

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 5248

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

Full Name of Life to be assured: PREM CHAND

Age/Sex : 36 y/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

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 at DELHI on the day of 05/10/2023 2023

Signature of L.A.

[Handwritten Signature]

Signature of the Cardiologist
Name & Address
Qualification Code No.

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
177	87.1	124/76	74/min

(B) Cardiovascular System

.....

Rest ECG Report:

Position	Supine	P Wave	Ⓟ
Standardisation Inv	✓	PR Interval	Ⓟ
Mechanism	Ⓟ	QRS Complexes	Ⓟ
Voltage	Ⓟ	Q-T Duration	Ⓟ
Electrical Axis	Ⓟ	S-T Segment	Ⓟ
Auricular Rate	74/min	T-wave	Ⓟ
Ventricular Rate	74/min	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any	MI		

Conclusion: ECG - WM

Dated at ^{DELHI} on the day of 05/10/2024 200

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. RAINA KHAN
 MBBS, MRD
 Reg. No. 29508



IRINE DIAGNOSTIC

ST @ 10mm/mV
80ms PostJ

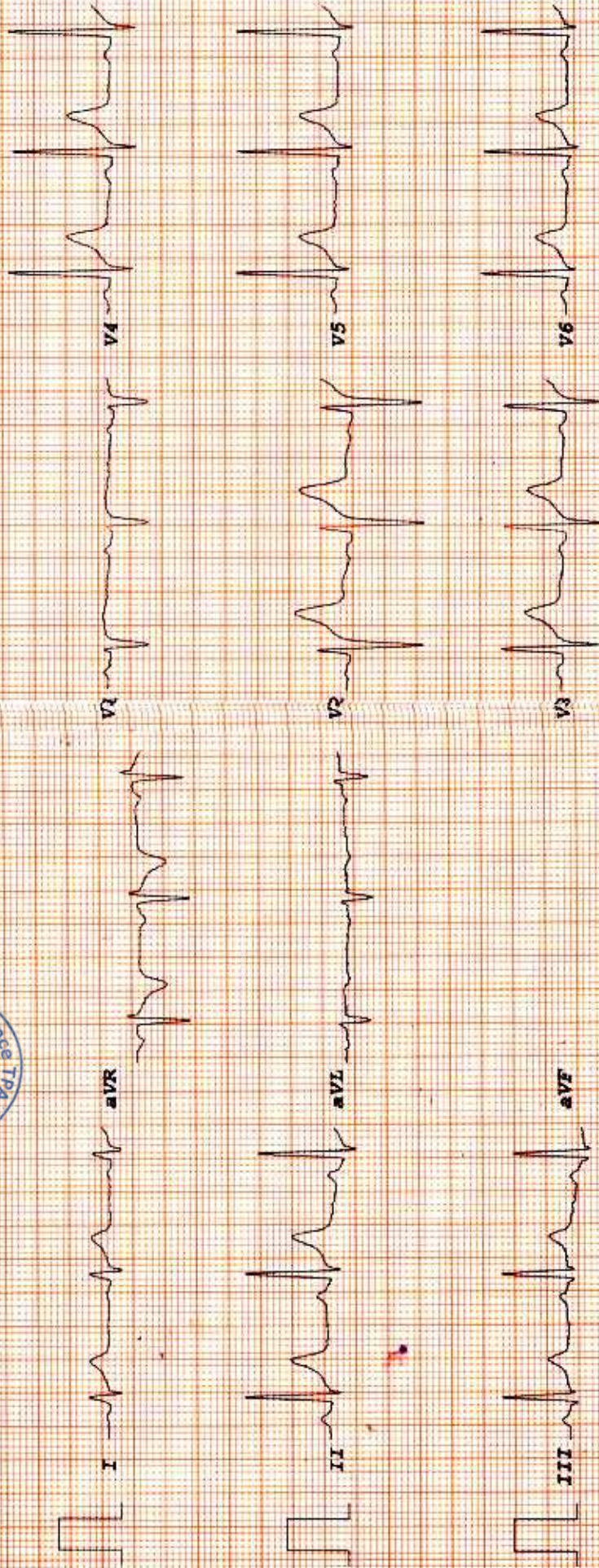
RAW ECG

PRETEST

ECG

PREM CHAND
I.D. irin05102024
Age 36/M
Date 05/10/2024

RATE 77bpm
B.P. 120/80



ECG - Within normal limit



Dr. RAJNA KHAN
Reg. No. 25508
MBBS, DMRD

Date: 05/10/2024

To,
LIC of India
Branch Office

Proposal No. 5248

Name of the Life to be assured PREM CHAND

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.

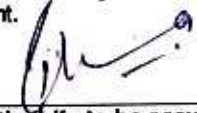
Signature of the Pathologist/ Doctor

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508



Name: _____

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


(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: UCT
17. Others (Please Specify) _____

Remarks of Med Insp TPA Services PVT LTD
Authorized Signature,





MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code:
Proposal/ Policy No: 5248
MSP name/code :
Date & Time of Examination:
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured:
Identity Proof verified: VID ID Proof No. 3213
(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1	Full name of the life to be assured:	<u>PREM CHAND</u>	
2	Date of Birth:	Age:	Gender:
	<u>03/04/1988</u>	<u>36 Yr</u>	<u>M</u>
3	Height (In cms):	Weight (in kgs):	
	<u>177</u>	<u>83.1</u>	
4	Required only in case of Physical MER		
	Pulse :	Blood Pressure (2 readings):	
	<u>74/m</u>	1. Systolic <u>124</u>	Diastolic <u>78</u>
		2. Systolic <u>124</u>	Diastolic <u>78</u>

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5	<p>a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>c. Whether visited the doctor any time in the last 5 years ?</p> <p>If answer to any of the questions 5(a) to (c)) is yes -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<p>No</p>
6	<p>In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or diagnostic tests?</p> <p>Please specify date , reason ,advised by whom & findings.</p>	<p>No</p>
7	<p>Suffering or ever suffered from Novel Coronavirus (Covid-19) or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.</p> <p>If yes provide all investigation and treatment reports</p>	<p>No</p>



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	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 (e.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.
ii	Suffering from any pregnancy related complications
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

NA

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

Declaration

You Mr/Ms _____ declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We 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.



