

25 copies
25 copies

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Type of Case: Propri/Requirement/Review

Ref. No.

Branch No: 110

DATA SHEET

(To be submitted by agent along with the proposal form if services of TPA are required)

NAME OF THE LIFE PROPOSED Vi Kus Dugar
PROPOSAL NO. 157314/61

AGE OF THE LIFE PROPOSED 35 DATE OF BIRTH 10/02/1990 GENDER M

Sum Under Consideration (SUC) Rs. 9,500,000/-

Telephone No / Mobile No. _____

E-mail id: _____

SPECIAL REPORTS REQUIRED

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1. FMR | <input checked="" type="checkbox"/> 8. RUA |
| <input checked="" type="checkbox"/> 2. ECG tracing with Report | <input type="checkbox"/> 9. SBT-13 |
| <input checked="" type="checkbox"/> 3. FBS (Fasting blood Sugar) | <input type="checkbox"/> 10. CTMT |
| <input checked="" type="checkbox"/> 4. Hb % | <input type="checkbox"/> 11. HBASIC |
| <input checked="" type="checkbox"/> 5. LIPTOGRAM | <input type="checkbox"/> 12. CHEST X-RAY |
| <input type="checkbox"/> 6. HAEMOGRAM | <input type="checkbox"/> 13. 2D ECHO |
| <input checked="" type="checkbox"/> 7. AIDS for HIV | |
| 14. ANY OTHER TEST(S) <u>N/A</u> | |

Kindly arrange to get the above proposed medically examined under the TPA system.

[Handwritten signature]
Signature of Branch Official

[Handwritten signature]
1700C PS

संस्थागत अधिकारी द्वारा प्रमाणित
प्रमाणित किया गया दिनांक 17/10/19
दिनांक 17/10/19, 17/10/19, 17/10/19
दिनांक 17/10/19, 17/10/19, 17/10/19

Signature of the Agent
Name 7761NA
Agency Code _____
Dev. Officer Code _____

To:
LIC of India
Branch Office

Date: 21/11/2024

Proposal No. 157314161

Name of the Life to be assured VIKAS DAGAR

The Life to be assured was identified on the basis of AAMAR CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests /
exam. report for which reports are enclosed. The Life to be assured has signed as below in my presence.



Signature of the Pathologist/ Doctor

Dr. HEMANT KAPOOR
MD, DPM
Consultant Pathologist
DMC Regd. No. 36636

Name: DR. HEMANT KAPOOR

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: VIKAS DAGAR

Reports Enclosed:

Sr. No.	Report's Name	Sl. No.	Report's Name
1 ✓	FMP	9 ✓	L. diagram
2	Rest ECG with Tracing	10	FST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Uric Acid
4 ✓	TILX	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6 ✓	ELISA for HIV	14	ECG with Tracing
7 ✓	HLA	15	Proposal and other documents
8	Chest X-Ray with PA & LVA Views		

16. Questionnaire: NO

17. Others (Please Specify): NO

Remarks of Health Assure PVT LTD

Authorized Signature:



MEDICAL EXAMINER'S REPORT
Form No LIC03-001 (Revised 2020)

Branch Code:
Proposal/Policy No: 152214161
MSP name/code:
Date & Time of Examination: 21/11/2024
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9011225626
Identity Proof verified: DRIVER CARD ID Proof No. XXXX XXXX 7818
(In Case of Aadhaar Card, please mention only last four digits)

Note: Mobile number and identity proof details to be filled in above. For Physical MEH, Identity Proof is to be verified and stamped.

For Tele/Video MEH, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

I would like to inform that this call will visit to Dr. HEMANT KAPUR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/Video/Physical Examination on behalf of LIC of India.

[Signature]

Signature & Thumb Impression of Life to be assured
(In case of Physical Examination)

1	Full name of the life to be assured: <u>VIKAS BAGAR</u>		
2	Date of Birth: <u>12/02/1990</u>	Age: <u>34</u>	Gender: <u>MALE</u>
3	Height (in cms): <u>174</u>	Weight (in kgs): <u>112</u>	
4	Rec. Recd only in case of Physical MEH		
	False: <u>80</u>	Blood Pressure (2 readings): 1. Systolic <u>118</u> Diastolic <u>77</u> 2. Systolic <u>122</u> Diastolic <u>80</u>	<u>122/82</u>

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If an answer to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years? If answer to any of the questions 5(a) to (c) is yes - i. Date of surgery/accident/injury/hospitalization ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	NO
6	In the last 5 years, if advised to undergo an X-ray/CT scan / MRI/ ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests ? Please specify date, reason, advised by whom & findings.	NO
7	Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	No

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	NO
9	<p>a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or ICA?</p>	NO
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, whooping, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassaemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy , nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any physical impairment disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	NO
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	NO
18	Is there any abnormality of Eyes (partial/total blindness) Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	NO
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV/AIDS/ Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	NO

For Female Proponents only		--NA--
i.	Whether pregnant? If so duration	
ii.	Suffering from any pregnancy related complications	
iii.	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynae ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	FIT (YES)
---	-----------

Declaration

You M/MS VIKAS DABER declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.




Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the ___ day of 21/11/2024 vice Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the abovesaid questions as ascertained from the life to be assured.

Place: NEW DELHI
Date: 21/11/2024
Stamp:

Signature of Medical Examiner
Name & Code No:


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



1441-A, WARD NO.-1, (Opp. R.H.T.C),
NAJARGARH, NEW DELHI-110043
Tel : 011-25014099
Mob : +91-8588864117 / 136
Email : doctorsdiagnostic1996@gmail.com

NABL
ACCREDITED LAB

DDC DOCTORS DIAGNOSTIC CENTRE

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

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

(u)
Dr. HEMANT KAPOOR
MD, DPS
Consultant Pathologist
DPC Regd. No. 36536



GPS Map
Camera View

445/1, Najargarh Rd, Jataw Mohalla, Najargarh, New Delhi, Delhi,
110043, India

Longitude
76.9852108°

Altitude 220 metres
Thursday, 21.11.2024

Latitude
51.38958°

10:23:00 AM
03:53:00 AM



भारत सरकार
Government of India



विकास दागर
Vikas Dagar
जन्म तिथि/DOR: 12/02/1990
पुरुष MALE

आधार पहचान का प्रमाण है, ना रहित वा जन्मलेखि का नहीं ।
इसका उपयोग पहचान (अभिलेखन प्रमाणीकरण), या व्युत्पन्न सेवा/संसाधन प्राप्तिकरण की रीति (ऑनलाइन) के साथ किया जाना चाहिए ।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6513 9267 7818

मेरा आधार, मेरी पहचान

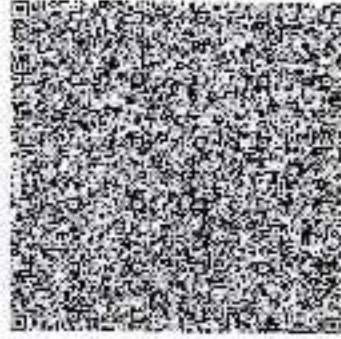


भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India



पता
S/O राजपाल सिंह, 101, ऑल्ड चाउपाल चौक, पूर्व,
एम्स ऑफिस इलाहाबाद, समस पुर खानसा, राउज वेस्ट दिल्ली,
दिल्ली - 110073

Address:
S/O Rajpal Singh, 101, old chaurpal chowk,
post office ujwa, Samas Pur Khansa, DIST:
South West Delhi,
Delhi - 110073



6513 9267 7818

VID : 9138 8343 6536 4818



1947



help@uidai.gov.in



www.uidai.gov.in

H

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
MNC Regd. No. 36636

H

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

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Email : doctorsdiagnostic1996@gmail.com
Website : www.doctorsdiagnosticcentre.in



DDQ DOCTORS DIAGNOSTIC CENTRE

Excellence In Diagnostics & Healthcare Services

Consultant Pathologist
DR. HEMANT KAPOOR

Consultant Radiologist
DR. BIPUL BISWAS

MD, DPM (Pathology)

MD (Radiology)

Lab NO	072411210002	Sr.No	501
NAME	MR.VIKAS DAGAR	Ref. BY	LIC
Age / Sex	34 YRS/MALE	Sample Coll DATE	21/Nov/2024 09:32AM
S/O	RAJPAL SINGH	Approved ON	21/Nov/2024 04:36PM
DATE	21/Nov/2024 09:13AM	Printed ON	21/Nov/2024 04:37PM

B.A. 980

Test Name	Result	Status	Bio. Ref. interval	Unit
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HAEMATOLOGY


Haemoglobin, Whole Blood EDTA


Haemoglobin (Hb)	13.7		13.00-18.00	gm/dl
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Method : Cyanmeth Photometry

DR. JAI PRABHAN
MBBS, MD

Printed By: PUNJAB PATHOLOGIST


DR. HEMANT
MD, DPB
PATHOLOGIST


CHECKED
TECHNICAL OFFICER

Page 1 of 5

Excellence In Diagnostics & Healthcare Services

Consultant Pathologist
DR. HEMANT KAPOOR
MBBS, MD, DPM, DAB (P)

Consultant Radiologist
DR. BIPUL BISWAS
MBBS, MD, DAB (R)

Lab NO	072411210002	Sr.No	501
NAME	MR. VIKAS DAGAR	Ref. BY	LIC
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		B.A. 980	

Test Name	Result	Status	Bio. Ref. interval	Unit
BIOCHEMISTRY				
Lipid Profile				
Total Lipids <i>Method : Calculated</i>	660		400-1000	mg/dL
Serum Triglycerides <i>Method : Colorimetric-Lipid/Ulcerase Kinase</i>	190	High	0.0-150	mg/dL
Serum Total Cholesterol <i>Method : Colorimetric - cholesterol oxidase</i>	184		0.0-200	mg/dL
Serum HDL Cholesterol <i>Method : Colorimetric:non HDL precipitation</i>	32	Low	40-80	mg/dL
VLDL Cholesterol <i>Method : Calculated</i>	38	High	0-32	mg/dL
LDL Cholesterol <i>Method : Calculated</i>	114	High	0-100	mg/dL
Cholesterol / HDL Ratio <i>Method : Calculated</i>	5.7	High	3.0-4.4	mg/dL

NOTE :- SERUM IS LIPAEMLIC. IT MAY INTERFERE WITH TRIGLYCERIDE ESTIMATION.

