Date: 26 10 2024

To, LIC of India Branch Office

Proposal No. 900401			**************************************	Market and the second s	
Name of the Life to be assured	KAMAL	k	GOEL		
The Life to be assured was identified	on the basis	s of_	DRIVING	LICENCE	
I have satisfied myself with regard to the examination for which reports are enclosed.	e identity of to sed. The Life	he L	ife to be assured befo be assured has signed	re conducting tests / I as below in my presence.	

Signature of the Pathologist/ Doctor

Name: DR. HEMANT KAPWR

Dr. HEMANT KAPOOR MD, DPB Consultant Pathologist DMC Reed, No. 36636

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: AMALK GOEL

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2 V	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12 1	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)		1 Topoda and other documents

16.	Questionnaires:	No	
17.	Others (Please Specify)	NO	

Remarks of Health Assure PVT LTD

Authorized Signature,

Transport Department Government of NCT of Delhi Authorisation to Drive Vehicle Class throughout India

DL No : DL05 19970252917 Name : KAMAL K GOEL S/D/W : SH B S GOEL

DEL 201/10/1964 Blood Group : U Date Of Issue 21/05/1997 MCWG 21/05/1997



Address: THE KUNJ VIHAR CGHS C-54 PLOT NO-19 SECTOR 12 DWARKA NEW DELHI 110075

(Sign of DL Holder)

Issue Date : 25/10/2019 Validity(NT) : 24/10/2024 Validity(TR) : NA Adpt.Veh.No : NA

Licensing Authority SWZ-1,PALAM

Dr. HEMANT KAPOOR MD, DPB Consultant Pathologist DMC Reod No. 36636



1441-A, WARD NO.-1,(Opp. R.H.T.C), NAJAFGARH, NEW DELHI-110043

Tel: 011-25014099

Mob: +91-8588864117/136

Email: doctorsdiagnostic1996@gmail.com





Consultant Pathologist

DR. HEMANT KAPOOR

MD. DPB (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Reed No 36636



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No.

900401

Agent/D.O. Code:

(name & signature) Introduced by:

Full Name of Life to be assured: KAMAL K GOEL

Age/Sex

: 60 YRS IM

Instructions to the Cardiologist:

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

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. ii.

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 iii. minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T iv. 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 by we 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.

Have you ever had chest pain, palpitation, breathlessness at rest or exertion? i.

Are you suffering from heart disease, diabetes, high or low Blood Pressure or ii. kidney disease? Y/N NO

Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other iii. NO test done? Y/N

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

Dated at 26 10/2024 on the day of

200

Signature of the Cardiologist Name & Address Code No. Qualification

Signature of L.A.

Chabotes Clinic Britisher 18

Clinical findings

Cardiovascular System

(A)

(B)

Weight (kgs)	Blood Pressure	Pulse Rate
79	127/82	79
		197/2

G Report:			
Position	-	P Wave	1
Standardisation Imv	43	PR Interval	
Mechanism	P -	QRS Complexes	
Voltage	Moral	Q-T Duration	
Electrical Axis	Morm	S-T Segment	1/ (
Auricular Rate	711310	T –wave	
Ventricular Rate	7138m	Q-Wave	14
Rhythm	8200		
Additional findings, if any.			

Conclusion:

