



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROPOSAL NO. : 5186
S. NO. : 109156
NAME : MR. KISHORE KUMAR SINGH AGE/SEX: 48/M
REF. BY : LIC
Dat : OCTOBER, 10, 2024

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	92.90	mg/dl	70-115
S. Cholesterol	175.78	mg/dl	130-250
H.D.L. Cholesterol	69.60	mg/dl	35-90
L.D.L. Cholesterol	112.74	mg/dl	0-160
S. Triglycerides	98.21	mg/dl	35-160
S. Creatinine	0.77	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	14.21	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.3	gm%	6.00-8.5
AG/Ratio	1.28		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.5	mg/dl	0.1-1.00
Total Bilirubin	0.7	mg/dl	0.1-1.3
S.G.O.T.	30.41	IU/L	00-42
S.G.P.T.	31.39	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	52.59	IU/L	00-60
S. Alk. Phosphatase	88.74	IU/L	28-111

(Children 151-471)

SEROLOGY

Test Name : Human Immunodeficiency Virus I&II (HIV) (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, 9871144570

NOTE : Not to the 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.



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ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.013

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.



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HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.86	gm/dl	12-18
Red Blood Cell [RBC]	4.96	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	51.50	%	37-54
Mean Cell Value [MCV]	81.91		76-96
Mean Cell Hemoglobin [MCH]	31.29	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.52	%	30-35
Total Leucocytes Count (TLC)	7,100	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	61	%	40-75
Lymphocytes	29	%	20-45
Eosinophils	06	%	02-10
Monocytes	04	%	01-06
Basophills	00	%	00-01
Platelet count	2.74	LACKS	1.5-4.5
E S R (Wintrob's method)	14	M.M.	0 - 20

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

Please correlate with clinical conditions.

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Date: 10/10/2024

To,
LIC of India
Branch Office

Proposal No. 5186

Name of the Life to be assured KISHORE KUMAR SINGH

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
Reg. No. 33435

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.

अमित कुमार सिंह

(Signature of the Life to be assured)

Name of life to be assured:

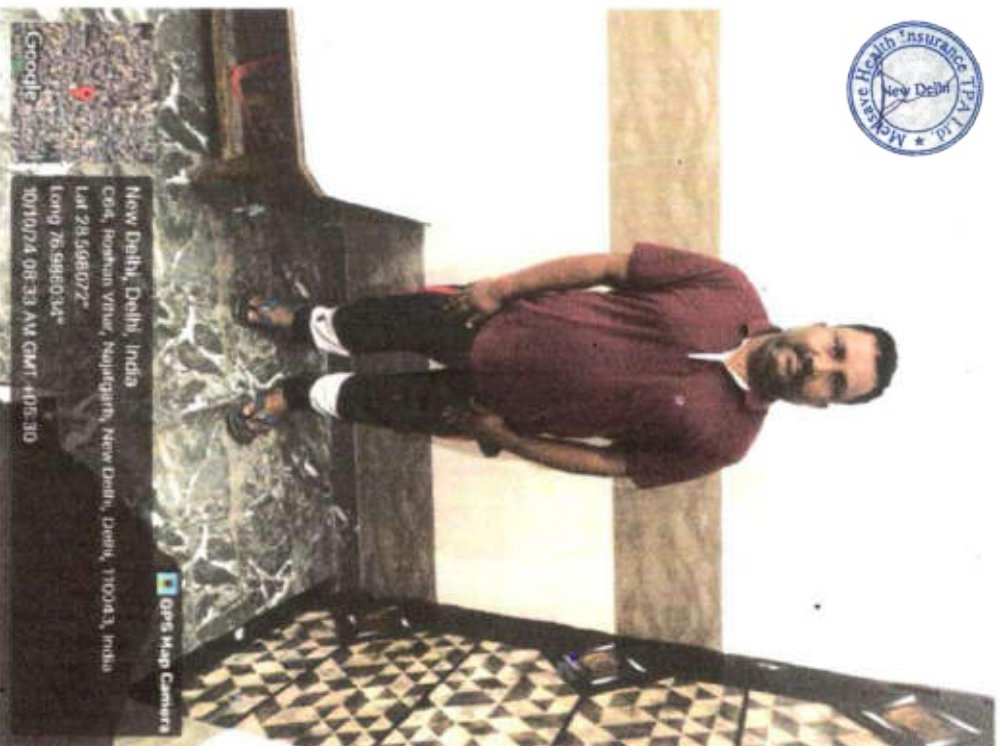
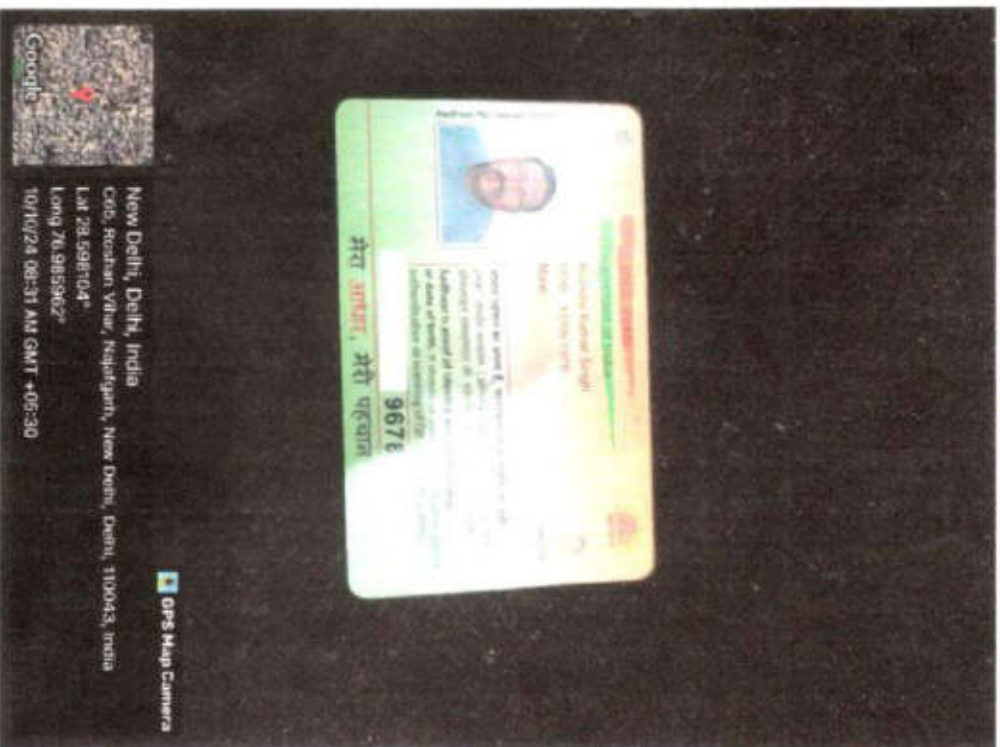
Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM	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%	
EUSA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





DR. BINDU
 MBBS, MD
 Reg. No.-33435

ANNEXURE II - 1
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
Proposal No. - 5186
Agent/D.O. Code: _____ Introduced by: (name & signature)
Full Name of Life to be assured: KUSHORE KUMAR SINGH
Age/Sex : 48 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 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

अशोक कुमार सिंह
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 10/10/2021 2023

Signature of L.A. अशोक कुमार सिंह

Signature of the Cardiologist
Name & Address
Qualification Code No.

Dr. BINDU
MBBS, MD
Reg. No.-33435



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
165	81.4	118/84	74/4

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	Supine	P Wave	ccc
Standardisation Imv	a	PR Interval	ccc
Mechanism	a	QRS Complexes	ccc
Voltage	a	Q-T Duration	ccc
Electrical Axis	a	S-T Segment	ccc
Auricular Rate	74/4	T-wave	ccc
Ventricular Rate	74/4	Q-Wave	ccc
Rhythm	Regular		
Additional findings, if any	None		

Conclusion: ECG-NR

Dated at Delhi on the day of 10/10/2024 200

Signature of the Cardiologist

Name & Address

Qualification

Code No.

