



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

Branch Code _____
Proposal/ Policy No: 6790
MSP name/code : _____
Date & Time of Examination: 20/11/2024
Medical Diary No & Page No: _____

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: BAN ID Proof No. AFCPK4069A
(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filed 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 (Name of the Medical Examiner) is for conducting your 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)

1 Full name of the life to be assured: MR HARENDER KUMAR
2 Date of Birth: 12/11/1965 Age: 59 Yrs Gender: Male
3 Height (In cms): 169 Weight (in kgs) : 65.9
4 Required only in case of Physical MER

Pulse : 78/M Blood Pressure (2 readings).
1. Systolic 122 Diastolic 82
2. Systolic 122 Diastolic 80

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answers to any of the following questions is Yes, please give full details and ask life to be 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 ?
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident?
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 -
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
- 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 shivering with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days
If yes provide all investigation and treatment reports

No

No

No



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment: high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	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, thalassemia 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, arthritis 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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	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/drugs etc) which is relevant in assessment of medical risk of examinee.	-No-



For Female Proponents only	
i. Whether pregnant? If so duration.	
ii. Suffering from any pregnancy related complications	
iii. Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaeec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	NO
FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	
	YES

Declaration

You Mrs. Alavudheen Kungu declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We 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.

[Handwritten Signature]

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 20 day of Nov 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.

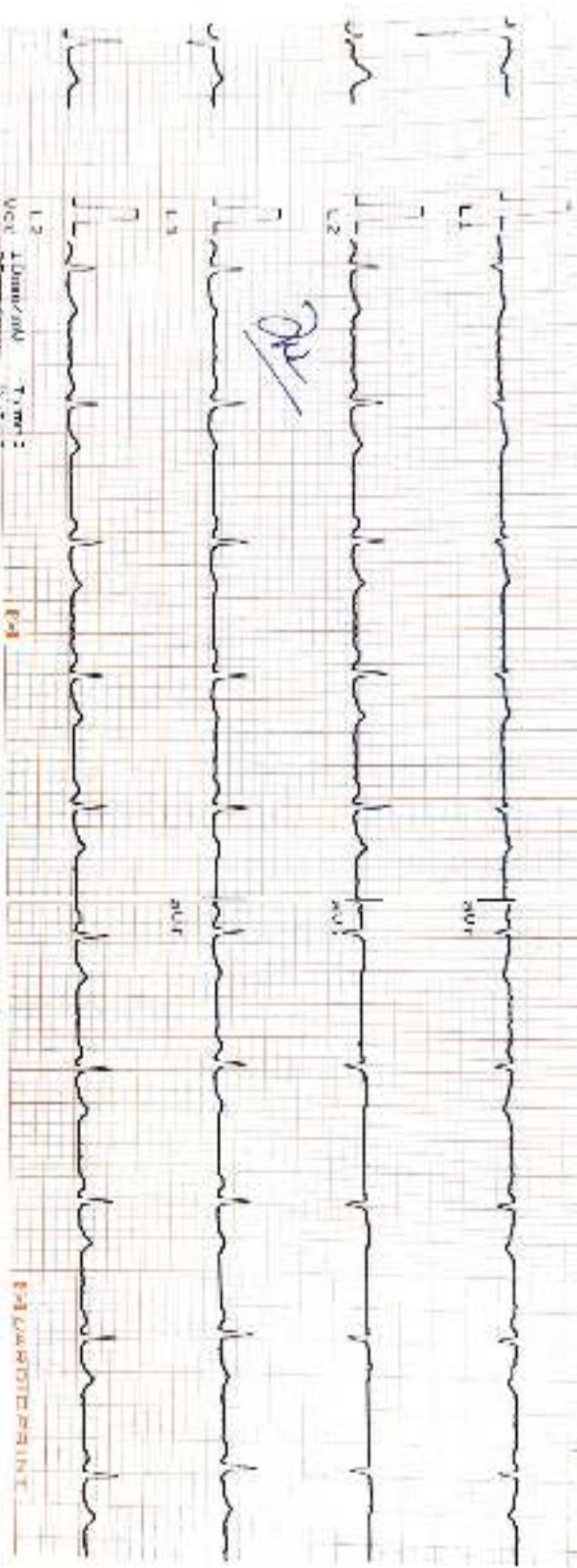
Dr. BINDU
[Handwritten Signature]
MBBS, MD
Reg. No. 33430

