

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 5604

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

Full Name of Life to be assured: RAJENDRA SINGH MEHTA

Age/Sex : 52+8/F

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 I-II and AVF shows deep Q or I 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 X
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N X
- Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N X

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

Dated at DELHI on the day of 15/11/2024 2023

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. RAJN KHAH
M.D.S. B.M.D.
Reg. No. 25508

Clinical findings
(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
172	74	124/76	80/4

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	Supine	P Wave	20
Standardisation Imp	20	PR Interval	20
Mechanism	20	QRS Complexes	20
Voltage	20	Q-T Duration	20
Electrical Axis	20	S-T Segment	20
Auricular Rate	80/4	T wave	20
Ventricular Rate	80/4	Q-Wave	20
Rhythm	Regular		
Additional findings, if any	ALL		



Conclusion: ECG - WNL

Dated at DELHI on the day of 15/11/2024 2024

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

Signature of the Cardiologist
Name & Address
Qualification
Code No.

IRINE DIAGNOSTIC

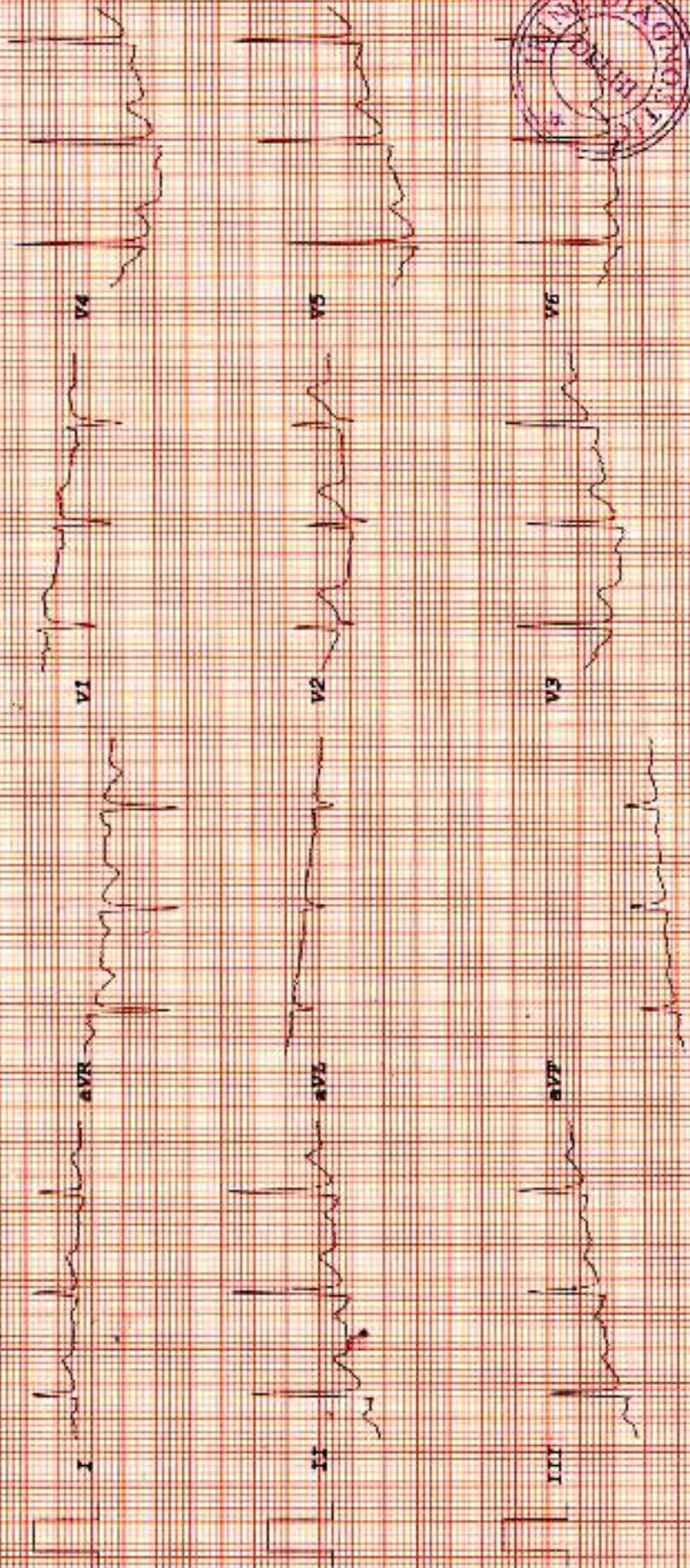
RAJENDRA SINGH NEGI
I.D. 1111001234
Age 52/M
Date 15/11/2024

