

ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Prakasat No. 2812
Agent/D.O. Code: _____ Introduced by: (name & signature) _____
Full Name of Life to be assured: KISHOR KUMAR
Age/Sex: 53-10/M

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.

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 05/10/2024
on the day of _____ 200

Signature of L.A. 

Signature of the Cardiologist
Name & Address
Qualification
Code No.

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



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 - 10:1

Maximum Blood Pressure - 150/90

Maximum Workload - 11.36

Maximum heart rate 148 Maximum predicted heart rate 167 %

Reason for termination --

Comments

NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA

ISCHEMIA

Signature of the Cardiologist
Name & Address
Qualification Code No.

Dr. RAIN KHAN
MBBS DMRD
Reg. No. 25508

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 stracings)

IC Khan





IRINE DIAGNOSTIC

DD 23 KALKA JI DELHI 110092

TREADMILL TEST REPORT

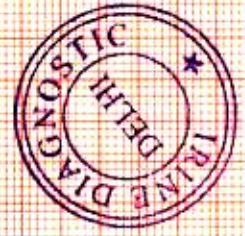
KISHOR KUMAR
 ID : IRINE05102025
 DATE : 05/10/2024
 AGE/SEX : 53 / M
 HT/WT : 0 / 0
 REF. BY : LIFE INSURANCE CORP

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION : NIL

| PHASE | TOTAL TIME | STAGE TIME | SPEED Km/Rx | GRADE % | H.R. bpm | B.P. mmHg | RPP x100 | ST LEVEL (MM) | | | METS |
|-------------|------------|------------|-------------|---------|----------|-----------|----------|---------------|-----|------|-------|
| | | | | | | | | II | VI | V5 | |
| SUPINE | | | | | 88 | 126 / 80 | 110 | 0.5 | 0.7 | 1.1 | |
| HYPERTENT | | 0:8 | | | 79 | 126 / 80 | 99 | 0 | 0.6 | 0.6 | |
| VALSALVA | | | | | 79 | 126 / 80 | 99 | -0.1 | 0.7 | 0.6 | |
| STANDING | | | | | 90 | 126 / 80 | 113 | -0.2 | 0.8 | 0.3 | |
| Stage 1 | 2:55 | | 2.7 | 10 | 118 | 126 / 80 | 148 | 0 | 0.4 | 0.2 | 4.67 |
| Stage 2 | 5:55 | | 4 | 12 | 129 | 140 / 86 | 180 | -0.4 | 0.6 | 0 | 7.04 |
| Stage 3 | 8:55 | | 5.4 | 14 | 136 | 146 / 90 | 198 | -0.8 | 0.4 | -0.6 | 9.92 |
| PK-EXERCISE | 10:1 | 1:1 | 6.7 | 16 | 148 | 150 / 90 | 222 | -1 | 0.3 | -1.1 | 11.36 |
| RECOVERY | 11:12 | 0:59 | | | 109 | 150 / 90 | 163 | 0.3 | 0.3 | 0 | |
| RECOVERY | 13:8 | 2:55 | | | 99 | 134 / 88 | 132 | 0 | 0.2 | 0 | |
| RECOVERY | 16:8 | 5:55 | | | 91 | 130 / 84 | 118 | -0.1 | 0.2 | 0.1 | |

RESULTS
 EXERCISE DURATION : 10:1
 MAX HEART RATE : 148 bpm 88 % of target heart rate 167 bpm
 MAX BLOOD PRESSURE : 150 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 11.36 METS



Dr. RAJNA KHAN
 MBB, DMRD
 Reg. No. 16508

[Signature]

Technician :



