

Dear Sir,

One of our client will be visiting your center for health checkups on 29th Oct'2024 & following health checkups are to be done for him so kindly have look at it & proceed accordingly.

Client Name : Lalit Kumar Verma (9868733021)

Proposal No: 2722

1. [CTMT Computerized Tread Mill Test]
2. [ECG at rest (tracing & report)]
3. [HbA1c]
4. [Haemogram]
5. [RUA Routine Urine Analysis]
6. [SBT-13 with Elisa Method HIV test]
7. [Urine Cotinine Test]
8. [Video Medical Examiners Report]

Regards,

Medsave TPA

NAVYA HOSPITAL
R2-13B, 2nd FLOOR,
NEW DELHI-110043

Date 25/11/2024

To
LIC of India
Branch Office

Proposal No 2722

Name of the Life to be assured Lalit Kumar Verma

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

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.

Kailash Nath Gupta
Dr. KAILASH NATH GUPTA
MS.DS, MD
FRCR, NO. 11331

Signature of the Pathologist/ 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.

Lalit Kumar Verma
(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	Eisa for HIV	14	ETG11 with Tracing
7	BDA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

- 16. Questionnaires: UCT
- 17. Others (Please Specify) _____

Remarks of ~~Medical Officer~~ _____
Authorized Signature.

NAVYA HOSPITAL
RE-13B, ANAPARTHA,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____

Proposal No. 2722

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

Full Name of Life to be assured: Lalit Kumar Verma

Age/Sex : 41/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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

NAVYA HOSPITAL
RZ-135, RAJGARH,
NEW DELHI-110043

Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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: _____ on the day of 05/11 2000

Signature of L.A.

Signature of the Cardiologist:

Name & Address

Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
160	67	120/80	87

(B) Cardiovascular System

..... NAD

.....

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Impv	10 mm	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	87 /min	T-wave	Normal
Ventricular Rate	87 /min	Q-Wave	Normal
Rhythm	Sinus		—
Additional findings, if any.	Normal		—

Conclusion:

TWT

Dated at Delhi on the day of 07/11/2004

K. K. Gupta
Dr. KAILASH NATH GUPTA
MBBS, MD

REG NO. 11381

Signature of the Cardiologist
Name & Address
Qualification
Code No.

NAVYA HOSPITAL
RZ-13B, JALPAGARH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 2772

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

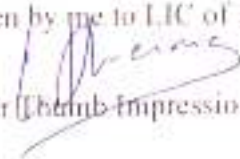
Full Name of Life to be assured: Lalit Kumar Kumar

Age/Sex: 41/MA

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.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? YES
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? YES
3. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? YES

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

Dated at 2nd on the day of 03/11 2007

Signature of L.A. _____

Signature of the Cardiologist 
 Name & Address: Dr. K. N. GUPTA
 Qualification: M.D. (C) 1973
 Code No. 1231

NAVYA HOSPITAL,
 R2-13B, PAFGARH,
 NEW DELHI-110043

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE / TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code:

Full Name of Life to be assured: MR. LALIT KUMAR VERMA Introduced by: (name & signature)

Age/ Sex: 41/M

- | | | |
|----------------------------|---------------------------|-----------------------------------|
| 1. Physical Examination | (i) Colour :YELLOW | (ii) Sediment :NIL |
| | (iii) Transparency :CLEAR | (iv) Reaction :ACIDIC |
| 2. Chemical Examination | (i) Protein :NIL | (ii) Sugar :NIL |
| | (iii) Bile salt :NIL | (iv) Bile pigments :NIL |
| 3. Microscopic Examination | (i) Red Blood Cells :NIL | (ii) Epithelial Cells :00-01 /HPF |
| | (iii) Crystals :NIL | (iv) Pus Cells :01-02 /HPF |
| | (v) Casts :NIL | (vi) Deposits :NIL |
| | (VII) Bacterias :NIL | |

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG NO - 8941
1988-09-09
MBBS, MD PATH
DR. SAKSHI VIRMANI

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 Office.