RATE 92bpm
B.P. 124/90

PRETEST
ECG

ST @ 10mm/mV
80ms PostJ

RAW ECG



DR. RAJENDRA SINGH NEGI
Reg. No. 15508
N.A.

ECG within normal limit

To,
LIC of India
Branch Office

Date 15/11/2024

Proposal No. 5604

Name of the Life to be assured RAJENDRA SINGH NEGI

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

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

Signature of the Pathologist: Dr. Raina Khan

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:

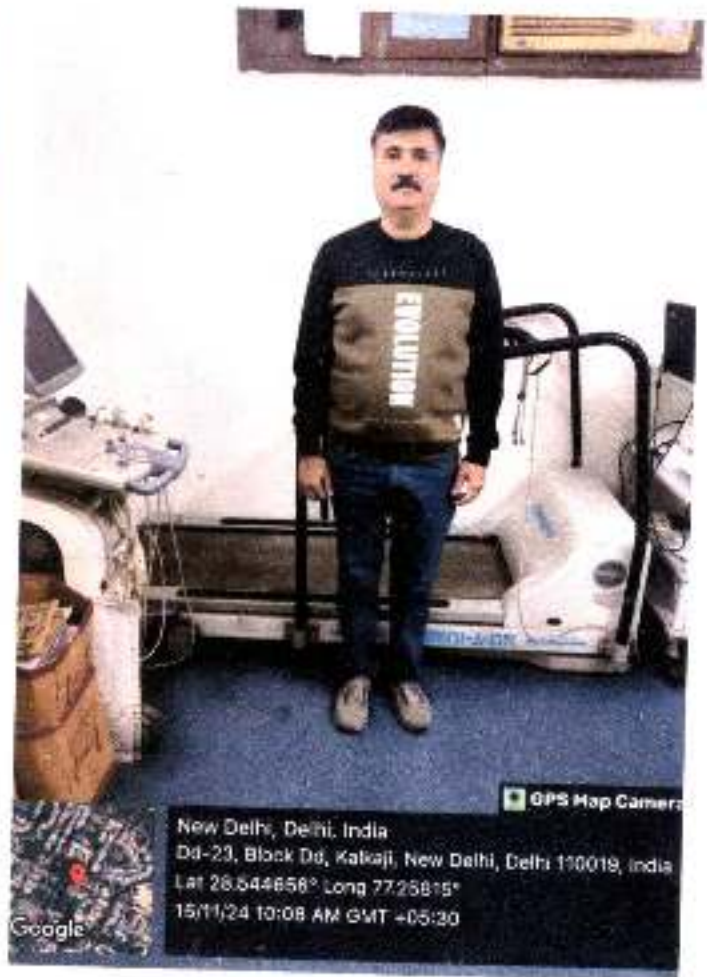
Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing ✓	10	BST (Blood Sugar Test-Fasting & PPI Bolt)
3	Haemogram ✓	11	Hca1c ✓
4	Hb% ✓	12	FBS (Fasting Blood Sugar)
5	SBT-13 ✓	13	PGBS (Post Glucose Blood Sugar)
6	Eisa for HIV	14	CTMT with Tracing ✓
7	RUA ✓	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: UCT

17. Others (Please Specify): _____

Remarks of HealthIndia Insurance TPA Services PVT LTD
Authorized Signature.