IRINE DIAGNOSTIC

ASHOR KUMAR

I.D. IRINE05102025

Age 53/M

Date 05/10/2024

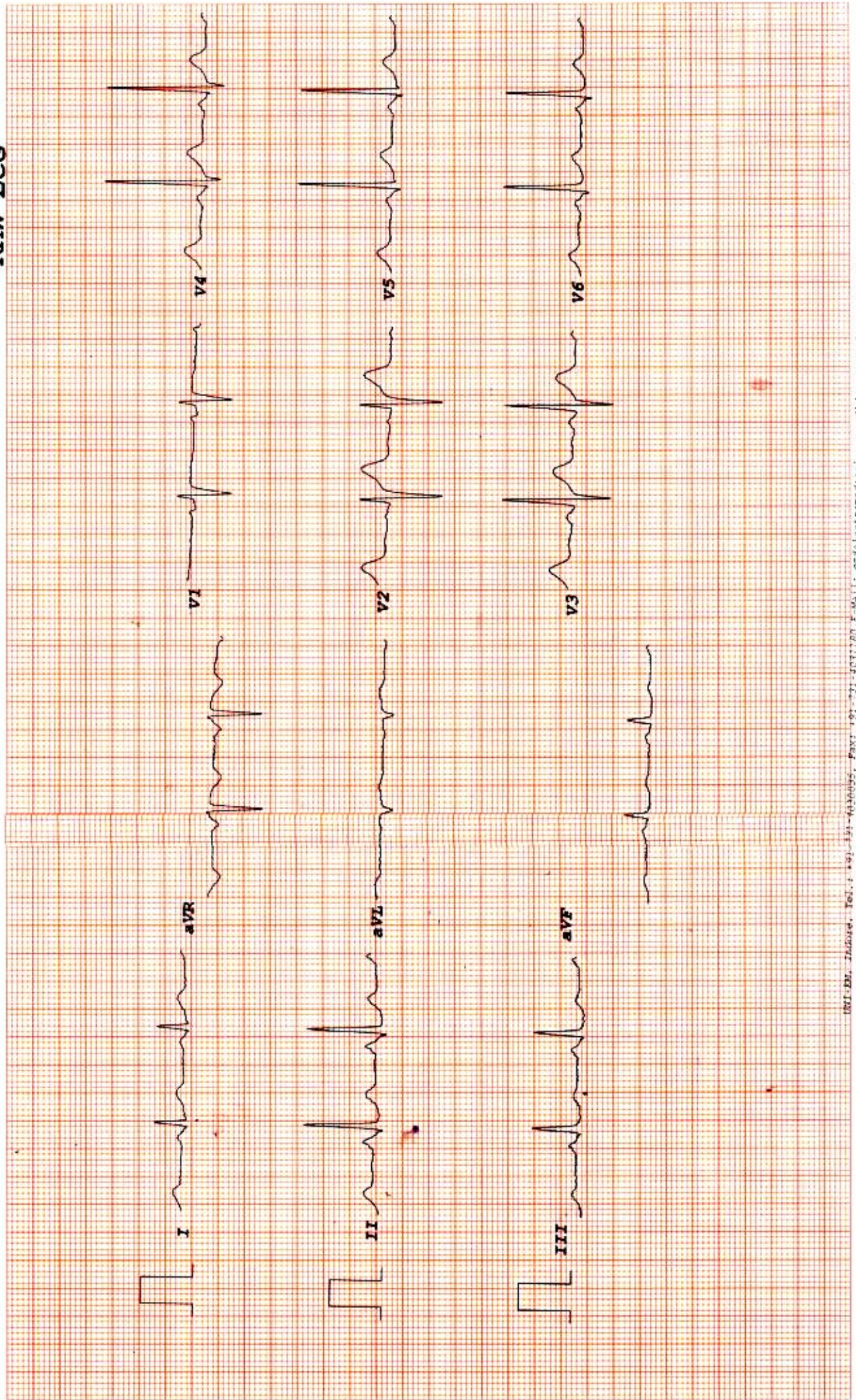
RATE 88bpm

B.P. 126/80

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

RAW ECG





IRINE DIAGNOSTIC

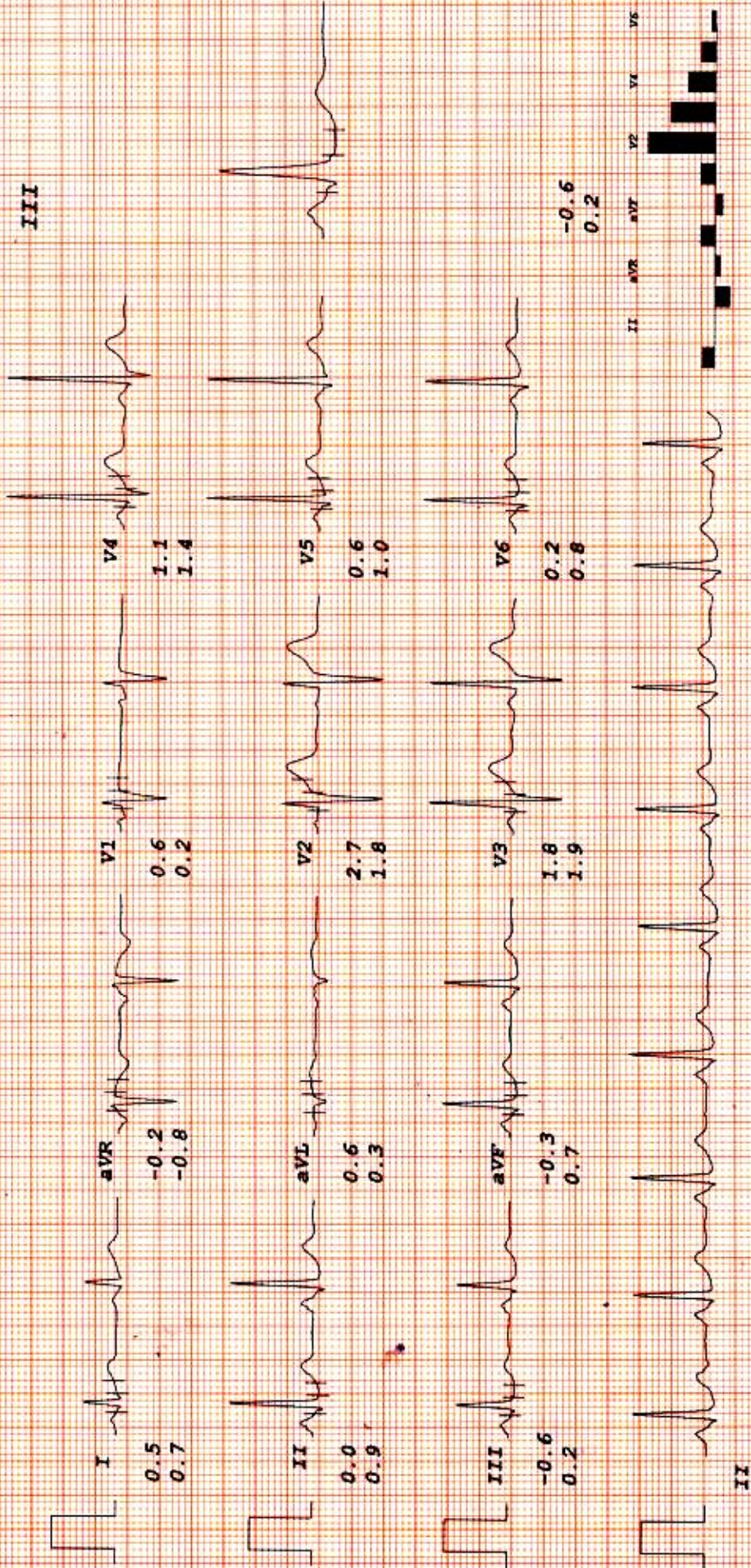
PRETEST
ST @ 10mm/mV
80ms PostJ

KISHOR KUMAR
I.D. IRINE05102025
Age 53/M
Date 05/10/2024

RATE 79bpm
B.P. 126/80

LINKED MEDIAN

Mag. X 2





IRINE DIAGNOSTIC

KISHOR KUMAR

I.D. IRINE05102025

Age 53/M

Date 05/10/2024

PRETEST