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 05 day of 10 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: Delhi
Date:

05/10/2024

Signature of Medical Examiner
Name & Code No:
Stamp:

Dr. RAJAKHAN
MBBS, DMRD
Reg. No. 25508





GPS Map Camera
 New Delhi, Delhi, India
 DD-23, Block DD, Kalkaji, New Delhi, Delhi 110019, India
 Lat 28.544632°
 Long 77.258189°
 05/10/24 09:01 AM GMT +05:30



GPS Map Camera
 New Delhi, Delhi, India
 DD-23, Block DD, Kalkaji, New Delhi, Delhi 110019, India
 Lat 28.544651°
 Long 77.258172°
 05/10/24 09:21 AM GMT +05:30



GPS Map Camera
 New Delhi, Delhi, India
 DD-23, Block DD, Kalkaji, New Delhi, Delhi 110019, India
 Lat 28.544653°
 Long 77.258171°
 05/10/24 09:05 AM GMT +05:30



Dr. RAINA KHAN
 MBBS, DMRD
 Reg. No. 25508

irine diagnostic

healthpartner

S. No. : 05/OCT/05
Name : MR PREM CHAND AGE : 36Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 05-10-2024

H A E M A T O L O G Y


Test	Result	Units	Normal Range
Hemoglobin	14.5	gm%	12-16
Total Leucocytes Count (TLC)	8600	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	58	%	40-75
Lymphocytes	32	%	20-45
Eosinophils	04	%	01-06
Monocytes	06	%	02-10
Basophills	00	%	00-01
Erythrocyte Sedimentation Rate (ESR)	10	mm/1Hr	00-15
Red Blood Cell [RBC]	5.2	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	44.8	%	37-54
Mean Cell Value [MCV]	85.2	fl	76-96
Mean Cell Hemoglobin [MCH]	29.5	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	32.7	%	30-35
Platelet count	2.43	Lakhs	1.5-4.5

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019




DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

irine diagnostic

healthpartner

S. No. : 05/OCT/05
Name : MR PREM CHAND
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 36Years
SEX : MALE

B I O C H E M I S T R Y


Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	84	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.65	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.44	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.21	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.6	mg/dl.	(6.0-8.3)
ALBUMIN	4.5	mg/dl.	(3.5-5.0)
GLOBULIN	2.1	mg/dl.	(2.3-3.5)
A/G RATIO	2.14		(1.0-3.0)
S.G.O.T. (AST)	27	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	25	IU/L	(5.0-40.0)
GAMMA GT	20	U/L	(9-45)
ALKALINE PHOSPHATASE	125	U/L	(80-200)
URIC ACID	5.8	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	175	mg/dl.	(150-200)
HDL CHOLESTEROL	40	mg/dl.	(30-63)
S. TRIGLYCERIDES	125	mg/dl.	(60-160)
LDL	110	mg/dl.	(UPTO-150)
VLDL	38	mg/dl.	(23-45)
SERUM CREATININE	0.75	mg%	(0.6-1.2)
BUN	15	mg/dl	(02-18)



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DD-28 KALKAJI DELHI :- 110019


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

irine diagnostic

healthpartner

S. No. : 05/OCT/05
Name : MR PREM CHAND AGE : 36Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 05-10-2024

S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen (HbsAg)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"



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M.B.B.S.MD(Path) 64715
Consultant Pathologist

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DD-23 KALKAJI DELHI :- 110019

urine diagnostic

healthpartner

S. No. : 05/OCT/05
Name : MR PREM CHAND
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 36Years
SEX : MALE

H A E M A T O L O G Y

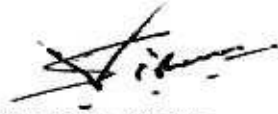
Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.1	%

INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin is a specific component of HbA1c and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the proceeding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.




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DD-23 KALKAJI DELHI :- 110019

irine diagnostic

healthpartner

S. No. : 05/OCT/05
Name : MR PREM CHAND
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 36Years
SEX : MALE

Cotinine


Test

Result

Cotinine

NEGATIVE




DR. SHILPI GUPTA
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DD-28 KALKAJI DELHI :- 110019

irine diagnostic

healthpartner

S. No. : 05/OCT/05
Name : MR PREM CHAND
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 36Years
SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.017

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-3/HPF
EPITHELIAL CELLS	2-4/HPF
RBC	NIL/HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL



DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019

ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

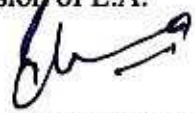
Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Proposal No. 5248
Agent/D.O. Code: _____ Introduced by: (name & signature) _____
Full Name of Life to be assured: PREM CHAND
Age/Sex: 36-16/M

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? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. 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 'Yes', submit all relevant papers with this form.

DELHI 05/10/2024
Dated at _____ on the day of _____ 200

Signature of L.A. 

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. RAINA KHAN

MBBS, DMRD

Reg. No. 25508



COMPUTERISED TREADMILL TEST

- (a) Pre-test : Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II)
 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							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 9:46

Maximum Blood Pressure - 146/90

Maximum Workload - 11.02

Maximum heart rate 169

Maximum predicted heart rate 184 %

Reason for termination -

Comments

NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. RAINA KHAN

MBBS, DMRD
Reg. No. 25508

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 stracings)

[Handwritten Signature]



IRINE DIAGNOSTIC

DD 23 KALKA JI DELHI 110092

TREADMILL TEST REPORT

PREM CHAND
 ID : irin05102024
 DATE : 05/10/2024
 AGE/SEX : 36 / M
 HT/WT : 0 / 0
 REF. BY : LIFE INSURANCE CO. LTD

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	N.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	VI	V5	
SUPINE		0:5			77	120 / 80	92	1.6	1	1.6	1.6
HYPERTENT					68	120 / 80	81	1.5	0.9	1.6	1.6
VALSALVA					68	120 / 80	81	1.4	1	1.6	1.6
STANDING					88	120 / 80	105	1.5	1.1	1.6	1.6
Stage 1	2:55	2:55	2.7	10	113	130 / 80	146	2	1	2	4.67
Stage 2	5:55	2:55	4	12	122	134 / 86	163	1.4	0.7	1.7	7.04
Stage 3	8:55	2:55	5.4	14	155	140 / 86	217	1.5	-0.2	1.5	9.92
PK-EXERCISE	9:46	0:46	6.7	16	169	146 / 90	246	1.7	0.5	1.6	11.02
RECOVERY	10:57	0:59			132	146 / 90	192	2.6	1	2.5	
RECOVERY	12:53	2:55			108	136 / 84	146	1.3	0.6	1.2	
RECOVERY	15:53	5:55			103	124 / 80	127	1.2	1	1	