Dr. RAINA KHAN
 M.D. (DMRD)
 Reg. No. 25508



irine diagnostic

healthpartner

S. No. : 15/NOV11
Name : MR RAJENDRA SINGH NEGI
Ref. by : LIFE INSURANCE CORPORATION
Date : 15-11-2024
AGE : 52Years
SEX : MALE

BIOCHEMISTRY

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	96	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.65	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.43	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.22	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.5	mg/dl.	(6.0-8.3)
ALBUMIN	4.4	mg/dl.	(3.5-5.0)
GLOBULIN	2.1	mg/dl.	(2.3-3.5)
A/G RATIO	2.09		(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	22	U/L	(9-45)
ALKALINE PHOSPHATASE	138	U/L	(80-200)
URIC ACID	5.8	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	182	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	132	mg/dl.	(60-160)
LDL	115	mg/dl.	(UPTO-150)
VLDL	28	mg/dl.	(23-45)
SERUM CREATININE	0.74	mg%	(0.6-1.2)
BUN	13	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019



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

irine diagnostic

healthpartner

S. No. : 15/NOV11
Name : MR RAJENDRA SINGH NEGI
Ref. by : LIFE INSURANCE CORPORATION
Date : 15-11-2024
AGE : 52Years
SEX : MALE

Test	H A E M A T O L O G Y		
	Result	Units	Normal Range
Hemoglobin	14.5	gm%	12-16
Total Leucocytes Count (TLC)	7200	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	58	%	40-75
Lymphocytes	32	%	20-45
Eosinophils	05	%	01-06
Monocytes	05	%	02-10
Basophills	00	%	00-01
Erythrocyte Sedimentation Rate (ESR)	13	mm/1Hr	00-15
Red Blood Cell [RBC]	5.5	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	42.7	%	37-54
Mean Cell Value [MCV]	83.5	fl	76-96
Mean Cell Hemoglobin [MCH]	31.2	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	32.7	%	30-35
Platelet count	2.56	Lakhs	1.5-4.5



(Signature)

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S. No. : 15/NOV11
Name : MR RAJENDRA SINGH NEGI
Ref. by : LIFE INSURANCE CORPORATION
Date : 15-11-2024
AGE : 52Years
SEX : MALE

Cotinine

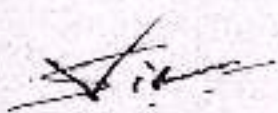
Test

Result

Cotinine

NEGATIVE




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S. No. : 15/NOV11
Name : MR RAJENDRA SINGH NEGI
Ref. by : LIFE INSURANCE CORPORATION
Date : 15-11-2024
AGE : 52Years
SEX : MALE

H A E M A T O L O G Y

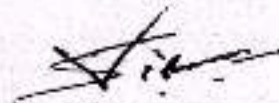
Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.3	%

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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S. No. : 15/NOV11
Name : MR RAJENDRA SINGH NEGI
Ref. by : LIFE INSURANCE CORPORATION
Date : 15-11-2024
AGE : 52Years
SEX : MALE

S E R O L O G Y

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

Result : "Non-Reactive"

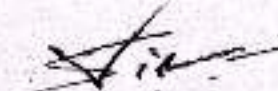
Normal-Range : "Non-Reactive"

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

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"




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S. No. : 15/NOV11
Name : MR RAJENDRA SINGH NEGI
Ref. by : LIFE INSURANCE CORPORATION
Date : 15-11-2024
AGE : 52Years
SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.016

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

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



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

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DD-23 KALKAJI DELHI :- 110019

LIFE INSURANCE CORPORATION OF INDIA

ANNEXURE II - 2

COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Proposal No. 5604
Agent/D.O. Code: _____ Introduced by: (name & signature)

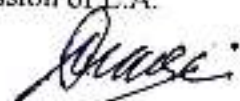
Full Name of Life to be assured: RAJENDRA SINGH MEGI
Age/Sex: 52 Y/M

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

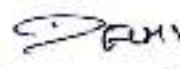
Signature or Thumb Impression of L.A.



