

Date: 16/11/2024

To,
LIC of India
Branch Office

Proposal No. 3979

Name of the Life to be assured HITIH KOMAR

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.

Signature of the Pathologist/ Doctor Dr. RAINA KHAN
MBS, DMRD
Reg. No. 25508

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 | YES | IDENTIFICATION & DECLARATION FORMAT | |
| HAEMOGRAM | YES | 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% | |
| ELISA FOR HIV | | Other Test <u>HbA1C / UCT</u> | |

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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



irine diagnostic

healthpartner

S. No. : 16/NOV/15
Name : MR NITIN KUMAR AGE : 36Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 16-11-2024

H A E M A T O L O G Y

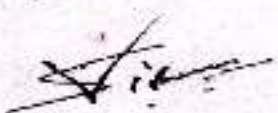
| Test | Result | Units | Normal Range |
|---------------------------------------|--------|--------|------------------------|
| Hemoglobin | 14.8 | gm% | 12-16 |
| Total Leucocytes Count (TLC) | 9300 | /cumm | 4000-11000 |
| Differential Leucocytes Count [D.L.C] | | | |
| Neutrophils | 50 | % | 40-75 |
| Lymphocytes | 40 | % | 20-45 |
| Eosinophils | 04 | % | 01-06 |
| Monocytes | 06 | % | 02-10 |
| Basophills | 00 | % | 00-01 |
| Erythrocyte Sedimentation Rate (ESR) | 10 | mm/1Hr | 00-15 |
| Red Blood Cell [RBC] | 5.2 | mill. | M-4.6-6.5 F-3.9-5.6 |
| Packed Cell Value [PCV] | 48.5 | % | 37-54 |
| Mean Cell Value [MCV] | 80.2 | fl | 76-96 |
| Mean Cell Hemoglobin [MCH] | 29.6 | pg | 27-32 |
| Mean Cell Hemoglobin Conc. [MCHC] | 31.3 | % | 30-35 |
| Platelet count | 2.10 | Lakhs | 1.5-4.5 |

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019




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

irine diagnostic

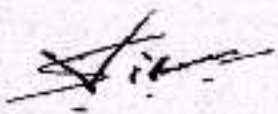
healthpartner

S. No. : 16/NOV/15
Name : MR NITIN KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 16-11-2024
AGE : 36Years
SEX : MALE

Cotinine

| Test | Result |
|----------|----------|
| Cotinine | NEGATIVE |




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S. No. : 16/NOV/15
Name : MR NITIN KUMAR
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Date : 16-11-2024
AGE : 36Years
SEX : MALE

H A E M A T O L O G Y

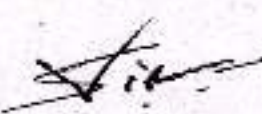
| Test | Result | Units |
|----------------------------------|--------|-------|
| Glycosylated Haemoglobin (HbA1c) | 5.2 | % |

INTERPRETATION

| | | |
|-----------------------|---|-----------|
| Normal | : | 4.4 - 6.7 |
| Goal | : | 6.7 - 7.3 |
| Good Diabetic Control | : | 7.3 - 9.1 |
| Action Suggested | : | > 9.1 |

Note:- Glycosylated Hemoglobin 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 proceeding 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.




DR. SHILPI GUPTA
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Consultant Pathologist

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DD-28 KALKAJI DELHI :- 110019

S. No. : 16/NOV/15
Name : MR NITIN KUMAR AGE : 36Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 16-11-2024

S E R O L O G Y

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

Result : "Non-Reactive"

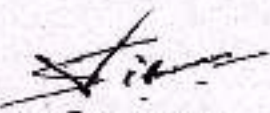
Normal-Range : "Non-Reactive"

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

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"




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DD-28 KALKAJI DELHI :- 110019

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Name : MR NITIN KUMAR
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AGE : 36Years
SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

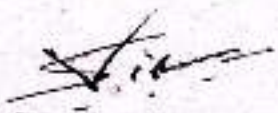
| | |
|------------------|--------|
| COLOUR | YELLOW |
| REACTION | ACIDIC |
| APPEARANCE | CLEAR |
| ALBUMIN | NIL |
| SUGAR | NIL |
| SPECIFIC GRAVITY | 1.009 |

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

| | |
|------------------|----------|
| PUS CELLS | 1-3/HPF |
| EPITHELIAL CELLS | 2-3/HPF |
| RBC | NIL /HPF |
| BACTERIA | NIL |
| CASTS | NIL |
| CRYSTALS | NIL |
| OTHERS | NIL |


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Consultant Pathologist



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DD-23 KALKAJI DELHI :- 110019

ANNEXURE II - I

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch
 Proposal No. - 3999
 Agent/D.O. Code: Introduced by: (name & signature)
 Full Name of Life to be assured: HITIN KUMAR
 Age/Sex : 36 Y/M

Instructions to the Cardiologist:

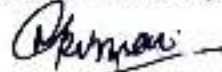
- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. 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.



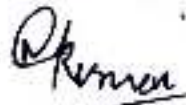
Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. 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 16/11/2024 2023

Signature of L.A.



Signature of the Cardiologist
 Name & Address
 Qualification Code No.