STANDING

ST @ 10mm/mV

80ms PostJ

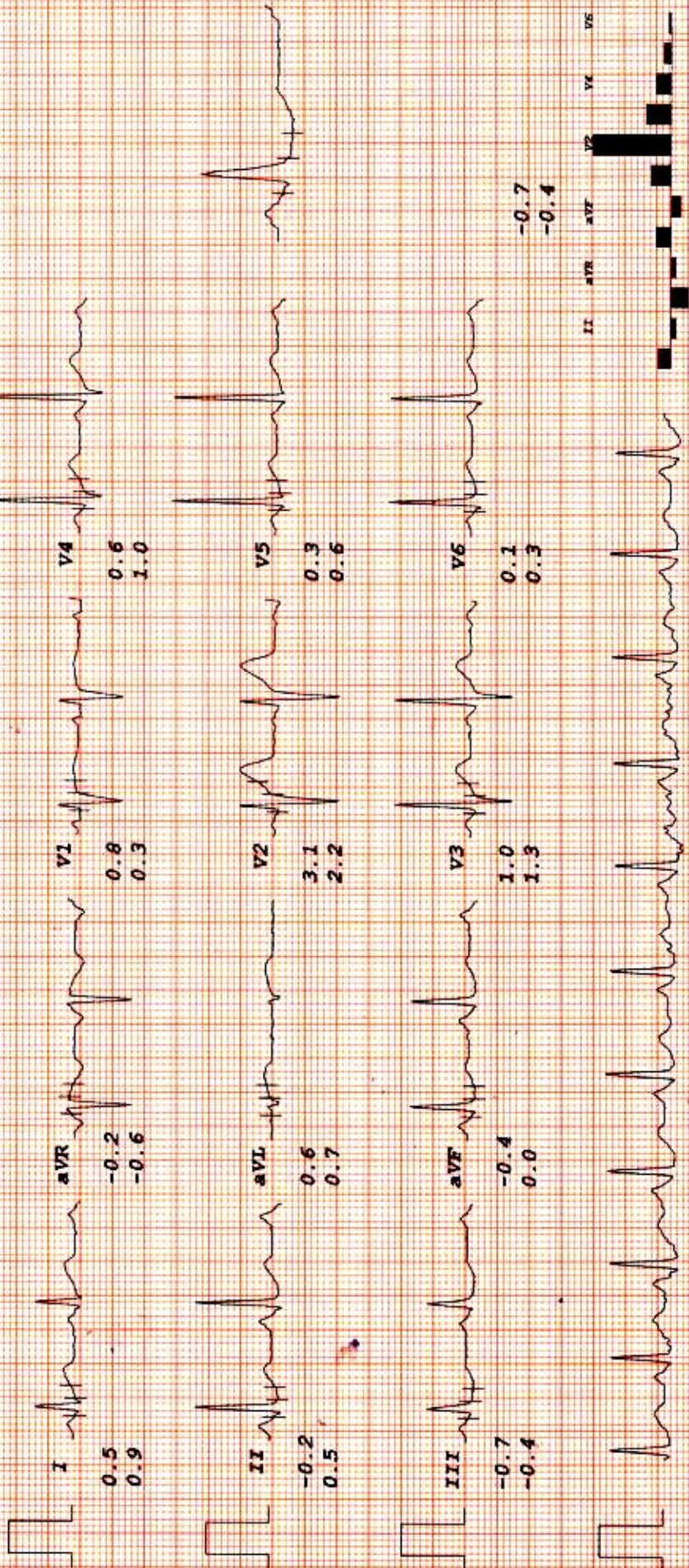
RATE 90bpm

B.P. 126/80

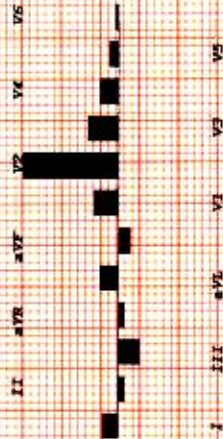
LINKED MEDIAN

Mag. X 2

III



II



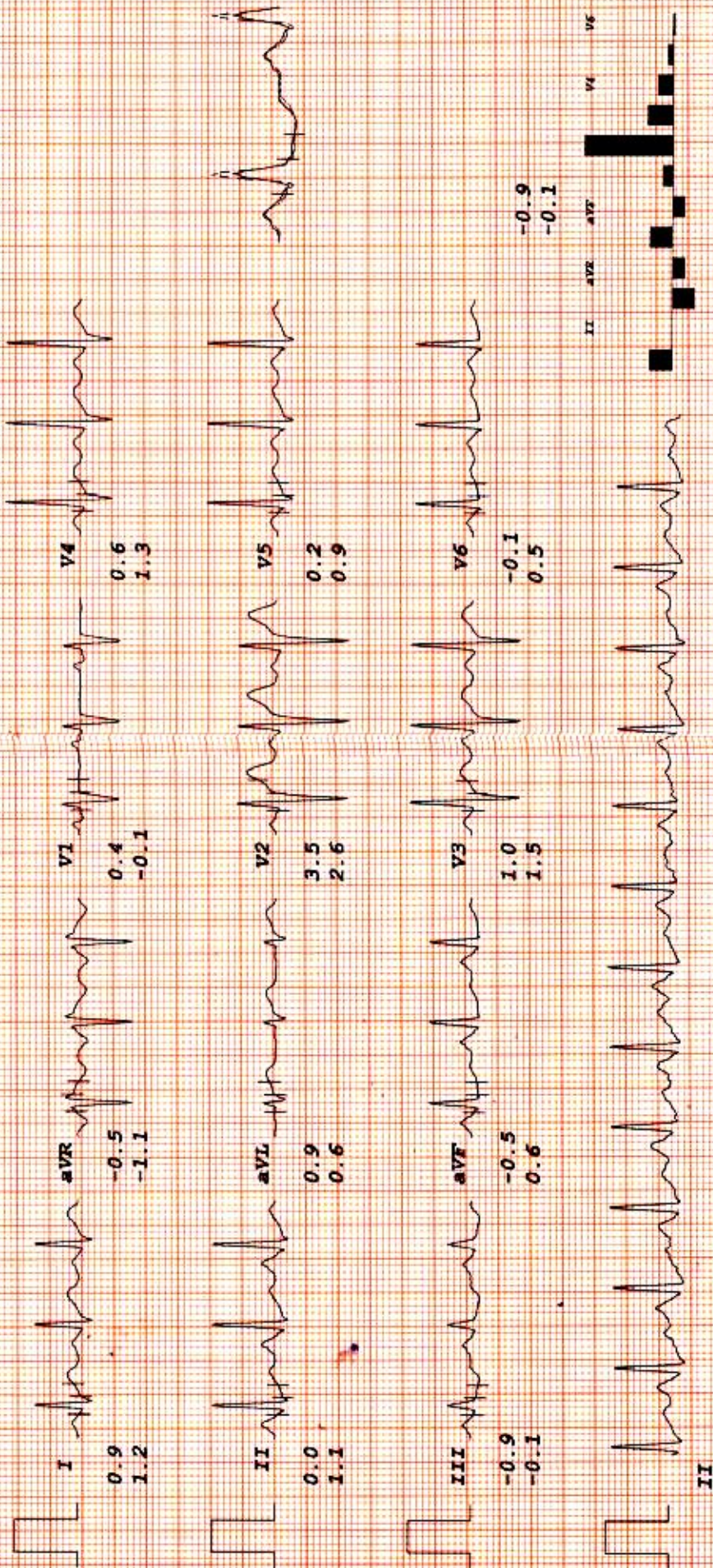


IRINE DIAGNOSTIC

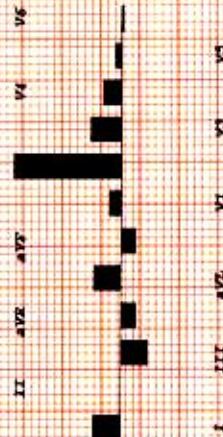
KISHOR KUMAR
 I.D. IRINE05102025 **Rate 118bpm**
 Age 53/M **B.P. 126/80**
 Date 05/10/2024
 Bruce **ST @ 10mm/mV**
 Stage 1 **80ms PostJ**
 TOTAL TIME 2:53 **Speed 2.7 km/hr**
 PHASE TIME 2:53 **SLOPE 10 %**
LINKED MEDIAN