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

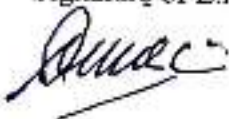
1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
3. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

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

Dated at  on the day of 15/11/2024 200

Dr. RAINAKHAN
MBBS, DMRD
Reg. No. 25508

Signature of L.A.



Signature of the Cardiologist
Name & Address
Qualification
Code No.



COMPUTERISED TREADMILL TEST

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

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 - 152

Maximum Blood Pressure - 144/90

Maximum Workload - 7.34

Maximum heart rate 152 Maximum predicted heart rate 168 %

Reason for termination -



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

Comments: *NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA*

Signature of the Cardiologist
Name & Address
Qualification Code No.

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

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

[Handwritten signature]

IRINE DIAGNOSTIC

DD 23 KAL KA JI DELHI 110019

RAJENDRA SINGH NEGI
 ID : 1111001234
 DATE : 15/11/2024

TREADMILL TEST REPORT

PROTOCOL : Bruce

AGE/SEX : 52/M
 HT/WT : 160/70
 REF BY : LIFE INSURANCE CORPORATIO

HISTORY :
 INDICATION :
 MEDICATION : NIL

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)		METS
								V1	V5	
SUPINE					92	124 / 80	114	1	1	1.2
HYPERTENS		0:5			96	124 / 80	119	1	1	1.3
VASALINA					96	124 / 80	119	0.5	0.5	1.2
STANDING					102	124 / 80	126	0.6	0.6	1.3
Stage 1	2:55	2:55	2.5	10	124	134 / 86	166	0.4	0.4	1.1
Stage 2	5:55	2:55	4	12	138	146 / 90	198	0.4	0.4	0.8
POSTEXERCISE	6:15	0:15	5.4	14	152	166 / 90	218	0.3	0.3	0.8
RECOVERY	7:23	0:59			138	146 / 90	169	0.7	0.7	1.2
RECOVERY	9:19	2:55			104	140 / 86	145	0.6	0.6	0.6
RECOVERY	12:19	5:55			105	130 / 80	136	0.8	0.8	0.9

MAX WORK LOAD : 7.34 METS
 MAX HEART RATE 168 bpm

RESULTS

EXERCISE DURATION : 6:15
 MAX HEART RATE : 152 bpm 90 % of target heart rate
 MAX BLOOD PRESSURE : 144 / 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.



Dr. RAJINDRA KHIAN
 Reg. No. 255006

Technician :