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming, Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE AG DIAGNOSTICS
Signature of the Pathologist

Address: Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043
☎ 8700101773, 7903658279

Zone Division Branch DATE / TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code:

Full Name of Life to be assured: MR. LALIT KUMAR VERMA Introduced by: (name & signature)

Age/ Sex: 41/M

Complete Blood Count (CBC)+ESR

Specimen: Whole Blood EDTA

Haemoglobin (Hb) Colorimetric SLS	13.3	g/dL	13.0-17.0
TOTAL LEUKOCYTE COUNT (TLC) Flow Cytometry	8400	th/cumm	4.0-10.0
Differential Cell Count			
Neutrophils Flow cytometry / Microscopy	65	%	40-80
Lymphocytes Flow cytometry / Microscopy	30	%	20-40
Eosinophil Flow cytometry / Microscopy	3	%	1-6
Monocytes Flow cytometry / Microscopy	2	%	2-10
Basophils Flow cytometry / Microscopy	0	%	0-1
RBC Count Impedance	4.4	millions/cmm	4.5-5.5
Haematocrit (HCT) Calculated	39.9	%	40-50
MCV Calculated	90.1	fl	83-101
MCHC Calculated	32.4	g/dl	31.5-34.5
Platelet Count (PLT) Impedance / Microscopy	193	thou/ μ L	150-410
Mean Platelet Volume (MPV) Calculated	9.3	fl	7.4-10.4
RDW-CV Calculated	12.6	%	11.6-14.0
RDW-SD Calculated	44.2	fl	35.0-56.0
Erythrocyte Sedimentation Rate (ESR) Modified Westergren method	13	mm/hr	0-20

NAVYA HOSPITAL
 RZ-138, MAJAFGARH,
 NEW DELHI-110043

Dr. SAKSHI VIRMANI
 Signature of the Pathologist
 REG. NO. - 8941
 Pathologist's name & Address

Disclaimer: There are chances for human error during printing. If results are unexpected or unexpected or contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE A Plus DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Majafgarh, New Delhi-110043
 ☎ 8700101773-790358279

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

Form No. LIC03 - 011

ELISA FOR HIV

Zone: _____ Division: _____ Branch: _____ DATE/TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code: _____

Introduced by: (name & signature)

Full Name of Life to be assured: MR LALITA KUMAR VERMA

Age/Sex : /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
	HIGH 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	0.0-0.2 MG/DL
	(B) INDIRECT	0.60	0.2-0.8 GM/DL
8	(C) TOTAL	0.92	0.2-1.0 MG/DL
	8	SGOT (AST)	39.3
9	SGPT (ALT)	33.5	00-40IU/DL
10	GGTP (GGT)	44.9	11-50IU/DL
11	S. ALKALINE PHOSPHATASE	101.3	15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)	NEGATIVE	NEGATIVE
13	ELISA FOR HIV	NEGATIVE	NEGATIVE

NAVYA HOSPITAL
RZ-138, RAJGARH,
NEW DELHI-110043

Dr. SAKSHI KIRMANI
MBBS, MD PATH
REG NO. 8941

SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS - ALIFICATION

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE A Plus DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Rajgarh, New Delhi-110043

☎ : 8700101773, 7903658279

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA

Proposal No. 2722

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR LALITA KUMAR VERMA

Age Sex : 41/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 5% - 7% :

Fair Control

7.0% - 8% : Unsatisfactory Control

>8% Poor Control

Dr. SAKSHI YIRMANI
MBBS, MD PATH
REG. NO. - 8841


Pathologist's name & Address

Qualification:

LIC Code No. :

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

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CARE  **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043
☎ : 8700101773, 7903658279

Zone Division Branch DATE / TIME 05/11/2024 11:50 AM

Proposal No. 2722

Agent/D.O. Code:

Full Name of Life to be assured: MR LALIT KUMAR VERMA Introduced by: (name & signature)

Age/Sex : 41/M

URINE EXAMINATION REPORT

TEST	RESULT	UNIT	REF VALUE
------	--------	------	-----------

CHEMICAL EXAMINATION

URINE FOR COTININE TEST : NEGATIVE

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG. NO. - 8941

Signature of the Pathologist


Pathologist's name & Address

Qualification :

LICI Code No. :

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE  **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-13B, New Roshanpura, Najafgarh, New Delhi-110043