Dr. RAINA KHAN
 M.B.S., DMRD
 Reg. No. 25508

Clinical findings

(A)

| Height (Cm) | Weight (kgs) | Blood Pressure | Pulse Rate |
|-------------|--------------|----------------|------------|
| 190 | 95 | 116/78 | 70/4 |

(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 | R | S-T Segment | N |
| Auricular Rate | 70/4 | T-wave | N |
| Ventricular Rate | 70/4 | Q-Wave | N |
| Rhythm | Regular | | |
| Additional findings, if any | N | | |

Conclusion: ECG-NR

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

DELHI 16/11/2024
 Dated at on the day of 200

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



IRINE DIAGNOSTIC

MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

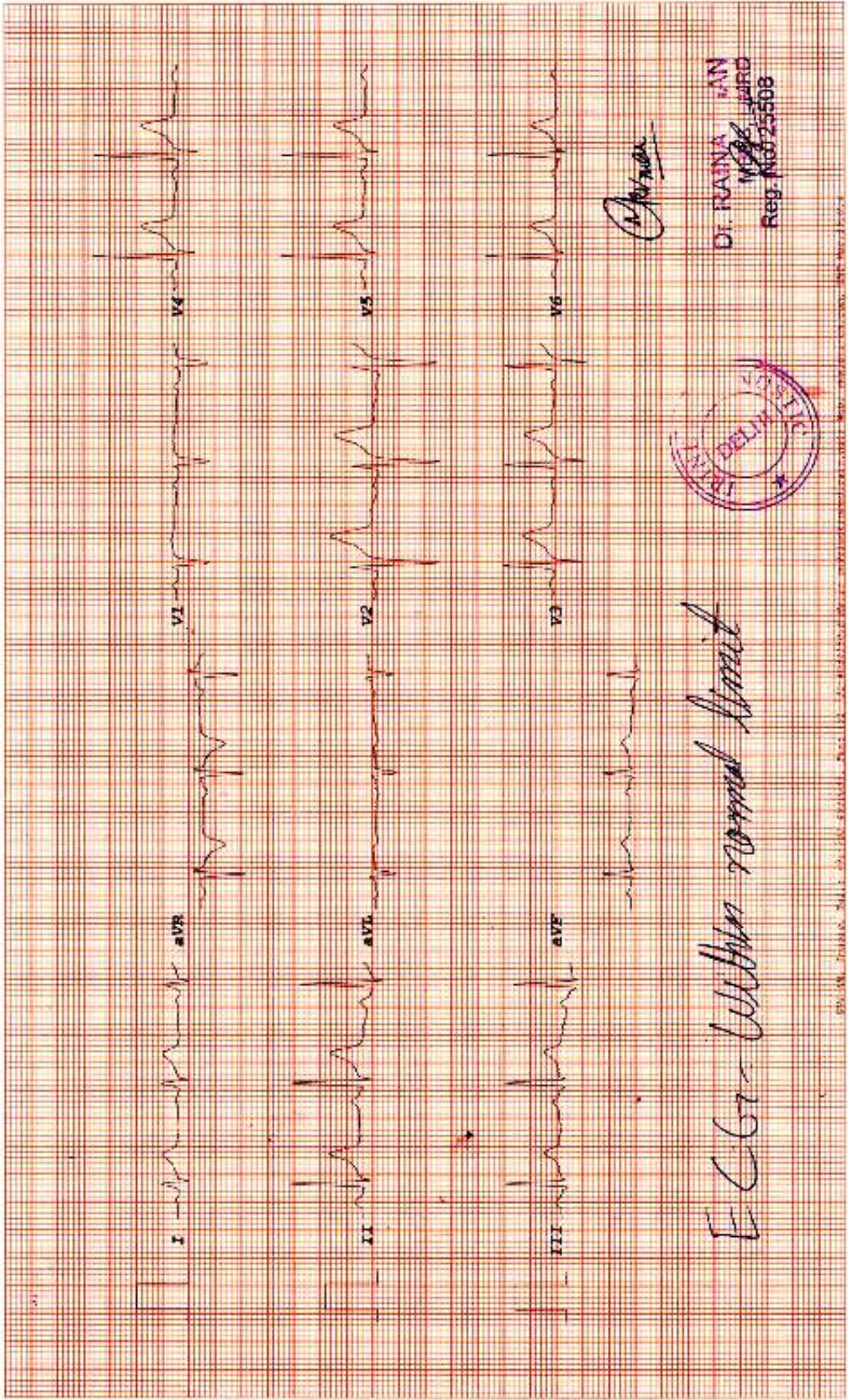
RATE 77bpm
B.P. 120/80

PRETEST

ECG

ST # 10mm/mV
80ms PostJ

RAW ECG



Signature



ECG - Within normal limit

DR. RAJNA KAN
WARD
Reg. No. 25508

ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Proposal No. 3979
Agent/D.O. Code: _____ Introduced by: (name & signature)
Full Name of Life to be assured: HITIN KUMAR
Age/Sex: 36-10/M

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.

Hitina

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 DELHI on the day of 16/11/2024 200

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



Signature of L.A.

Hitina

Signature of the Cardiologist
Name & Address
Qualification
Code No.

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 - 9:46

Maximum Blood Pressure - 146/90

Maximum Workload - 11.02

Maximum heart rate 169 Maximum predicted heart rate 184

Reason for termination -

Comments *NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA*

Dr. RAINA KHAN
M.B.S., D.M.R.D.
Reg. No. 25508



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 stracings)