Mag. X 2

III



II





IRINE DIAGNOSTIC

KISHOR KUMAR

I.D. IRINE05102025

Age 53/M

Date 05/10/2024

Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

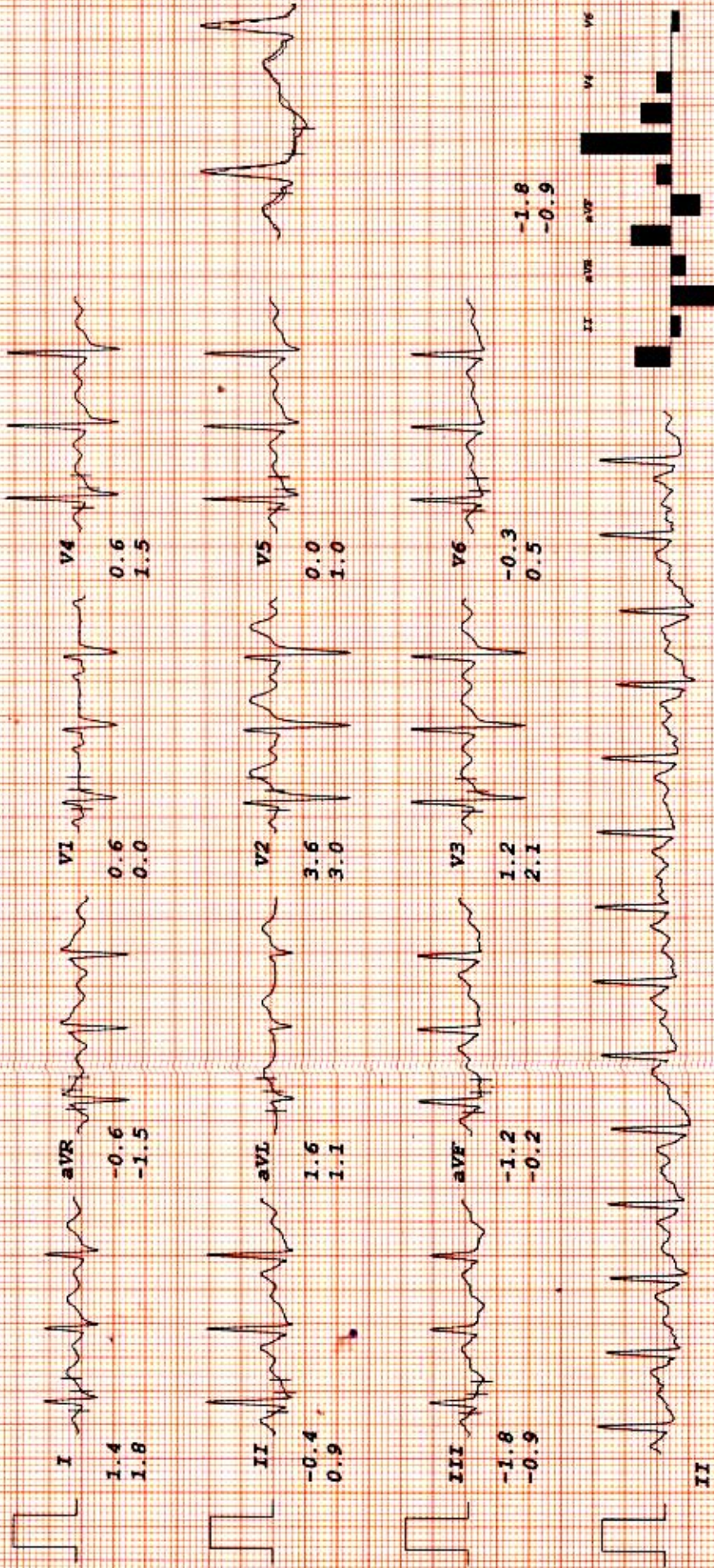
Speed 4 Km/hr

SLOPE 12 %

LINKED MEDIAN

Mag. X 2

III



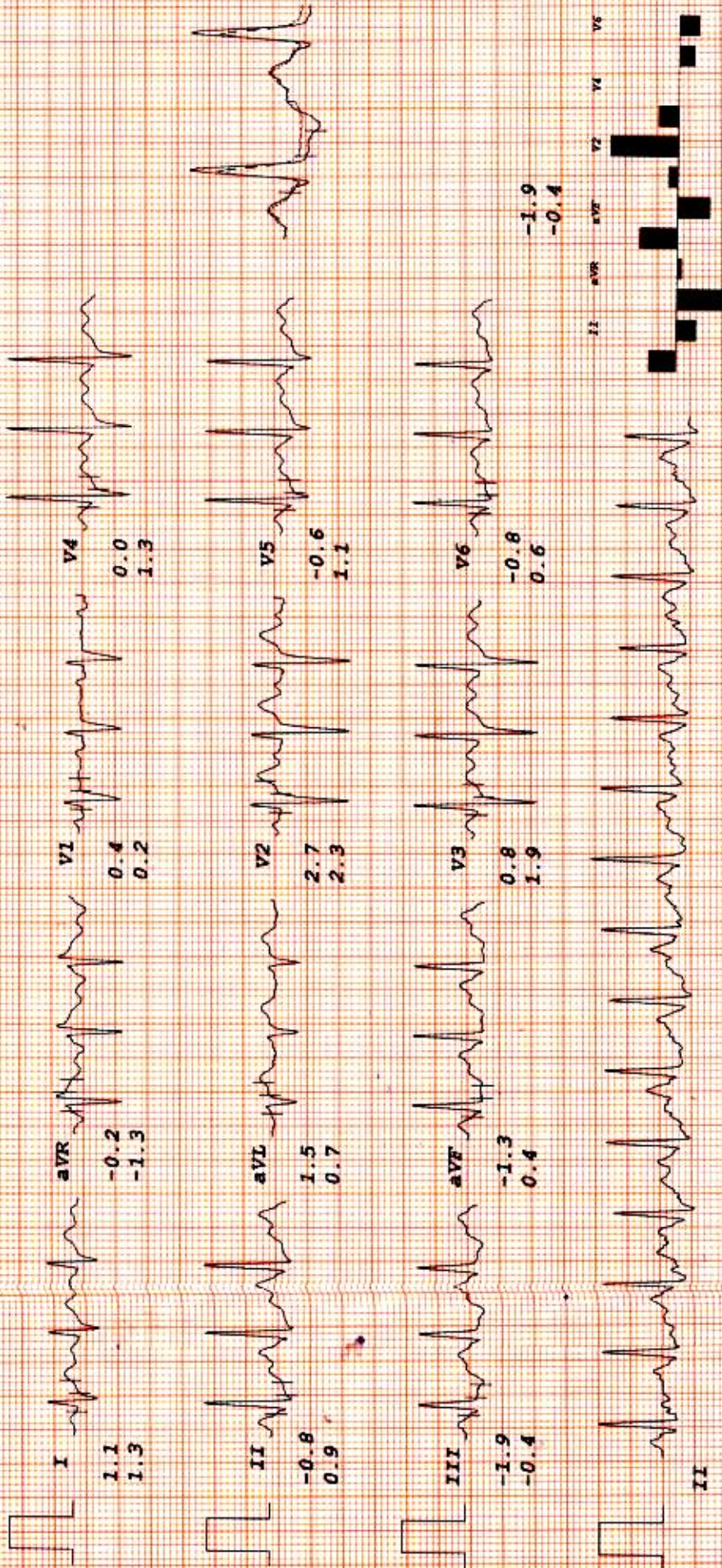


IRINE DIAGNOSTIC

KISHOR KUMAR
 I.D. IRINE05102025
 Age 53/M
 Date 05/10/2024
 Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55
 ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %
LINKED MEDIAN

