

Date 08/11/2024

To
LIC of India,
Branch Office
35 D

Proposal No. 5170

Name of the Life to be assured Tejaswi

The Life to be assured was identified on the basis of Aadhar 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 & Seal of the Doctor/ Pathologist /Cardiac/Radiologist and Health provider

Dr. Ganesh Kumar
MBBS, PGCC (MP, Card)
Reg. No. (MP-12781)

Dr. Ganesh Kumar
MBBS, PGCC (MP, Card)
Reg. No. (MP-12781)

The examination / tests were done with my consent.

Tejaswi
(Signature of the Life to be assured)

Name:



Reports enclosed:

1. VmER
2. SBT-13
3. RUA
7. HB

4. HbA1C
5. _____
6. _____
8. _____

Rubber Stamp of TPA



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

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

LIFE INSURANCE CORPORATION OF INDIA SPECIAL BIO CHEMICAL TESTS-13 (SBT-13)

Full Name of life to be assured Tejaswi

PROPOSAL NO. 5170

Age 43

Sex - MALE

Zone Division Branch

No.	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar (Method	83.5	70-110 MG/DL
2	Total Cholesterol	184.2	UP TO 200 MG/DL
	High Density Lipid (HDL)	41.6	30-70 MG/DL
	Low Density Lipid (LDL)	83.92	UP TO 130 MG/DL
3	S. Triglycerides	152.4	UP TO 160 MG/DL
	S. Creatinine	0.88	0.5-1.5 MG/DL
5	Blood Urea Nitrogen (BUN)	20.6	10-40 MG/DL
6	S. Proteins	6.59	6.7-8.7 MG/DL
	(a) Albumin	3.96	3.7-5.3 MG/DL
	(b) Globulin	2.63	2.3-3.6 MG/DL
	AG Ratio	1.5	1.5-2.0
7	S. Bilirubin		
	(a) Direct	0.32	0.2-0.4 MG/DL
	(b) Indirect	0.24	0.1-1.0 MG/DL
	Total	0.56	0.2-1.2 MG/DL
8	SGOT (AST)	29.3	UP TO 40 IU/L
9	SGPT (ALT)	24.3	5 TO 40 IU/L
10	GGTP (GGT)	16.3	3.0-28.7IU/L
11	S. Alkaline phosphatase	78.3	37-147 IU/L
12	HbsAg (Australia antigen)	Negative	
13	for HIV(Method ----- ELISA -----)	Negative	

Dated BHOPAL on the 8 day of 11 20 24 at 09:59 am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification:

Address

DR. ARUN MAITY
MD (PATHOLOGIST)
MGI 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%	14.5	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	
	Eliptocytes :	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		1,50000-4,50000 lac.
9	Erythrocytes Sedimentation rate :		
	(WINTRILOBE)Method		0-10 MMHR

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-462016

Divisional office bhopal
ROUTINE URINE ANALYSIS

Full Name of life to be assured

Tejaswi

PROPOSAL NO-

5170

Age

43

Sex

male

Division

Bhopal

Branch

1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii)
(ii) Transparency	CLEAR	(iv)

Sediment	Absent
Reaction	Alkaline

2 CHEMICAL EXAMINATION

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

Sugar	Absent
Bile Pigments	Absent

3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii)
(iii) Crystal	Absent	(iv)
(v) Casts	Absent	(vi)

Equithelial Cel	2-3/HPF
Pus Cells	2-4/HPF
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/Investigated, 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

8 day of

11

20

24

at

09:59 am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

DR. ARUN MATHY
MD (PATHOLOGIST)
MGI Reg. No. : 8838



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

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

EXAMINATION OF HBA1C

Full Name of life to be assured

DATE-08-11-2024

Age

Sex

Zone

Division

Branch

Proposal No.

Agent/ D

EXAMINATION OF BLOOD

Glycosylated Hemoglobin (HbA1c)-----

5.50%


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	DR. ARUN MAITY
Qualification :	MD (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 ELECTROCARDIOGRAM

Full Name of life to be assured

Age Sex

Division Branch

Proposal No. 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 V₄ R 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 L.A and to note the answers there of.

- | | |
|--|---------------------------------|
| i Have you ever had chest pain, Palpitation, Breathlessness at rest or exertion ? | <input type="text" value="NO"/> |
| ii Are you suffering from heart disease, Diabetes high or low Blood Pressure or kidney disease ? | <input type="text" value="NO"/> |
| iii Have you ever had chest X-Ray, ECG, Blood sugar Cholesterol or any other test done ? | <input type="text" value="NO"/> |

If the answer 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 on the day of 20 at am/pm

Signature of the Pathologist	
Pathologist Name	DR. G. R. RAPPAL
Qualification	M.B.B.S. (Reg. No. : MP-12781)
Name & Address of the Hospital/Clinic	Dr. G. R. Rappal M.B.B.S. PGDCC (The Card.) Reg. No. : MP-12781



BIO CARE PATH LAB & DIAGNOSTIC CENTRE

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

Divisional office bhopal

Full Name of life to be assured

Tejaswi

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse
173	62	135/92	72

(B) Cardiovascular System.....NORMAL

Rest ECG Report:

