

~~DR. KUSUM LATA~~
~~MBBS, M.D. (PATH)~~
~~REG. No.: 7859~~
Green Park Diagnostics



Dr. RAJESH KUMAR
MBBS, MD
Reg. No. 47321
Green Park Diagnostics

भारत सरकार
Government of India

 विनोद कुमार
Vinod Kumar
जन्म तिथि / DOB: 07/08/1967
पुरुष / Male



~~7876~~ 7876

आधार - आम आदमी का अधिकार



Vinod Kumar

Date: 15/10/24

To,
LIC of India
Branch Office

Proposal No. 5681

Name of the Life to be assured VINOD KUMAR

The Life to be assured was identified on the basis of Aadhaar - 7876

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
[Handwritten Signature]
DR. KUSUM LATA
MBBS, MD (PATH)
Reg. No. 37899
Green Park Diagnostics

Name: DR. KUSUM LATA
DR. KUSUM LATA
MBBS, MD (PATH)
Reg. No. 37899
Green Park Diagnostics



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:

Sr. No	Reports Name	Sr. No	Reports Name
<input checked="" type="checkbox"/> 1	FMR	<input checked="" type="checkbox"/> 9	Lipidogram
<input checked="" type="checkbox"/> 2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
<input checked="" type="checkbox"/> 3	Haemogram	11	Hba1c
<input checked="" type="checkbox"/> 4	Hb%	<input checked="" type="checkbox"/> 12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
<input checked="" type="checkbox"/> 7	RUA	15	Proposal and other documents
<input checked="" type="checkbox"/> 8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD
Authorized Signature, _____

**LIC**

भारतीय आशुविमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
पुर्व विभाग-1/पुर्व मंडळ-1/ MUMBAI DIVISION-1

पुस्तक संख्या
Book No. A

998

फॉर्म संख्या
Form No.

050

MEDICAL EXAMINER'S REPORT
(Form No. LIC03-001 (Revised 2020))

Branch Code:

Proposal/ Policy No: **5681**

MSP name/code :

Date & Time of Examination: **15/10/24**

Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured : **9990507492**
Identity Proof verified: **Aadhaar** ID P proof No. **7876**

(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. **KUSUM LATA** (Name of the Medical Examiner) is for conducting my Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

Kumar

1	Full name of the life to be assured:	VINOD KUMAR		
2	Date of Birth:	Age:	Gender:	
	07-08-1967	57	M	
3	Height (In cms):	Weight (in kgs) :		
	163	79		
4	Required only in case of Physical MER	Blood Pressure	Systolic	Diastolic
	Pulse : 74	(1 readings)	130	86
		(2 readings)	130	86

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation.

5	a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc ?	No
	b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident ?	No
	c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) is yes -	No
	i. Date of surgery/accident/injury/hospitalisation	
	ii. Nature and cause	
	iii. Name of Medicine	
	iv. Degree of impairment if any	
	v. Whether unconscious due to accident, if yes, give duration	
6	In the last 5 years, if advised to undergo an X ray/ CT scan / MRI / ECG / TMT / Blood test/ Sputum/Throat swab test or any other investigatory or diagnostic tests? Please specify date , reason ,advised by whom & findings.	No
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu- like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	No



8	a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine ?	No
	b. Since when, any follow up and date and value of last checked blood pressure and sugar levels ?	NO
	c. Whether on medication? please give name of the prescribed medicine and dosage	No
	d. Whether developed any complications due to diabetes ?	No
	e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?	NO
	f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise) ?	NO
9	a. Any history of chest pain, heart attack , palpitations and breathlessness on exertion or irregular heartbeat?	No
	b. Whether suffering from high cholesterol ?	No
	c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.	No
	d. Whether undergone Surgery such as CABG, open heart surgery or PTCA ?	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassaemia or any Circulatory disorder ?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes ?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any physical impairment / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritits or gout ?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach /intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas ?	No
17	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder ?	No
	b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	No
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness / discharge from the ears), Nose, Throat or Mouth, Teeth, Swelling of Gums/Tongue, Tobacco stains or signs of oral cancer ?	No
19	Whether person being examined and / or his / her spouse/partner tested positive or is / are under treatment for HIV/AIDS/Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing / consumption of alcohol/drug etc) which is relevant in assessment of medical risk of examinee.	No
For Female Proponents only		
	i. Whether pregnant? If so duration.	/ N/A
	ii Suffering from any pregnancy related complications	
	iii Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Yes
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998

Declaration

I, Mr/Ms Vinod Kumar declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Vinod Kumar

Signature / Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 15 day of 10 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: Noida
Date: 15/10/2024
Stamp:

Kusum Lata
DR. KUSUM LATA
MBBS, M.D.(PATH)
DMC No.: 7859
Signature of Medical Examiner
Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No.