Mag. X 2

III



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



IRINE DIAGNOSTIC

ASHOR KUMAR
I.D. IRINE05102025
Age 53/M
Date 05/10/2024

RATE 109bpm
B.P. 150/90

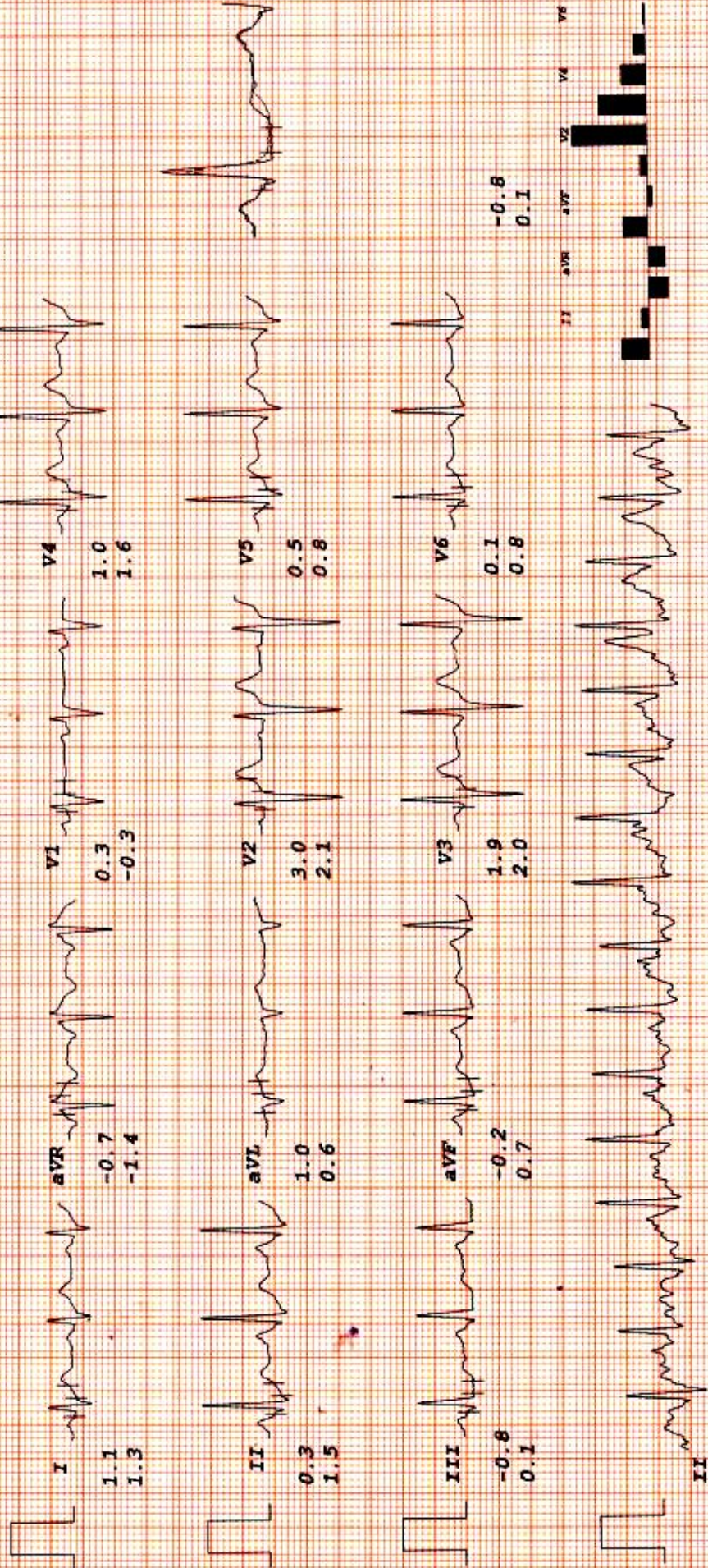
Bruce
RECOVERY
TOTAL TIME 11:12
PHASE TIME 0:59

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III





IRINE DIAGNOSTIC

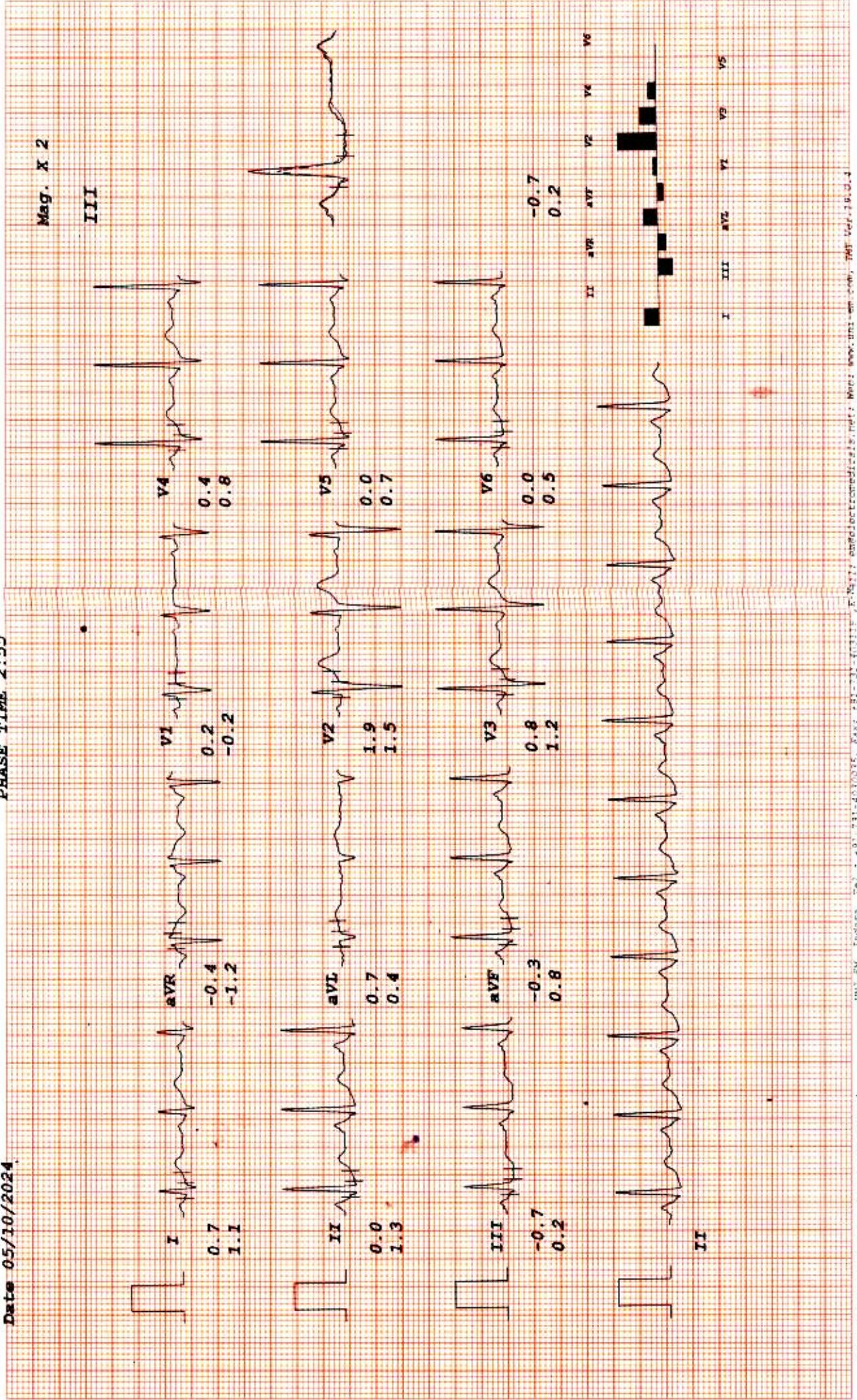
KISHOR KUMAR
I.D. IRINE05102025
Age 53/M
Date 05/10/2024

