

Date: 06/10/2024

To,
LIC of India
Branch Office

Proposal No. 3080

Name of the Life to be assured ABHINAV YADAV

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. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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.

Abhinav

(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)		

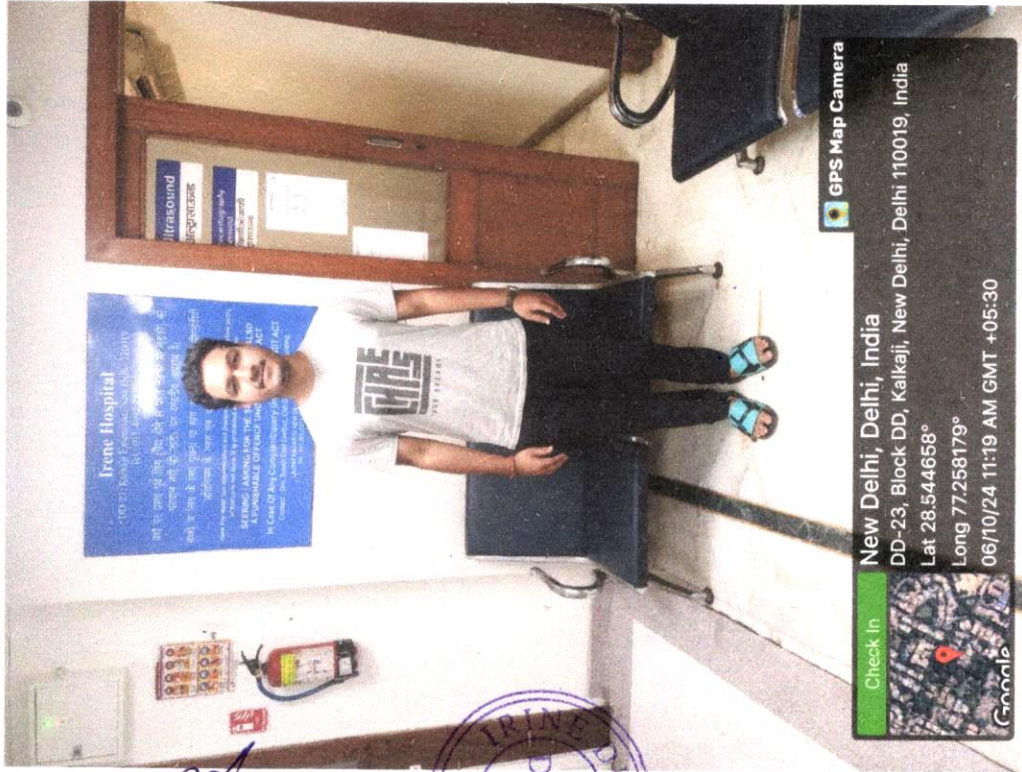
16. Questionnaires: JCT

17. Others (Please Specify) _____

Remarks of HealthIndia Insurance TPA Services PVT LTD

Authorized Signature,





GPS Map Camera

New Delhi, Delhi, India

DD-23, Block DD, Kalkaji, New Delhi, Delhi 110019, India

Lat 28.544658°

Long 77.258179°

06/10/24 11:19 AM GMT +05:30

Check In

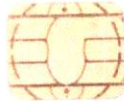


Dr. RAINAKHAN
MBBS, FMRD
Reg. No. 25508



Transport Department Government of NCT of Delhi
Licence to Drive Vehicles Throughout India

Licence No. : DL-0320170593831 (P) N
Name : ABHINAV YADAV
S/W/D : SATENDRA PAL SINGH YADAV
DOB : 06/02/1997 BG: O+
Address :
E-5/1 JAWAHAR PARK KHAN
PUR, DELHI 110062



Auth to Drive
LMV-NT
M.CYL.