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured:

VINOD KUMAR

Age/Sex

57/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.

Okumar.

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

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

Dated at N. Delhi on the day of 15/10 2024

Signature of L.A.

Okumar.



Signature of the Cardiologist
Name & Address
Qualification
Code No.

RAJESH KUMAR
Reg. No. 47
Green Park Diagnostics

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
163	79	130/86	74k

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10mm/mv	PR Interval	Normal
Mechanism	Sinus	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	74k	T-wave	Normal
Ventricular Rate	74k	Q-Wave	Normal
Rhythm	Regular		
Additional findings, if any.			

Conclusion: WNL

Dated at NDdel on the day of 15/10/2024



Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

Dr. RAJESH KUMAR
 MBBS, MD
 Reg. No. 47321
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GREEN PARK DIAGNOSTICS

G-43, GREEN PARK MAIN MARKET
NEW DELHI - 110016

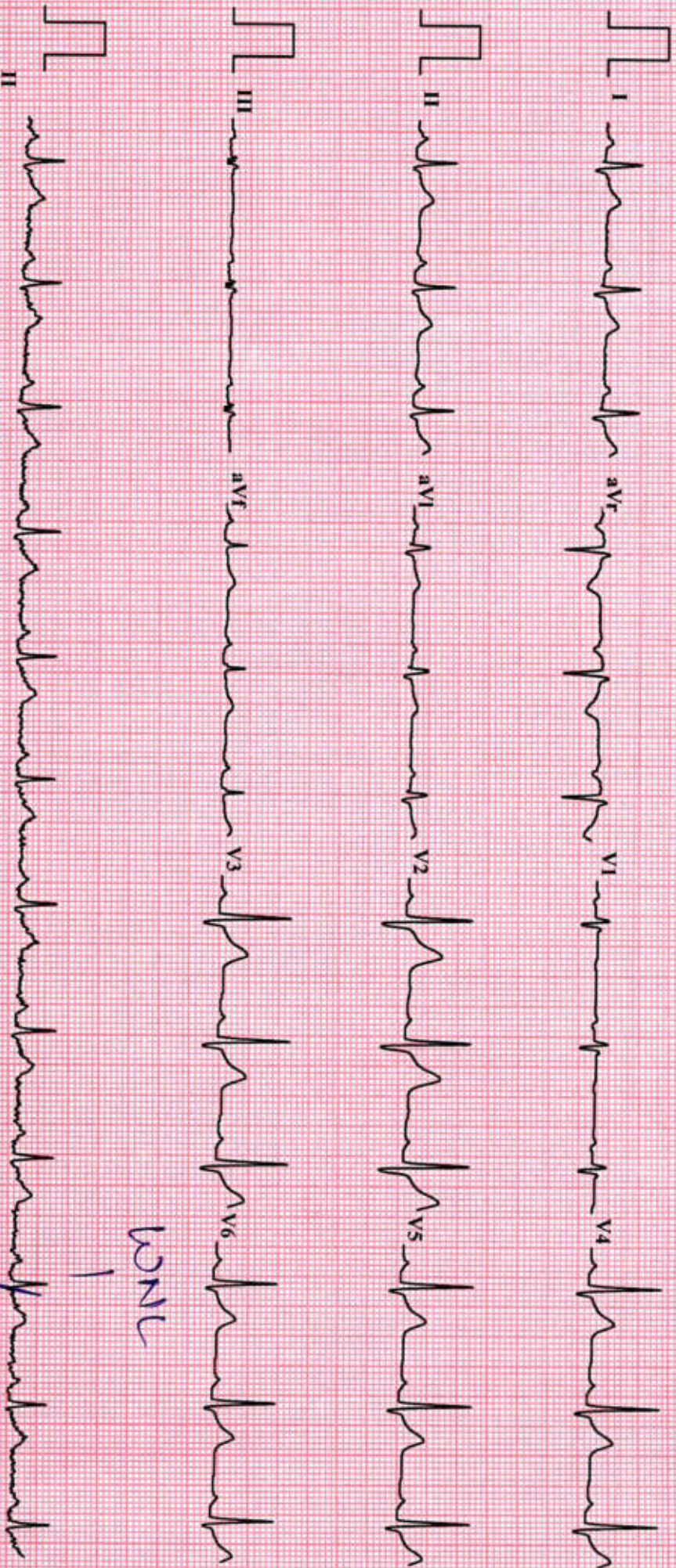
Mr. VINOD KUMAR
ID : 38
AGE/SEX : 57 Yr/M
HT/WT : /
DATE : 15-10-2024 09:58:13 AM
REF BY : DELIC OF INDI/A
MACHINE INTERPRETATION : Normal ECG.

