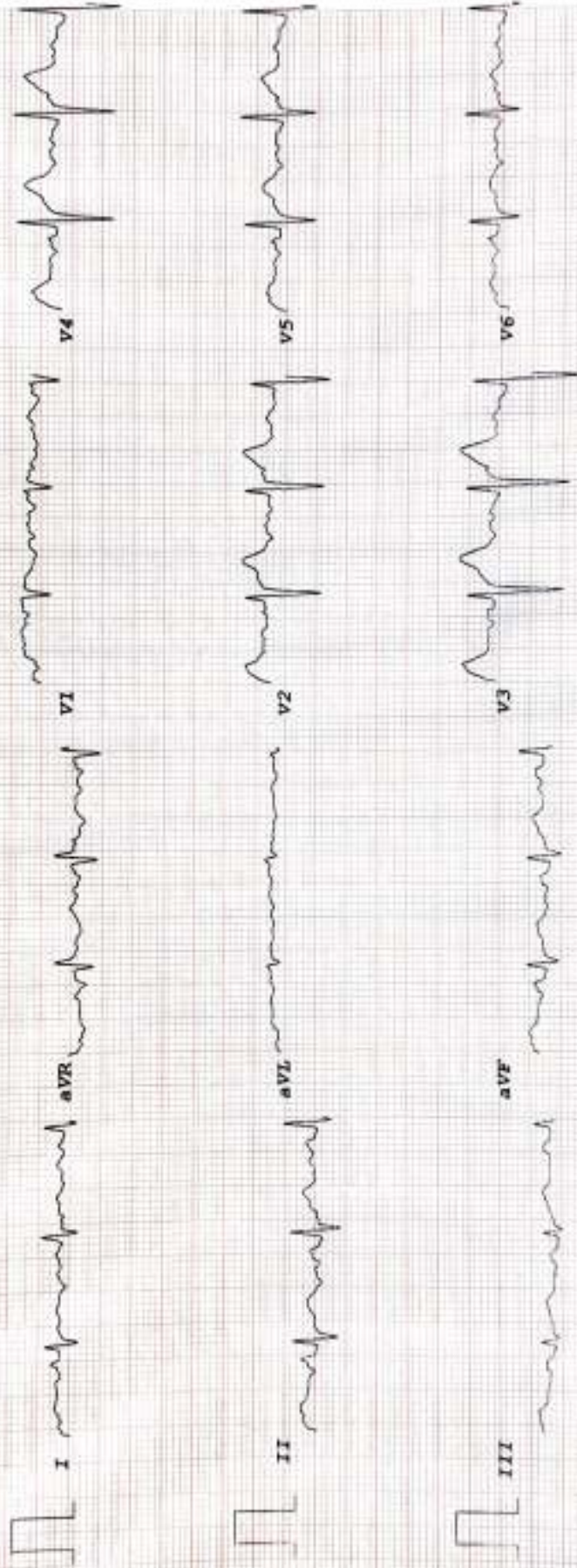
AMIT TIRHAN
I.D. 181983
Age 47/M
Date 09/11/2024

