				Date:	111305	4
To, LIC of India Branch Office					1	
Proposal No	4771		and Address of the	and the second s	***	
Name of the Life	to be assured	THAHOC 12	PAH	DA	and a second discount	
The Life to be as	sured was identified	d on the basis of				
I have satisfied mexamination for w	yself with regard to the which reports are encl	he identity of the Life to losed. The Life to be as	be assured bef ssured has signe	ore conducting to ed as below in m	ests / y presence.	4
Signature of the	e Pathologist/ Doc		MBBS.	HAN DMR D		
Name:		È	Reg. No. 25	508		
with my consent		O (ten) hours. All the E	Examination / te	sts as mentione	ed below were	done

Name of life to be assured:

Reports Enclosed:

Sr.	Reports Name	Sr.	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:	
10.	Questiorinaires	

Others (Please Specify) 17.







-healthpartner

S. No.

: 04/NOV/02

Name

: MR SIDDHANT PANDU

Ref. by

: LIFE INSURANCE CORPORATION

AGE

19Years

20-60

: 03-11-2024

SEX : MALE

BIOCHEMISTRY

Test	Result	Units Nor	mal Range
FASTING BLOOD SUGAR	78	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.63	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.42	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.21	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.8	mg/dl.	(6.0-8.3)
ALBUMIN	4.5	mg/dl.	(3.5-5.0)
GLOBULIN	2.3	mg/dl.	(2.3-3.5)
A/G RATIO	1.95		(1.0-3.0)
S.G.O.T. (AST)	28	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	25	IU/L	(5.0-40.0)
GAMMA GT	22	U/L	(9-45)
ALKALINE PHOSPHATASE	135	U/L	(80-200)
URIC ACID	5.8	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	175	mg/dl.	(150-200)
HDL CHOLESTEROL	45	mg/dl.	(30-63)
S. TRIGLYCERIDES	138	mg/dl.	(60-160)
LDL	111	mg/dl.	(UPTO-150)
VLDL	<i>39</i> ,	mg/dl.	(23-45)
SERUM CREATININE	0.70	mg%	(0.6-1.2)
BUN	11	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

IN DELHI SON

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

-healthpartner

S. No. : 04/NOV/02

Name

: MR SIDDHANT PANDU

AGE

19Years

Ref. by : LIFE INSURANCE CORPORATION

SEX

MALE

Date

: 03-11-2024

HAEMATOLOGY

Test

Result

Units Normal Range

Hemoglobin

14.9

gm⁸

12-16



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

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AGE

19Years

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SEX

MALE

Date

: 03-11-2024

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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8595347044

irinediagnostic@gmail.com

healthpartner

S. No. : 04/NOV/02

Name : MR SIDDHANT PANDU AGE 19Years

Ref. by : LIFE INSURANCE CORPORATION SEX MALE

Date : 03-11-2024

URINE EXAMINATION

PHYSICAL EXAMINATION

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

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

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

8595347044

irinediagnostic@gmail.com

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone	Division	Branch	
Proposal 1	No. 4771		
Agent/D.0	O. Code: Introduced by:	(name & signature)	
Full Name	e of Life to be assured: $SIDDF$: 1978 M	IANT PAHOU	
Age/Sex	: 1978/M	1.37120	-
Instruction	ns to the Cardiologist:		
i. ii. iii. iv.	Please satisfy yourself about the impersonation The examinee and the person intro not use the form signed in advance. The base line must be steady. The tRest ECG should be 12 leads alon minimum of 3 complexes, long lead wave change, they should be record shows a tall R-Wave, additional leads.	ducing him must sign in your present Also obtain signatures on ECG tracing must be pasted on a folder. If with Standardization slip, each lead II. If L-III and AVF shows deep ded additionally in deep inspiration.	ence. Do cings. ead with O Q or T
	DECLAR	ATION	
questions	declare that the foregoing answers are. They are true and complete and no will form part of the proposal dated	information has been withheld. I	do agree
Witness	5	Signature or Thumb Impression of I	L.A.
	ardiologist is requested to explain f	following questions to L.A. and to	note the
i. ii. iii.	Have you ever had chest pain, pale Y/N Are you suffering from heart disease kidney disease? Y/N Have you ever had Chest X- Ray, I test done? Y/N	se, diabetes, high or low Blood Pro	essure or
If the ansform. Dated at Signature	and P	Dr DAINA MAIAN	with this

Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
180	75.6	122/78	74/4

(B)	Cardiovascular System				
	1			• • • • • • • • • • • • • • • • • • • •	

est E	ECG Report:				
	Position	2 septe	P Wave	O	
	Standardisation Imv	6	PR Interval	0	
	Mechanism	6	QRS Complexes	(8	
	Voltage	0	Q-T Duration	0	
	Electrical Axis	(2	S-T Segment	O	
	Auricular Rate	न्य ५	T -wave	a	
	Ventricular Rate	74/4	Q-Wave	0	
	Rhythm	Regula	3		
	Additional findings, if any.	1			

Conclusion: ECL-WHC

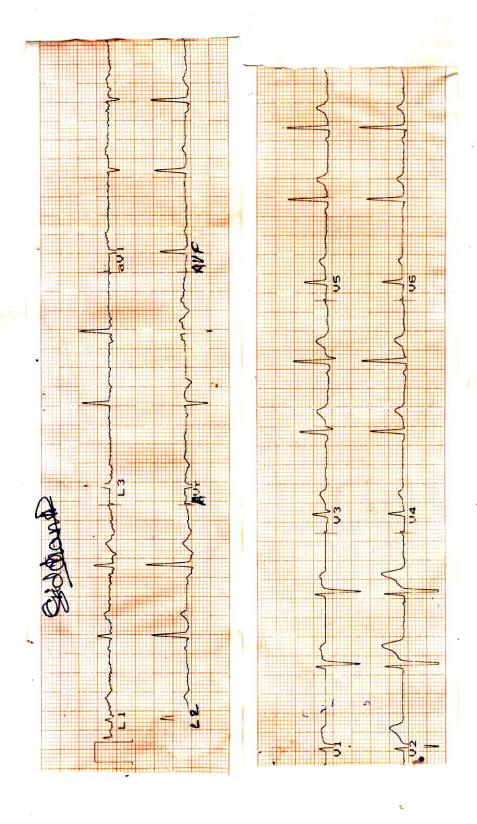
Dr. RAINA KHAN Reg. 10.25508

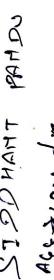
Dated at on

on the day of

200

Signature of the Cardiologist Name & Address Qualification Code No.







STODMANT PAHDU ACEDIGAJM ECC- WHL PATED OZIII/2024