RATE : 74 bpm
BP : N/A
P Axis : 44 deg.
QRS Axis : 39 deg
T Axis : 41 deg

P Duration : 86 ms
PR Duration : 145 ms
QRS Duration : 92 ms
QT Interval : 346 ms
QTc Interval : 375 ms

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

Linked Median



Dehwar



DR. RAJESH KUMAR
MBBS, MD
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Green Park Diagnostics



Green Parkk Diagnostics

G-43, .1st Floor, Green Park Main Market, New Delhi - 110016
 Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in
 Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date 15/10/2024
 Name MR. VINOD KUMAR
 Ref. By LIC OF INDIA

Srl No. 1003

Age 57 Yrs.
 Sex M

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (HB) (Non cyanide Hb Detection)	13.2	gm/dl	13.0 - 17.0

****End of Report****



Page 2

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DR KKUSUM
MD(PATH.&BACT.)
CONSULTANT PATHOLOGIST

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiea Care, Paramount ETC.
 ● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your Queries | Offers | Home Collection Call 9582859223



Green Parkk Diagnostics

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Date 15/10/2024
 Name MR. VINOD KUMAR
 Ref. By LIC OF INDIA

Srl No. 1003

Age 57 Yrs.
 Sex M

BIOCHEMISTRY

Test Name	Value	Unit	Normal Value
BLOOD GLUCOSE - FASTING	102	mg /dl	70 - 110

****End of Report****



Kusum
 DR. KUSUM LATA
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Page 3

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Date 15/10/2024
 Name MR. VINOD KUMAR
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Srl No. 1003

Age 57 Yrs.
 Sex M

PROFILE

Test Name	Value	Unit	Normal Value
LIPID PROFILE			
TOTAL CHOLESTEROL	177	mg/dL	150.0 - 200.0
TRIGLYCERIDES	130	mg/dL	60.0 - 165.0
H D L CHOLESTEROL	44	mg/dL	30.0 - 65.0
V L D L	26	mg/dL	15.00 - 35.00
L D L CHOLESTEROL	107	mg/dL	100.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	4.023		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.432		0.00 - 3.55
CHD RISK FACTORS			

RISK CHOLESTEROL	RATIO : TOTAL/HDL CHOLESTEROL		RATIO : LDL/HDL	
	MEN	WOMEN	MEN	WOMEN
1/2 Average	3.43	3.27	1.00	1.47
Average	4.97	4.44	3.22	3.22
2x Average	9.55	7.05	5.03	5.03
End of Report	23.99	11.14	6.14	6.14



Page 1

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Date 15/10/2024
 Name MR. VINOD KUMAR
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Srl No. 1003

Age 57 Yrs.
 Sex M

URINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY 20 ml.
 (Visual)
 COLOUR PALE YELLOW
 (Visual)
 TRANSPARENCY CLEAR
 (Visual)
 SPECIFIC GRAVITY 1.020
 (Reagent strip)

CHEMICAL EXAMINATION

REACTION ACIDIC ACIDIC
 (Indicrom paper)
 ALBUMIN NIL NIL
 (Reagent strip)
 REDUCING SUGAR NIL NIL
 (Reagent strip)

MICROSCOPIC EXAMINATION

PUS CELLS 0-1 /HPF 0-2
 RBC'S NIL /HPF NIL
 CASTS NIL NIL
 CRYSTALS NIL
 EPITHELIAL CELLS 0-1 /HPF
 BACTERIA NIL /HPF
 (Microscopic)
 OTHERS NIL



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Page 4 of 4

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G-43, Green Park Main Market, New Delhi-110016

Ph.:011-26537881

011-41759058

- यहाँ पर प्रसव पूर्व (लिंग पैदा होने से पहले लड़का या लड़की) की पहचान नहीं की जाती। यह दण्डनीय अपराध है।
 - बच्चे की लिंग के लिए पुछना/मांग करना पीसी और पीएनडीटी अधिनियम के तहत एक दण्डनीय अपराध है।
 - Here Pre-Natal Sex Determination and Disclosure of Sex (Boy or Girl Before Birth) of Foetus is not done. It is prohibited and punishable under law.
 - SEEKING / ASKING FOR SEX OF CHILD IS ALSO A PUNISHABLE OFFENCE UNDER PC AND PNDA ACT.
- In case of any complaint under PC & PNDA Act

Contact : District Appro. Authority (South Distt.)
Add. : M. B. Road, Saket, New Delhi - 110068
Tel. No. : 011-29535025, 2



G-43, Block G, Green Park
Extension, Green Park, New Delhi,

Lat: 28.557493, Long: 77.202854

15 Oct, 24, 10:23 AM, Tuesday



28°



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