Signature of Medical Examiner
Name & Code No:
Stamp

Place: DELHI
Date: 20/11/2024

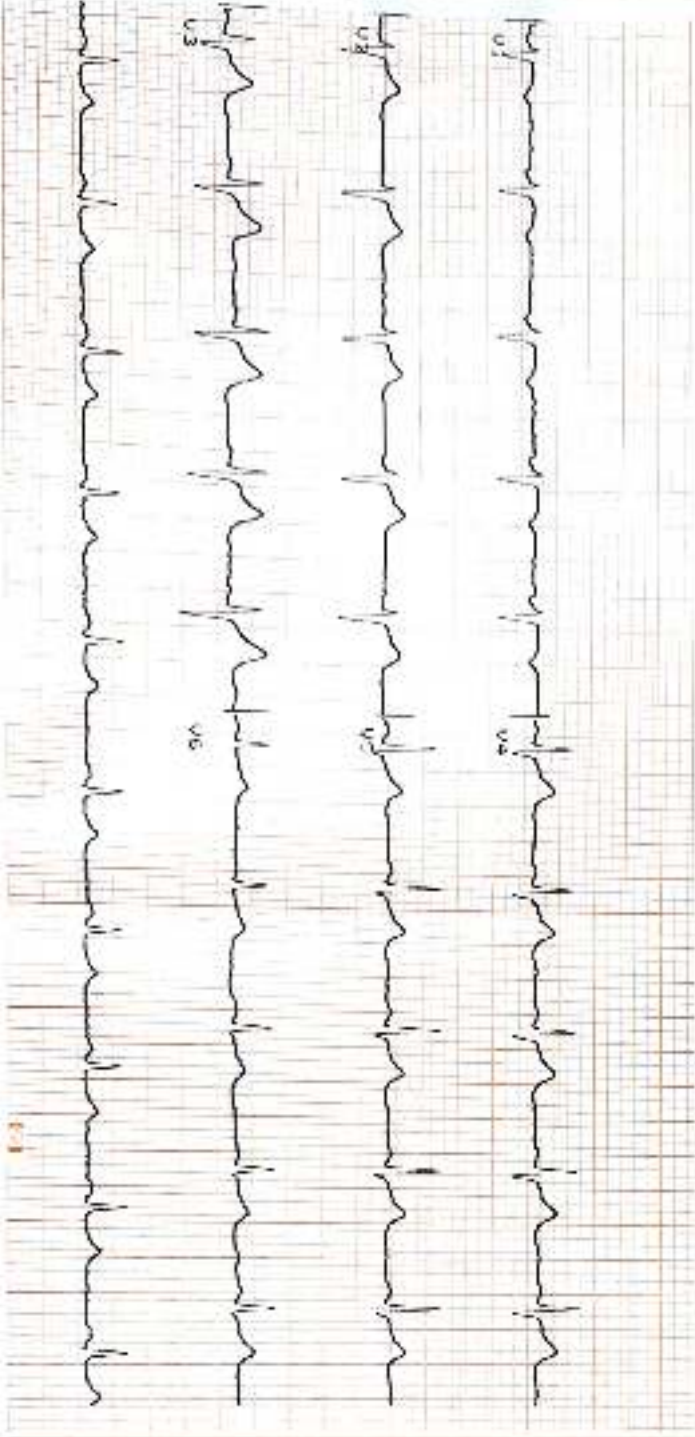


Number: _____
Yrs _____ cm _____ Kg BP _____



12
Voc: _____
Adm: _____
T: _____

PAWRODEPINT



HARSHDEZ KUMAR
Age - 59/Male
ECG. LUNL
Date - 20/11/2024



DR. BINU
REG. NO. 33433

Date: 20/11/2024

To,
LIC of India
Branch Office

Proposal No. 6790

Name of the Life to be assured MR. HARENDER KUMAR

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. 3433

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.

Ans

(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	YES
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	YES	Other Test	HBA1C

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 6790

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

Full Name of Life to be assured: M.R. HARENDER KUMAR

Age/Sex: 59/MALE

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. [Signature]

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 30/MAY 2004

Signature of L.A. [Signature]

Dr. BINDU
[Signature]
MBBS MD
Reg. No. 10435
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 - 8:0

Maximum Blood Pressure - 140/92

Maximum Workload - 9.03

Maximum heart rate 140 Maximum predicted heart rate 86 %

Reason for termination - Achieved THR

Comments: Negative for myocardial ischemia.

Dr. BINDU

[Handwritten Signature]

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 tracings)

[Handwritten Signature]



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 6790

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

Full Name of Life to be assured: MR. HARENDER KUMAR.

Age/Sex : 59/MALE

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 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.

- 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 20/Nov/ 2021

Signature of L.A.



Dr. BINDU

Signature of the Cardiologist

Name & Address

Qualification Code No.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6790
S. NO. : 110512
NAME : MR. HARENDER KUMAR AGE/SEX - 59/M
REF. BY : LIC
Date : NOVEMBER, 20, 2024

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.77	%

INTERPRETATION

Normal	: 5.0 - 6.7
Good Diabetic Control	: 6.8 - 7.3
Fair Control	: 7.4 - 9.1
Poor Control	: more than 9.1

Note: - Glycosylated Haemoglobin 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 preceding 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.

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

Please correlate with clinical conditions.