Opman

IRINE DIAGNOSTIC

DD 23 KAL KA JI DELHI 110019

TREADMILL TEST REPORT

MR. NITIN KUMAR
 ID : IRINE112623
 DATE : 16/11/2024

PROTOCOL : BYICE

PATIENT NAME : MR. N. K.
 AGE : 37 / 6
 SEX : M
 HGT : 170 CM
 WGT : 70 KG
 OCCUPATION : IT
 MEDICATION : NIL

| STAGE | TOTAL TIME | STAGE TIME | SPEED KM/H | GRADE % | K.R. bpm | B.P. mmHg | RPR MIN | ST LEVEL (MM) | | METS |
|-------------|------------|------------|------------|---------|----------|-----------|---------|---------------|------|------|
| | | | | | | | | W | VE | |
| SUPINE | | | | | 68 | 120 / 80 | 92 | 1.6 | 1 | 1.6 |
| HYPERTENS | | 0:5 | | | 68 | 120 / 80 | 81 | 1.5 | 0.7 | 1.6 |
| VALSALVA | | | | | 68 | 120 / 80 | 81 | 1.4 | 1 | 1.6 |
| STIMULUS | | | | | 88 | 125 / 80 | 85 | 1.5 | 1.1 | 1.6 |
| Stage 1 | 2:55 | 2:55 | 2.7 | 10 | 130 | 130 / 80 | 86 | 2 | 1 | 1.7 |
| Stage 2 | 8:55 | 2:55 | 4 | 12 | 122 | 134 / 84 | 83 | 1.5 | 0.7 | 1.7 |
| Stage 3 | 8:55 | 2:55 | 4.4 | 14 | 133 | 140 / 88 | 77 | 1.5 | -0.4 | 1.5 |
| PK-EXERCISE | 9:45 | 0:45 | 6.7 | 16 | 164 | 146 / 98 | 76 | 1.7 | 3.5 | 1.6 |
| RECOVERY | 10:57 | 0:59 | | | 134 | 146 / 92 | 82 | 2.5 | 1 | 2.5 |
| RECOVERY | 12:53 | 2:55 | | | 108 | 136 / 84 | 88 | 1.3 | 0.4 | 1.2 |
| RECOVERY | 13:53 | 3:55 | | | 103 | 124 / 82 | 87 | 1.2 | 0 | 1 |

RESULTS

EXERCISE DURATION : 9:46
 MAX HEART RATE : 169 bpm 91 % of target heart rate 184 bpm
 MAX BLOOD PRESSURE : 146 / 90 mm Hg
 REASON OF TERMINATION : ACHIEVED TBR,
 BP RESPONSE : Normal,
 ST-TORR : None,
 E.R. RESPONSE : Normal Chronotropic Response.

IMPRESSIONS

Negative for Provocable myocardial ischemia.

Dr. Manish K. Khan

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



Technician :

IRINE DIAGNOSTIC

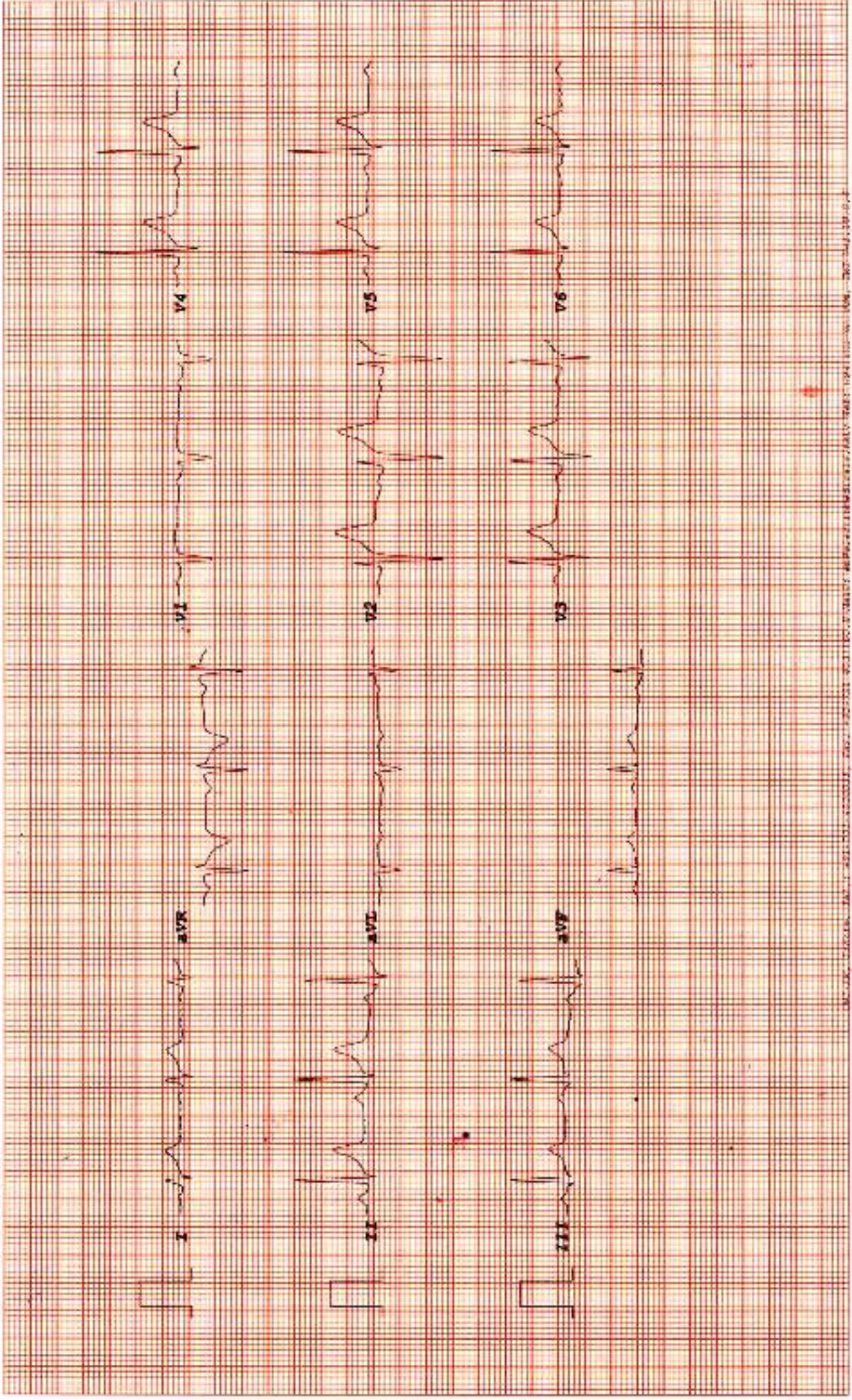
MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