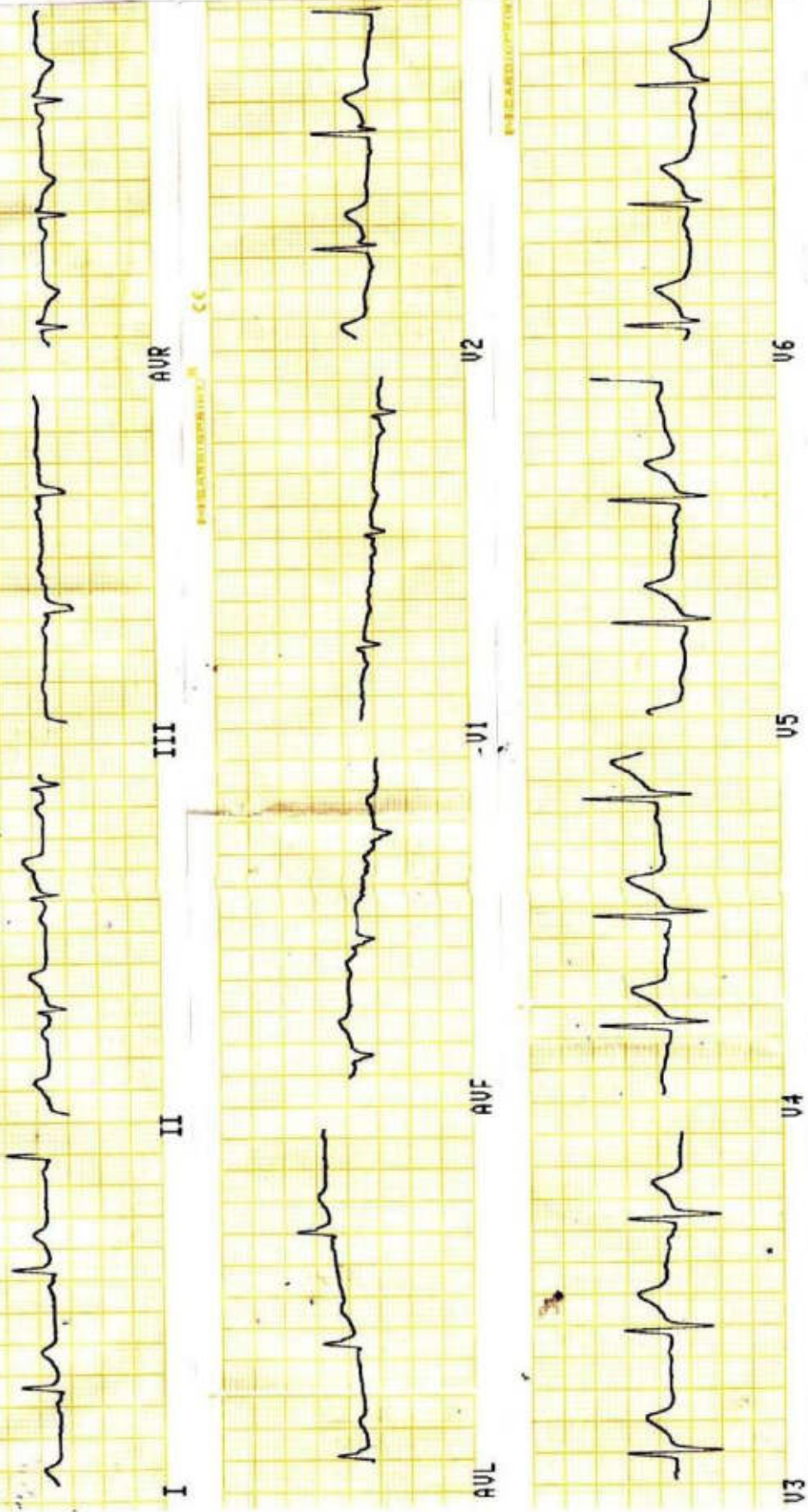
Dr. BINDU

MBBS, MD

Reg. No.-33435



केशव कुमार



ECG-WNL

DATE- 10-10-2024

AGE- 48 years/MALE

NAME- KISHORE KUMAR SINGH



Dr. BINDU
MBBS-MD
Reg. No. -33435