RATE 86bpm
B.P. 122/80

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

RAW ECG



ELITE DIAGNOSTIC

AMIT TREHAN
 I.D. 181983
 Age 47/M
 Date 09/11/2024

RATE 116bpm
 B.P. 128/84

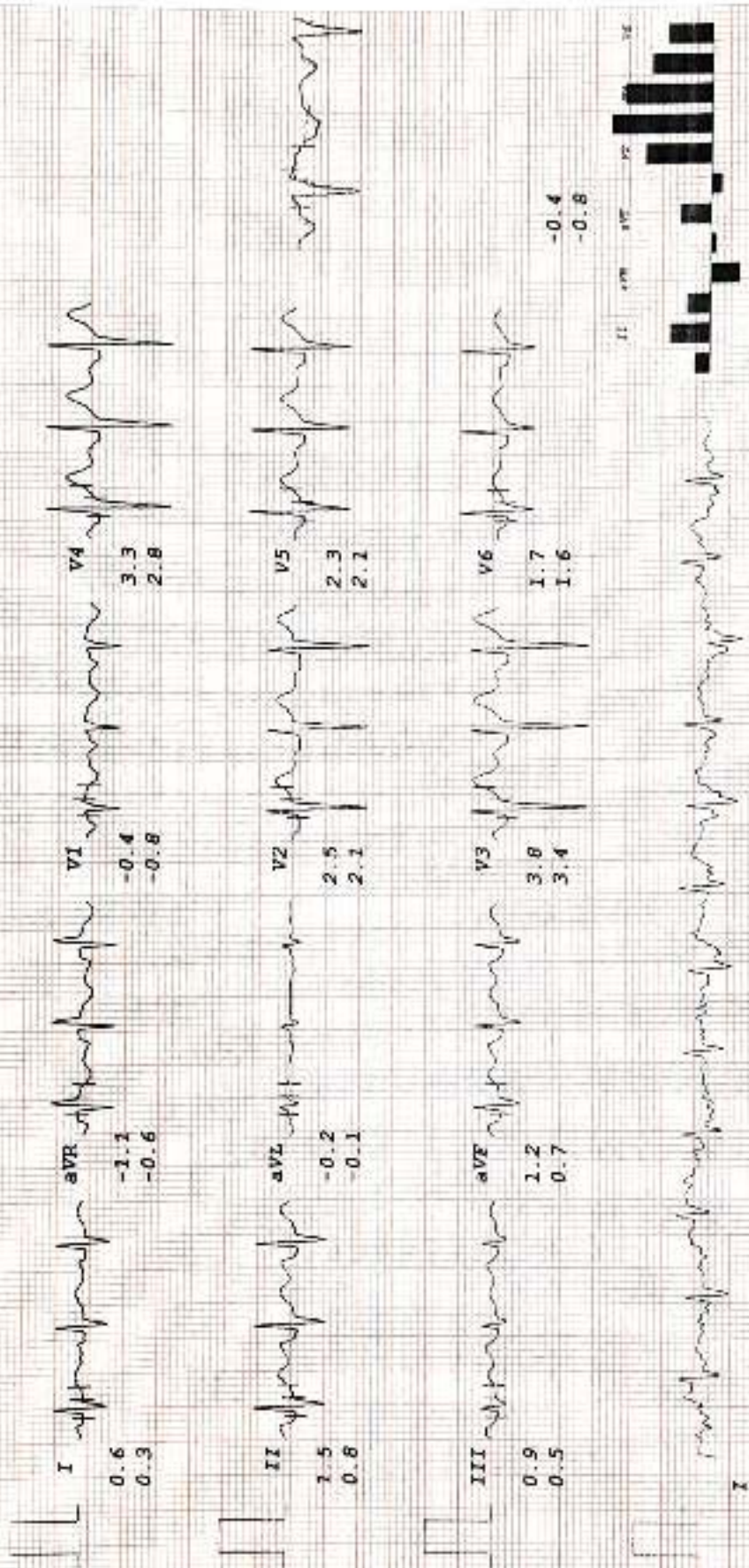
Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 °

