

Date: 19/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 169316229

Name of the Life to be assured ZYOTI GOGIA

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. RAINA 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.

Zyoti  
(Signature of the Life to be assured)

Name of life to be assured:

**Reports Enclosed:**

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM		PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV	<u>YES</u>	Other Test	

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,





Dr. RAINA KHAN  
MBBS, DMRD  
Reg. No. 25608



GPS Map  
Camera LITE

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

Latitude 28.5446607° Longitude 77.2581664°

Altitude 234 meters  
Local 08:25:45 AM  
GMT 02:55:45 AM



# irine diagnostic

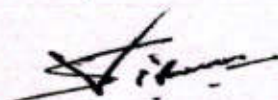
healthpartner

S. No. : 19/OCT/30  
Name : MRS JYOTI GOGIA  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 19-10-2024  
AGE : 61Years  
SEX : FEMALE

## S E R O L O G Y

\*\*Test Name : HIV I & II (ELISA METHOD) : Human Immunodeficiency  
Result : "Non-Reactive"  
Normal-Range : "Non-Reactive"



  
DR. SHILPI GUPTA  
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DD-23 KALKAJI DELHI :- 110019