RESULTS

EXERCISE DURATION : 9:46
 MAX HEART RATE : 169 bpm 91 % of target heart rate 184 bpm
 MAX BLOOD PRESSURE : 146 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR,

BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,

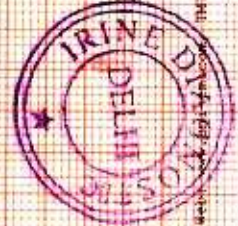
IMPRESSIONS

Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 11.02 METS



DR. RAINA KHAN
 M.D. (Gen. Med.)
 Reg. No. 125508



(Handwritten signature)

Technician :

IRINE DIAGNOSTIC

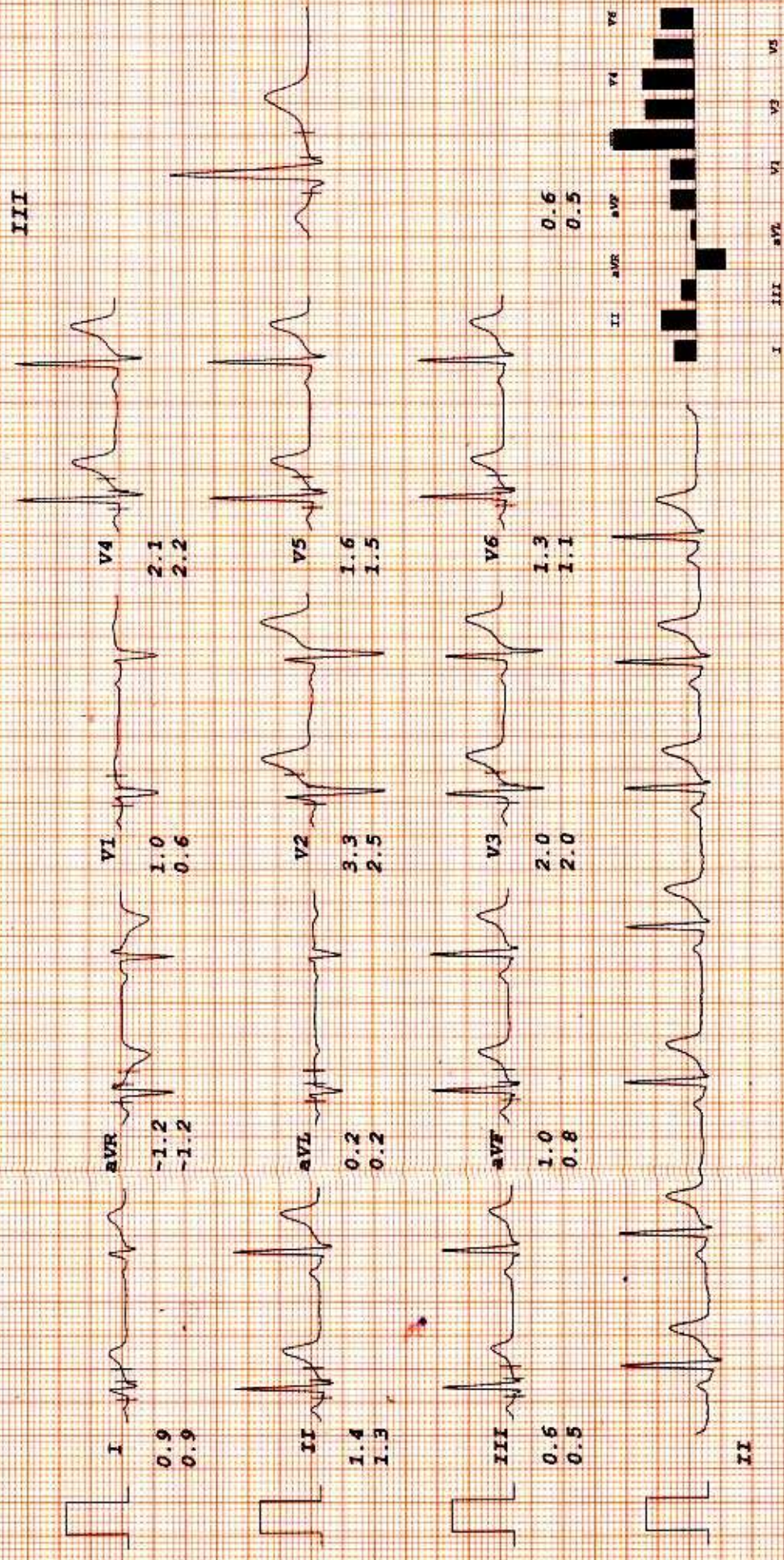
PREM CHAND
 I.D. irin05102024
 Age 36/M
 Date 05/10/2024

