

To,
LIC of India
Branch Office

Date: 20/11/2024

Proposal No. 9976

Name of the Life to be assured MIKA DHUNGANA

The Life to be assured was identified on the basis of Aadhaar - 9356

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]
DR. KUSUM LATA
MBBS, MD (PATH)
DMC No.: 7859

Name: Green Park Diagnostics
DR. KUSUM LATA

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

[Signature]
(Signature of the Life to be assured)

Name of life to be assured: _____

Reports Enclosed:

Sr. No.	Reports Name	Sr. No.	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: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD
Authorized Signature, _____



भारत सरकार
Government of India

मिरा धुंगना
Mira Dhungana
पता: BPO / DDA 612/1918
सदर : Farid



9356

मेरा आधार, मेरी पहचान

Meera


DR. KUSUM LATA
MBBS / M.D. (PATH)
DMC No.: 7859
Green Park Diagnostics



8	a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine ?	NO
	b. Since when, any follow up and date and value of last checked blood pressure and sugar levels ?	NO
	c. Whether on medication? please give name of the prescribed medicine and dosage	NO
	d. Whether developed any complications due to diabetes ?	NO
	e. Whether suffering from any other endocrine disorders such as thyroid disorder etc. ?	NO
	f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise) ?	NO
9	a. Any history of chest pain, heart attack, palpitations and breathlessness on exertion or irregular heartbeat?	NO
	b. Whether suffering from high cholesterol ?	NO
	c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.	NO
	d. Whether undergone Surgery such as CABG, open heart surgery or PTCA ?	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, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia 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	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder ?	NO
	b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	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 (a.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		
	i. Whether pregnant? if so duration,	NO
	ii Suffering from any pregnancy related complications	NO
	iii Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY

Yes



993

Declaration

I, Mr/Ms MIRA DHUNGANA declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I 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.

MIRA

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 20 day of 11 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: N. Delhi
Date: 20/11/24
Stamp:

Kusum Lata
DR. KUSUM LATA
MBBS, M.D.(PATH)
DMC No.: 7859

Signature of Medical Examiner
Name & Code No:



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No.

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: MIRA DHUNGANIA

Age/Sex 48/F

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. 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.
- 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-III 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 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 _____ 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.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

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

Dated at Noida the day of 20/11/2024

Signature of L.A.

Dr. RAJESH KUMAR
 MBBCh, MD
 Reg. No. 17301
 Signature of the Cardiologist
 Name & Address
 Qualification Code No.

Mee RA

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
146	56	110/76	61b

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10mm	PR Interval	Normal
Mechanism	Sinus	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	61b	T-wave	Normal
Ventricular Rate	61b	Q-Wave	Normal
Rhythm	Regular		
Additional findings, if any.			

Conclusion: WNL

Dated at New Delhi on the day of 20/11/2024

Dr. RAJESH KUMAR
 MBBS MD
 Reg. No. 47321
 Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





Green Parkk Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016
 Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in
 Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date 20/11/2024
 Name MS. MIRA DHUNGANA
 Ref. By LIC OF INDIA

Srl No. 1001

Age 48 Yrs.
 Sex F

HAEMOGLOBIN (HB)
 (Non cyanide Hb Detection)

13.2

gm/dl


12.0 - 15.0

****End of Report****



Page 1

DR. KUSUM LATA
 MBBS, M.D.(PATH)
 DMC No.: 7859
 Green Park Diagnostics


 DR. KUSUM
 MD(PATH.& BACT.)
 CONSULTANT PATHOLOGIST

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygela Care, Paramount ETC.
 ● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab, without hesitation.

We will be happy to answer your Queries | Offers | Home Collection **Call 9582859223**



Green Parkk Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016
 Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in
 Timings : 9.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date 20/11/2024
 Name MS. MIRA DHUNGANA
 Ref. By LIC OF INDIA

Srl No. 1001

Age 48 Yrs.
 Sex F

IMMUNOLOGY - SEROLOGY

Test Name	Value	Unit	Normal Value
-----------	-------	------	--------------

HIV (AIDS) ANTIBODY I & II

TEST DISCRIPTION	OBSERVED VALUE	RESULT
HIV I & II	0.29	NON REACTIVE

INTERPRETIVE CRITERIA

Non Reactive	: < 0.80
Equivocal	: 0.8-1.0
Reactive	: > 1.0

****End of Report****

Page 2 of 2

DR. KUSUM LATA
 MBBS, M.D.(PATH)
 DMC No.: 7859
 Green Park Diagnostics


 DR. KUSUM
 MD(PATH.&BACT.)
 CONSULTANT PATHOLOGIST

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygisa Care, Paramount ETC.
 ● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your Queries | Offers | Home Collection Call 9582859223



Green Parkk Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016
 Ph.: 011-41758058, 9582859223 E-mail: greenpark43@yahoo.co.in
 Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date 20/11/2024
 Name MS. MIRA DHUNGANA
 Ref. By LIC OF INDIA

Srl No. 1001

Age 48 Yrs.
 Sex F

URINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY (Visual)	25 ml.
COLOUR (Visual)	PALE YELLOW
TRANSPARENCY (Visual)	CLEAR
SPECIFIC GRAVITY (Reagent strip)	1.010