LINKED MEDIAN

Mag. X 2

V1



II III aVR aVL aVF V1 V2 V3 V4 V5 V6

ELITE DIAGNOSTIC

AMIT TRESHAN
I.D. 181983
Age 47/M
Date 09/11/2024

Rate 129bpm
B.P. 136/90

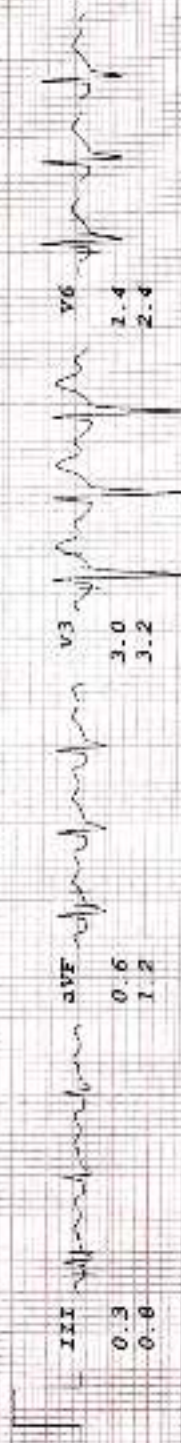
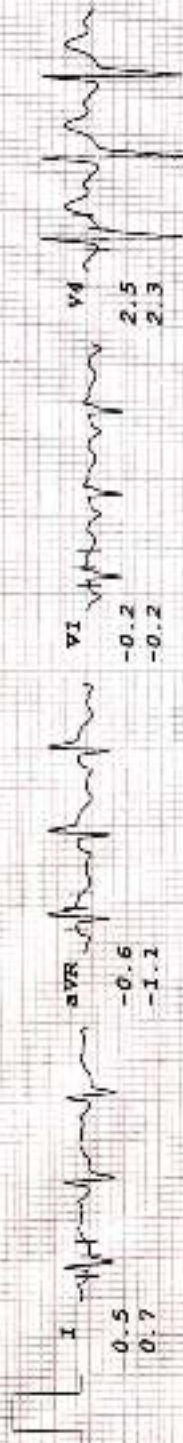
Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms Post J
Speed 4 km/hr
SLOPE 12 †

LINKED MEDIAN

Mag. X 2

V1



TC 800 249 V2 V4 V6

V2

V4

V6



V1 V2 V3 V4 V5 V6

ELITE DIAGNOSTIC

AMIT TRIHAN
I.D. 181983
Age 47/M
Date 09/11/2024

RAJF 94bpm
B.P. 132/88

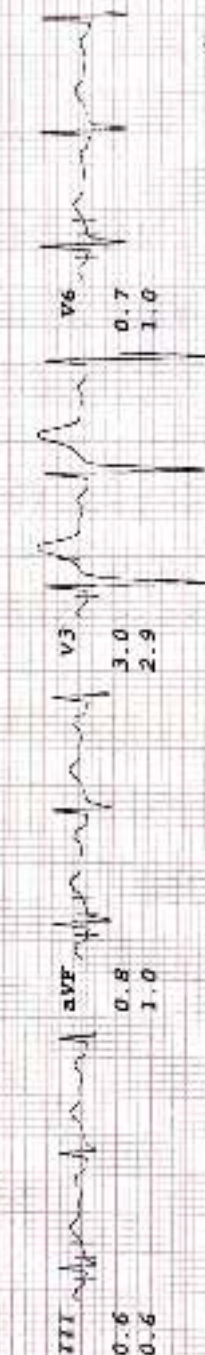
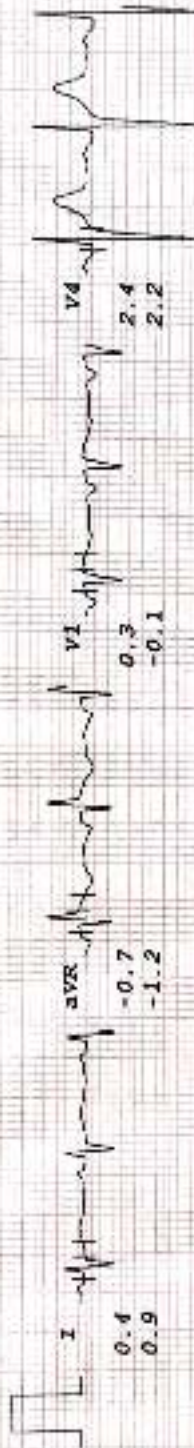
BRUCE
RECOVERY
TOTAL TIME 11:33
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



21 200 400 600 800 1000



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 5595
S. NO. : 110113
NAME : MR. AMIT TREHAN AGE/SEX - 47/M
REF. BY : LIC
Date : NOVEMBER, 09, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.23	gm/dl	12-16