PRETEST
 VALSALVA
 RATE 68bpm
 B.P. 120/80

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



IRINE DIAGNOSTIC

PREM CHAND
I.D. irin05102024
Age 36/M
Date 05/10/2024

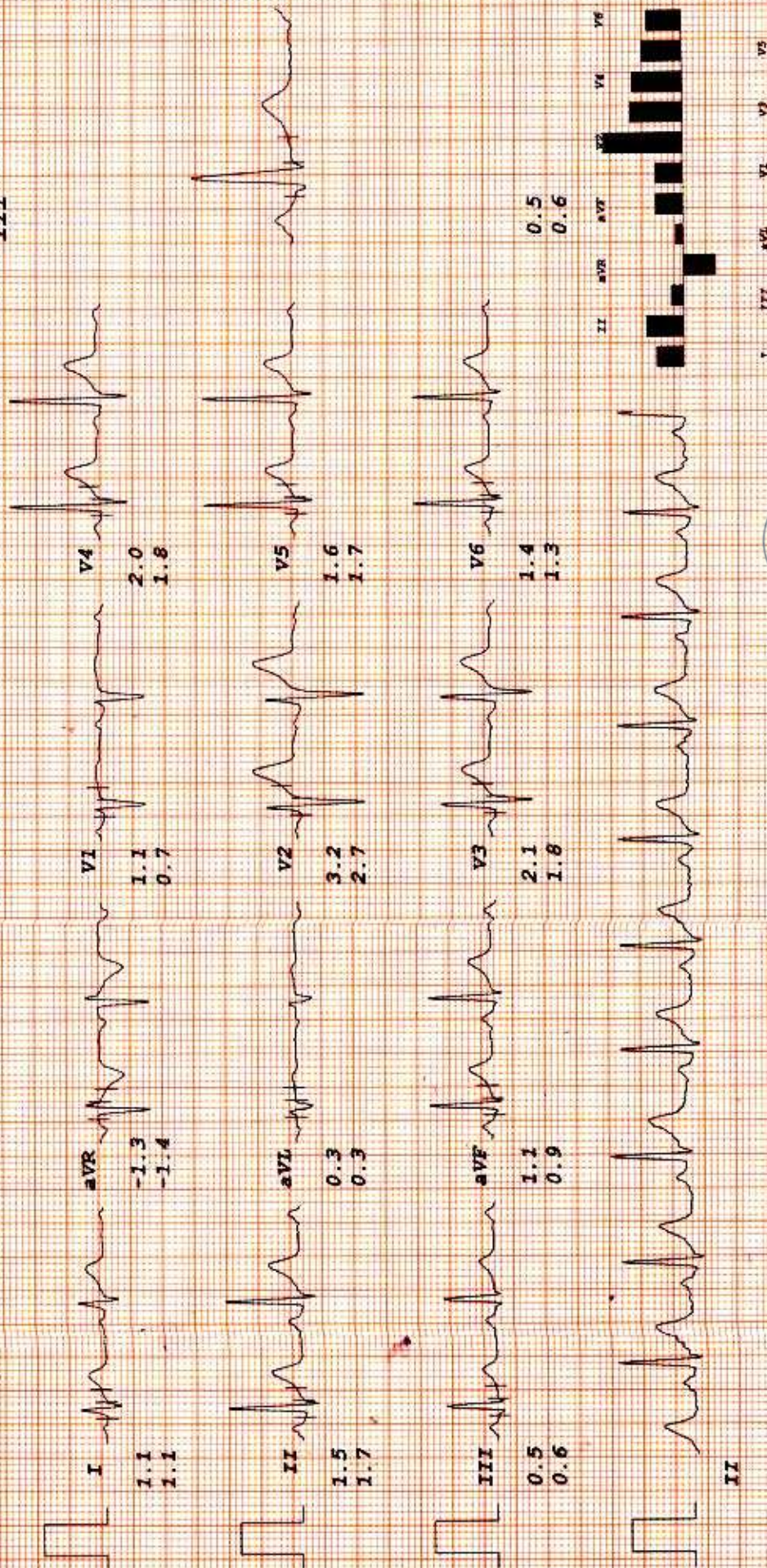
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



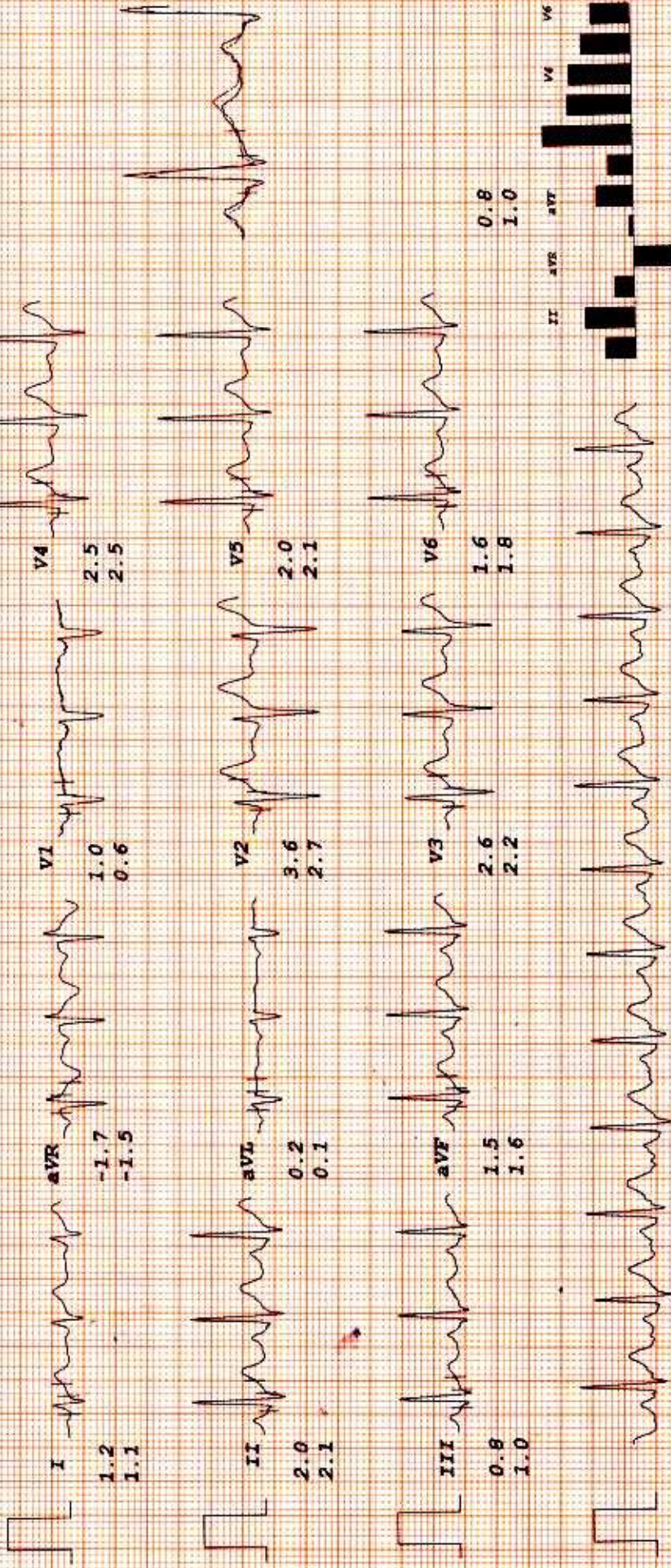
IRINE DIAGNOSTIC

PREM CHAND **Bruce** **ST @ 10mm/mV**
I.D. irin05102024 **Stage 1** **80ms PostJ**
Age 36/M **RATE 113bpm** **Speed 2.7 km/hr**
Date 05/10/2024 **B.P. 130/80** **SLOPE 10 %**
TOTAL TIME 2:55
PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