RATE 77bpm
B.P. 120/80

PRETEST
SUPINE

ST @ 10mm/mV
80ms Post

RAW ECG



IRINE DIAGNOSTIC - PLOT 1 - 20241116 08:00:00 - 08:02:10 (00:02:10) - 120/80/77 - 10mm/mV - 80ms Post - 100 - 20241116 08:00:00

IRINE DIAGNOSTIC

MR. NITIN KOMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

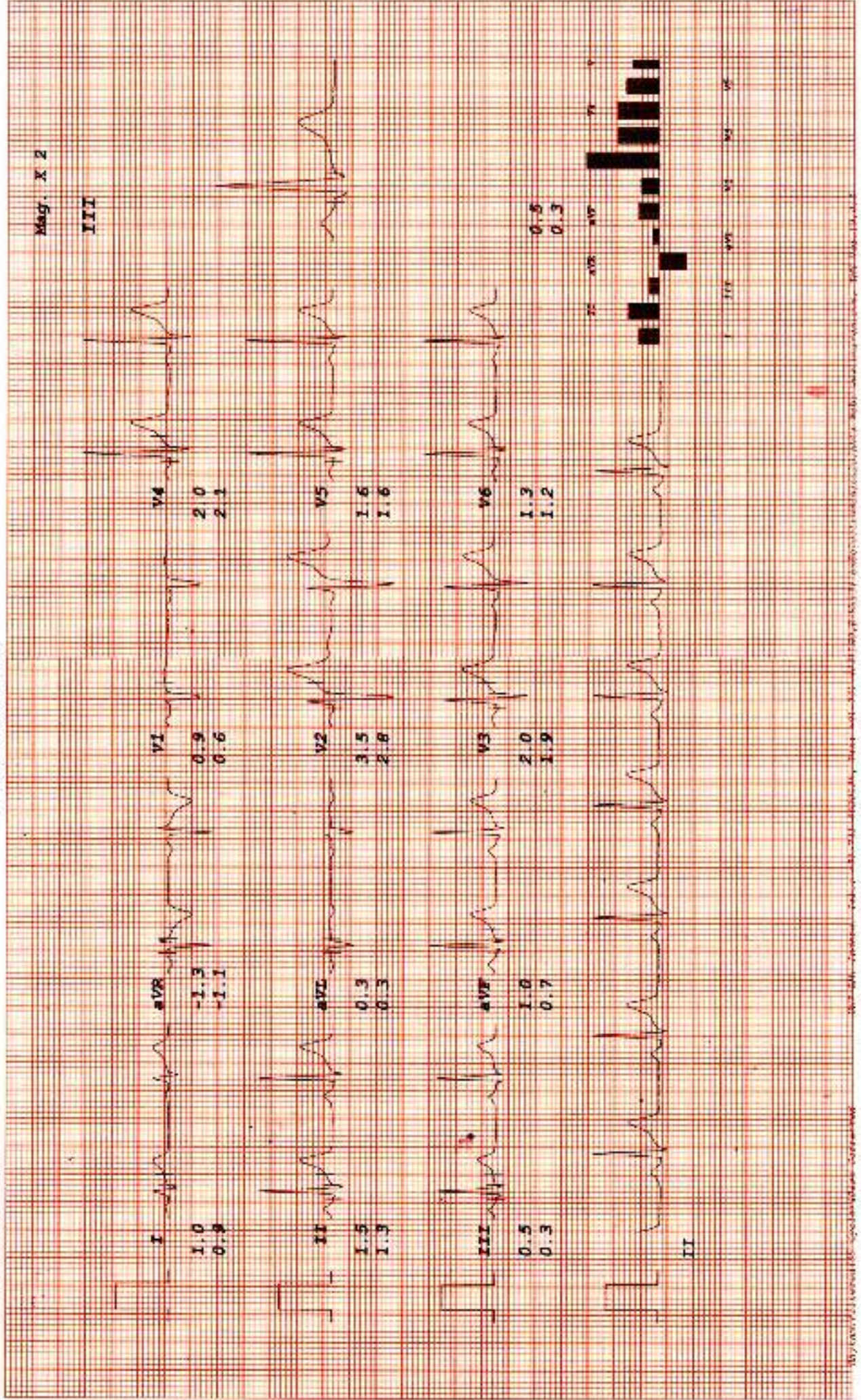
RAJTS 68rpm
B.P. 120/80

PRETEST
HYPERVENT

ST ϕ 10mm/mV
80ms PostJ

PHASE TIME 0:05

LINKED MEDIAN



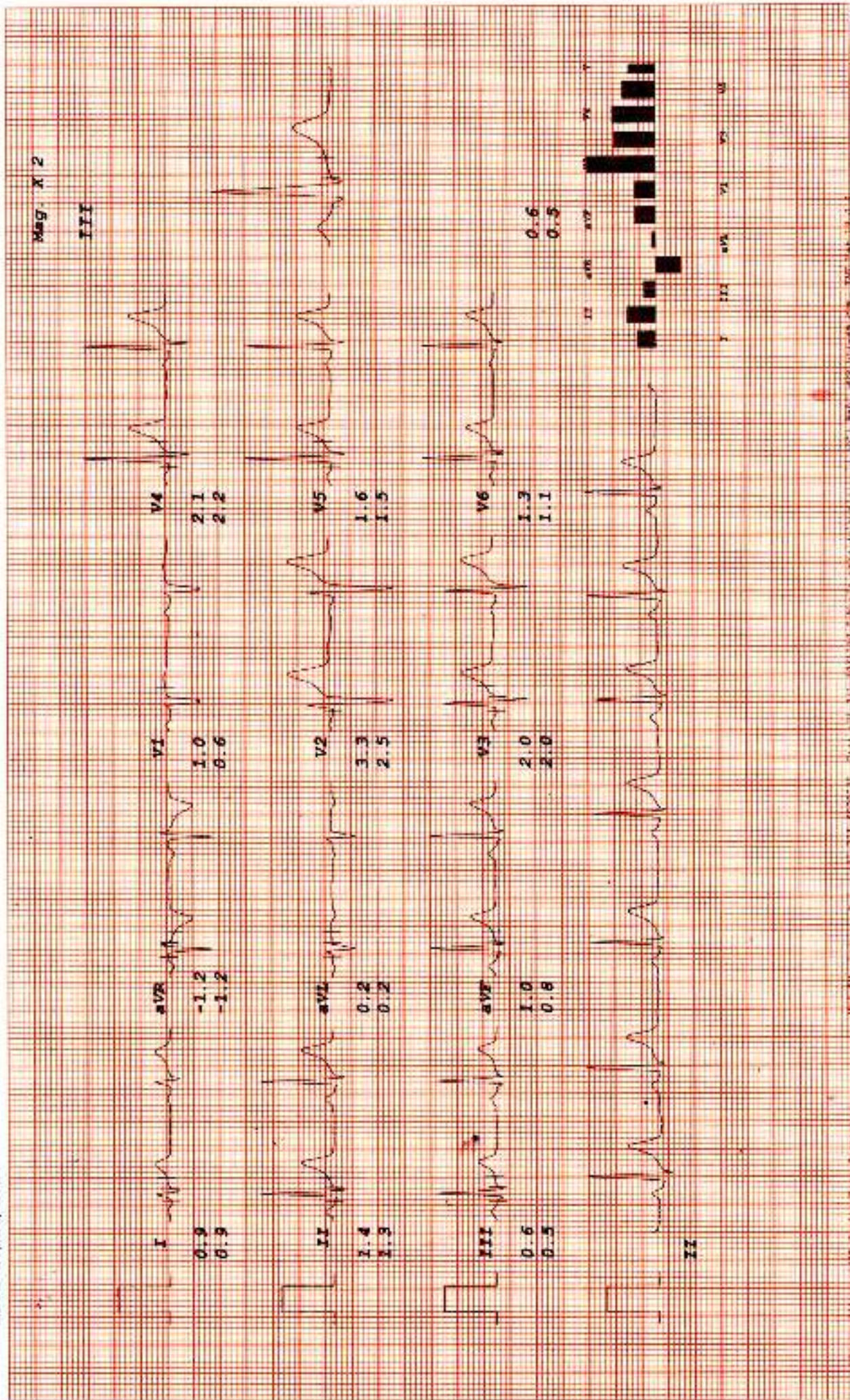
IRINE DIAGNOSTIC

MR. NITIN KUMAR
I.D. IRINE112623
Age 56/M
Date 16/11/2024

PRETEST
VALSALVA
RATE 68bpm
B.P. 120/80

ST @ 10mm/mV
80ms Posty

LINKED MEDIAN



IRINE DIAGNOSTIC