Position	SUPINE	P Wave	NORMAL
Standardisation IMV	NORMAL	PR Interval	NORMAL
Mechanism	NORMAL	QRS Complexes	NORMAL
Voltage	NORMAL	Q-T Duration	NORMAL
Electrical Axis	NORMAL	S-T Segment	NORMAL
Auricular Rate	69/MIN.	T-wave	NORMAL
Ventricular Rate	69/MIN.	Q-Wave	NORMAL
Rhythm	REGULAR		
Additional findings. If any	NO		

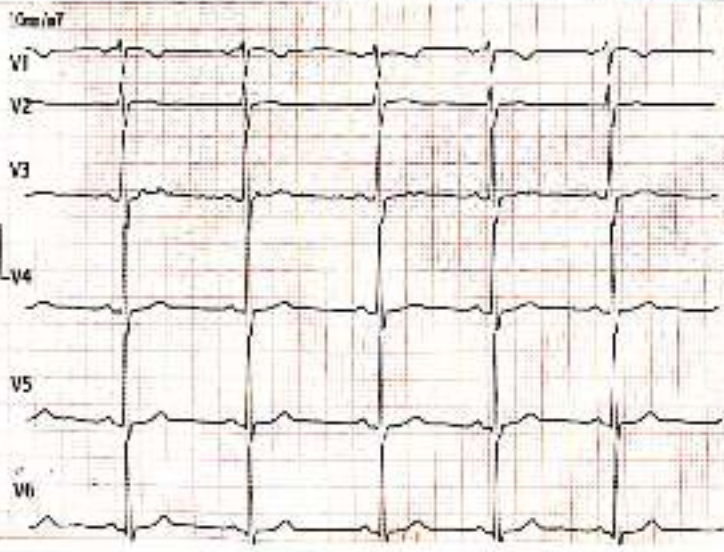
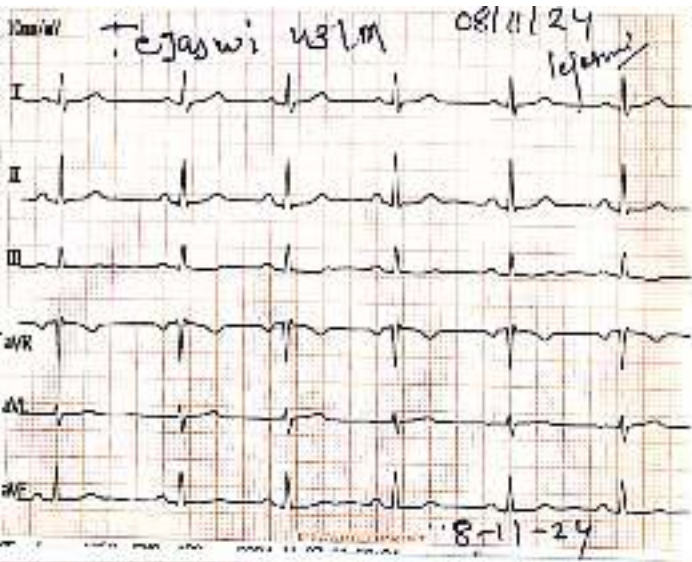
Conclusion :

WNL

Date at on the day of 20 at am/pm



Signature of the Pathologist:
Pathologist Name: <i>Dr. G. Rajpat</i>
Qualification: <i>M.B.B.S. Postgraduate (Cardiology)</i>
Name & Address of the Hospital/Office/ Lab: <i>REG. No. : MP-12781</i>



Var. Rate/BPM: 59 (ECG Analysis Result)

PR Int./ms: 137 (0) Sinus Bradycardia

PQRS T Int./ms: 97 300 160 (0) Sinus Arrhythmia

QT/QTc Int./ms: 365 392 (61) Abnormal/Par T

PQRS T Axis/Deg: 71 55 43 (Normal ECG)

RV1/SV6 Amp/deg: 0.15 0.23

RV1/AV1 Amp/deg: 1.56 0.44

RZ. 22 Technique: ST (mV)

I	II	III	aVR	aVL	aVF
+0.01	-0.00	-0.01	-0.00	+0.01	-0.00
V1	V2	V3	V4	V5	V6
+0.00	+0.01	+0.03	+0.02	+0.01	+0.01

Dr. Manoj Kumar
 MBBS, MD, DM (Cardiology)
 Director, Cardiology
 Dr. S. S. Srinivasan
 MBBS, MD, DM (Cardiology)
 Director, Cardiology



GPS Map Camera

Bhopal, Madhya Pradesh, India
7c9h+ggp, Semra, Bhopal, Madhya Pradesh 462010,
India
Lat 23.268687° Long 77.428624°
08/11/24 09:59 AM GMT +05:30



Dr. Manish Kedia
Reg. No. 12721
MBBS, PGDCC (Dip. Card.)



भारत सरकार
Government of India



Issue Date: 18/08/2013



तेजस्वी

Tejaswi

जन्म तिथि / DOB: 05/03/1981

पुरुष / MALE



2541 6187 1421



2541 6187 1421

मेरा आधार, मेरी पहचान

Dr. Neelgiri Kachin
No. 22721
MHA, POCC (Pop. Card)