III



II

I III aVR aVL aVF V6 V5

IRINE DIAGNOSTIC

PREM CHAND
 I.D. irin05102024
 Age 36/M
 Date 05/10/2024

Rate 122bpm
 B.P. 134/86

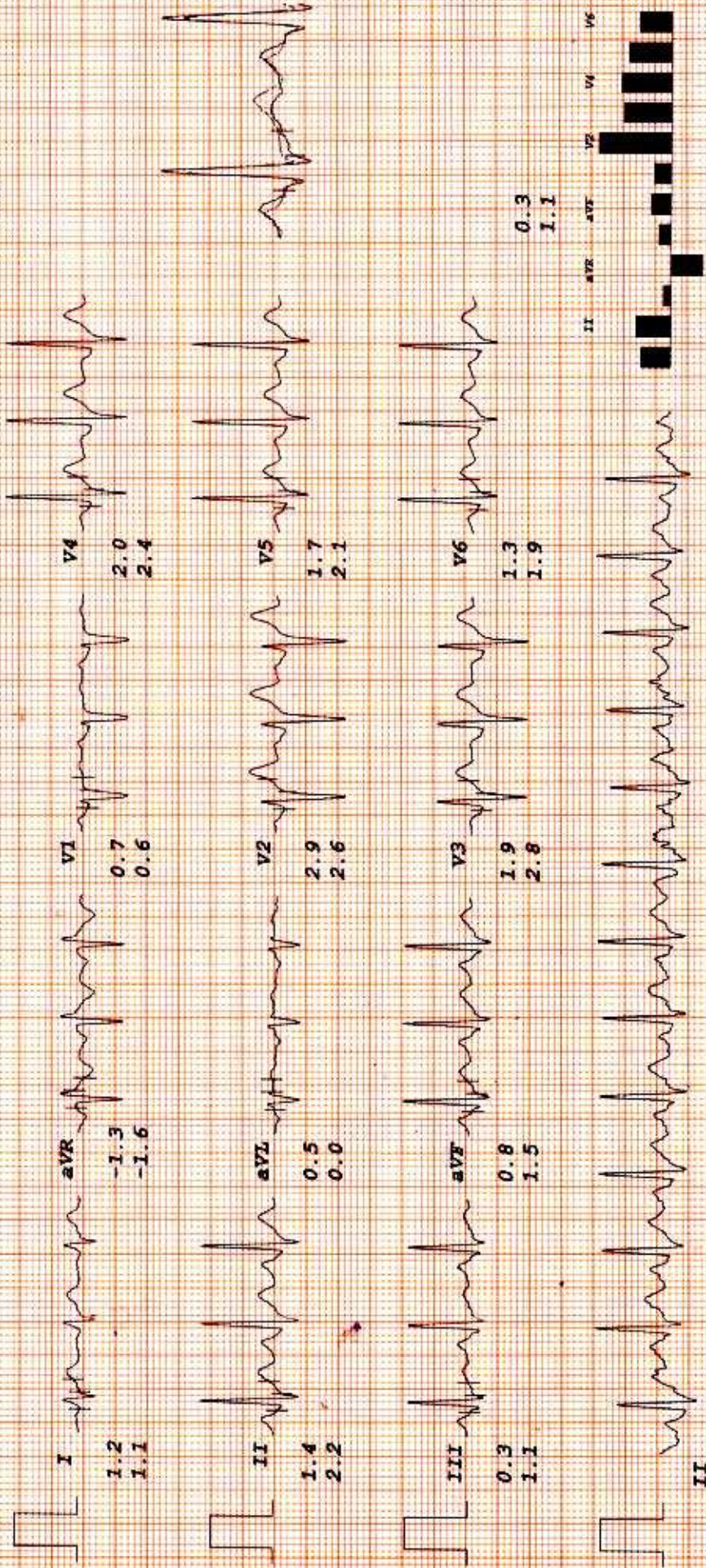
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

III



II III aVR aVL aVF V1 V2 V3 V4 V5 V6

IRINE DIAGNOSTIC

PREM CHAND
 I.D. irin05102024
 Age 36/M
 Date 05/10/2024

Rate 155bpm
 B.P. 140/86

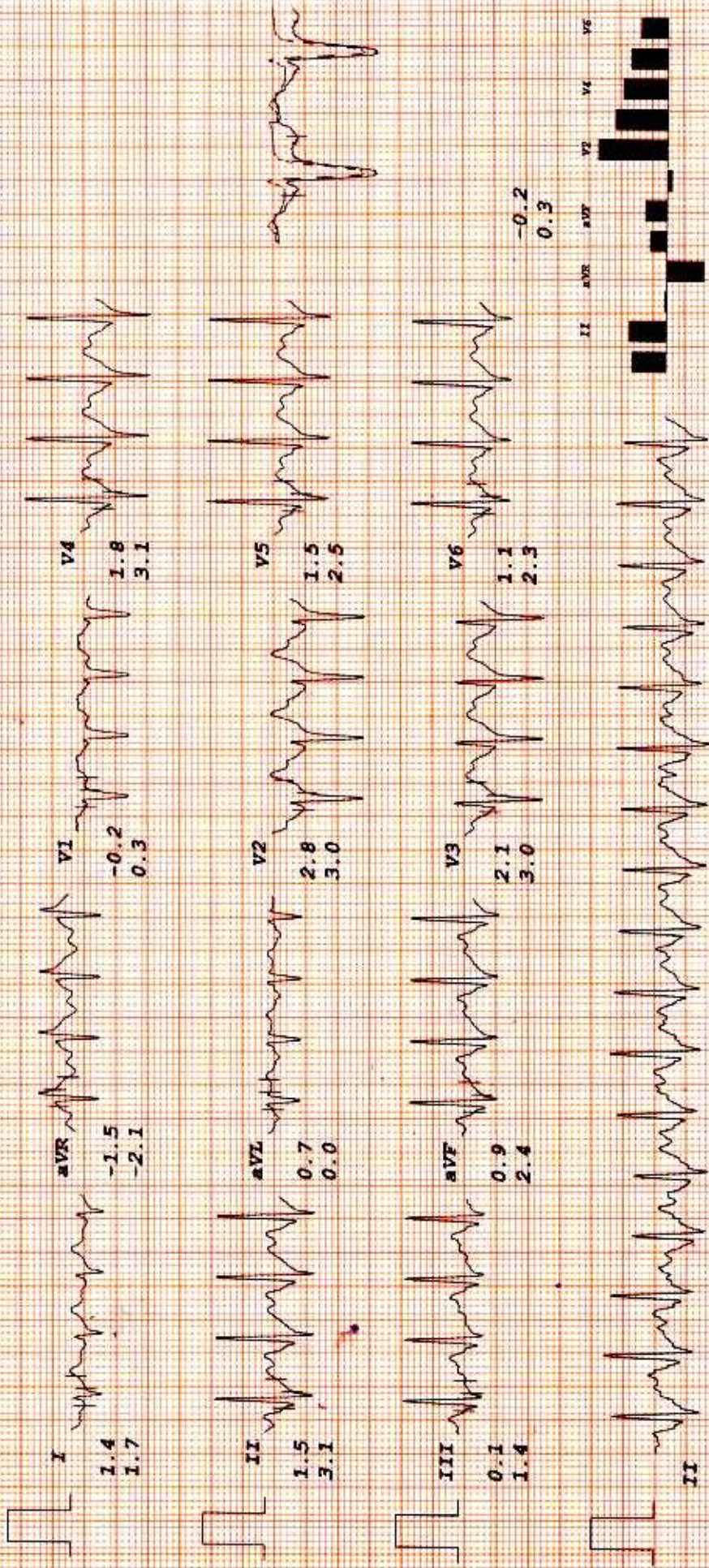
Bruce
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