Date of Issue
23/11/2017
23/11/2017

(Holder's Signature)

Issue Date : 23/11/2017
Validity(NT) : 22/11/2037
Validity(T) : NA
Inv Carr No : NA

Issuing Authority
SZ, SHEIKH SARAI



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 3080

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

Full Name of Life to be assured: ABHINAV YADAV

Age/Sex : 27+0/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.

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 06/10/2024 2023

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification Code No.



Dr. RAJNARAYAN
MBBS, DMRD
Reg. No. 25508



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
173	77	126/82	80/m

(B) Cardiovascular System

.....

Rest ECG Report:

Position	Supine	P Wave	22
Standardisation Imv	22	PR Interval	22
Mechanism	22	QRS Complexes	22
Voltage	22	Q-T Duration	22
Electrical Axis	22	S-T Segment	22
Auricular Rate	80/m	T-wave	22
Ventricular Rate	80/m	Q-Wave	22
Rhythm	Regular		
Additional findings, if any	nil		

Conclusion: ECG-NHE

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

Dated at ELM on the day of 08/10/2024 200



Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



irine diagnostic

healthpartner

S. No. : 06/OCT/09
Name : MR ABHINAV YADAV
Ref. by : LIFE INSURANCE CORPORATION
Date : 06-10-2024
AGE : 27Years
SEX : MALE

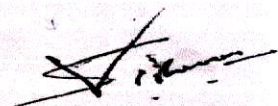
H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	14.7	gm%	12-16
Total Leucocytes Count {TLC}	9300	/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]	5.8	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	47.5	%	37-54
Mean Cell Value [MCV]	88.8	fl	76-96
Mean Cell Hemoglobin [MCH]	30.4	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.2	%	30-35
Platelet count	2.52	Lakhs	1.5-4.5

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019


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



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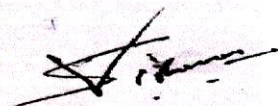
B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	80	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)	29	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	30	IU/L	(5.0-40.0)
GAMMA GT	24	U/L	(9-45)
ALKALINE PHOSPHATASE	133	U/L	(80-200)
URIC ACID	5.5	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	178	mg/dl.	(150-200)
HDL CHOLESTEROL	38	mg/dl.	(30-63)
S. TRIGLYCERIDES	120	mg/dl.	(60-160)
LDL	102	mg/dl.	(UPTO-150)
VLDL	34	mg/dl.	(23-45)
SERUM CREATININE	0.72	mg%	(0.6-1.2)
BUN	13	mg/dl	(02-18)

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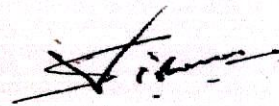
H A E M A T O L O G Y

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	4.9	%

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.


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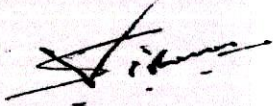
Cotinine

Test

Result

Cotinine

NEGATIVE


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URINE EXAMINATION

PHYSICAL EXAMINATION

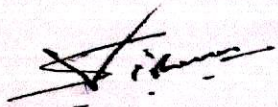
COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.015

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	1-2/HPF
RBC	NIL/HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL

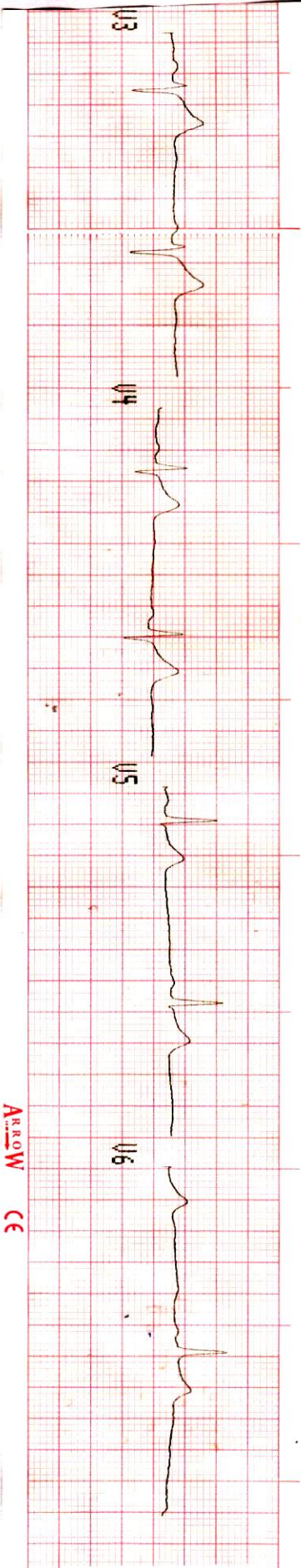
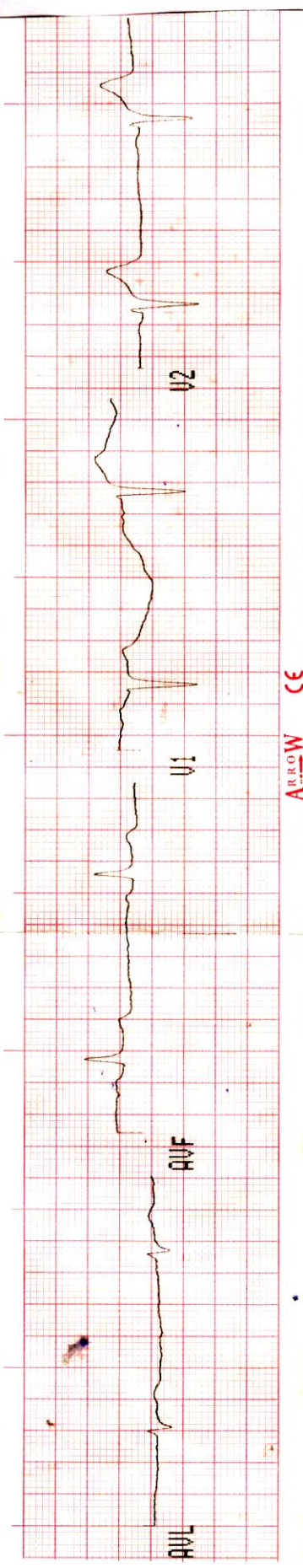
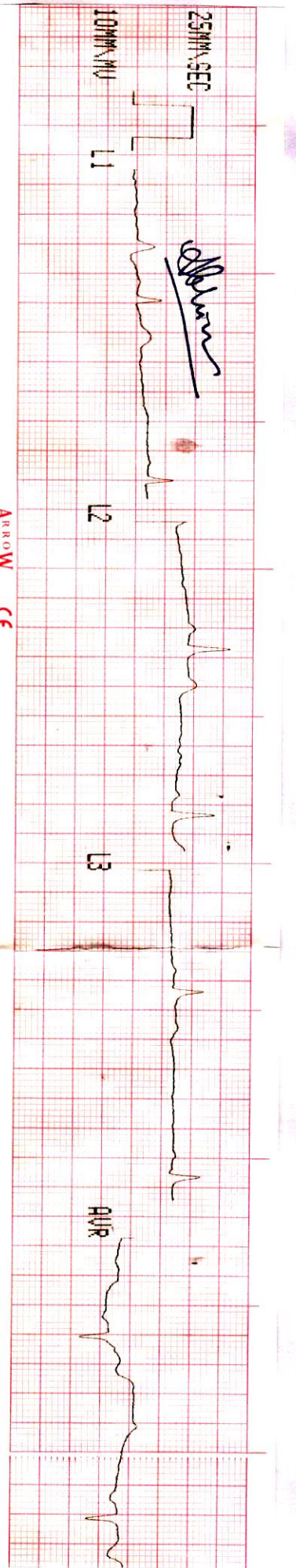

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DD-28 KALKAJI DELHI :- 110019





→ ABHINAV YADAV
 → AGE = 27 YRS
 → DATE = 06/10/2024
 → ECG - WNL

DR. RAJNATHAN
 MBBS, DMARD
 Reg. No. 155508