MR. NITIN KUMAR
 I.D. IRINE112623
 Age 36/M
 Date 16/11/2024

RATE 113bpm
 S.P. 130/80

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

ST @ 10mm/mV
 90ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 #

LINKED MEDIAN

Mag. X 2

III

I
 1.2
 1.1

aVR
 -1.7
 -1.5



V1
 1.0
 0.6

V4
 2.5
 2.5



II
 2.0
 2.1

aVL
 0.2
 0.1



V2
 3.6
 2.7

V5
 2.0
 2.1



III
 0.8
 1.0

aVF
 1.5
 1.6



V3
 2.6
 2.2

V6
 1.6
 1.6



VI



VI

VI

VI

VI

VI

VI

VI

VI

VI

VI

VI

VI

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IRINE DIAGNOSTIC

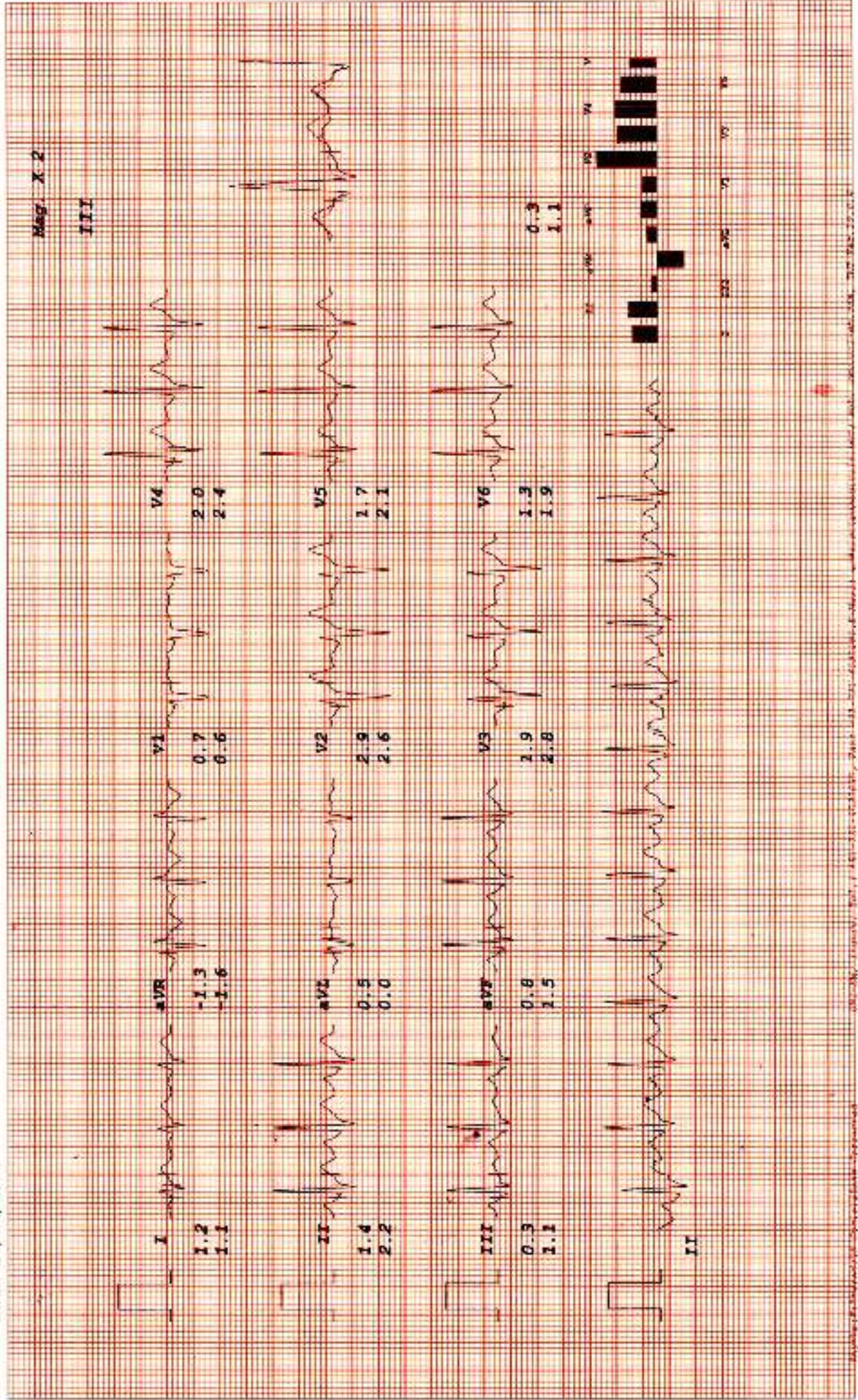
MR. NITIN KUMAR
 I.D. IRINE112623
 Age 36/M
 Date 16/11/2024