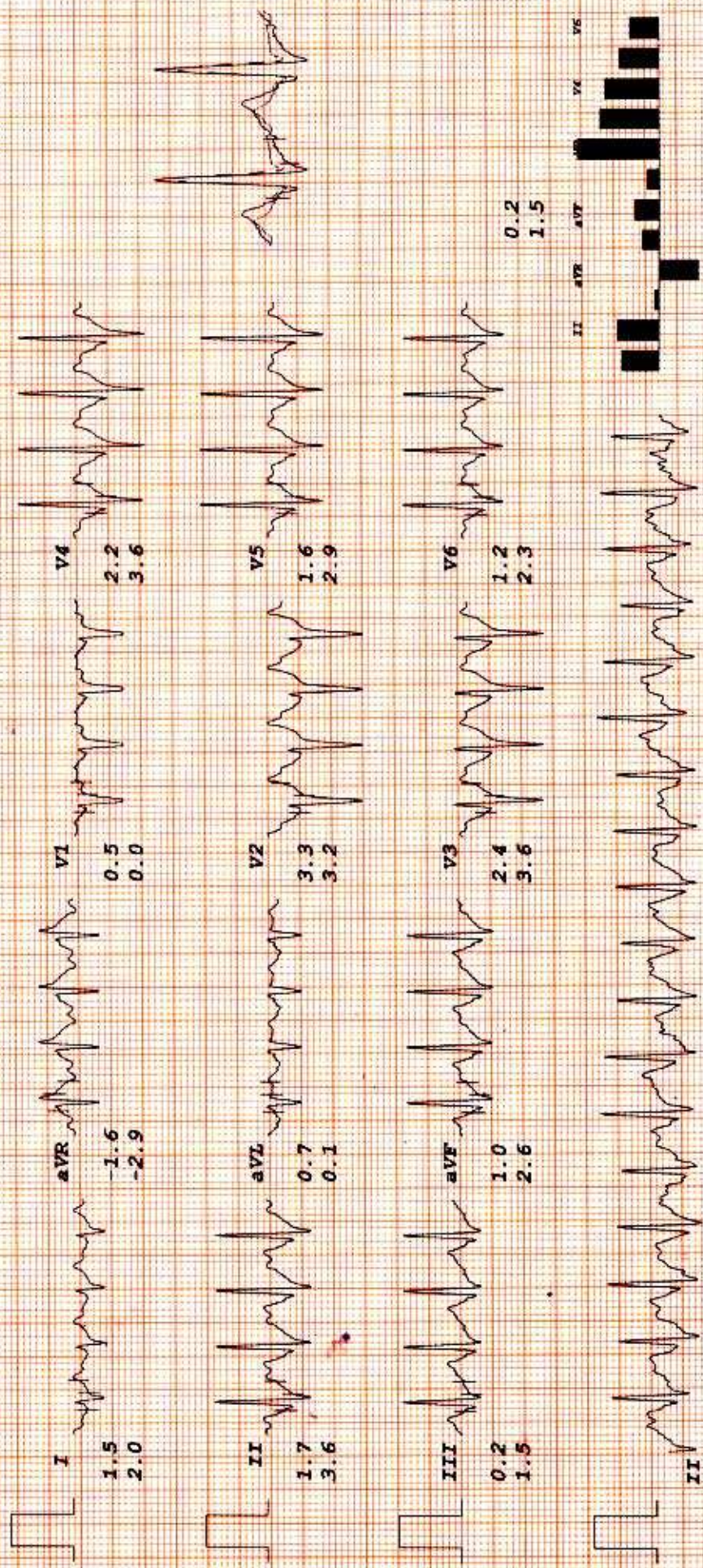
IRINE DIAGNOSTIC

PREM CHAND Bruce ST @ 10mm/mV
I.D. irin05102024 PK-EXERCISE 80ms PostJ
Age 36/M TOTAL TIME 9:46 Speed 6.7 km/hr
Date 05/10/2024 PHASE TIME 0:46 SLOPE 16 %