DR. J.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

2091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-5650089041, 9871144570
NOTE: Not to be final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for
medical - legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6790
S. NO. : 110512
NAME : MR. HARENDER KUMAR AGE/SEX - 59/M
REF. BY : LIC
Date : NOVEMBER, 20, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.34	gm/dl	12-18
Red Blood Cell (RBC)	5.94	mill.	M-4.5-5.5 F-3.5-5.5
Hematocrit: (PCV)	42.55	%	37-54
Mean Cell Value (MCV)	71.05		75-96
Mean Cell Hemoglobin (MCH)	28.30	pg	27-32
Mean Cell Hemoglobin Conc. (MCHC)	39.17	%	30-35
Total Leucocytes Count (TLC)	8,200	count	4000-11000
Differential Leucocytes Count (D.L.C)			
Neutrophils	63	%	40-75
Lymphocytes	27	%	20-45
Eosinophils	08	%	02-10
Monocytes	04	%	01-05
Basophils	00	%	00-01
Platelet count	2.51	LAKHS	1.5-4.5
E S R (Wintrobe method)	14	M.M.	0 - 20

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7/91, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi-110005 Contact: 191-965085041, 9871144570

NOTE: Not to be final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medical-legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6790
S. NO. : 110512
NAME : MR. HARENDER KUMAR AGE/SEX - 59/M
REF. BY : LIC
Date : NOVEMBER, 20, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.015

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.

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 be 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.



ELITE DIAGNOSTIC

Email - elitediagnostic@gmail.com

PROP. NO. : 6790
S. NO. : 110512
NAME : MR. HARENDER KUMAR AGE/SEX - 59/M
REF. BY : LIC
Date : NOVEMBER, 20, 2024

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	95.71	mg/dl	70-115
S. Cholesterol	171.85	mg/dl	130-250
H.D.L. Cholesterol	63.82	mg/dl	35-90
L.D.L. Cholesterol	120.33	mg/dl	0-160
S. Triglycerides	102.96	mg/dl	35-160
S. Creatinine	0.90	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	14.10	mg/dl	06-21
Albumin	4.1	gm%	3.2-5.50
Globulin	3.1	gm%	2.00-4.00
S. Proteins Total	7.2	gm%	6.00-8.5
AG/Ratio	1.32		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.6	mg/dl	0.1-1.00
Total Bilirubin	0.8	mg/dl	0.1-1.3
S.G.O.T.	23.68	IU/L	00-42
S.G.P.T.	24.92	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	50.17	IU/L	00-60
S. Alk. Phosphatase	89.40	IU/L	29-111 (Children 151-471)

SEROLOGY

Test Name : Human Immunodeficiency Virus I&II (HIV) (Elisa method)

Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

Test Name : Hepatitis B Surface Antigen (HbsAg) (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 Rameshwan Marg, Nehru Nagar Kirti Bhgh, Delhi-110025 Contact: 9979850090/9871144570

NOTE: Not to be 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.

ELITE DIAGNOSTIC

7091, GALI NO-10, MATA RAMESHWARI MARG,
NEHRU NAGAR, KAROL BAGH, DELHI -110005

TREADMILL TEST REPORT

PATIENT NAME: HARINDER KUMAR
ID: 181934
DATE: 20/11/2024
AGE/SEX: 59 / M

PROTOCOL: Bruce
DRUGS:

HISTORY:
INDICATION:
MEDICATION:



PHASE	TOTAL TIME	STAGE TIME	SPEED KM/HR	GRADE %	H-RL (BPM)	HR% (MED)	SPP (BPM)	ST. TENSION		HR/TS
								V1	V5	
SHUTTING					79	122 / 82	96	0.1	0.2	0.4
STANDING					79	122 / 82	98	0.1	0.2	0.5
WARM-UP	0:34				78	122 / 82	95	0.2	0.2	0.5
Stage 1	2:58	2:05	2.0	10	102	126 / 88	131	0.7	0.5	0.3
Stage 2	5:55	3:05	4.4	14	110	132 / 90	145	0.4	0.6	0.4
Stage 3	7:52	3:57	5.4	14	140	141 / 92	146	0.4	0.5	1
PR-EXERCISE	9:14	7:0	5.4	14	139	141 / 92	144	0.4	0.3	0.9
RECOVERY	11:43	2:55			101	136 / 85	131	0.19	0.3	1
RECOVERY	14:13	5:55			86	124 / 84	106	0.2	0.4	0.4

RESULTS
EXERCISE DURATION: 8:0
MAX HEART RATE: 140 bpm (at 3 of target heart rate 161 bpm)
MAX STAGE PRESSURE: 140 / 92 mm Hg
REASON OF TERMINATION: Achieved TRV

HR RESPONSE: Normal
ARRHYTHMIA: None
HR RESPONSE: Normal (chronotropic response)

IMPRESSIONS:
 Negative for Provocative myocardial ischemia.