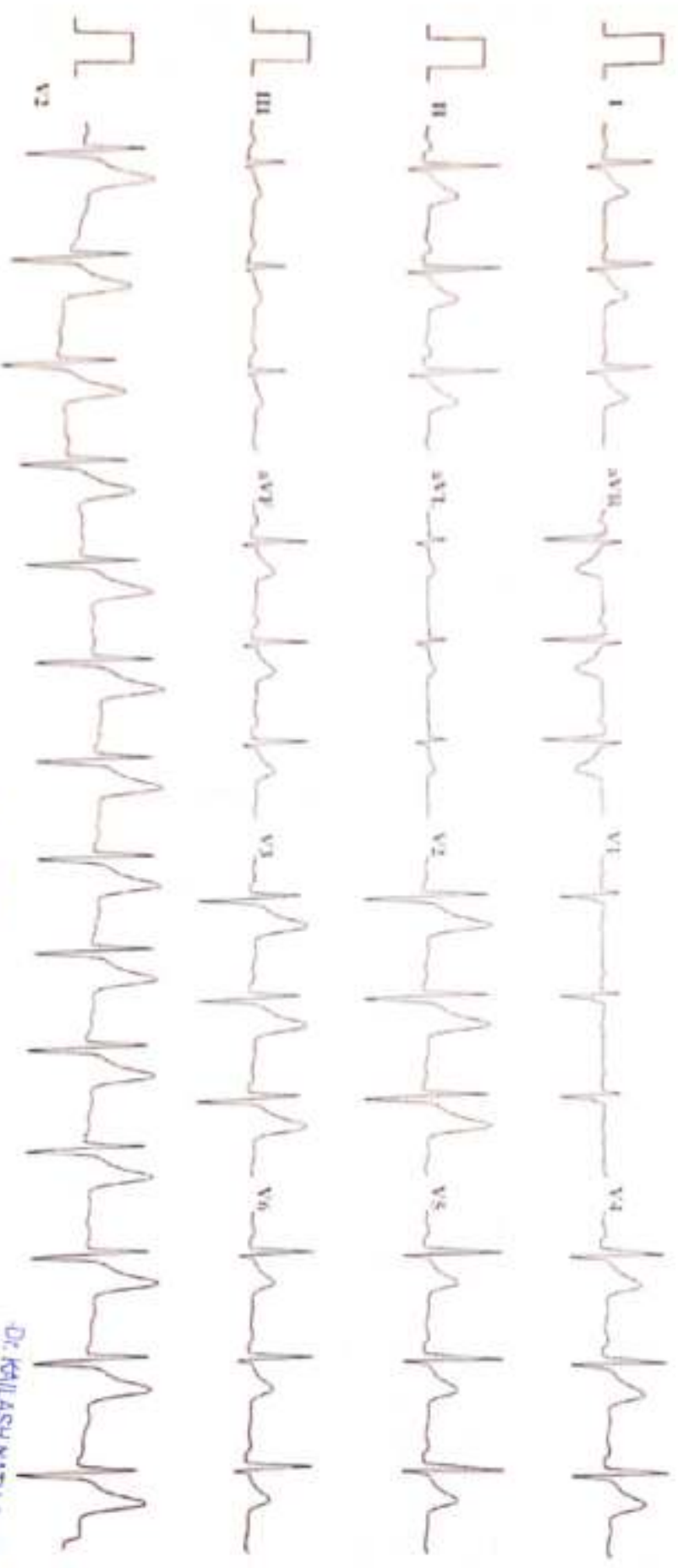
☎ 8700101773, 7903658219

NAVYA HOSPITAL

MR. KATHIRAJAN
 ID : 2123
 ADDRESS :
 HEIGHT :
 DATE : 21/12/2024 11:01:11 AM
 REF BY : DLR/DR. BHASKAR
 MACHINE INTERPRETATION : Standard ECG

ECG
 HR : 75 bpm
 PR Interval : 162 ms
 QRS Duration : 88 ms
 QT Interval : 329 ms
 QTc Interval : 364 ms