LINKED MEDIAN

Mag. X 2

III



I III aVR aVL aVF V1 V2 V3 V4 V5 V6

IRINE DIAGNOSTIC

PREM CHAND
 I.D. irin05102024
 Age 36/M
 Date 05/10/2024

RATE 132bpm
 B.P. 146/90

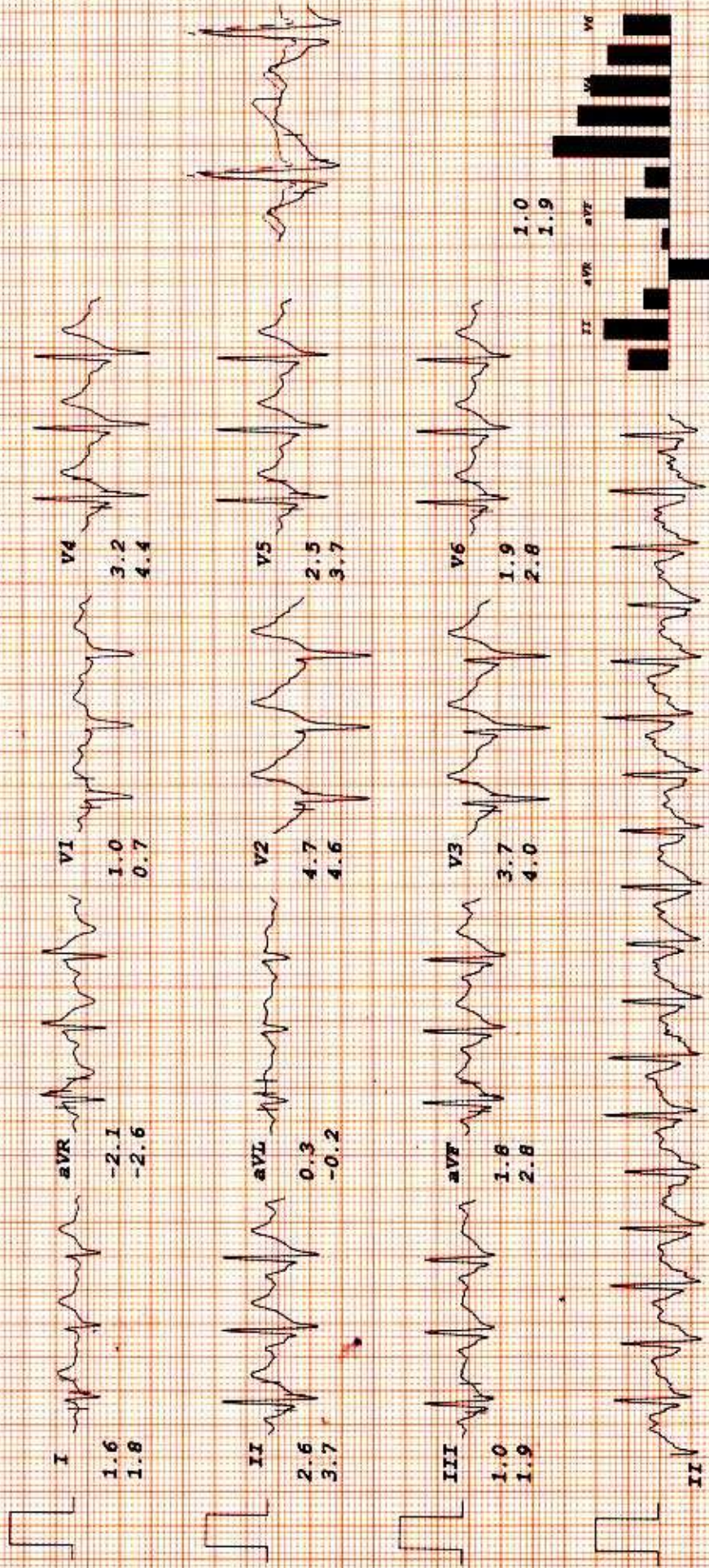
Bruce
 RECOVERY
 TOTAL TIME 10:57
 PHASE TIME 0:59

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



IRINE DIAGNOSTIC

PREM CHAND

I.D. irin05102024

Age 36/M

Date 05/10/2024

Bruce

RECOVERY

TOTAL TIME 12:53

PHASE TIME 2:55

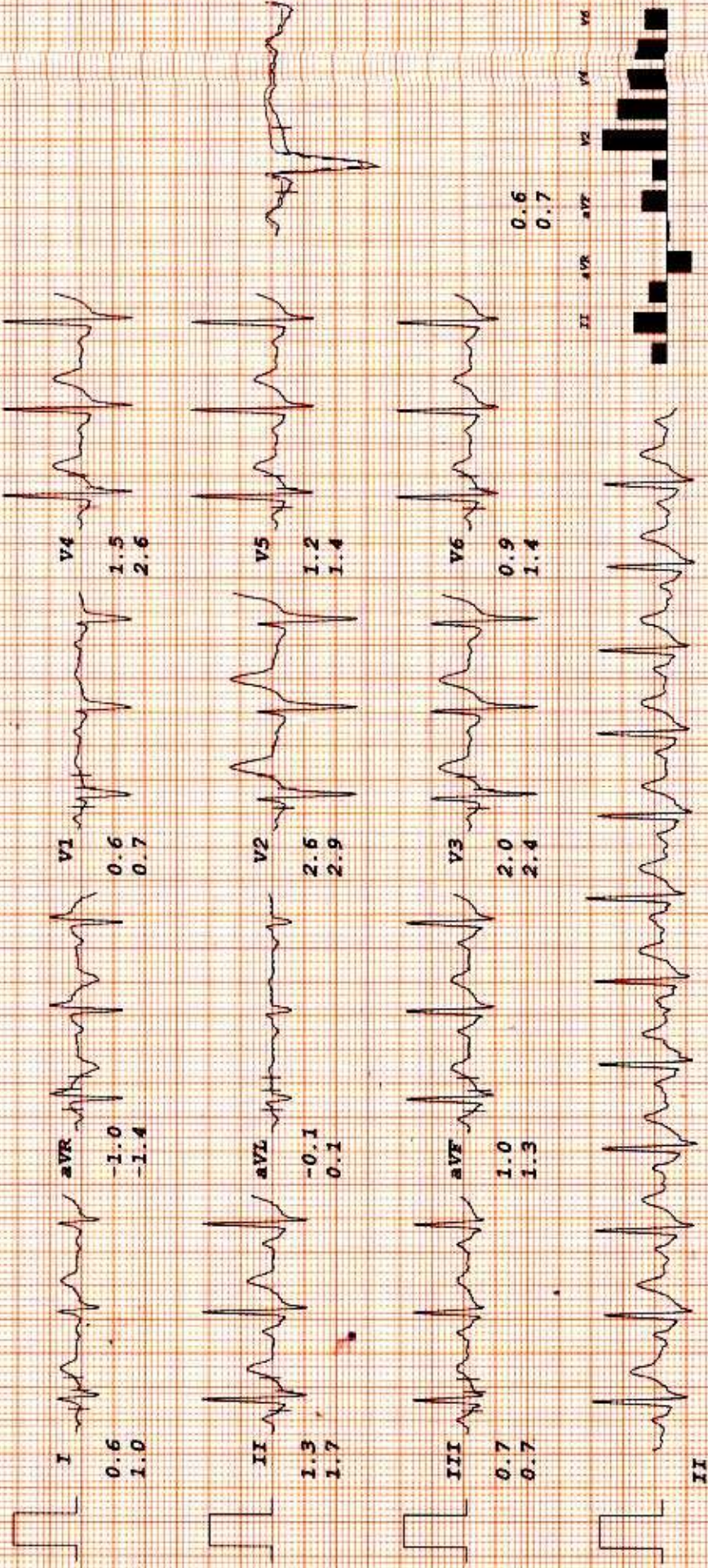
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



