

Dear AXIA HEALTH ASST. PVT LTD

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : AMAN KUMAR PRAJAPATI

Proposal No : 1862

Branch Code : 115

Contact Details : 9889011817

Location : Plot no 9, Niti Khand 3, Manoj Vihar, Indirapuram, Ghaziabad, Uttar Pradesh 201014

Appointment Date : 14-10-2024

Member Information

Booked Member Name	Age	Gender
AMAN KUMAR PRAJAPATI	29 year	Male

Included Test -

Complete Heamogram

HbA1c

Urine Analysis

SBT-13 with Elisa Method HIV test

ECG



Thanks,

Medsave Team

ANNEXURE II - I

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No. 1862

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

Full Name of Life to be assured: AMANI KUMAR PRASAD

Age/Sex 28M

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 I, 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? YN
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? YN
- iii. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? YN

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at Me on the day of 15/10 2002

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification Code No.



Dear AXIA HEALTH ASST. PVT LTD

2

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
180	78	120/80	78

(B) Cardiovascular System

N/A

Rest ECG Report:

Position	Supine	P Wave	Nil
Standardisation Inv	10 mA	PR Interval	Nil
Mechanism	Normal	QRS Complexes	Nil
Voltage	Nil	Q-T Duration	Nil
Electrical Axis	Nil	S-T Segment	Nil
Auricular Rate	78/AB	T-wave	Nil
Ventricular Rate	78/NT	Q-Wave	Nil
Rhythm	Sinus		-
Additional findings, if any	Nil		-

Conclusion: T.W.H.C.



Dated at Delhi on the day of 19/10/2002



P. Kumar
Dr. PRAVEEN KUMAR GUPTA
Signature of the Cardiologist
Name & Address
Qualification
Code No.

Dear AXIA HEALTH ASST. PVT LTD

भारत सरकार
Government of India

अमित कुमार प्रजापति
Amit Kumar Prajapati
जन्म तिथि / DOB: 01/07/1995
पुं / MALE

7517 3307 5960

मेरा आधार, मेरी पहचान

UNIT OF AXIA HEALTH INSURANCE
PVT. LTD.

Dr. NITIN KUMAR DUMSEER
MBBS, DNB (Gen. Surg)
MD, DGO (Gen. Surg)

भारतीय विश्वविद्यालय प्राधिकरण
Central Board of Secondary Education Authority of India

पता: सुनिता प्रजापति प्रजापति, एच-58-ए टॉप
फ्लोर, गौतम बुद्ध मंदिर, लक्ष्मी पार्क, 110002
Address: Sunita Prasad Prajapati, H-58-A
Top Floor, Gautam Buddha, Laxmi Park,
Laxmi Nagar, Laxmi Nagar (near Delhi), East
Delhi, Delhi, 110002

7517 3307 5960

1947 help@cbse.gov.in www.cbse.gov.in





P. Kumar
 D. PRINCE KUMAR GUPTA
 B.S. MD. D.E.
 Dec 2023-2024



LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBI13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone Division Branch DATE /TIME 15/10/2024 10:55 AM

Proposal No. 1862

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: AMAN KUMAR PRAJAPATI

Age/Sex :29 /M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	92.1	60-110 MG/DL
2	TOTAL CHOLESTEROL	160.3	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	39.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	149.7	00-150 MG/DL
3	TRIGLYCERIDES	143.8	25-160 MG/DL
4	CREATININE	0.90	0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)	19.7	6.0-21.0 MG/DL
6	S PROTEINE	6.90	6.5-8.5 MG/DL
	(A) ALBUMIN	3.55	3.5-6.0 MG/DL
	(B) GLOBULINE	3.35	1.8-2.5 MG/DL
	(C) AG RATIO	1.05	
7	S. BILIRUBIN		
	(A) DIRECT	0.32	0.0-02 MG/DL
	(B) INDIRECT	0.60	0.2-0.8 GM/DL
	(C) TOTAL	0.92	0.2-1.0 MG/DL
8	SGOT (AST)	39.3	04-45 IU/DL
9	SGPT (ALT)	33.5	00-40IU/DL
10	GGTP (GGT)	44.9	11-50IU/DL
11	S. ALKANINE PHOSPATASE	101.3	15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)	NEGATIVE	NEGATIVE
13	ELISA FOR HIV	NEGATIVE	NEGATIVE