BRUCE
RECOVERY
TOTAL TIME 13:08
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

RATE 99bpm
B.P. 134/88

LINKED MEDIAN



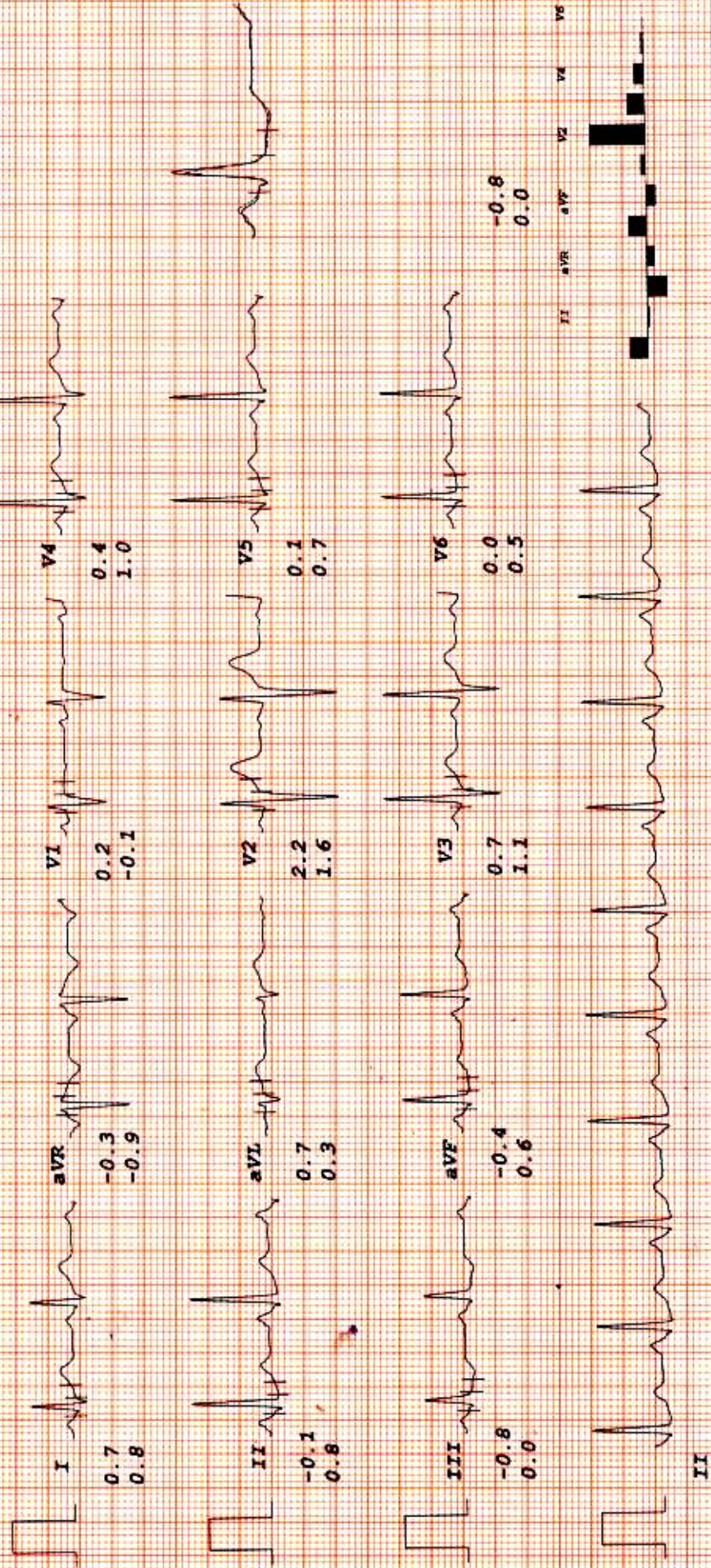


IRINE DIAGNOSTIC

ALISHOR KUMAR **Bruce** **ST @ 10mm/mV**
I.D. IRINE05102025 **RECOVERY** **80ms PostJ**
Age 53/M **RATE 91bpm** **LINKED MEDIAN**
Date 05/10/2024 **TOTAL TIME 16:08**
PHASE TIME 5:55

Mag. X 2

III



Date: 05/10/2024

To,
LIC of India
Branch Office

Proposal No. 2812

Name of the Life to be assured KISHOR 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.

Signature of the Pathologist/ Doctor

DR. ANNA KHAN
MBBS, DMRD
Reg. No. 25508

Name:

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. No | Reports Name | Sr. No | Reports Name |
|--------|----------------------------------|--------|--|
| 1 | FMR ✓ | 9 | Lipidogram |
| 2 | Rest ECG with Tracing ✓ | 10 | BST (Blood Sugar Test-Fasting & PP) Both |
| 3 | Haemogram ✓ | 11 | Hba1c ✓ |
| 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) | | |

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of med Servo TPA Services PVT LTD
Authorized Signature,





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

Branch Code:
Proposal/ Policy No: 2812
MSP name/code :
Date & Time of Examination:
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: PAN ID Proof No. AVBPK 96042
(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 (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

| | | | |
|---|--|--|------------------|
| 1 | Full name of the life to be assured: <u>KISHOR KUMAR</u> | | |
| 2 | Date of Birth: <u>10/12/1990</u> | Age: <u>33-1/2</u> | Gender: <u>M</u> |
| 3 | Height (In cms): <u>167</u> | Weight (in kgs) : <u>81</u> | |
| 4 | Required only in case of Physical MER | | |
| | Pulse : <u>78/w</u> | Blood Pressure (2 readings): 1. Systolic <u>124</u> Diastolic <u>82</u> 2. Systolic <u>124</u> Diastolic <u>82</u> | |