RATE 122bpm
 B.P. 134/86

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

ST @ 10mm/mV
 80ms PostY
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN



IRINE DIAGNOSTIC

MR. NITIN KUMAR
 I.D. IRINE112623
 Age 36/M
 Date 16/11/2024

RATE 155bpm
 B.P. 140/96

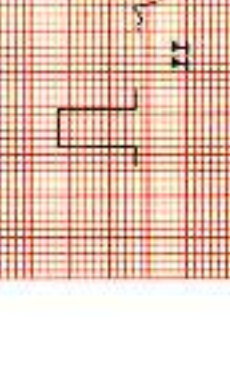
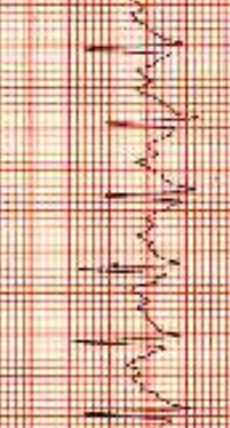
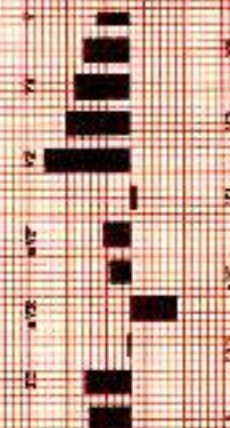
Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



IRINE DIAGNOSTIC

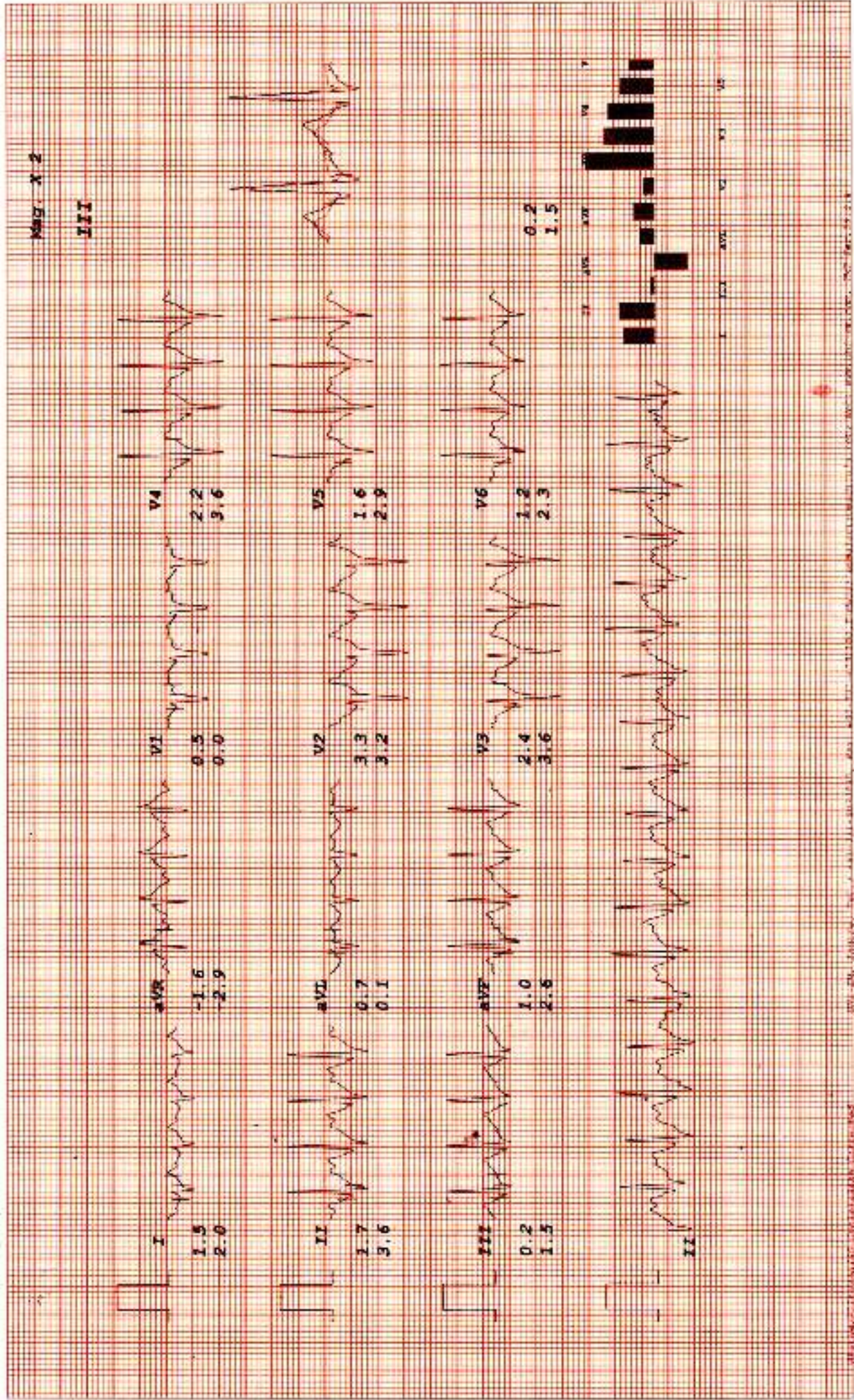
MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

