

Dear AXIA HEALTH ASST. PVT LTD

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : AMAN KUMAR PRAJAPATI

Proposal No : 1862

Branch Code : 115

Contact Details : 9889011817

Location : Plot no 9, Niti Khand 3, Manoj Vihar, Indirapuram, Ghaziabad, Uttar Pradesh 201014

Appointment Date : 14-10-2024

Member Information

Booked Member Name Age Gender

AMAN KUMAR PRAJAPATI 29 year Male

Included Test -

Complete Heamogram

HbA1c

Urine Analysis

SBT-13 with Elisa Method HIV test

ECG



Thanks,

Medsave Team

To,
LIC of India
Branch Office

Date: 15/09/2024

Proposal No. 1862

Name of the Life to be assured AMAN KUMAR Prajapati

The Life to be assured was identified on the basis of Amand

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.

N. Kumar
Dr. NITIN KUMAR DUMEER
M.B.B.S. M.D. (Path)
Signature of the Physician/ Doctor

Name:

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

Aman
(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,



Dear AXIA HEALTH ASST DIVISION

ANNEXURE II - I

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No. 1862

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

Full Name of Life to be assured: AMANI KUMAR PRAJAPATI

Age/Sex 22/M :

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 2/12 on the day of 15/10 2002

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification Code No.

DR. PRAVEEN KUMAR GUPTA
M.D. D.M.



Dear AXIA HEALTH ASST. PVT LTD

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
180	78	120/80	78

(B) Cardiovascular System

.....
.....

Rest ECG Report:

Position	Supine	P Wave	Nil
Standardisation Imv	10 mA	PR Interval	Nil
Mechanism	None	QRS Complexes	Nil
Voltage	Nil	Q-T Duration	Nil
Electrical Axis	None	S-T Segment	Nil
Auricular Rate	78/ab	T-wave	Nil
Ventricular Rate	78/nt	Q-Wave	Nil
Rhythm	Sinus		-
Additional findings, if any.	None		-

Conclusion: TWM



Dated at Delhi on the day of 18/10 2022

P. Kumar
Dr. PRAVEEN KUMAR GUPTA
Signature of the Cardiologist
Name & Address
Qualification
Code No.



Dear AXIA HEALTH ASST. PVT LTD

भारत सरकार
Government of India

अमन कुमार प्रजापति
Aman Kumar Prajapati
जन्म तिथि / DOB : 04/07/1995
पुल्य / MALE