KINDLY CORRELATE CLINICALLY.

Total cholesterol (mg /dL)	
<200	Desirable
200-239	Borderline High
>= 240	High
HDL Cholesterol (mg/dL)	
<40	Low
>60	High
LDL Cholesterol (mg /dL)	
<100	Optimal
100-129	Near optimal /Above optimal
130-159	Borderline High
160-189	High
>190	Very High
Male Triglycerides (mg/ dL)	
<150	Normal

DR. JAI PRABHAN
 MBBS, MD

Printed By: TUPATHOLOGIST

Signature
DR. HEMANT
 MD, DPM
 PATHOLOGIST

b
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 TECHNICAL OFFICER

Excellence In Diagnostics & Healthcare Services

Consultant Pathologist
DR. HEMANT KAPOOR

Consultant Radiologist
DR. BIPUL BISWAS

Lab NO	072411210002	Sr.No	501
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B A 980

150-199	Borderline High
200-499	High
>500	Very High
Female Triglycerides (mg/ dL)	
<150	Normal
150-179	Borderline High
180-450	High
>450	Very High
Cholesterol HDL Ratio	
3.3-4.4	Low Risk
4.5-7.1	Average Risk
7.2-11.0	Moderate Risk
>11.0	High Risk

Interpretation:- Cholesterol: There is a clear cut relationship between elevated serum cholesterol and myocardial infarction. At the tissue level it plays a prominent part in atherosclerotic lesions.

Triglycerides: Elevated levels are seen with overnight fast less than 12 hours, Non insulin dependent diabetes mellitus obesity, alcohol intake, Hyperlipidemias (specially types I, IV & V; > 1000), anabolic steroids, cholestyramine, corticosteroids amiodarone & interferon.

HDL-cholesterol: It is a cardioprotective cholesterol (good cholesterol). Patients with low levels of HDL are at increased risk for premature CHD. Decreased levels are seen in stress, starvation, obesity, Lack of exercise, Cigarette smoking, Diabetes mellitus, thyroid disorders and drugs like steroids, beta blockers, thiazides, progestins, neomycin and phenothiazines.

LDL Cholesterol: Major risk factors that modify LDL Goals are:

- * Cigarette smoking.
- * Hypertension (BP \geq 140/90 or on antihypertensive medication)
- * Low HDL cholesterol (<40 mg/dl)
- * Family history of premature CHD (CHD in a male first degree relative <55 years / CHD in a female first degree relative < 65 years)
- * Age (men \geq 45; woman \geq 55= years).

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

DR. JAI PRABHAN
MBBS, MD

Printed By: PUNJABI PATHOLOGIST

[Signature]
DR. HEMANT
MD, DPM
PATHOLOGIST

[Signature]
CHECKED
TECHNICAL OFFICER

J441-A, WARD NO.-1, (Opp. R.H.T.C),
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Mob : +91-8588864117 / 136
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B A 980

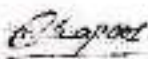
Test Name	Result	Status	Blo. Ref. interval	Unit
SEROLOGY				
HIV - I*	NON REACTIVE			
HIV - II*	NON REACTIVE			


Serum, Method Immunochromatography

COMMENTS :-

HIV Elisa is a screening procedure. Positive specimens should be retested using another method before diagnosis

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST


DR. HEMANT
MD, DPM
PATHOLOGIST


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TECHNICAL OFFICER



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Consultant Pathologist
DR. HEMANT KAPOOR

Consultant Radiologist
DR. BIPUL BISWAS

MD, DNB, Pathology

MD, Radio Diagnostics

Lab NO	072411210002	Sr.No	501
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		R A 980	

Test Name	Result	Status	Bio. Ref. interval	Unit
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CLINICAL PATHOLOGY

URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine

Physical Examination

Quantity	15			ML
Colour	PALE YELLOW		Pale yellow	
Transparency	CLEAR		Clear	
Reaction	ACIDIC			
Specific Gravity, Urine	1.010		1.010 - 1.025	

Chemical Examination

Urine Protein	NIL		Nil	
Reducing Sugar (Urine)	NIL		Nil	
Urine Bilirubin	ABSENT		Absent	
Blood	ABSENT		Absent	
Urobilinogen	NOT INCREASED		Not Increased	
Nitrate	ABSENT		Absent	

Microscopic Examination:

Pus Cells,	2-4		0-4	/HPF
RBCs	NIL		NIL	
Casts	NIL		NIL	
Crystal	NIL		Nil	
Epithelial Cells	1-2		Occasional	

*** 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
 PATHOLOGIST

[Signature]
DR. HEMANT
 MD, DNB
 PATHOLOGIST

[Signature]
CHECKED
 TECHNICAL OFFICER