RATE 169bpm
B.P. 146/90

Bruce
PK-EXERCISE
TOTAL TIME 9:46
PHASE TIME 0:46

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN



IRINE DIAGNOSTIC

MR. NITIN KUMAR
I.D. IRINE112623
Age 36/M
Date 16/11/2024

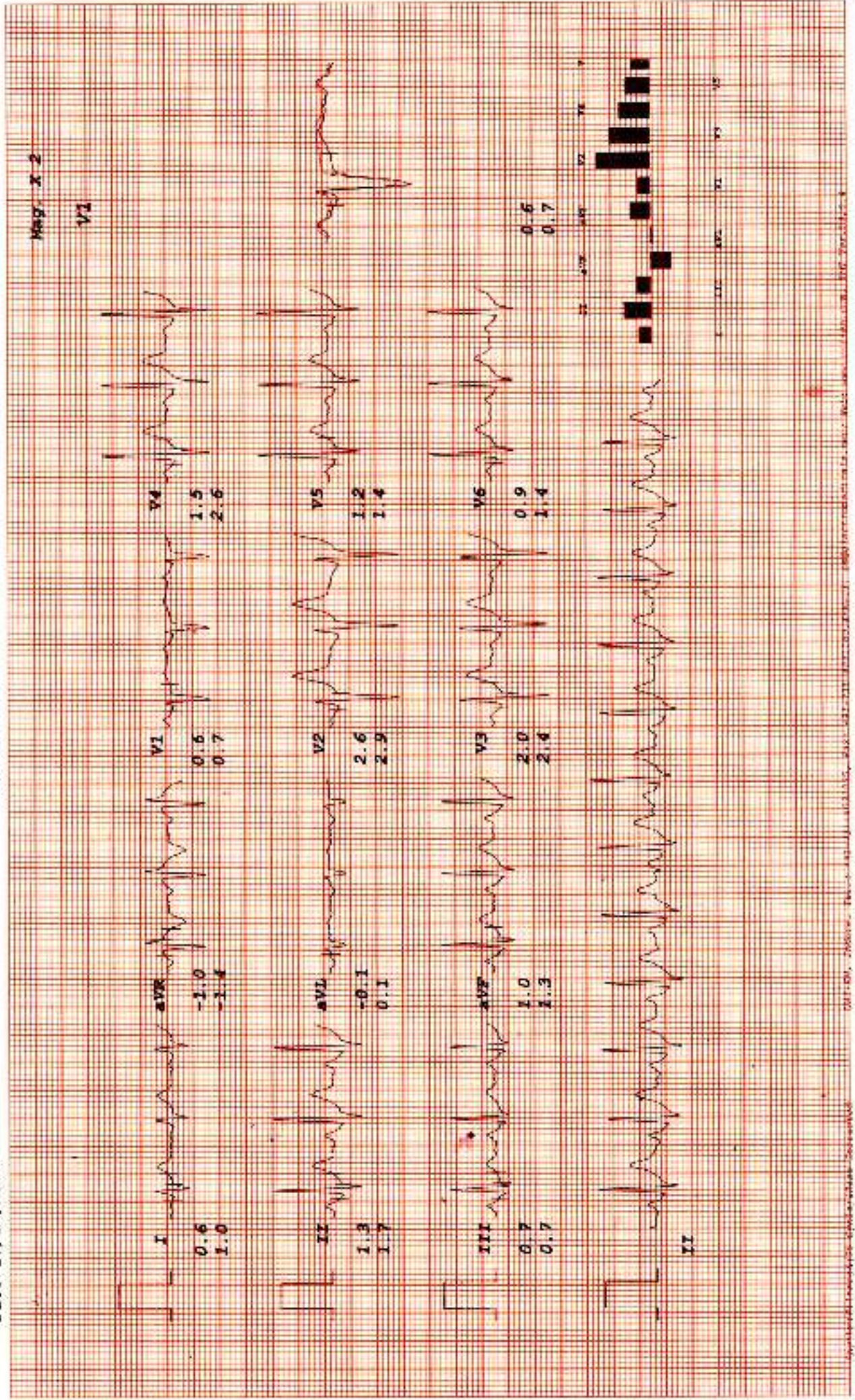
RATE 108bpm
B.P. 136/84

Bruce
RECOVERY

TOTAL TIME 12:53
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



IRINE DIAGNOSTIC

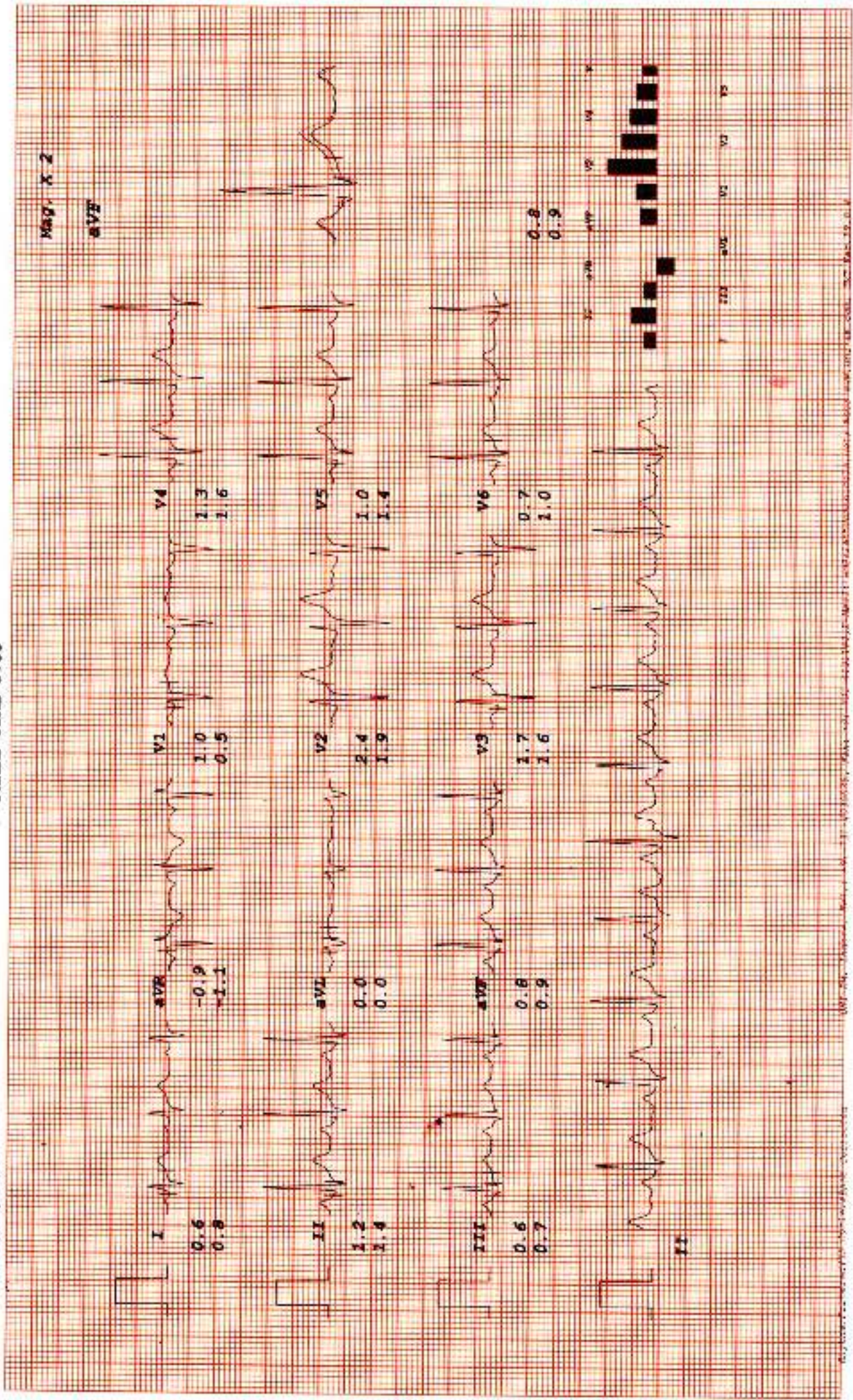
MR. NITIN KUMAR
 I.D. IRINE112623
 Age 36/M
 Date 16/11/2024

RATE 103bpm
 B.P. 124/80

BRUCE
 RECOVERY
 TOTAL TIME 15:53
 PHASE TIME 5:55

ST @ 10mm/mv
 80ms PostJ

LINKED MEDIAN



irine diagnostic

healthpartner

S. No. : 16/NOV/15
Name : MR NITIN KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 16-11-2024
AGE : 36Years
SEX : MALE

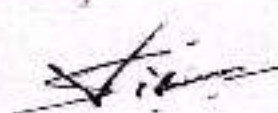
B I O C H E M I S T R Y

| Test | Result | Units | Normal Range |
|------------------------------|--------|--------|--------------|