Linked Median
 Speed : 25 mm/s
 Sensitivity : 10 mm/mV



NAVYA HOSPITAL
 NAVYA KATHIRAJAN,
 PG-130, NARAYAN,
 NEW DELHI-110043

Dr. KAILASH KATHIRAJAN
 MBBS, MD
 REG. NO. 11391

I.D. 2123
 Age 41/M
 Date 08-11-2004

RATE 110bpm
 R.P. 121/75

DIRECT
 RECOVERY
 TOTAL TIME 15:11
 FINISH TIME 9:55

25 @ 10mm/mV
 50ms PAPER

LINKED MEDIAN

Mag. X 2

V1



NAVYA HOSPITAL
 102-138, NAGGARH,
 NEW DELHI 110063

1 (A) 17 RELEASE VERSION

F.D. 2125
Age 41/78
Date 08-11-2024

R/RATE 112bpm
R.D.F. 121/75

PERIOD RECOVERY
TOTAL TIME 14:57
PULSE TIME 5:44

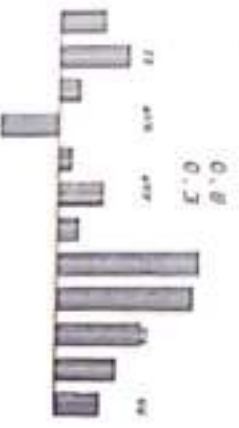
ST 0 10mm/mV
80mm PAPER

NAVYA HOSPITAL

LINKED MEDIAN

Mag. X 2

V1



Number of electrodes: 12 (Standard 12-lead). Date: 08/11/2024. Time: 14:57. Patient: 121/75. Age: 41/78. Sex: M. Weight: 75 kg. Height: 175 cm. Blood Pressure: 121/75 mmHg. Heart Rate: 112 bpm. Rhythm: Sinus. Interpretation: Normal ECG.

NAVYA HOSPITAL

I.D. 2125
 Age 41/M
 Date 09-11-2024

Rate 116bpm
 D.F. 136/81

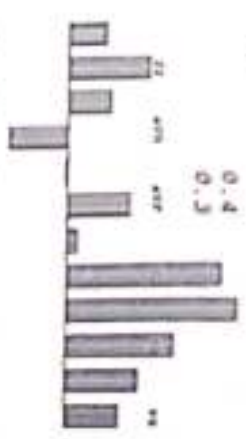
Drugs
 RECEIPT
 TOTAL TIME 13:29
 PRINTE TIME 4:13

ST 8 10mm/5V
 8MM PAPER

LINKED MEDIAN

Mag. X 2

V1



1-28-84 21:28
Age 41 yrs
Case 07-13-2024

DATE 12/28/84
B.P. 144/84

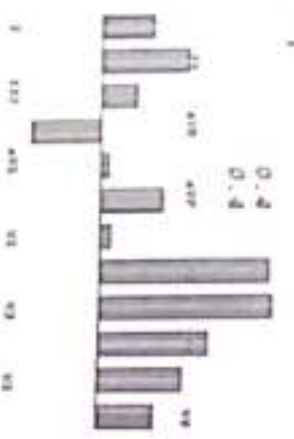
RECORD RECEIVED
TOTAL TIME 12:11
PHASE TIME 2:55

ST 0 10mm/1V
RDS Post

LINKED MEDIAN

Mag. X 2

V1



I. D. 2129
 Age 41 yrs
 Date 05-11-2004

RATE 100bpm
 R.P. 154/88

NAVYA HOSPITAL

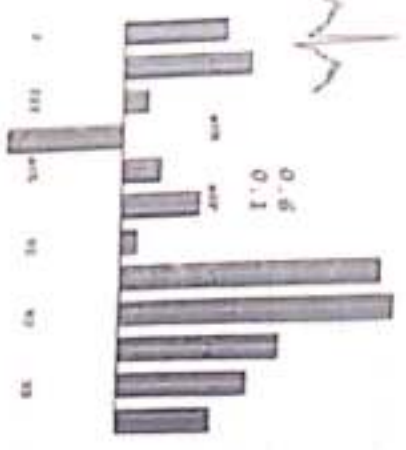
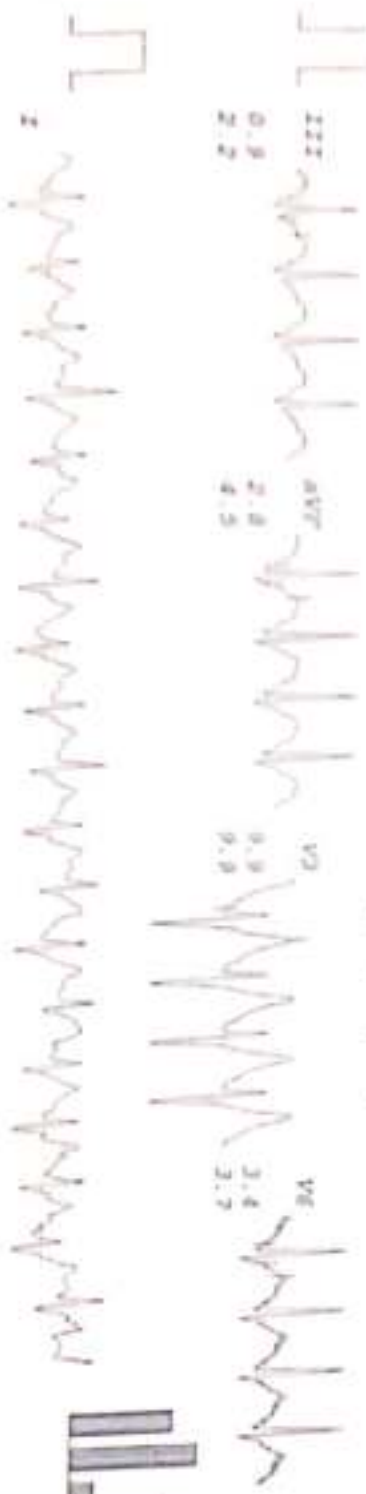
PR-EXERCISE
 TOTAL TIME 9:04
 PULSE TIME 0:06

