

Date 21/11/24

To
LIC of India,
Branch Office
350

Proposal No. 5540

Name of the Life to be assured Ravikant Verma

The Life to be assured was identified on the basis of Adhar card

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.

Name, Signature DR. ARUN MAITY Doctor / Pathologist / Cardiac/Radiologist and Health provider
MD (PATHOLOGIST)
MCI Reg. No. 8536

The examination / tests were done with my consent.

Ravikant

(Signature of the Life to be assured)

Name: Ravi Kant

Reports enclosed:

- | | |
|-----------------|--------------------|
| 1. <u>Vmet</u> | 4. <u>Hb level</u> |
| 2. <u>Hbalc</u> | 5. <u>ECG</u> |
| 3. <u>RUA</u> | 6. <u>VRNCT</u> |
| 7. <u>SBT13</u> | 8. _____ |

Rubber Stamp of TPA

DR. ARUN MAITY
MD (PATHOLOGIST)
MCI Reg. No. 8836



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL MEDICAL REPORT
HAEMOGRAM

Full Name of life to be assured

Age Sex

PROPOSAL NO Division Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count		4.5-6.5 million/cmm
2	Hb%	14.3	12-17 GMS%
3	Hematocrit		40-70%
4	Indices		
	(a) MCV (Mean Corpuscular Volume)		70-100fl
	(b) MCH (Mean Corpuscular Hb)		27.0-37.0 pg
	(c) MCHC (Mean Corpuscular Hb Concentration)		32-37 g/dl
5	Morphology	Nil	
	Macrocytes	Nil	
	Microcytes	Nil	
	Hypochromia	Nil	
	Poikilocytosis	Nil	
	Anisocytosis	Nil	
6	Target Cell -	Nil	
	Spherocytes	Nil	
	Elliptocytes	Nil	
7	White Blood Cells		
	Total Count :		4000-11000/ microliter
	Differential Counts		
	a) Neutrophils:		45-75%
	b) Lymphocytes		20-45%
	c) Eosinophils		1-6%
	d) Monocytes:		1-10%
	e) Basophils		0.0-1.0%
8	Platelets		1,50,000-4,50,000 lac.
9	Erythrocytes Sedimentation rate		
	(WINTRIOBE)Method		0-10 MM/HR

I declare that the person examined/investigating, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at on the day of 20 at am/pm



Signature of the Pathologist:

Pathologist Name:

Qualification:

Address:

BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL
LIFE INSURANCE CORPORATION OF INDIA

EXAMINATION OF HBA1C

Full Name of life to be assured

DATE-21-1124 Age Sex

Zone Division Branch

Proposal No. Agent/ D

EXAMINATION OF BLOOD

Glycosylated Hemoglobin (HbA1c) ----- 4.50%

Reference value:
Below 6.0% - Non Diabetic control
6-7% - Excellent control
7-8% - Fair control
Above 8% - poor control

Signature of the Pathologist:
Pathologist Name:
Qualification : DR. ADWAINATHY MB (PATHOLOGIST) MGI Reg. No. : 8836
Address



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal
ROUTINE URINE ANALYSIS

Full Name of life to be assured Ravikant Verma

PROPOSAL NO- 5540 Age 38 Sex male

Division Bhopal Branch

1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii) Sediment	Absent
(ii) Transparency	CLEAR	(iv) Reaction	Alkaline

2 CHEMICAL EXAMINATION

(i) Protein	Absent	(ii) Sugar	Absent
(iii) Bile Salt	Absent	(iv) Bile Pigments	Absent

3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii) Epithelial Cell	2-4/HPF
(iii) Crystal	Absent	(iv) Pus Cells	1-2/HPF
(v) Casts	Absent	(vi) Deposits	Absent

(Bacterias --Absent)

REMARKS :

If Pus cells are present GRAM STA in is necessary.

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/investigating, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at Bhopal on the 21 day of 11 20 24 at 09:31 am/pm

Signature of the Pathologist: [Signature]
 Pathologist Name: I.R. ANIL MATHY
 Qualification: MD Pathology
 Address: Mull Reg. No. : 8838



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal ELECTROCARDIOGRAM

Full Name of life to be assured

Ravkant Verma

Age

38

Sex

male

Division

BHOPAL

Branch

Proposal No

5540

Agent/ Code No.

Dev. Officer Code No.

Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation
- ii The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings
- iii The base line must be steady. The tracing must be pasted on a folder.
- iv Rest ECG should be 12 leads along with Standardization slip each lead with minimum of 3 complexes long lead II if L-II 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 V_{4R} be recorded

DECLARATION

I 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 _____ given by me to LIC of India.

Note: Cardiologist is requested to explain following to LA and to note the answers there of

- 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 ?
- iii Have you ever had chest X-Ray, ECG, Blood sugar Cholesterol or any other test done ?

NO
NO
NO

If the answers to any/ all of the above question is "Yes" submit all relevant papers with this form.

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 _____ given by me to LIC of India.

Date at BHOPAL on the 21 day of 11 20 at 24 at 09.31 am/pm

Signature of the Pathologist
Pathologist Name: <i>Dr. Gish Rappal</i>
Qualification: <i>MBBS, PGDip (Dip. Card.)</i>
Name & Address of the Hospital/Lab: <i>Reg. No. MP 12345</i>

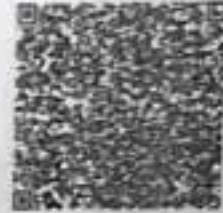




भारत सरकार
GOVERNMENT OF INDIA



रविकांत वर्मा
Ravikant Verma
जन्म तिथि/ DOB:
01/06/1986
पुरुष / MALE



~~4707 7074~~ 1284

मेरा आधार, मेरी पहचान



DR. ARUN MAITY
MD (General Medicine)
MDI Reg. No. 6836

Ravikant

Scanned by TapScanner



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

लीग-146, एफ-3 वार्धमन
रेसीडेंस, हर्षवर्धन नगर, माता
मंदिर स्क्वेर के पास, टेहसिल
हुजुर भोपाल, भोपाल,
भोपाल,
मध्य प्रदेश - 462003

Address:

C/O., Lig-146, F-3 Vardhman
Residency, Harshwardhan Nagar,
Near Mata Mandir Square, Tehsil
Huzur Bhopal, Bhopal, Bhopal,
Madhya Pradesh - 462003

~~4707 7074~~ 1284

MERA AADHAAR, MERI PEHACHAN



DR. ARUN MAITY
MB (BHO) (OPHTH) (DIPLOMA)
MCI Reg. No. 8836