| FASTING BLOOD SUGAR | 90 | mg/dl. | (60-110) |
| TOTAL BILIRUBIN | 0.70 | mg/dl. | (0.1-1.2) |
| CONJUGATED (D.Bilirubin) | 0.46 | mg/dl. | (0.00-0.6) |
| UNCONJUGATED (I.D.Bilirubin) | 0.24 | mg/dl. | (0.1-1.0) |
| TOTAL PROTEIN | 6.9 | mg/dl. | (6.0-8.3) |
| ALBUMIN | 4.3 | mg/dl. | (3.5-5.0) |
| GLOBULIN | 2.6 | mg/dl. | (2.3-3.5) |
| A/G RATIO | 1.65 | | (1.0-3.0) |
| S.G.O.T. (AST) | 27 | IU/L | (5.0-34.0) |
| S.G.P.T. (ALT) | 25 | IU/L | (5.0-40.0) |
| GAMMA GT | 22 | U/L | (9-45) |
| ALKALINE PHOSPHATASE | 122 | U/L | (80-200) |
| URIC ACID | 5.8 | mg/dl. | (4.4-7.2) |
| SERUM CHOLESTEROL | 180 | mg/dl. | (150-200) |
| HDL CHOLESTEROL | 37 | mg/dl. | (30-63) |
| S. TRIGLYCERIDES | 120 | mg/dl. | (60-160) |
| LDL | 112 | mg/dl. | (UPTO-150) |
| VLDL | 27 | mg/dl. | (23-45) |
| SERUM CREATININE | 0.68 | mg% | (0.6-1.2) |
| BUN | 09 | mg/dl | (02-18) |

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