DR. HARINDER KUMAR
 1889, No. 1889, Sector 17, Gurgaon

Technician

HARENDER KUMAR
I. D. 181994
Age 59/M
Date 20/11/2024

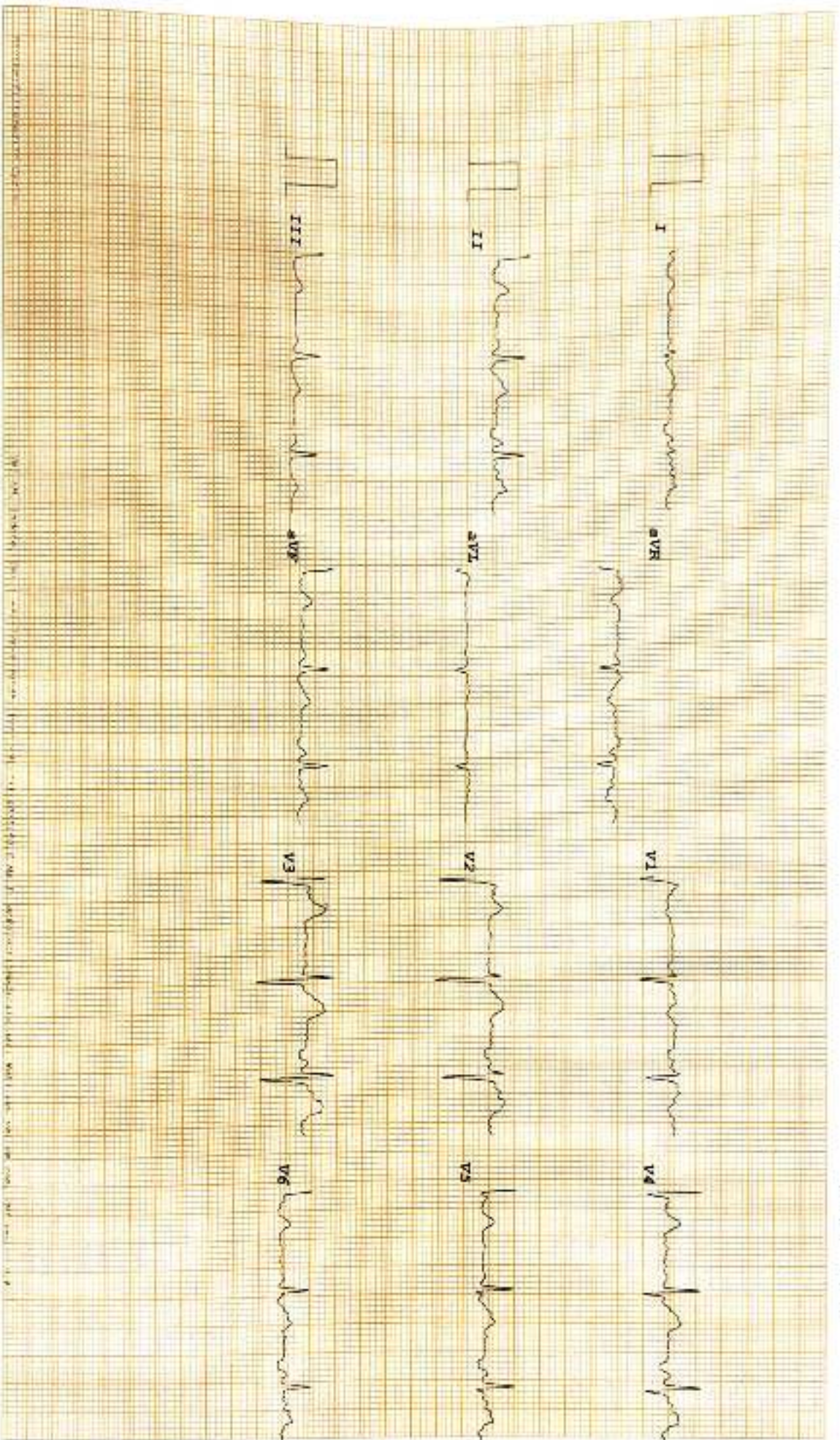
DATE 790pm
B. P. 122/82

ELITE DIAGNOSTIC

PRETEST^o
SUPINE

ST @ 10mm/mV
80ms PostU

RAW ECG



ELITE DIAGNOSTIC

HANMENDER KUMAR
 I. D. 181994
 Age 59/M
 Date 20/11/2024

RATE 79bpm
 R.P. 122/82

PRETEST
 STANDING

SR @ 10mm/mv
 Romas Postu

LINKED MEDIUM

Mag. X 2

III



I



ELITE DIAGNOSTIC

HARENDER KUMAR

I.D. 181994

Age 59/M

Date 20/11/2024

RATE 78bpm

B.P. 122/82

PRETEST

HYPERVENT

ST @ 10mm/mV

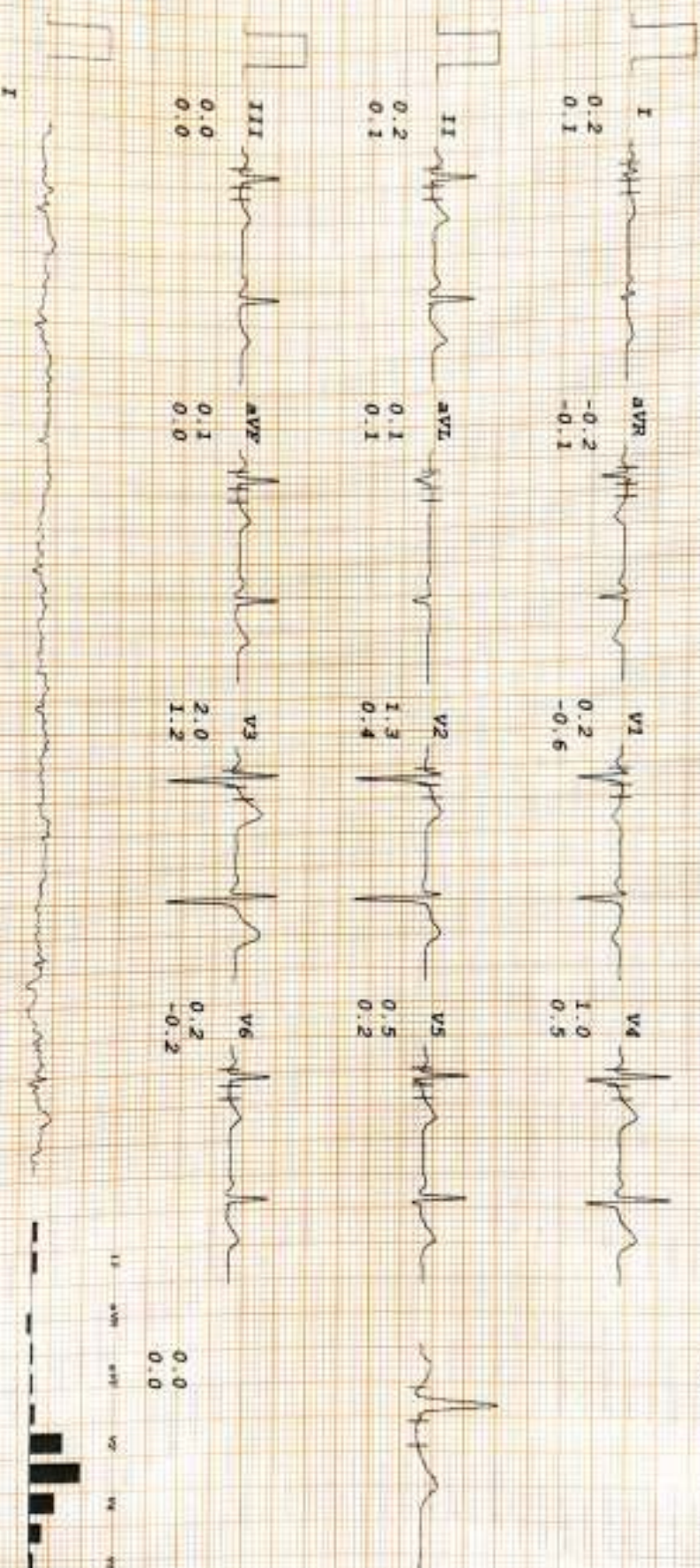
80ms Post J

PHASE TIME 0:04