N. Kumar
 Dr. NITIN KUMAR DUMREER
 SIGNATURE OF PATHOLOGIST
 PATHOLOGIST'S NAME & ADDRESS, AUTHENTICATION
 2-110, 201109

Plot no 08, Noida-3 MIDC/PHARM, GHAZIABAD

880012732. 0120 - 4267281



ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA

DATE/TIME 15/10/2024 10:55 AM

Zone
Proposal No. 1862
Agent/D.O. Code:
Full Name of Life to be assured: AMAN KUMAR PRAJAPATI
Age/Sex: 29 /M

Division Branch

Introduced by: (name & signature)

HEAMETOLOGY

Test	Result	Unit
HbA1c	4.2	%

Non Diabetic < 5.7
Pre diabetic 5.7-6.9
Diabetic > 6.9

Dear Patient/Guardian

Guidance For Known Diabetics

- Below 6.5% : Good Control
- 6.5% - 7% : Fair Control
- 7.0% - 8% : Unsatisfactory Control
- >8% : Poor Control



N. K. Dumeer
Dr. NITIN KUMAR DUMEER
 M.B.B.S., M.D. (Path)
 Reg. No. 30700
 Pathologist's Name & Address
 Qualification:
 LIC Code No. :

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE / TIME 15/10/2024 10:55 AM

Proposal No. 1862

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be insured: AMAN KUMAR PRAJAPATI

Age/Sex :29/M

- Physical Examination

(i) Colour : YELLOW	(ii) Sediment: NIL
(iii) Transparency : CLEAR	(iv) Reaction :ACIDIC
- Chemical Examination

(i) Protein :NIL	(ii) Sugar :NIL
(iii) Bile salt :NIL	(iv) Bile pigments :NIL
- Microscopic Examination

(i) Red Blood Cells: NIL	(ii) Epithelial Cells :01-02 /HPF
(iii) Crystals : NIL	(iv) Pus Cells : 01-02 /HPF
(v) Casts : NIL	(vi) Deposits : NIL
(VII) Bacterias :NIL	

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.



Signature of the Pathologist

Pathologist's name & Address

Qualification :

LIC Code No. :



ANNEXURE II - 8

AXA Health Assist private limited

Plot no D5/Nikhil Jyotiparan CHAZ/10/AD

88012732 0020 - 467201

To,
LC of India
Branch Office

Date 15/10/2024

Proposal No 1862

Name of the Life to be assured ANMAN KUMAR Pratyakshi

The Life to be assured was identified on the basis of ANMAN KUMAR

I have satisfied myself with regard to the veracity of the life to be assured's life & occupation & the
examination for which reports are enclosed. This Life to be assured has consented to the above in my presence

N. K. Dumeen
Dr. NITIN KUSHAL DUMEEN
M.B.B.S., M.D. (P&F)

Signature of the Pathologist/Doctor

Name:

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

Anman Kumar
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed

Sr. No	Reports Name	Sr. No	Reports Name
1	FMT	9	Lipid Profile
2	Fast ECG with Traces	10	BUN, Creatinine, Total Bilirubin & PT/INR
3	Haemogram	11	Uric Acid
4	HbA1c	12	FBG (Fasting Blood Sugar)
5	SIBT-13	13	TCRUS (Tissue Doppler) BPPV (BPPV)
6	Echo for IIV	14	CT (C) with Contrast
7	MUGA	15	Proposal and other documents
8	Chest X-Ray with PA & Lateral View		

16. Questions re: _____

17. Others (Please Specify) _____

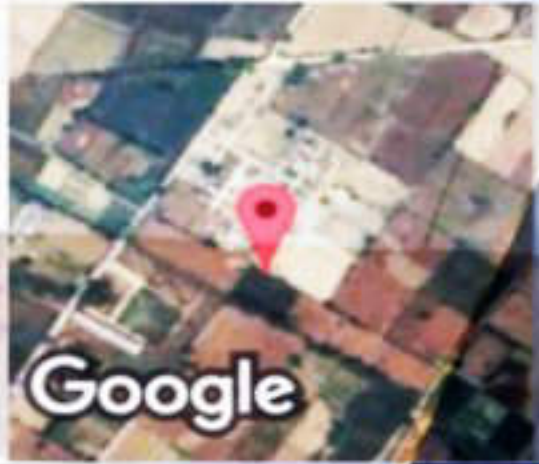
Remarks of Health Assure PVT LTD

Authorized Signature





GPS Map Camera



uttar pradesh, india, india
Q85M+P5PF 24 sector 24 near mother dery gautam budh nagar
Lat 28.758907°
Long 77.332971°
15/10/24 10:47 AM GMT +05:30