CHEMICAL EXAMINATION

REACTION (Indicrom paper)	ACIDIC	ACIDIC
ALBUMIN (Reagent strip)	NIL	NIL
REDUCING SUGAR (Reagent strip)	NIL	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-2 /HPF	0-4
RBC'S	NIL /HPF	NIL
CASTS	NIL	NIL
CRYSTALS	NIL	
EPITHELIAL CELLS	1-2 /HPF	
BACTERIA (Microscopic)	NIL /HPF	
OTHERS	NIL	

Page 1 of 1

DR. KUSUM LATA
 MBBS, M.D.(PATH)
 DMC No.: 7859
 Green Park Diagnostics

Kusum
 DR. KUSUM
 MD(PATH.&BACT.)
 CONSULTANT PATHOLOGIST

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiene Care, Paramount ETC.
 ● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your Queries | Offers | Home Collection **Call 9582859223**



भारत सरकार

Government of India

मिर्जापुर

Mirja Dhurgana

जय मिल्क / Dahi, ०१५५११५६

मण्डल / Taluka



5732 5600 9356



मेरा आधार, मेरी पहचान

Green Park Diagnostics Ph. 011-26537881
 G-43, Green Park Main Market, New Delhi-110016 011-41759058

- यहाँ पर प्रसव पूर्व (लिंग पैदा होने से पहले लड़का या लड़की) की पहचान नहीं की जाती। यह दण्डनीय अपराध है।
- बच्चे की लिंग के लिए पुछना/प्रांग करना पीसी और पीएनडीटी अधिनियम के तहत एक दण्डनीय अपराध है।
- Here Pre-Natal Sex Determination and Disclosure of Sex (Boy or Girl Before Birth) of Foetus is not done. It is prohibited and punishable under law.
- SEEKING / ASKING FOR THE SEX OF CHILD IS ALSO A PUNISHABLE OFFENCE UNDER PC AND PNDT ACT.

In case of any complaint / query under PC & PNDT Act

Contact : District Appropriate Authority (South Distt.)
 Add. : M. B. Road, Saket, New Delhi
 Tel. No. : 011-29535025, 26693338



GPS Map Camera

New Delhi, Delhi, India
 G-43, Block G, Green Park Extension, Green Park, New Delhi,
 Delhi 110016, India
 Lat 28.557536° Long 77.202776°
 20/11/24 10:06 AM GMT +05:30





Green Parkk Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016
Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in
Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date	20/11/2024	Srl No. 1001	Age	48 Yrs.
Name	MS. MIRA DHUNGANA		Sex	F
Ref. By	LIC OF INDIA			

PROFILE

Test Name	Value	Unit	Normal Value
SBT 13			
BLOOD GLUCOSE - FASTING	102	mg /dl	70 - 110
TOTAL CHOLESTEROL	179	mg/dL	150.0 - 200.0
TRIGLYCERIDES	145	mg/dL	40.0 - 165.0
H D L CHOLESTEROL	44	mg/dL	35.0 - 80.0
L D L CHOLESTEROL	108.0	mg/dL	100.0 - 129.0
SERUM CREATININE	1.2	mg/dl	0.60 - 1.20
BLOOD UREA NITROGEN (BUN)	14.95	mg/dl	5.0 - 25.0
TOTAL PROTEIN	6.9	gm/dl	6.0 - 8.3
ALBUMIN	4.2	gm/dl	3.2 - 5.0
GLOBULIN	2.7	gm/dl	2.5 - 3.5
A/G RATIO	1.5		1.5 - 2.6
TOTAL BILIRUBIN	0.68	mg/dl	0.03 - 1.20
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.46	mg/dl	0.00 - 0.60
S.G.O.T (AST)	29	IU/L	00.0 - 40.0
S.G.P.T (ALT)	34	IU/L	00.0 - 40.0
G G T P	42	IU/L	10 - 50.0
ALKALINE PHOSPHATASE	189	IU/L	100 - 290
HIV ANTIBODY I & II	NEGATIVE		
HBsAg	NEGATIVE		

Page 2 of 2

DR. KUSUM LATA
MBBS, M.D.(PATH)
DMC No.: 7859
Green Park Diagnostics

DR. KUSUM
MD(PATH.&BACT.)
CONSULTANT PATHOLOGIST

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO. NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiene Care, Paramount ETC.
● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your Queries | Offers | Home Collection Call 9582859223



Green Park Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016
Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in
Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date	20/11/2024	Srl No.	1001	Age	48 Yrs.
Name	MS. MIRA DHUNGANA			Sex	F
Ref. By	LIC OF INDIA				

PROFILE

Test Name	Value	Unit	Normal Value
HAEMOGLOBIN (HB) (Non cyanide Hb Detection)	13.2	gm/dl	12.0 - 15.0

****End of Report****



Page 1

DR. KUSUM LATA
MBBS, M.D.(PATH)
DMC No.: 7859
Green Park Diagnostics


DR. KUSUM
MD(PATH.&BACT.)
CONSULTANT PATHOLOGIST

FACILITIES : ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

On Panel : DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiene Care, Paramount ETC.
● Reports are not valid for Medicolegal Cases ● If Reports are beyond expectation please Contact the lab. without hesitation.

We will be happy to answer your Queries | Offers | Home Collection Call 9582859223