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 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 | <u>No</u> |
| 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. | <u>No</u> |
| 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), Rhinorrhea (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 | <u>No</u> |



| | | |
|----|---|----|
| 8 | a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.? 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, heartattack , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. 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, 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 | a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder ? 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/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 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 |

NA

| | |
|---|-----|
| FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY | YES |
|---|-----|

Declaration

You Mr/Ms _____ 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)

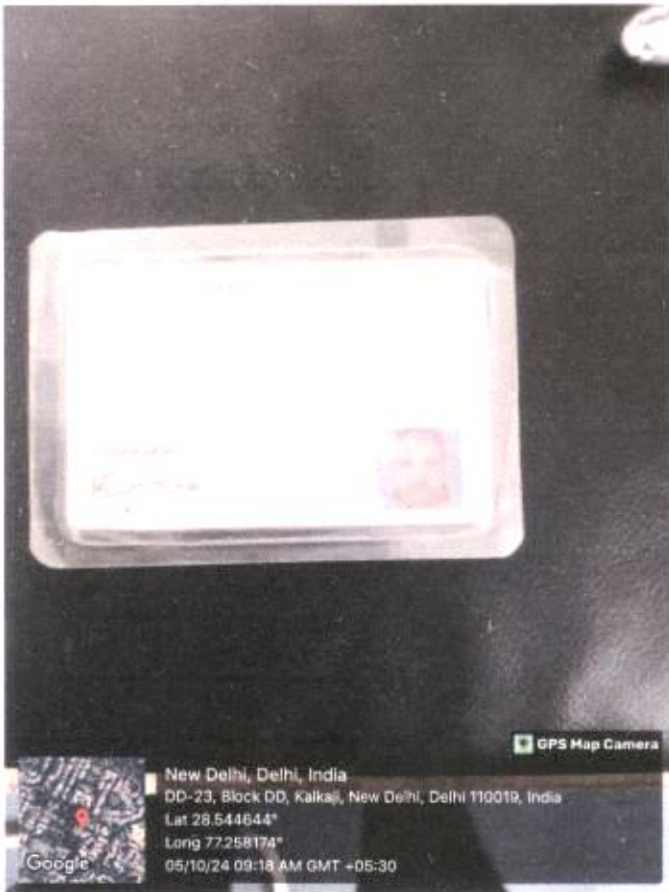
I hereby certify that I have assessed/ examined the above life to be assured on the 05 day of 10 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: DELHI
Date: 05/10/2024

Signature of Medical Examiner
Name & Code No:
Stamp:

Dr. RAJIA KHAN
MBBS, DMRD
Reg. No. 25508





Dr. RAJIA KHAN
MBBS, DMRD
Reg. No. 25508



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR AGE : 53Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 05-10-2024


H A E M A T O L O G Y

| Test | Result | Units | Normal Range |
|--|--------|--------|------------------------|
| Hemoglobin | 13.1 | gm% | 12-16 |
| Total Leucocytes Count (TLC) | 7100 | /cumm | 4000-11000 |
| Differential Leucocytes Count [D.L.C] | | | |
| Neutrophils | 50 | % | 40-75 |
| Lymphocytes | 40 | % | 20-45 |
| Eosinophils | 05 | % | 01-06 |
| Monocytes | 05 | % | 02-10 |
| Basophills | 00 | % | 00-01 |
| Erythrocyte Sedimentation Rate (ESR) | | | |
| | 12 | mm/1Hr | 00-15 |
| Red Blood Cell [RBC] | | | |
| | 5.5 | mill. | M-4.6-6.5 F-3.9-5.6 |
| Packed Cell Value [PCV] | 48.2 | % | 37-54 |
| Mean Cell Value [MCV] | 84.5 | fl | 76-96 |
| Mean Cell Hemoglobin [MCH] | 30.8 | pg | 27-32 |
| Mean Cell Hemoglobin Conc. [MCHC] | 34.2 | % | 30-35 |
| Platelet count | 2.53 | Lakhs | 1.5-4.5 |

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019


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



urine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR AGE : 53Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 05-10-2024

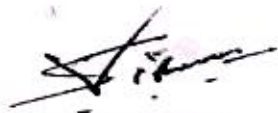
B I O C H E M I S T R Y

| Test | Result | Units | Normal Range |
|------------------------------|--------|--------|--------------|
| FASTING BLOOD SUGAR | 94 | mg/dl. | (60-110) |
| TOTAL BILIRUBIN | 0.62 | mg/dl. | (0.1-1.2) |
| CONJUGATED (D.Bilirubin) | 0.42 | mg/dl. | (0.00-0.6) |
| UNCONJUGATED (I.D.Bilirubin) | 0.20 | mg/dl. | (0.1-1.0) |
| TOTAL PROTEIN | 6.5 | mg/dl. | (6.0-8.3) |
| ALBUMIN | 4.3 | mg/dl. | (3.5-5.0) |
| GLOBULIN | 2.2 | mg/dl. | (2.3-3.5) |
| A/G RATIO | 1.95 | | (1.0-3.0) |
| S.G.O.T. (AST) | 25 | IU/L | (5.0-34.0) |
| S.G.P.T. (ALT) | 28 | IU/L | (5.0-40.0) |
| GAMMA GT | 26 | U/L | (9-45) |
| ALKALINE PHOSPHATASE | 120 | U/L | (80-200) |
| URIC ACID | 5.5 | mg/dl. | (4.4-7.2) |
| SERUM CHOLESTEROL | 177 | mg/dl. | (150-200) |
| HDL CHOLESTEROL | 44 | mg/dl. | (30-63) |
| S. TRIGLYCERIDES | 133 | mg/dl. | (60-160) |
| LDL | 120 | mg/dl. | (UPTO-150) |
| VLDL | 35 | mg/dl. | (23-45) |
| SERUM CREATININE | 0.72 | mg% | (0.6-1.2) |
| BUN | 13 | mg/dl | (02-18) |

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019


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



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 53Years
SEX : MALE

S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

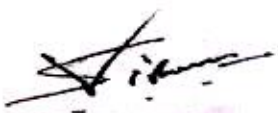
Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen (HbsAg)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"


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

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 53Years
SEX : MALE

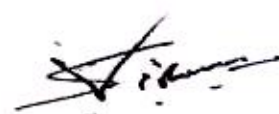
H A E M A T O L O G Y

| Test | Result | Units |
|----------------------------------|--------|-------|
| Glycosylated Haemoglobin (HbA1c) | 5.3 | % |

INTERPRETATION

| | | |
|-----------------------|---|-----------|
| Normal | : | 4.4 - 6.7 |
| Goal | : | 6.7 - 7.3 |
| Good Diabetic Control | : | 7.3 - 9.1 |
| Action Suggested | : | > 9.1 |

Note:- Glycosylated Hemoglobin 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 proceeding 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.