I III aVR aVL V1 V2 V3 V4 V5 V6

IRINE DIAGNOSTIC

PREM CHAND
I.D. irin05102024
Age 36/M
Date 05/10/2024

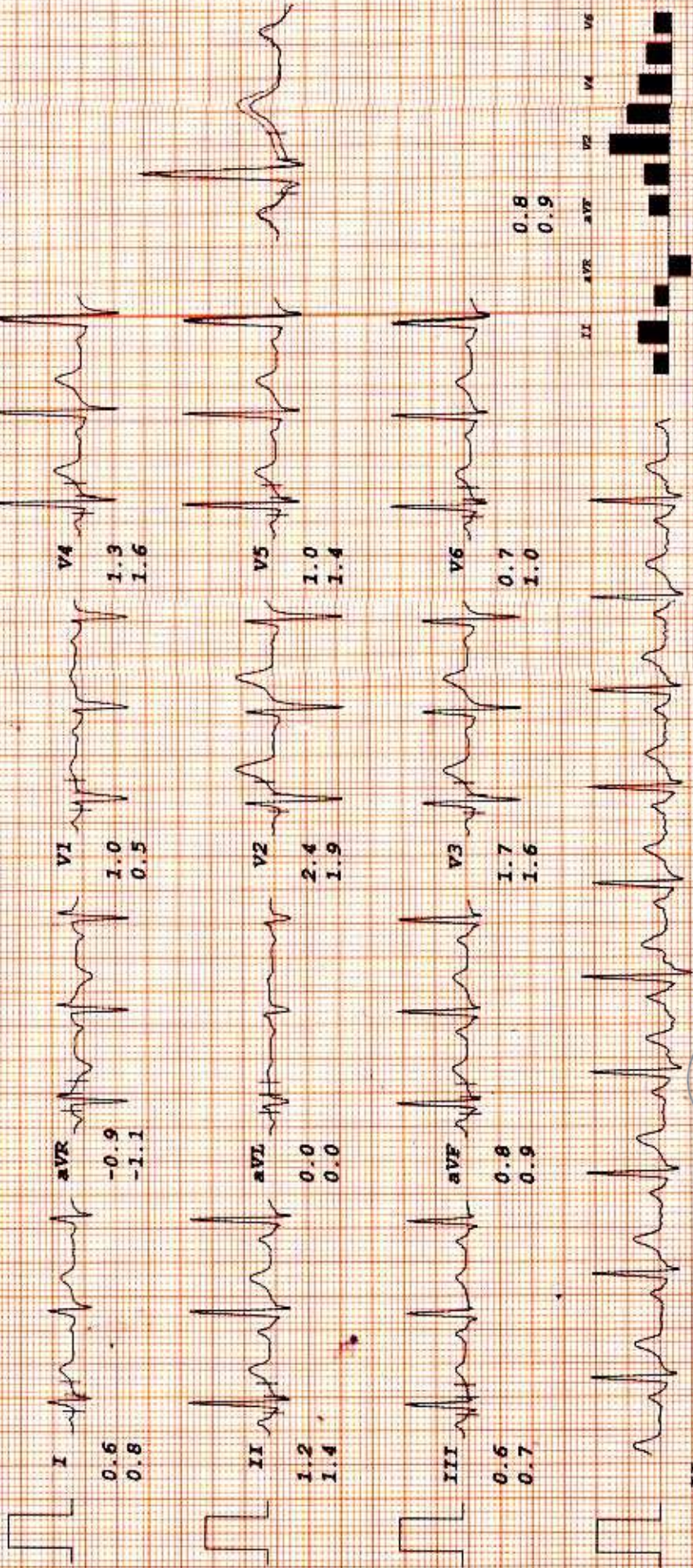
BRUCE
RECOVERY
TOTAL TIME 15:53
PHASE TIME 5:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

aVF



Irene Hospital

DD-23, Kalkaji Extension, New Delhi-110019

Tel.: 011-4992 2277

यहाँ पर प्रसव पूर्व लिंग (पैदा होने से पहले) की पहचान नहीं की जाती। यह बच्चे के लिंग के लिए पृष्ठना या मां के डीएनए की जांच अधिनियम के तहत एक

Here Pre-Natal Sex determination and disclosure of foetus is not done. It is prohibited by law before birth.

SEEKING / ASKING FOR THE SEX OF THE FETUS IS ALSO A PUNISHABLE OFFENCE UNDER THE PRE-NATAL DIAGNOSIC ACT.

In Case Of Any Complaint Contact : Dr. [Name]



 **GPS Map Camera**

New Delhi, Delhi, India

DD-23, Block DD, Kalkaji, New Delhi, Delhi 110019, India

Lat 28.544653°

Long 77.258171°

05/10/24 09:05 AM GMT +05:30



Google



भारत सरकार
GOVERNMENT OF INDIA



प्रेम चंद

Prem Chand

जन्म तिथि / DOB: 03/04/1988

पुरुष / MALE



[REDACTED] 7217

मेरा आधार, मेरी पहचान

GPS Map Camera

New Delhi, Delhi, India

DD-23, Block DD, Kalkaji, New Delhi, Delhi 110019, India

Lat 28.544632°

Long 77.258169°

05/10/24 09:01 AM GMT +05:30



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