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	92.50	mg/dl	70-115
S. Cholesterol	165.17	mg/dl	130-250
H.D.L. Cholesterol	68.29	mg/dl	35-90
L.D.L. Cholesterol	115.14	mg/dl	0-160
S. Triglycerides	112.70	mg/dl	35-160
S. Creatinine	0.80	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	14.88	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	3.0	gm%	2.00-4.00
S. Protein Total	7.1	gm%	6.00-8.5
AG/Ratio	1.36		0.5-3.2
Direct Bilirubin	0.1	mg/dl	0.00-0.3
Indirect Bilirubin	0.7	mg/dl	0.1-1.00
Total Bilirubin	0.8	mg/dl	0.1-1.3
S.G.O.T.	24.15	IU/L	00-42
S.G.P.T.	27.70	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	43.30	IU/L	00-60
S. Alk. Phosphatase	66.11	IU/L	28-111

(Children 151-471)

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

Please correlate with clinical conditions.

DR. T.K. MATHUR
M. B. B. S. M. (PATH)
REGD. NO. 19702
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Netaji Nagar Karel Bgh, Delhi-110005 Contact -91-965008504, 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. : 5595
S. NO. : 110113
NAME : MR. AMIT TREHAN AGE/SEX - 47/M
REF. BY : LIC
Date : NOVEMBER, 09, 2024

SEROLOGY

Test Name : *Human Immunodeficiency Virus I&II (HIV) (Tridot 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. 19702

Consultant Pathologist

7091, Gali no- 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 981144570

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PROP. NO. : 5595
S. NO. : 110113
NAME : MR. AMIT TREHAN AGE/SEX - 47/M
REF. BY : LIC
Date : NOVEMBER, 09, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20 ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.011

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 0-1. /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, Call no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact +91-9650089041, 4871144570

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PROP. NO. : 5595
S. NO. : 110113
NAME : MR. AMIT TREHAN AGE/SEX - 47/M
REF. BY : LIC
Date : NOVEMBER, 09, 2024

Cotinine

Test	Result
Cotinine	NEGATIVE

Cotinine Levels

- <10 ng/mL - Non-active smoker.
- 10 ng/mL to 100 ng/mL - Light smoker or moderate passive exposure.
- >200 ng/mL - Considered to be heavy smokers

NOTE :- We are using Nano Card method in Urine cotinine. In This method only Negative & Positive values are there.

Cotinine test is a rapid, self-controlled immunoassay for the qualitative detection of cotinine in human urine. Cotinine is a primary metabolite of nicotine and remains in the body of habitual tobacco users for approximately 17 hours..

*****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 Rameshwar Marg, Nehru Nagar Karol Bagh, Delhi-110005 Contact: +91-9650089041, 9871144570

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PROP. NO. : 5595
S. NO. : 110113
NAME : MR. AMIT TREHAN AGE/SEX - 47/M
REF. BY : LIC
Date : NOVEMBER, 09, 2024

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.71	%

INTERPRETATION

Normal	:	5.0 - 6.7
Good Diabetic Control	:	6.8 - 7.3
Fair Control	:	7.4 - 9.1
Poor Control	:	more than 9.1

Note: - Glycosylated Haemoglobin is a specific component of HbA1c and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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

Please correlate with clinical conditions.

DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19762
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

AMIT TREHAN

SURINDER KUMAR TREHAN

13/08/1977

Permanent Account Number

AAFPT2417D


A handwritten signature in black ink, appearing to read 'Amit Trehan', written over a horizontal line.

Signature



E ELITE
DIAGNOC



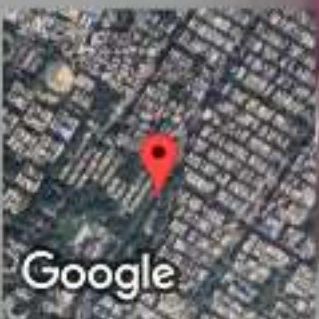
 **GPS Map Camera**

Delhi, Delhi, India

7091, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh,
Delhi, 110005, India

Lat 28.64874° Long 77.182518°

09/11/24 10:55 AM GMT +05:30



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