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

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 53Years
SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

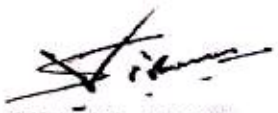
| | |
|------------------|--------|
| COLOUR | YELLOW |
| REACTION | ACIDIC |
| APPEARANCE | CLEAR |
| ALBUMIN | NIL |
| SUGAR | NIL |
| SPECIFIC GRAVITY | 1.014 |

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

| | |
|------------------|---------|
| PUS CELLS | 1-2/HPF |
| EPITHELIAL CELLS | 2-3/HPF |
| RBC | NIL/HPF |
| BACTERIA | NIL |
| CASTS | NIL |
| CRYSTALS | NIL |
| OTHERS | NIL |


- DR. SHILPI GUPTA

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ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 2812
 Agent/D.O. Code: _____ Introduced by: (name & signature) _____
 Full Name of Life to be assured: KISHOR KUMAR
 Age/Sex : 53-101 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 wave change, they should be recorded additionally in deep inspiration. If 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. [Signature]

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
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. 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 05/10/2024 2023

Signature of L.A. [Signature]

Signature of the Cardiologist Dr. RAINA KHAN
 Name & Address _____
 Qualification _____ Code No. Reg. No. 26508



Clinical findings

(A)

| Height (Cm) | Weight (kgs) | Blood Pressure | Pulse Rate |
|-------------|--------------|----------------|------------|
| 167 | 81 | 124/82 | 78/4 |

(B) Cardiovascular System

.....

.....

Rest ECG Report:

| | | | |
|-----------------------------|---------|---------------|---|
| Position | Supine | P Wave | 2 |
| Standardisation Imv | 2 | PR Interval | 2 |
| Mechanism | 2 | QRS Complexes | 2 |
| Voltage | 2 | Q-T Duration | 2 |
| Electrical Axis | 2 | S-T Segment | 2 |
| Auricular Rate | 78/4 | T-wave | 2 |
| Ventricular Rate | 78/4 | Q-Wave | 2 |
| Rhythm | Regular | | |
| Additional findings, if any | nil | | |

Conclusion: ECG - WNL

DELHI 05/10/2024

Dated at _____ on the day of _____ 200

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. RAINA KHAN
 M.D.S., DMRD
 Reg. No. 25508





IRINE DIAGNOSTIC

ST @ 10mm/mV
80ms PostJ

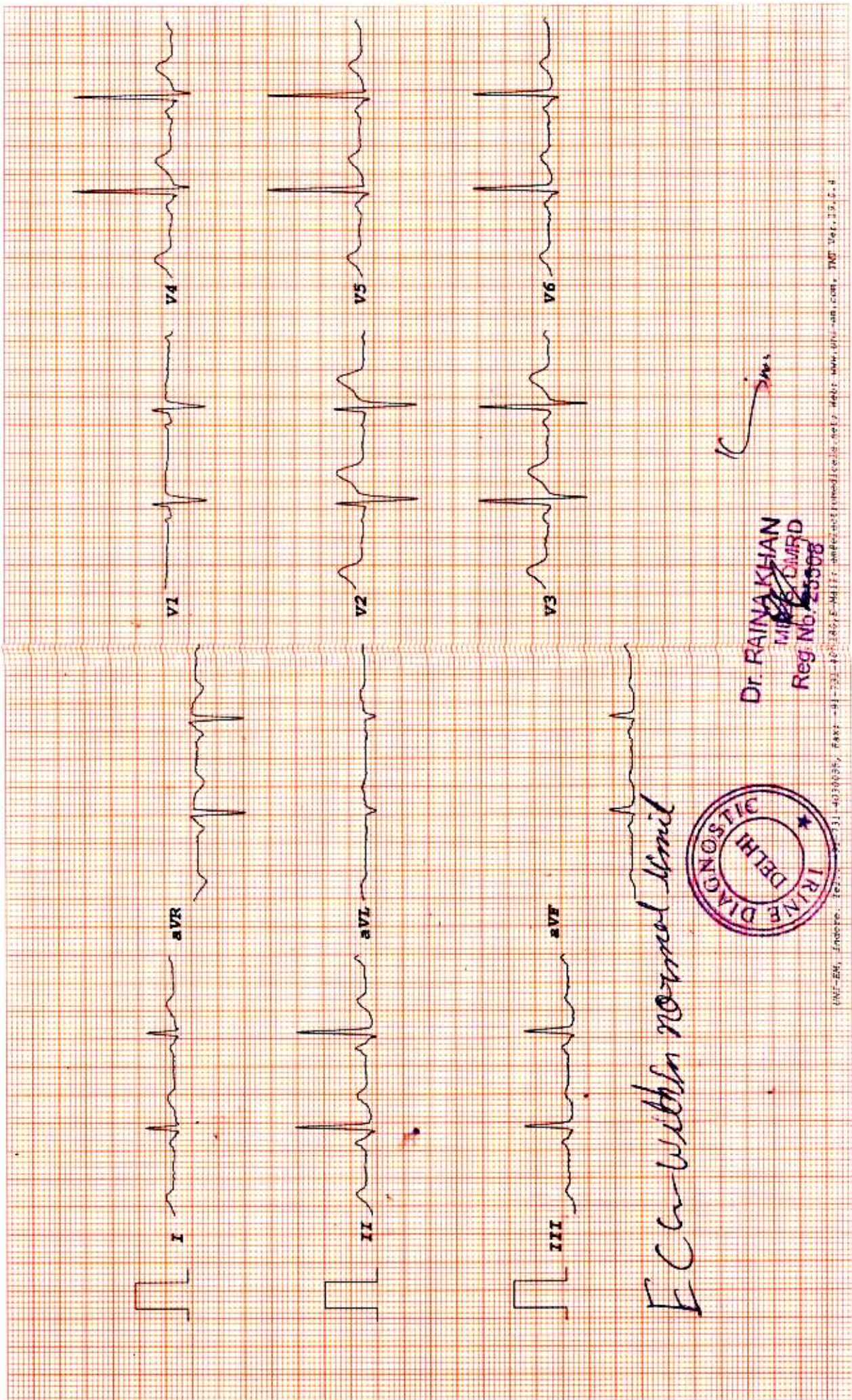
RAW ECG

PRETEST

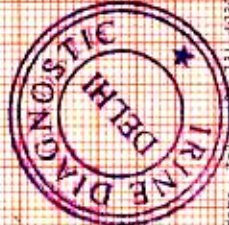
ECG

SHOR KUMAR
D. IRINE05102025
Age 53/M
Date 05/10/2024

RATE 88bpm
B.P. 126/80



ECG with normal limit



S

Dr. RAJNA KHAN
M.D. (CCU) MRD
Reg No. 23508