Rest PostEx
 Speed 6.7 km/hr
 Slope 16 %

LINKED MEDIUM

Mag. X 2

V1



Patient Name: [illegible]
Age: 45 yrs
Date: 03-12-2024

Rate: 102bpm
R-R: 141-82

PR: 160ms
QT: 340ms
QTc: 38ms

ST-T: [illegible]
QTc: 38ms
QTd: 38ms

LINKED MEDIUM

Page: 1/1

VI



Patient Name:
 F. O. 21276
 Age: 41 / M
 Date: 28-11-2024

PAPER: 125mm
 R.P.: 125/84

NAVYA HOSPITAL

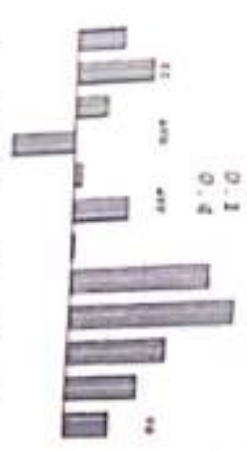
STAND: I
 TOTAL TIME: 2:55
 PAPER TIME: 2:55

Other Factors:
 Speed: 2.7 km/hr
 Slope: 10 %

LINKED MEDIAN

Mag. X 2

V1



Navya Hospital, Guntur, Andhra Pradesh

Navya Hospital, Guntur, Andhra Pradesh. Contact: 9849111111, 9849111111. Website: www.navya.com, 1000 1000 1000