LINKED MEDIAN

Mag. X 2

III



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

ELITE DIAGNOSTIC

NARENDER KUMAR

I.D. 181994

Age 59/M

Date 20/11/2024

RATE 78bpm

B.P. 122/82

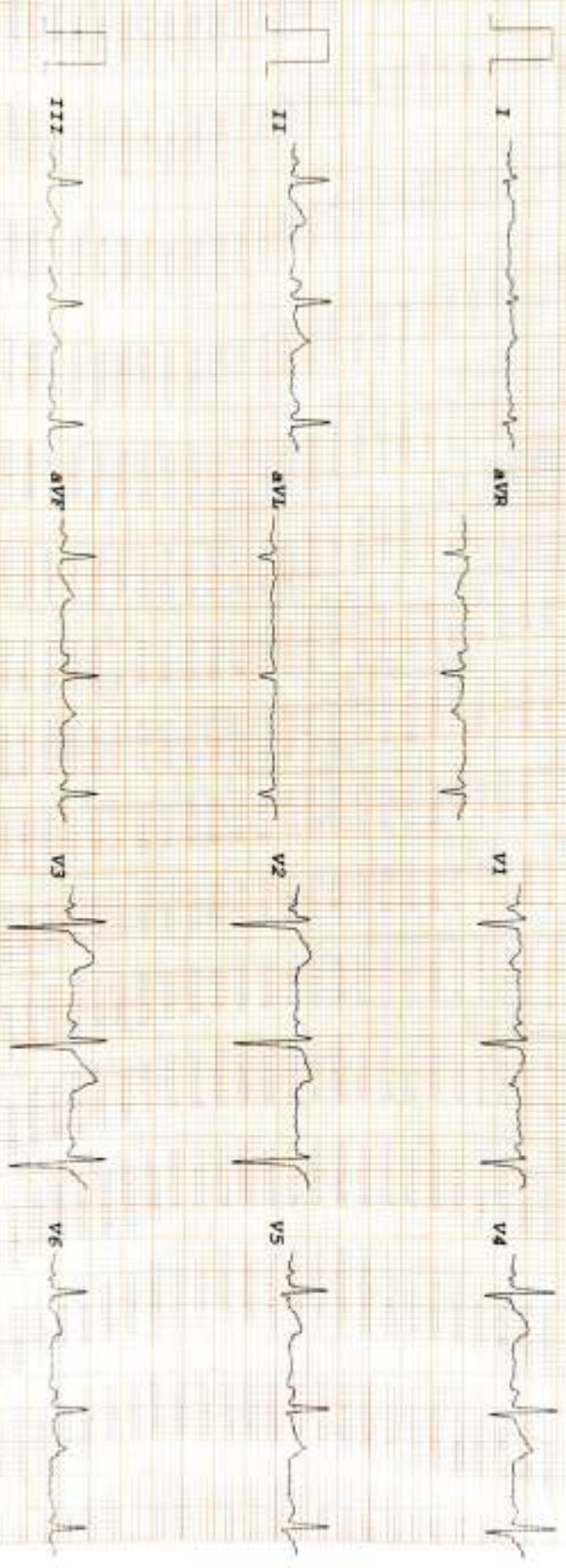
PRETEST

VALSALVA

ST @ 10mm/mV

80ms PectJ

RAW ECG



ELITE DIAGNOSTIC

HALENDER ROMAR
 I.D. 181994
 Age 59/M
 Date 20/11/2024

RATE 104bpm
 B.P. 126/86

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

ST @ 10mm/mV
 80ms PQRST
 Speed 2.7 km/hr
 SLOPE 10 μ

LINKED MEDIAN

Mag. X 2

III



0.3
 1.1

I



ELITE DIAGNOSTIC

HARENDEER KOMAR
I. D. 181994
Age 59/M
Date 20/11/2024

RATE 110bpm
B.P. 132/90

