Date 17/10/2024

To. LIC of India Branch Office

Proposal No.___

7150

Name of the Life to be assured

MOHIKA SOLAHKI

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.

(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 some

TPA Services PVT LTD

Authorized Signature.











Female DOB : 29/12/1980 Monika Solanki



Government of India





आरंध सरकार

-healthpartne

S. No.

: 17/OCT/22

Name

: MRS MONIKA SOLANKI

AGE

43Years

Ref. by

: LIFE INSURANCE CORPORATION

SEX

FEMALE

Date

: 17-10-2024

BIOCHEMISTRY

Test	Result	Units Normal Range	
FASTING BLOOD SUGAR	91	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.72	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.48	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin,	0.24	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.9	mg/dl.	(6.0-8.3)
ALBUMIN	4.4	mg/dl.	(3.5-5.0)
GLOBULIN	2.5	mg/dl.	(2.3-3.5)
A/G RATIO	1.76	-	(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	35	U/L	(9-45)
ALKALINE PHOSPHATASE	120	U/L	(80-200)
URIC ACID	5.9	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	186	mg/dl.	(150-200)
HDL CHOLESTEROL	45	mg/dl.	(30-63)
S. TRIGLYCERIDES	141	mg/dl.	(60-160)
LDL	126	mg/dl.	(UPTO-150)
VLDL	38	mg/dl.	(23-45)
SERUM CREATININE	0.86	mg*	(0.6-1.2)
BUN	15	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

Line

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

-healthpartne

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HAEM	ATOLO	GY	
Test	Result		ormal Range
Hemoglobin	13.4	gm ⁸	12-16
Total Leucocytes Count (TLC	3) 8300	/cumm	4000-11000
Differential Leucocytes Cou	nt [D.L.C]		
Neutrophils	60	*	
Lymphocytes	30	1130	40-75
Eosinophils	04	8	20-45
Monocytes	06	8	01-06
Basophills	2.5	8	02-10
	00	8	00-01
Erythrocyte Sedimentation			
Rate {ESR}	08	mm/1Hr	00-15
Red Blood Cell [RBC]	5.5	mill.	M-4.6-6.5
Packed Call Value to an	- 0.		F-3.9-5.6
Packed Cell Value [PCV]	41.2	8	37-54
Mean Cell Value [MCV]	80.6	£1	76-96
Mean Cell Hemoglobin [MCH]	28.2	pg	27-32
Mean Cell Hemoglobin			
Conc. [MCHC]	31.5	8	30-35
Platelet count	2.10	Lakhs	1.5-4.5

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Similar Debit

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43Years

FEMALE

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Name : MRS MONIKA SOLANKI

Ref. by : LIFE INSURANCE CORPORATION

Date : 17-10-2024

HAEMATOLOGY

Test		Result	Units
Glycosylated Haemoglobin	(HbA1c)	5.2	8
INTERPRETATION			
Normal		4.4 -	6.7
Goal		6.7 -	
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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43Years

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S. No. : 17/OCT/22

Name : MRS MONIKA SOLANKI

: LIFE INSURANCE CORPORATION SEX

Date : 17-10-2024

SEROLOGY

**Test Name

HIV I & II (ELISA METHOD)

Human Immunodeficiency

Result '

"Non-Reactive"

Normal-Range

"Non-Reactive"

**Test Name

Antigen (HbsAg)

Hepatitis B Surface

Result :

"Non-Reactive"

Normal-Range

"Non-Reactive"

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Date

: 17-10-2024

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR YELLOW REACTION ACIDIC APPEARANCE CLEAR ALBUMIN NIL SUGAR NIL SPECIFIC GRAVITY 1.020

CHEMICALEXAMINATION

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

MICROSCOPIC EXAMINATION

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

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DD:28 KALKAJI DELHI :- 110019







ANNEXURE II - 1

Division

7150

Zone

Proposal No. -

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

Branch

ELECTROCARDIOGRAM

Agent/D.	O. Code: Introduced by: (name & signature)
Full Nam	ne of Life to be assured: MONIKA LOLANKI
Age/Sex	4370/F
Instructio	ons to the Cardiologist:
i.	Please satisfy yourself about the identity of the examiners to guard against impersonation
ii. iii. iv.	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
questions.	leclare that the foregoing answers are given by me after fully understanding the They are true and complete and no information has been withheld. I do agree will form part of the proposal dated given by me to LIC of India.
Witness	Signature or Thumb Impression of L.A.
an.	urdiologist is requested to explain following questions to L.A. and to note the swers thereof.
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
iii.	Have you ever had Chest X- Ray, ECG. Blood Sugar, Cholesterol or any other test done? Y/N
If the answ	wer/s to any/all above questions is 'Yes', submit all relevant papers with this
form.	DELMI 17/10/2024 Dr. RAINAKHAN
Dated at	on the day of 2023 Registre, 25508
Signature of	of L.A. Signature of the Cardiologist OIAGA Name & Address
1/0.	Qualification Code No.

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
160	58	116/82	76/14

(B)	Cardiovascular System	$\mathcal{O}_{\mathbb{R}^{n}}$
**	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9
	.02	8

Rest ECG Report:

Position	Susplue	P Wave	6
Standardisation Imv	@	PR Interval	6
Mechanism	Q	QRS Complexes	P
Voltage .	(0.	Q-T Duration	9
Electrical Axis	6	S-T Segment	P
Auricular Rate	Felm	T -wave	60
Ventricular Rate	76/4	Q-Wave	(0
Rhythm	Regula-		
Additional findings, if any	O rine		*

Conclusion: ECG-WHC

DEWI

17/10/2024

Dated at

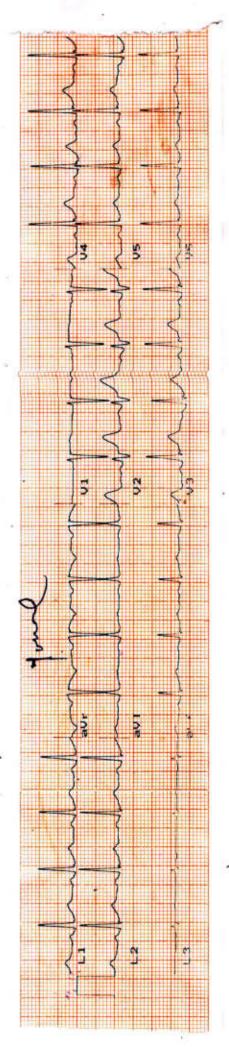
on the day of

200

Dr. RAINA HAN MBBSCOMBD Reg. No. 29508



Signature of the Cardiologist Name & Address Qualification Code No.



MOHIXA SOLANKI

PATEN 17/10/2024
ABEN 434/F