7517 3307 5960

मेरा आधार, मेरी पहचान

UNIT OF AXIA HEALTH ASSIST PVT LTD

Dr. NITIN KUMAR DUMEER
M.S. No. 35700

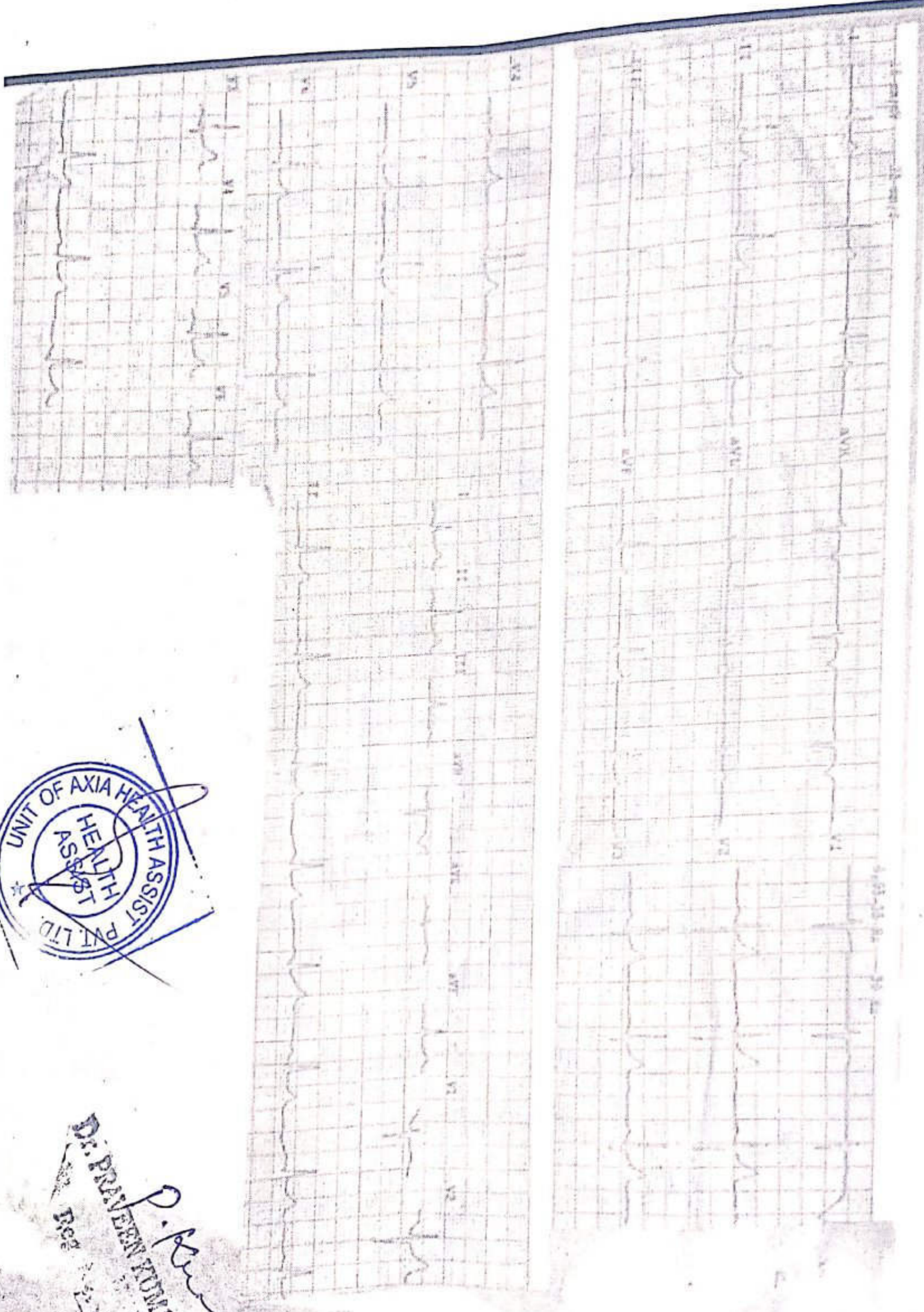
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: सुरेन्द्र प्रताप प्रजापति, एच-58-ए टॉप फ्लोर, गढ़वाली मोहल्ला, ललिता पार्क, लक्ष्मी नगर, लक्ष्मी नगर, पूर्वी दिल्ली, दिल्ली, 110092
Address: Surendra Pratap Prajapati, H-58-A Top Floor, Garhwali Mohalla, Lalita Park, Laxmi Nagar, Laxmi Nagar (east Delhi), East Delhi, Delhi, 110092

7517 3307 5960

1947 help@uidai.gov.in www.uidai.gov.in





P. Kumar
Dr. PRAVEEN KUMAR GUPTA
M.B.B.S. M.D. D.I.C.
1999



LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone Division Branch DATE /TIME 15/09/2024 10:55 AM