IRINE DIAGNOSTIC

RAJENDRA SINGH NEGI

I.D. 1111001234

Age 52/M

Date 15/11/2024

PRETEST

SUPINE

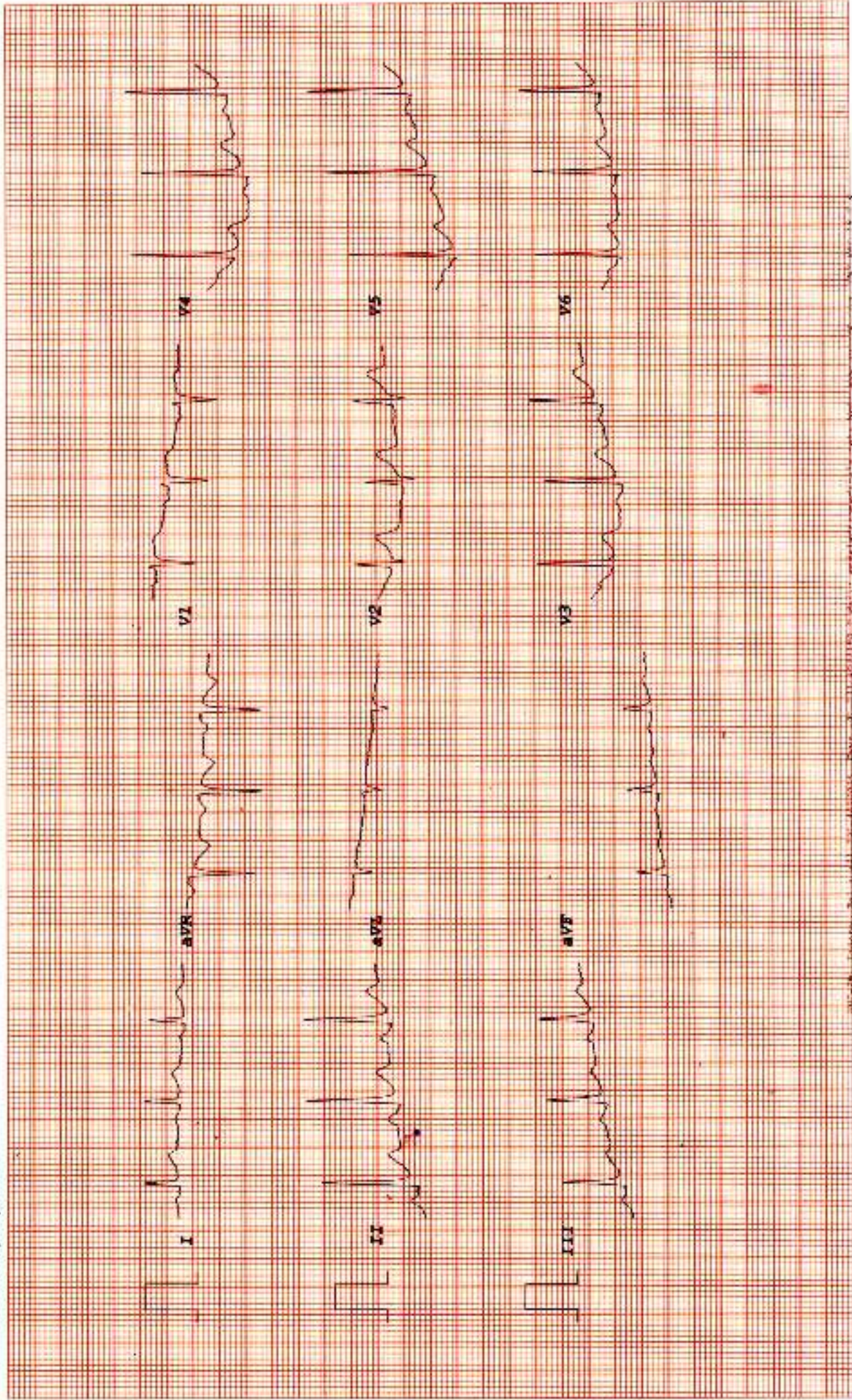
RATE 92bpm

B.P. 124/80

ST @ 10mm/mV

