

Format of separate sheet to be sent along with computer generated special reports

Date 12-11-2024

To
LIC of India,
Branch Office

373

Proposal No. 2982

Name of the Life to be assured CHANDAN SINGH RAGHUWANSHI

The Life to be assured was identified on the basis of Adhar card.

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 DR. ARUN MATHY has signed as below in my presence.

DR. ARUN MATHY
MD (PATHOLOGIST)
MGI Reg. No. : 8836

Signature of the Pathologist / Doctor
Name:

The examination / tests were done with my consent.

CS
(Signature of the Life to be assured)

Name:

Reports enclosed:

1. VMER
2. SBT-13
3. RVA

4. HB%.
5. ECG
6. _____

Rubber Stamp of TPA



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO CHEMICAL TESTS-13 (SBT-13)

Full Name of life to be assured

CHANDAN SINGH RAGUWANSHI

PROPOSAL NO- 2982

Age 49 Sex - MALE

Zone _____ Division _____ Branch _____

No.	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar (Method)	92.3	70-110 MG/DL
2	Total Cholesterol	166.5	UP TO 200 MG/DL
	High Density Lipid (HDL)	46.8	30-70 MG/DL
	Low Density Lipid (LDL)	80.72	UP TO 130 MG/DL
3	S. Triglycendes	142.4	UP TO 160 MG/DL
	S. Creatinine	0.61	0.5-1.5 MG/DL
5	Blood Urea Nitrogen (BUN)	18.3	10-40 MG/DL
6	S. Proteins	6.86	6.7-8.7 MG/DL
	(a) Albumin	4.26	3.7-5.3 MG/DL
	(b) Globulin	2.6	2.3-3.6 MG/DL
	AG Ratio	1.6	1.5-2.0
7	S. Billirubin		
	(a) Direct	0.29	0.2-0.4 MG/DL
	(b) Indirect	0.33	0.1-1.0 MG/DL
	Total	0.62	0.2-1.2 MG/DL
8	SGOT (AST)	22.5	UP TO 40 IU/L
9	SGPT (ALT)	18.6	5 TO 40 IU/L
10	GGTP (GGT)	18.4	3.0-28.7IU/L
11	S. Alkalin phosphatase	82.5	37-147 IU/L
12	HbsAg (Australia antigen)	Negative	
13	for HIV(Method -----ELISA-----)	Negative	

Dated BHOPAL on the 12 day of 11 20 24 at 11:42 am/pm

Signature of the Pathologist: *[Signature]*
 Pathologist Name: DR. ARUN MAITY
 Qualification: MD (PATHOLOGIST)
 Address: MGI Reg. No. : 8836



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL MEDICAL REPORT

HAEMOGRAM

Full Name of life to be assured

CHANDAN SINGH RAGUWANSHI

Age

47

Sex

Male

PROPOSAL NO

2982

Division

BHOPAL

Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count		4.5-6.5 million/cmm
2	Hb%	13.4	12-17 GMS%
3	Hematocrit		40-70%
4	Indices		
	(a) MCV (Mean Corpuscular Volume)		70-100fl
	(b) MCH (Mean Corpuscular Hb)		27.0-37.0 pg
	(c) MCHC (Mean Corpuscular Hb Concentration)		32-37 g/dl
5	Morphology	Nil	
	Macrocytes	Nil	
	Microcytes	Nil	
	Hypochromia:	Nil	
	Poikilocytosis:	Nil	
	Anisocytosis:	Nil	
6	Target Cell -	Nil	
	Spherocytes:	Nil	
	Eliptocytes :	Nil	
7	White Blood Cells		
	Total Count :		4000-11000/ microliter
	Differential Counts		
	a) Neutrophils:		45-75%
	b) Lymphocytes		20-45%
	c) Eosinophils		1-6%
	d) Monocytes:		1-10%
	e) Basophils :		0.0-1.0%
8	Platelets:		1,50000-4,50000 lac.
9	Erythrocytes Sedimentation rate : (WINTRIOBE)Method		0-10 MM/HR

I declare that the person examined/investigating, signed/affixed thumb impression in the space marked below, in my presence and I am not related to him/her or the Agent or the development officer.

Examined at **BHOPAL** on the **12** day of **11** 20 **24** at **11:42 AM** ✓/m/pm

Signature of the Pathologist

Pathologist Name

DR. ARUN MAITY
MD (PATHOLOGIST)
MCI Reg. No.



