To, LIC of India Branch Office

Proposal No. 5936

Name of the Life to be assured

AHAHO

KUMPR

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.

Signature of the Pathologist/ Doctor

Name:

Dr. RAINA KHAN Reg. No. 25508

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

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

| Sr.<br>No | Reports Name                     | Sr.<br>No | Reports Name                             |
|-----------|----------------------------------|-----------|------------------------------------------|
| 1         | FMR                              | 9         | Lipidogram                               |
| 2         | Rest ECG with Tracing            | 10        | BST (Blood Sugar Test-Fasting & PP) Both |
| 3         | Haemogram                        | 11        | Hbatc                                    |
| 4         | Hb%                              | 12        | FBS (Fasting Blood Sugar)                |
| 5         | SBT-13                           | 13        | PGBS (Post Glucose Blood Sugar) —        |
| 6         | Elisa for HIV                    | 14        | CTMT with Tracing                        |
| 7         | RUA                              | 15        | Proposal and other documents             |
| 8         | Chest X-Ray with Plate (PA View) | 1,0       | 1 Toposar and other documents            |

Questionnaires:

Others (Please Specify)

Remarks of med Save

TPA Services PVT LTD

Authorized Signature.



#### ANNEXURE II - 1

### LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No. -

5936

Agent/D.O. Code:

Introduced by:

(name & signature)

Full Name of Life to be assured:

AHAHO KUMBR

Age/Sex

57701M

Instructions to the Cardiologist:

Please satisfy yourself about the identity of the examiners to guard against i.

The examinee and the person introducing him must sign in your presence. Do ii. 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 I 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 i.

Have you ever had chest pain, palpitation, breathlessness at rest or exertion? ii.

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 · iii.

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

Dated at

18/10/2024

on the day of

Signature of L.A.





Signature of the Cardiologist RAIN Name & Address Qualification Code No. Reg. No. Clinical findings

(A)

| Height (Cm) | Weight (kgs) | Blood Pressure | Pulse Rate |
|-------------|--------------|----------------|------------|
| 174         | 78           | 124/80         | 721m       |

| (B)    | Cardiovascular System                   |         |               |     |  |  |
|--------|-----------------------------------------|---------|---------------|-----|--|--|
|        |                                         |         |               |     |  |  |
|        | *************************************** | 9-      | *             |     |  |  |
| Rest I | ECG Report;                             |         |               |     |  |  |
|        | Position                                | Lusoine | P Wave        | a   |  |  |
|        | Standardisation Imv                     | e       | PR Interval   | (2) |  |  |
|        | Mechanism                               | 0       | QRS Complexes | 0   |  |  |
|        | Voltage                                 | (0      | Q-T Duration  | a   |  |  |
|        | Electrical Axis                         | 0       | S-T Segment   | 0   |  |  |
|        | Auricular Rate                          | Jelu    | T -wave       |     |  |  |
|        | Ventricular Rate                        | 724     | Q-Wave        | 6   |  |  |
|        | Rhythm                                  |         |               | (0) |  |  |
|        | Additional findings, if any             | Regular |               |     |  |  |

Conclusion: ECG-WHC

Dr. RAINA KHAN Mars, DMRD Reg. No. 25508

18/10/2024

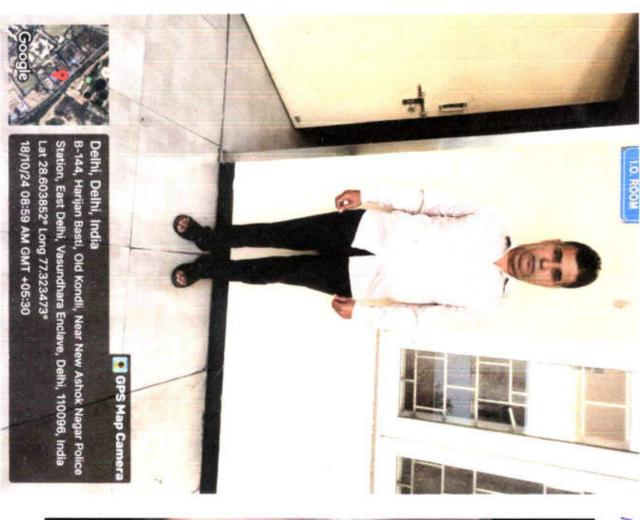
Dated at

on the day of

200

DELL

Signature of the Cardiologist Qualification Code No.