80ms PostJ

RAW ECG



IRINE DIAGNOSTIC

RAJENDRA SINGH NEGI
I.D. 1111001234
Age 52/M
Date 15/11/2024

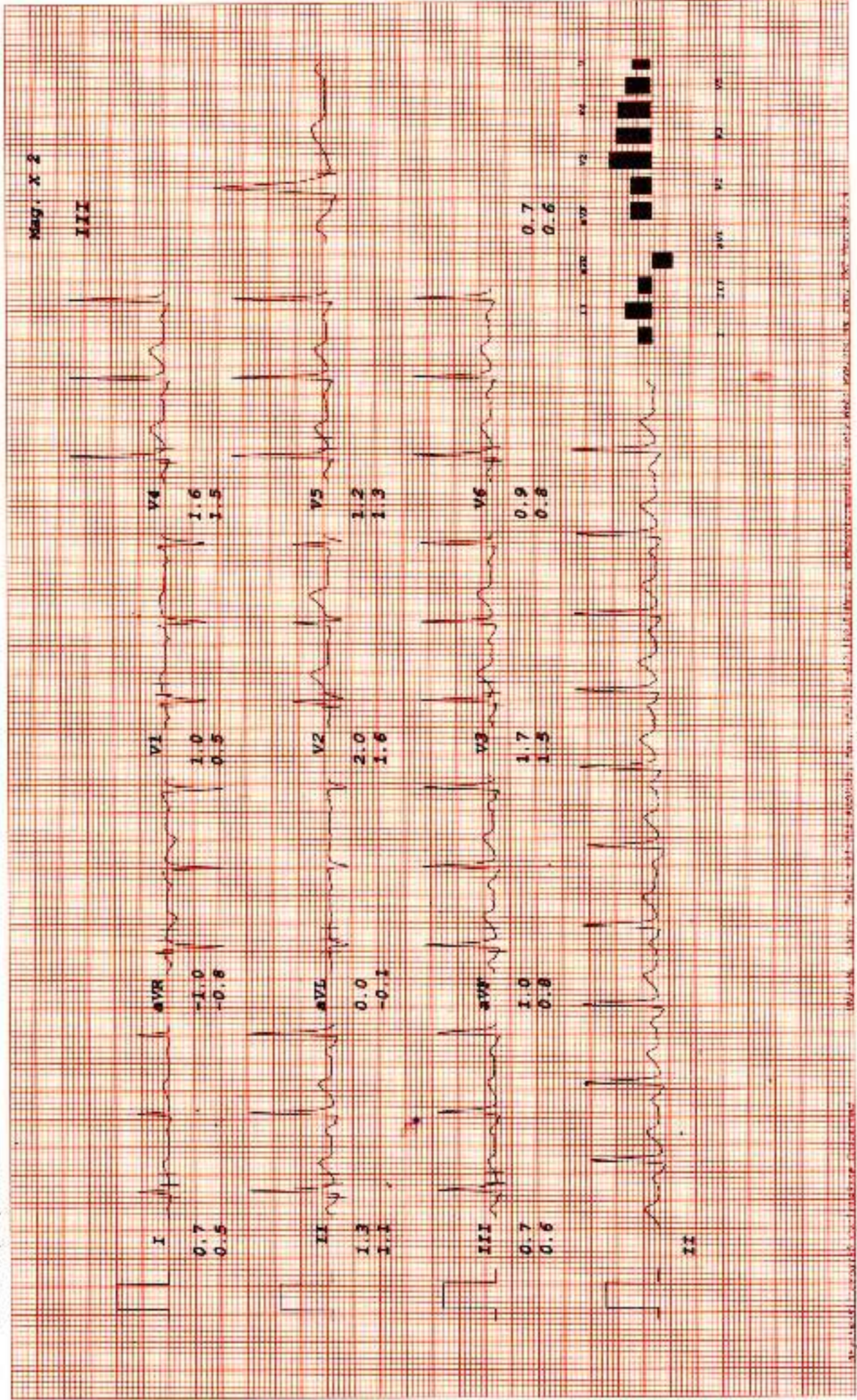
RATE 96bpm
B.P. 124/80

PRETEST
HYPERVENT