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

ROUTINE URINE ANALYSIS

Full Name of life to be assured CHANDAN SINGH RAGUWANSHI

PROPOSAL NO- 2982 Age 49 Sex Male

Division Bhopal Branch

1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii)
(ii) Transparency	CLEAR	(iv)

Sediment	Absent
Reaction	Alkaline

2 CHEMICAL EXAMINATION

(i) Protein	Absent	(ii)
(iii) Bile Salt	Absent	(iv)

Sugar	Absent
Bile Pigments	Absent

3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii)
(iii) Crystal	Absent	(iv)
(v) Casts	Absent	(vi)

Epithelial Cell	1-2/HPF
Pus Cells	2-3/HPF
Deposits	Absent

(Bacterias --Absent)

REMARKS :

If Pus cells are present GRAM STA in is necessary.
 If haematuria is present ZIEHL NEELSEN METHOD is necessary.
 I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at Bhopal on the 12 day of 11 20 24 at 11:42 am/pm



Signature of the Pathologist:	<i>DR. ARUN MAITY</i>
Pathologist Name:	DR. ARUN MAITY
Qualification :	MD (PATHOLOGIST)
Address	MCI Reg. No. 78234

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal ELECTROCARDIOGRAM

Full Name of life to be assured

Age Sex

Division Branch

Proposal No. Agent/ Code No. Dev. Officer Code No.

Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation. The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG traings.
- ii The base line must be steady The tracing must be pasted on a folder.
- iii 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 V, shows a tall R-wave, additional lead V, R be recorded.

DECLARATION

I declare that the Foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated _____ given by me to LIC of India.

Note: Cardiologist is requested to explain following to L A and to note the answers there of.

- i Have you ever had chest pain, Palpitaion, Breathlessness at rest or exertion ?
- ii Are you suffering from heart disease, Diabetes high or low Blood Pressure or kidney disease ?
- iii Have you ever had chest X-Ray, ECG, Blood sugar Cholesteri or any other lest done ?

NO
NO
NO

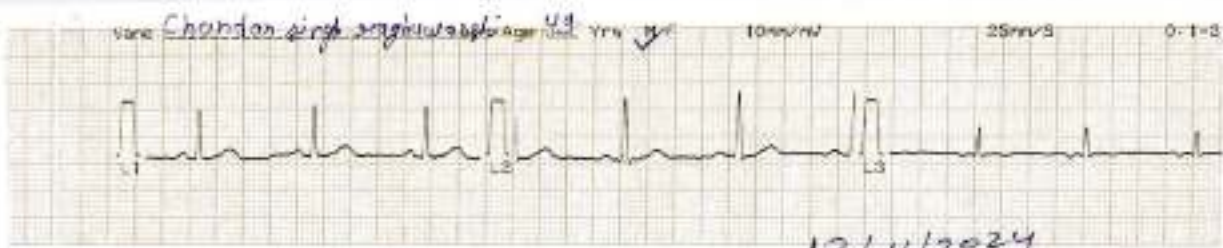
If the answer/s to any/ all of the above question is "Yes" submit ail relevant papers with this from.

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 with held. I do agree that these will from part of the proposal dated _____ given by me to LIC of India.

Date at on the day of 20 at am/pm



Signature of the Pathologist	
Patholgist Name:	Dr. GIRISH RAIPAL
Qualification :	MBBS, PGDCC (Dip. Card.) Reg. M.E. Code No. 19781
Name & Address of the Hospital/Clinic/Lab :	



12/11/2024



Heart Rate	75 BPM				
P-RS	P	QRS	PQ	QT	QTc
ms	120	92	152	346	378
ms	QT/QTc	QT/RR			
	92	42			
P	QRS	T			
Ax 15	0°	0°	0°		

CPD
WNL

DR. GIRISH RAJPAL
MBBS, MDCC (Dip. Card)
Reg. No. MP-12781

SL

भारत सरकार
Government of India

आधार

चन्दन सिंह राघुवंशी
Chandan Singh Raghuwanshi
जन्म तिथि/DOB: 10/09/1975
पुरुष/ MALE

Issue Date: 02/05/2013

7097 0516 2442
VID : 9132 0042 1582 1110

मेरा आधार, मेरी पहचान





DR. ABHINAV JASTY
M.B.B.S. (M.D.)
MCI Reg. No. : 8836



GPS Map Camera

Bhopal, Madhya Pradesh, India
Hlg-24, No 6 Locality, Shivaji Nagar, Bhopal, Madhya
Pradesh 462016, India
Lat 23.228207° Long 77.434445°
12/11/24 11:42 AM GMT +05:30

Google