Date: 10/11/2024

To, LIC of India Branch Office

Proposal No. 1733

Name of the Life to be assured

ANJANA MATTA

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:

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

69

85,140

(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		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDDGRAM	YES	BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT- 13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		ньж	YES
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

### ANNEXURE II - 1

### LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

### ELECTROCARDIOGRAM

Zone

Division

Branch

1773 Proposal No. -

Agent/D.O. Code:

58/F

Introduced by: (name & signature)

Full Name of Life to be assured:

Age/Sex

Instructions to the Cardiologist:

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

ANJANA MATTA

- 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-Waye, 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

Matte

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

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

Dated at DELIAr on the day of 14 Nov/ 2021

Signature of L.A.

Matte

Signature of the Cardiologist Name & Address Oualification Code No.

MBBS. MO

## Clinical findings

1	A	)		
	· · · · ·	<u> </u>	_	

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
150	52	118/76	Folm

(B) Cardiovascular System

Rest ECG Report:

÷

Position	Suplue	P Wave	Ca
Standardisation Imv	R	PR Interval	(A)
Mechanism	(R)	QRS Complexes	(N)
Voltage	(A)	Q-T Duration	R
Electrical Axis	(A)	S-T Segment	RO
Auricular Rate	Folm	Twave	(N)
Ventricular Rate	70/2	Q-Wave	G
Rhythm	D.C.		(NO)
Additional findings, if a	ny AR		

CUNL Conclusion:

Dated at DELIAr on the day of 10 Nov 2094

.....

101

Signature of the ardiologist Name & Address Qualification Code No.

# **ELITE** DIAGNOSTIC

Email - clitediagnostic4@gmail.com

PROP. NO.	:	1733
S. NO.	1	110402
NAME	3.2	MRS. ANJANA MATTA
REF. BY	:	LIC
Date	1	NOVEMBER, 10, 2024

AGE/SEX - 58/F

## ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION		
Quantity	2	22.ml
Colour Transparency	:	P.Yellow
Sp Gravity	2	CLEAR
CHEMICAL EXAMINATION	3	1.012
Reaction		
Albomin	1	Acidic.
Reducing Sugar	2.2	NIL.
	1	N11.
MICROSCOPIC EXAMINATION		
Pus Cells/WBCs		
RBCs	1	1-2. /HPF.
	2.5	Construction of the second

		5 G / J	- <b>-</b>	12.26
Spithelial Cells		2	Mii.	/HPE.
Casts		:	0-1.	/HPF.
Crystals	10	1	Mźi.	
Bacteria		:	Nil.	
Others		2	Nil.	
122265.776		2	NIL.	

# \*\*\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*\*\*

Please correlate with clinical conditions.

DR. T.K. MATHUR N.B.B.S. MD (PATH) RES8. NO. 19702 Consultant Pathologist

7091, Gali no. 10, Mata Rameshwar, Murg, Netro Negar Kurol Begh, Debis 110225 Contest: -91-06522689041, 587 (144570) NOTE : Not to the final Diagnosis If highly abnormal or do not correlate clinically. Plong robe to the lab writers any hashadise. This result is performed to - May integrate



Email - elitediagnostic4@gmail.com

PROP. NO.		1733	1
S. NO.	:	110420	
NAME		MRS. ANJANA MATTA	
REF. BY	1	LIC	AGE/SEX - 58/F
Date		NOVEMBER, 10, 2024	

## HAEMATOLOGY

Test	Result	Units	Normal Range
Hemoglobin	13.05	gm/dl	12-18
BIOCHEMISTRY		12 1999/22	11 10
Test	Result	Units	Normal Range
Blood Sugar Fasting	98,10	≡g/dl	70-115
Total Lipids	566.85	mg/dl	400-700
S.Triglycerides	72.08	Mg∕dl	30-150
S. Cholesterol	190.02	ng/dl	130-250
H.D.L. Cholesterol	88.00	mg/dì	35-90
L.D.L. Cholesteroj	87.64	mg/dl	0-150
V.L.D.L. Cholesterol	14.56	mg/dl	0 50 0 50

## \*\*\*\*\*\*\*\*\*\*End of The Report\*\*\*\*\*\*\*\*

Please correlate with clinical conditions.

DR.T.K. MATHUR N.B.S. MD (PATH) REGDANC: 19702 Cansultant Pathologist

7091, Gali no. 10, Mata Rameshwan Marg, Netro Nagar Korel Bagh, Debi- 110005 Contact: -91-9650030041, 9871 (44570 NDTE : Nor to the final Diagnosis of highly abcornal or do not correlate danically. Please refer to the lab without any hastation. This report is not for medica - legal cases.

L2 User LOMM/mA L of 25mm/set 1.02 e S Ē Name 1 a. 1 1 . 18 Ti mit bated Ko HP 3 ŝ 24 5 104 1.60 100 e -39A35 č 54







Delhi, Delhi, India J-20, Block J, Beri Wala Bagh, Hari Nagar, Delhi, 110064, India Lat 28.633213° Long 77.110758° 10/11/24 10:28 AM GMT +05:30