ST @ 10mm/mV
80ms PostJ

PHASE TIME 0:05

LINKED MEDIAN



IRINE DIAGNOSTIC

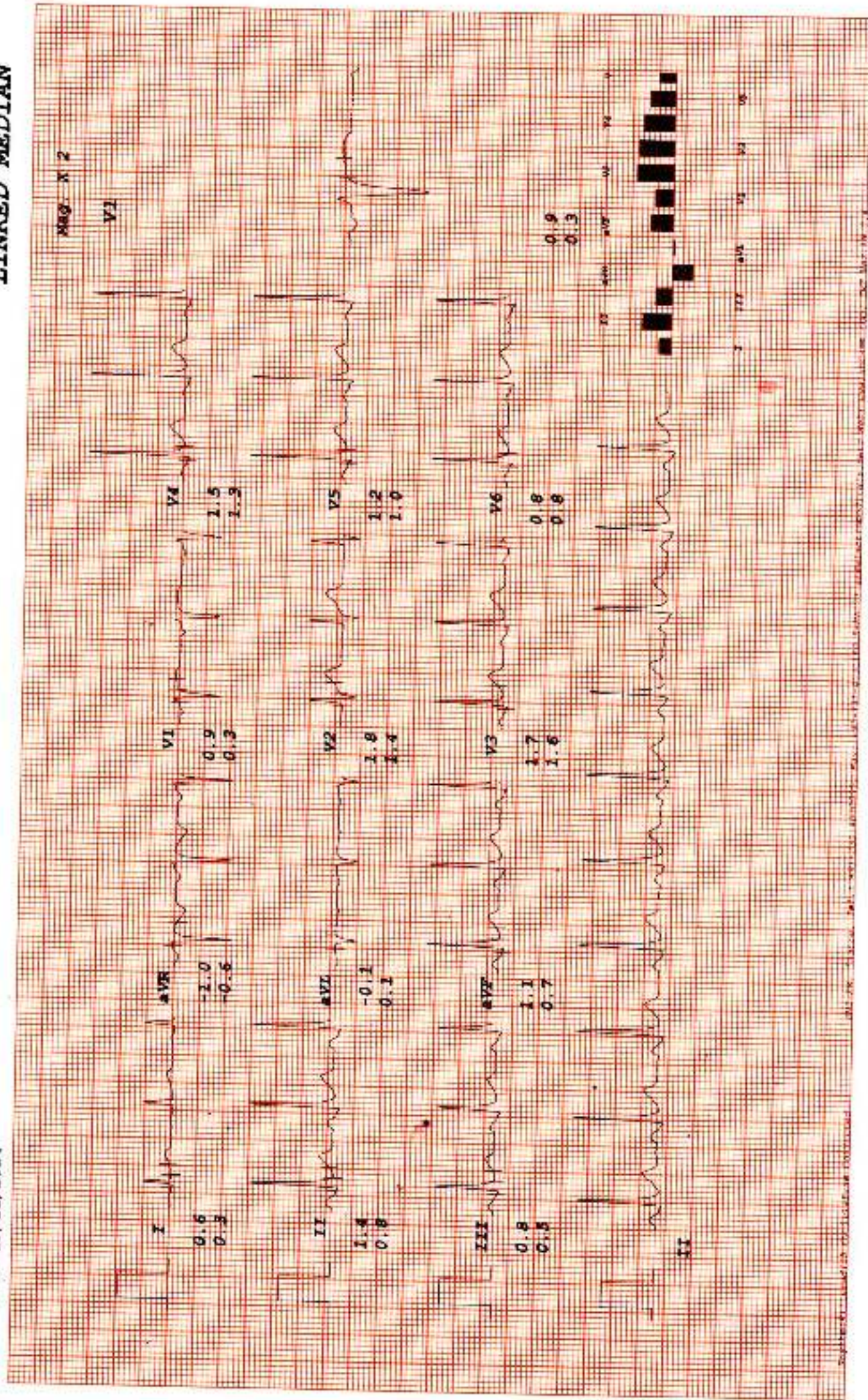
RAJENDRA SINGH NEGI
I.D. 1111001234
Age 52/M
Date 15/11/2024