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

ST β 10mm/mV
80ms postU
Speed 4 km/hr
SLOPE 12 %

LINKED MEDIAN

Mag: X 2

III



ELITE DIAGNOSTIC

NARENDER KUMAR
I.D. 181994
Age 59/M
Date 20/11/2024

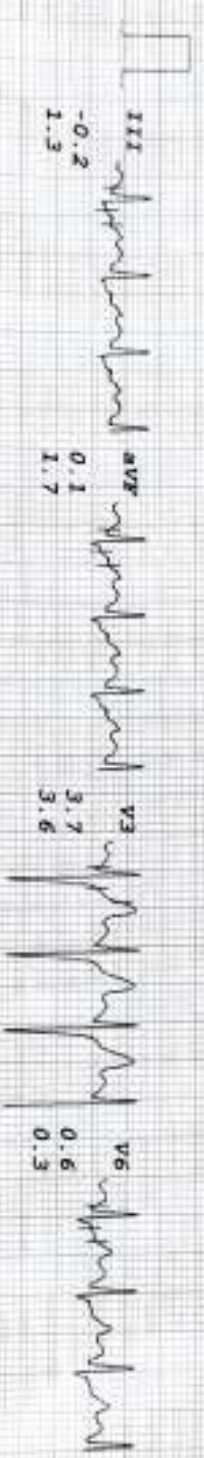
RATE 140bpm
B.P. 140/92

Bruce
Stage 3
TOTAL TIME 7:57
PHASE TIME 1:57
ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 8

LINKED MEDIAN

Mag. X 2

III



-0.2
1.3



ELITE DIAGNOSTIC

HARENDER KUMAR
I.D. 181994
Age 59/M
Date 20/11/2024

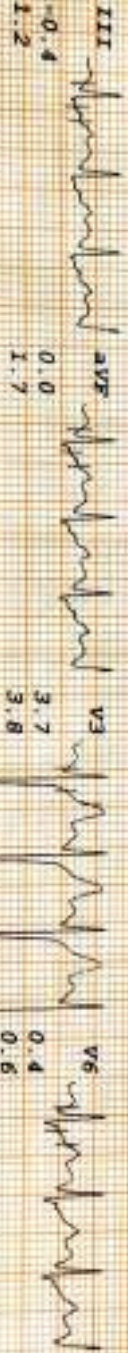
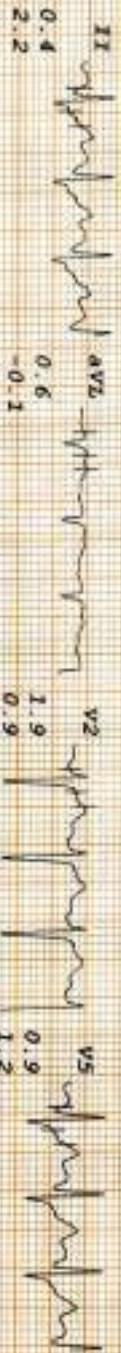
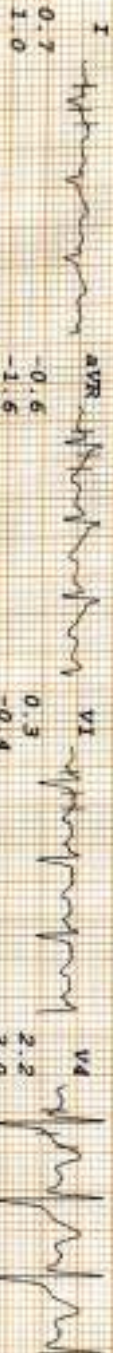
RATE 139bpm
B.P. 140/92