I.D. 2122
 Age 41/M
 Date 08-12-2004

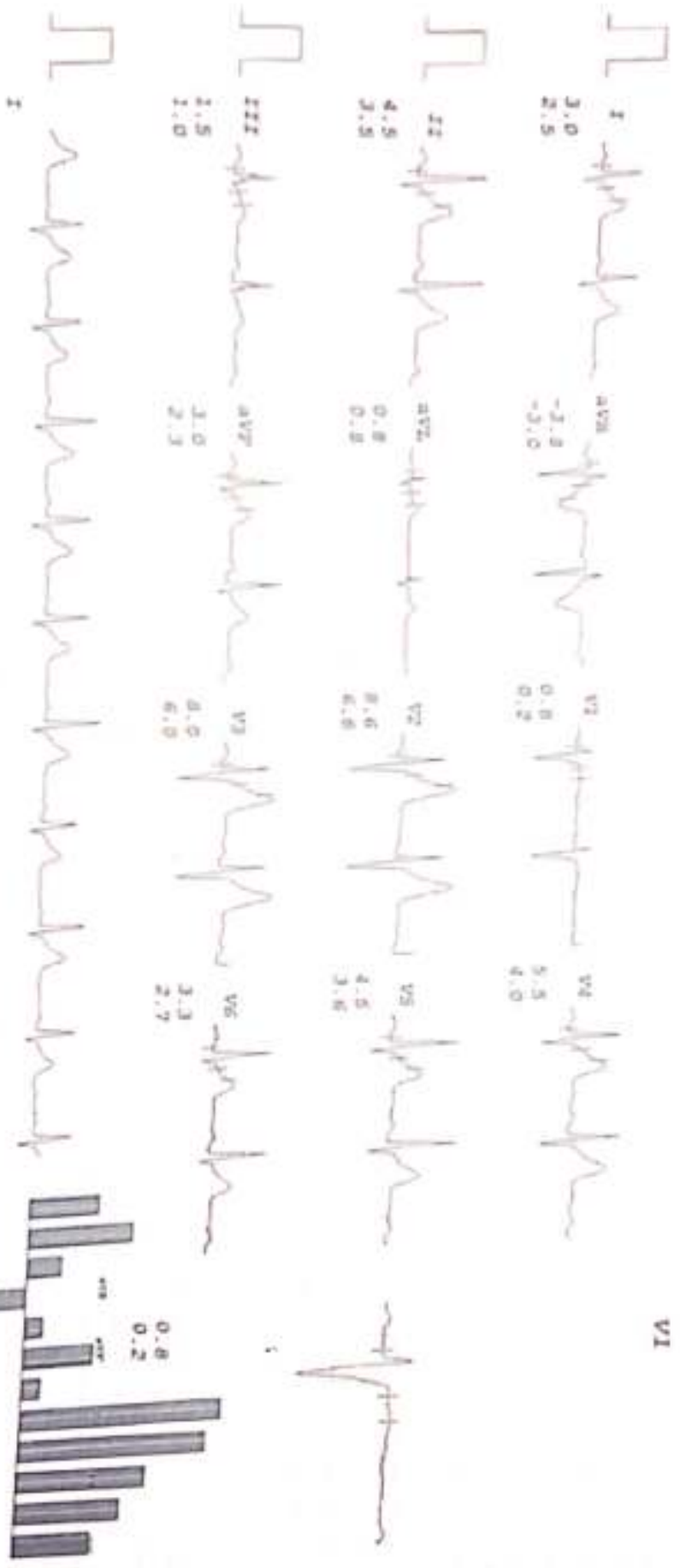
PATIENT
 NAME PCHM
 R.P. 128/75

PHYSICIAN
 HYPERTENSIVE
 ST 9 10am/AM
 BCMS POSTY

PHASE TIME 0:20

LINKED MEDIAN

Mag. X 2



I. O. 0123
Age 41/78
Date 05-13-2024

DATE 05/13/24
H P 127/74

STANDARD

8mm Paper

LINKED MEDIAN

Mag. x 2

III



भारत सरकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



ललित कुमार वर्मा
Lalit Kumar Verma
जन्म तिथि/DOB: 01/11/1982
पुरुष/ MALE

पता:
श्री/ श्रीमती प्रियंका सिंह वर्मा, ह.नं. 20, राजेंद्र पार्क एक्सटेंशन,
नंगलोई, वेस्ट दिल्ली,
दिल्ली - 110041

Address:
S/O PRITHVI SINGH VERMA, H.NO. 20,
RAJENDRA PARK EXTENSION, Nangloi, West
Delhi,
Delhi - 110041



4245 7731 0807

VID : 9117 6907 4436 5701

मेरा आधार, मेरी पहचान

4245 7731 0807

VID : 9117 6907 4436 5701



1907

Help@uidai.gov.in



www.uidai.gov.in

NAVYA HOSPITAL
RZ-13B, NEJARGAHI,
NEW DELHI-110043

Dr. KAVYASH NATH
MBBS, MD
REG. NO. - 11391

86

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COMPUTERISED TREADMILL TEST

- (a) Pre-test: Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II) 3 minutes each
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE					97	124/76	120
	SITTING					92	127/74	116
	STANDING						125/75	112
	HYPERVENTILATION					90	138/84	191
	WARM UP					139		
EXERCISE	STAGE 1	2:55	2.70	10.0	4.64	142	145/91	205
	STAGE 2	5:55	4.00	12.0	7.04	178	154/98	274
	STAGE 3	8:55	5.40	14.0	09.92	180	154/98	277
	STAGE 4		6.70	16.0	10.13	120	144/98	172
	PEAK EXERCISE	9:6			10.87	116	134/81	155
RECOVERY	RECOVERY	12:11	0.00	0.00	0.00	110	121/75	133
	RECOVERY	13:29	0.00	0.00	0.00	110	121/75	133
	RECOVERY	14:57				110		

The protocol used - BRUCE

Total Exercise Time - 9.6

Maximum Blood Pressure - 154/98

Maximum Workload - 10.13 METS

Maximum heart rate - 181 bpm Maximum predicted heart rate 88%


Reason for termination - achieved MHR

Comments:

Si

Name & Address

Qualification Code No.


 Dr. KAISH NATH GUPTA
 MBBS, MD
 REG. NO. - 11391

NAVYA HOSPITAL
 RZ-13B, RAJAPGARH,
 NEW DELHI-110043

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the tracings)


 NAVYA HOSPITAL
 RZ-13B, RAJAPGARH,
 NEW DELHI-110043




Google

Najafgarh, Delhi Division, Delhi
05/11/2024, 11:49