Proposal No. 1862

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: AMAN KUMAR PRAJAPATI

Age/Sex :29 /M

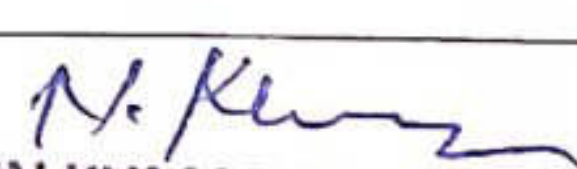
S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	92.1	60-110 MG/DL
2	TOTAL CHOLESTEROL	160.3	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	39.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	149.7	00-150 MG/DL
3	TRIGLYCERIDES	143.8	25-160 MG/DL
4	CREATININE	0.90	0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)	19.7	6.0-21.0 MG/DL
6	S PROTEINE	6.90	6.5-8.5 MG/DL
	(A) ALBUMIN	3.55	3.5-6.0 MG/DL
	(B) GLOBULINE	3.35	1.8-2.5 MG/DL
	(C) AG RATIO	1.05	
7	S. BILIRUBIN		
	(A) DIRECT	0.32	0.0-02 MG/DL
	(B) INDIRECT	0.60	0.2-0.8 GM/DL
	(C) TOTAL	0.92	0.2-1.0 MG/DL
8	SGOT (AST)	39.3	04-45 IU/DL
9	SGPT (ALT)	33.5	00-40IU/DL
10	GGTP (GGT)	44.9	11-50IU/DL
11	S. ALKANINE PHOSPATASE	101.3	15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)	NEGATIVE	NEGATIVE
13	ELISA FOR HIV	NEGATIVE	NEGATIVE



Axia Health Assist private limited

Plot no 09, NitiKhand -3 indirapuram, GHAZIABAD

880012732. 0120 - 4267281


 SIGNATURE OF PATHOLOGIST

 PATHOLOGIST'S NAME & ADDRESS, ALIFICATION
 REG. NO. 30709


Dear AXIA HEALTH ASST. PVT LTD

king on

CIN No. U85100HR2021PTC097541
www.thehealthassist.co



ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA

DATE / TIME 15/09/2024 10:55 AM

Zone

Division

Branch

Proposal No. 1862

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: AMAN KUMAR PRAJAPATI

Age/Sex :29 /M

HEAMETOLOGY

Test	Result	Unit
HbA1C	4.2	%

Non Diabetic: < 6.0
Pre diabetic: 5.7-6.9
Diabetic: >= 6.9

Mean Plasma Glucose levels

Guidance For Known Diabetics

Below 6.5% : Good

Control 6.5% - 7% :

Fair Control

7.0% - 8% : Unsatisfactory Control

>8% : Poor Control



Nitin Kumar
Dr. NITIN KUMAR DUMEER
M.B.B.S. M.D. (Path)
Reg No. 30700
Pathologist's name & Address
Qualification:
LIC Code No. :

Axia Health Assist private limited
Plot no 09, NitiKhand -3 indirapuram, GHAZIABAD
880012732. 0120 - 4267281



ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report I

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE / TIME 13/09/2024 09:33 AM

Proposal No. 1862

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: AMAN KUMAR PRAJAPATI

Age/Sex :29 /M

1. Physical Examination

(i) Colour : YELLOW
(iii) Transparency : CLEAR(ii) Sediment: NIL
(iv) Reaction :ACIDIC

2. Chemical Examination

(i) Protein : NIL
(iii) Bile salt : NIL(ii) Sugar :NIL
(iv) Bile pigments :NIL

3. Microscopic Examination

(i) Red Blood Cells: NIL
(iii) Crystals : NIL
(v) Casts : NIL
(VII) Bacterias :NIL(ii) Epithelial Cells :01-02 /HPF
(iv) Pus Cells : 01-02 /HPF
(vi) Deposits : NIL

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.



Signature of the Pathologist

Pathologist's name & Address

Qualification :

LICI Code No. :



ANNEXURE II - 8

Axia Health Assist private limited

Plot no 09, NitiKhand 3indrapuram, GHAZIABAD

880012732. 0120 - 4267281



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GPS Map Camera

uttar pradesh, india, india
Q85M+P5PF 24 sector 24 near mother dery gautam budh nagar
Lat 28.758907°
Long 77.332971°
15/10/24 10:47 AM GMT +05:30