Bruce
PR-EXERCISE
TOTAL TIME 8:00
PHASE TIME 2:00
ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



ELITE DIAGNOSTIC

HARINDER KODAR
 I.D. 181994
 Age 59/M
 Date 20/11/2024

Rate 101bpm
 B.P. 136/90

BRUCE
 RECOVERY
 TOTAL TIME 9:06
 PHASE TIME 0:58

ST # 10mm/av
 60ms PqLJ

LINKED MEDIAN

Mag: X 2

III



ELITE DIAGNOSTIC

RAVENBERG ROMAR
I.D. 181994
Age 59/M
Date 20/11/2024

RATE 88bpm
R.P. 132/92

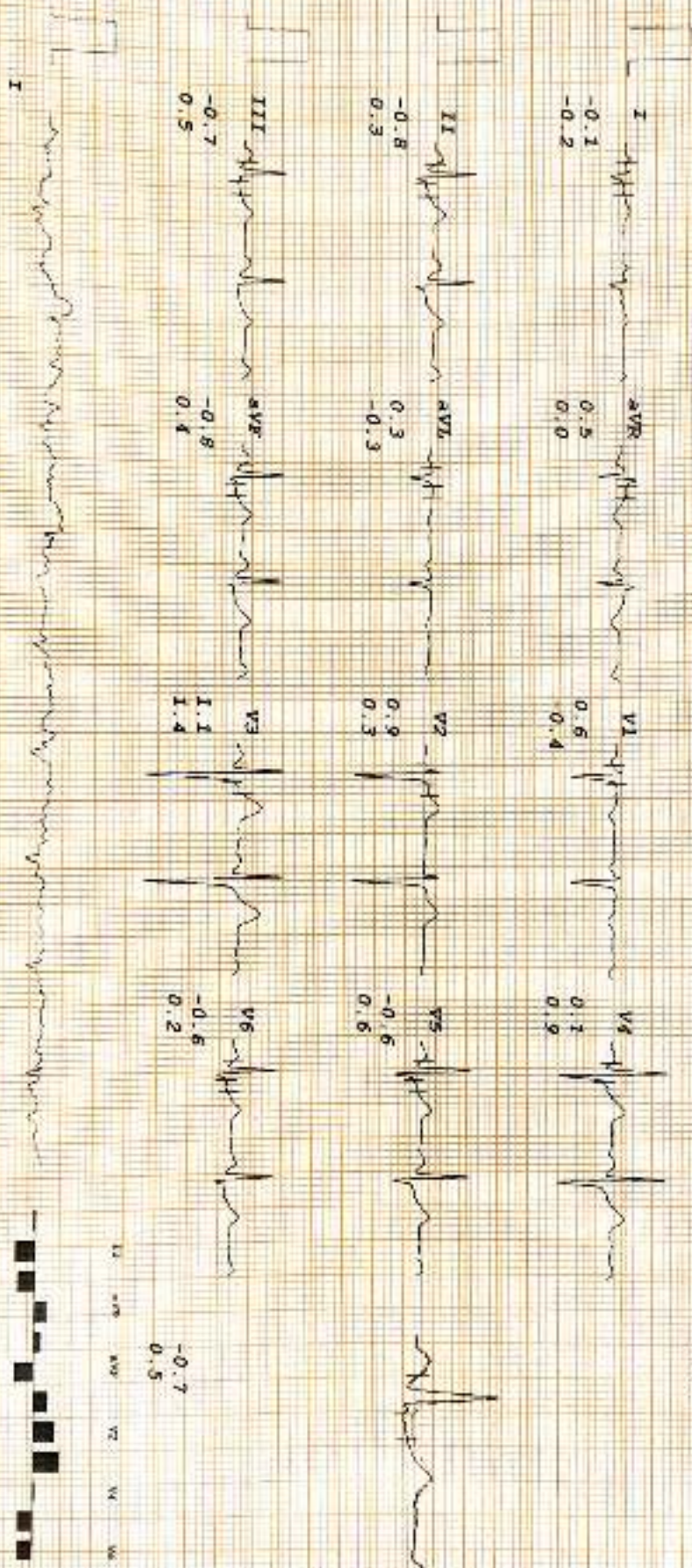
BRUCE
RECOVERY
TOTAL TIME 11:03
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