ech- wmc

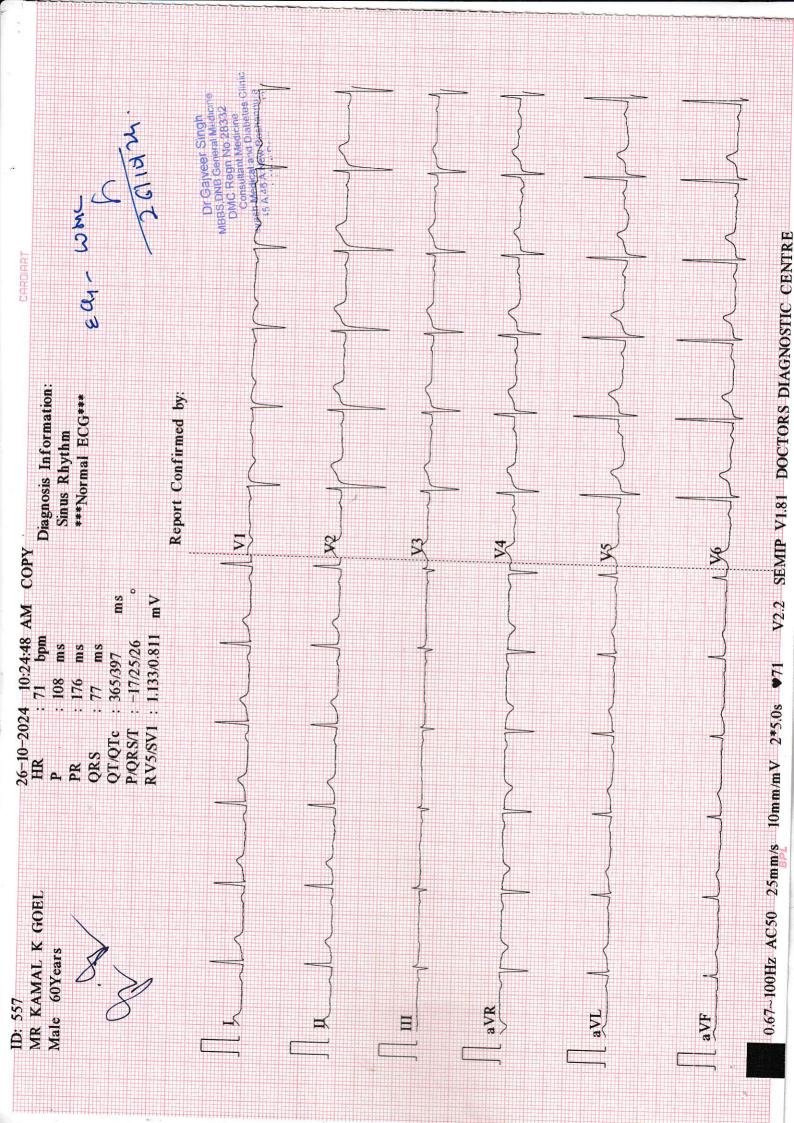
26/10/24

26/10/2024 on the day of Dated at

200

Signature of the Cardiologist And Diabetes Clinic Name & Address
Qualification
Code Mo

Code No.



1441-A, WARD NO.-1, (Opp. R.H.T.C), NAJAFGARH, NEW DELHI-110043

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Excellence In Diagnostics & Healthcare Services



Consultant Pathologist DR. HEMANT KAPOOR MD, DPB (Pathology)

Consultant Radiologist DR. BIPUL BISWAS

MD (Radiology)

Lab NO

072410260004

NAME

MR.KAMAL K GOEL

Age / Sex

60 YRS/MALE

S/O

B S GOEL

DATE

26/Oct/2024 09:30AM

Sr.No

503

Ref. BY

LIC

Sample Coll DATE

26/Oct/2024 11:06AM

Approved ON

26/Oct/2024 01:56PM

Printed ON

26/Oct/2024 01:57PM

BA.310

Test Name

Result

Status

Bio. Ref. interval

Unit

BIOCHEMISTRY

BLOOD SUGAR FASTING (FBS), Sod.Fluoride

Blood Sugar Fasting

Method: GOD/POD

108

70-110

ma/dL

Urine for Glucose

NIL

NOTE:

- 1) The diagnosis of Diabetes requires a fasting plasma glucose of >or =126 mg/dl and /or a random/ 2hr postglucose value of > or =200 mg/dL on least 2 occasions.
- 2) Very high glucose levels (> 450 mg/dl in adults) may result in diabetic ketoacidosis & is considered critical.

Interpretation: (As per WHO guidelines)

Status	Fasting plasma glucose in mg/dl	PP plasma glucose in mg/dl
Normal	70 - 110	70 - 140
Impaired fasting glucose	110 - 125	70 - 140
Impaired glucose tolerance / PP	70 - 110	141 - 199
Pre-Diabetes	110 - 125	141 - 199
Diabetes mellitus	>126	>200

Note: - Each individual's target range should be agreed by their doctor or diabetic consultant.

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)



*** End Of Report ***

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-3237; Validity till 03/01/2025

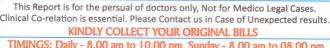
DR. JAI PRABHAN MBBS, MD Printed By:PUPMPHOLOGIST

DR. HEMANT MD, DPB **PATHOLOGIST**

CHECKED TECHNICAL OFFICER

Page 1 of 1





TIMINGS: Daily - 8.00 am to 10.00 pm, Sunday - 8.00 am to 08.00 pm