-healthpartner

S. No. : 18/OCT/28

Name : MR ANAND KUMAR AGE : 57Years

Ref. by : LIFE INSURANCE CORPORATION SEX : MALE

Date : 18-10-2024

#### BIOCHEMISTRY

| Test                            | Result | Units N | Normal Range |
|---------------------------------|--------|---------|--------------|
| FASTING BLOOD SUGAR             | 93     | mg/dl.  | (60-110)     |
| POST GLUCOSE 75 gram AFTER 2HRS | 110    | mg/dl.  | (UPTO 145)   |





8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

Line

DR. SHILPI GUPTA M.B.B.S.MD(Path) 64715 Consultant Pathologist

healthpartner

S. No. : 18/OCT/28

Name : MR ANAND KUMAR AGE : 57Years

Ref. by : LIFE INSURANCE CORPORATION SEX : MALE

Date : 18-10-2024

HAEMATOLOGY

Test Result Units Normal Range

Hemoglobin 13.7 gm% 12-16





. DR. SHILPI GUPTA M.B.B.S.MD(Path) 64715 Consultant Pathologist

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AGE

57Years

Ref. by

: LIFE INSURANCE CORPORATION

SEX

MALE

Date

: 18-10-2024

#### BIOCHEMISTRY

| Test              | Result | Units Normal Range |            |
|-------------------|--------|--------------------|------------|
| SERUM CHOLESTEROL | 178    | mg/dl.             | (150-200)  |
| HDL CHOLESTEROL   | 47     | mg/dl.             | (30-63)    |
| S. TRIGLYCERIDES  | 122    | mg/dl.             | (60-160)   |
| LDL               | 112    | mg/dl.             | (UPTO-150) |
| VLDL              | 28     | mg/dl.             | (23-45)    |
| SERUM CREATININE  | 0.72   | mg*                | (0.6-1.2)  |



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S. No.

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Ref. by

: LIFE INSURANCE CORPORATION

57Years

Date

: 18-10-2024

SEX :

AGE

#### URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR YELLOW
REACTION ACIDIC
APPEARANCE CLEAR
ALBUMIN NIL
SUGAR NIL
SPECIFIC GRAVITY 1.014

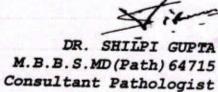
CHEMICALEXAMINATION

ALBUMIN NIL
SUGAR NIL
ACETONE NIL
BLOOD NIL
BILE SALT NIL
BILE PIGMENT NIL
UROBILINOGEN NIL



MICROSCOPIC EXAMINATION

PUS CELLS 3-4/HPF
EPITHELIAL CELLS 3-4/HPF
RBC NIL /HPF
BACTERIA NIL
CASTS NIL
CRYSTALS NIL
OTHERS NIL

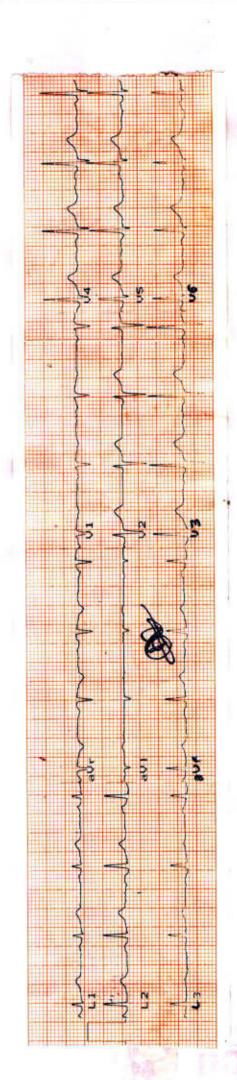




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AHAHD KUMAR 18/10/24 57 27/M ECG-DATE-