HARENDER KUMAR
I.D. 181994
Age 59/M
Date 20/11/2024

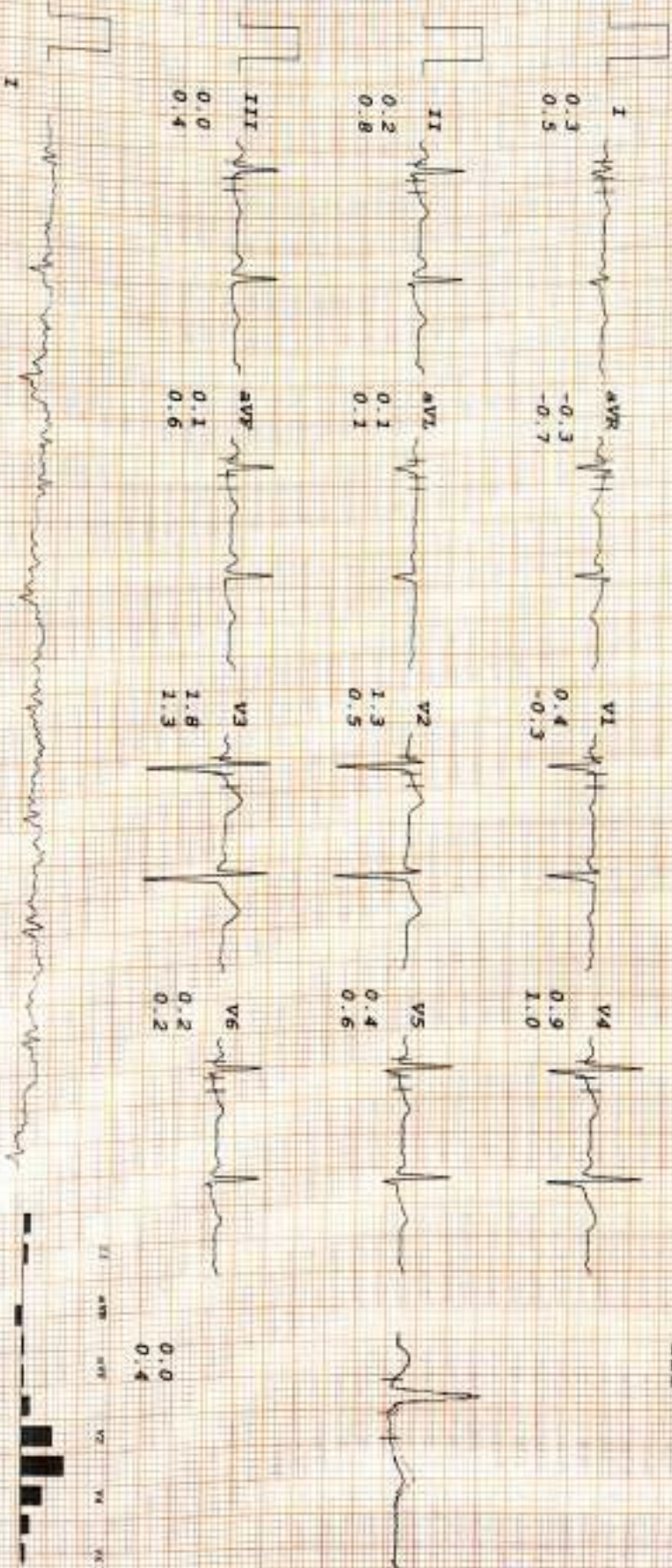
RATE 86bpm
B.P. 124/84

BRUCE
RECOVERY
TOTAL TIME 14:03
PHASE TIME 5:55

ST @ 10mm/mV
80mm PostJ

ELITE DIAGNOSTIC

LINKED MEDIAN



Mag. X 2

III



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AFCPK4069A



नाम / Name
HARENDER KUMAR

पिता का नाम / Father's Name
DILAWER SINGH


जन्म की तारीख /
Date of Birth
13/11/1965

हस्ताक्षर / Signature

26102018

E ELITE
DIAGNOSTIC



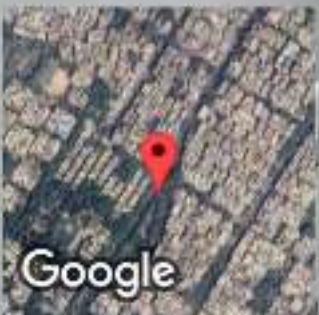
 **GPS Map Camera**

Delhi, Delhi, India

7091, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh,
Delhi, 110005, India

Lat 28.648752° Long 77.182562°

20/11/24 09:39 AM GMT +05:30



Google

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
169	65-9	122/82	78/M

(B) Cardiovascular System

.....
 (N)

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Imv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	78/M	T wave	(N)
Ventricular Rate	78/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	None		

Conclusion: CONLDated at DELHI on the day of 20/Nov/2024

Dr. BINDU

[Signature]
 Reg. No. 33435

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