RATE 96bpm
B.P. 124/80

PRETEST
VALSALVA

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



IRINE DIAGNOSTIC

RAJENDRA SINGH NEGI
 I.D. 1111001234
 Age 52/M
 Date 15/11/2024

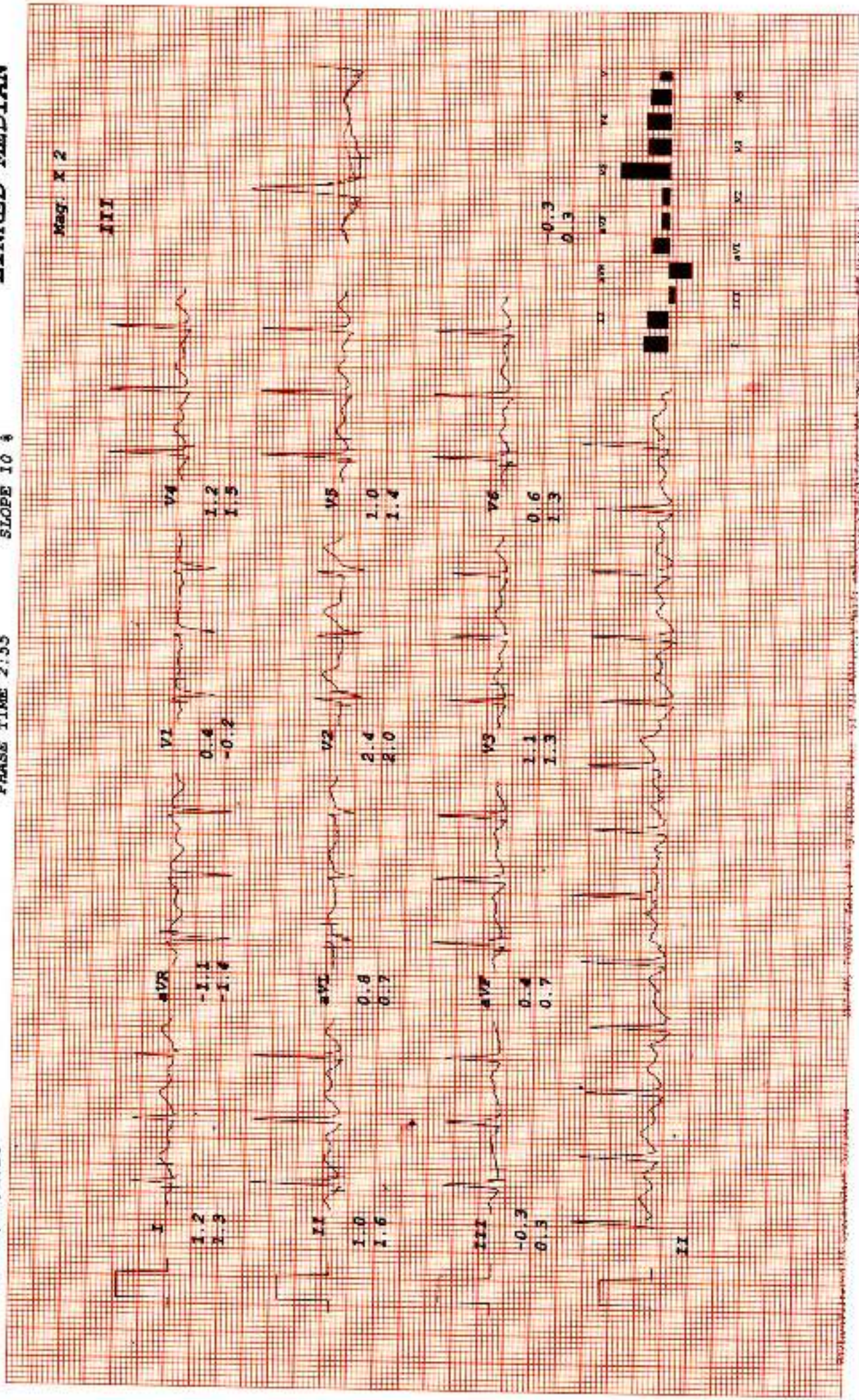
Rate 124bpm
 B.P. 134/96

Bruce
 Stage 1

TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 60ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN



IRINE DIAGNOSTIC

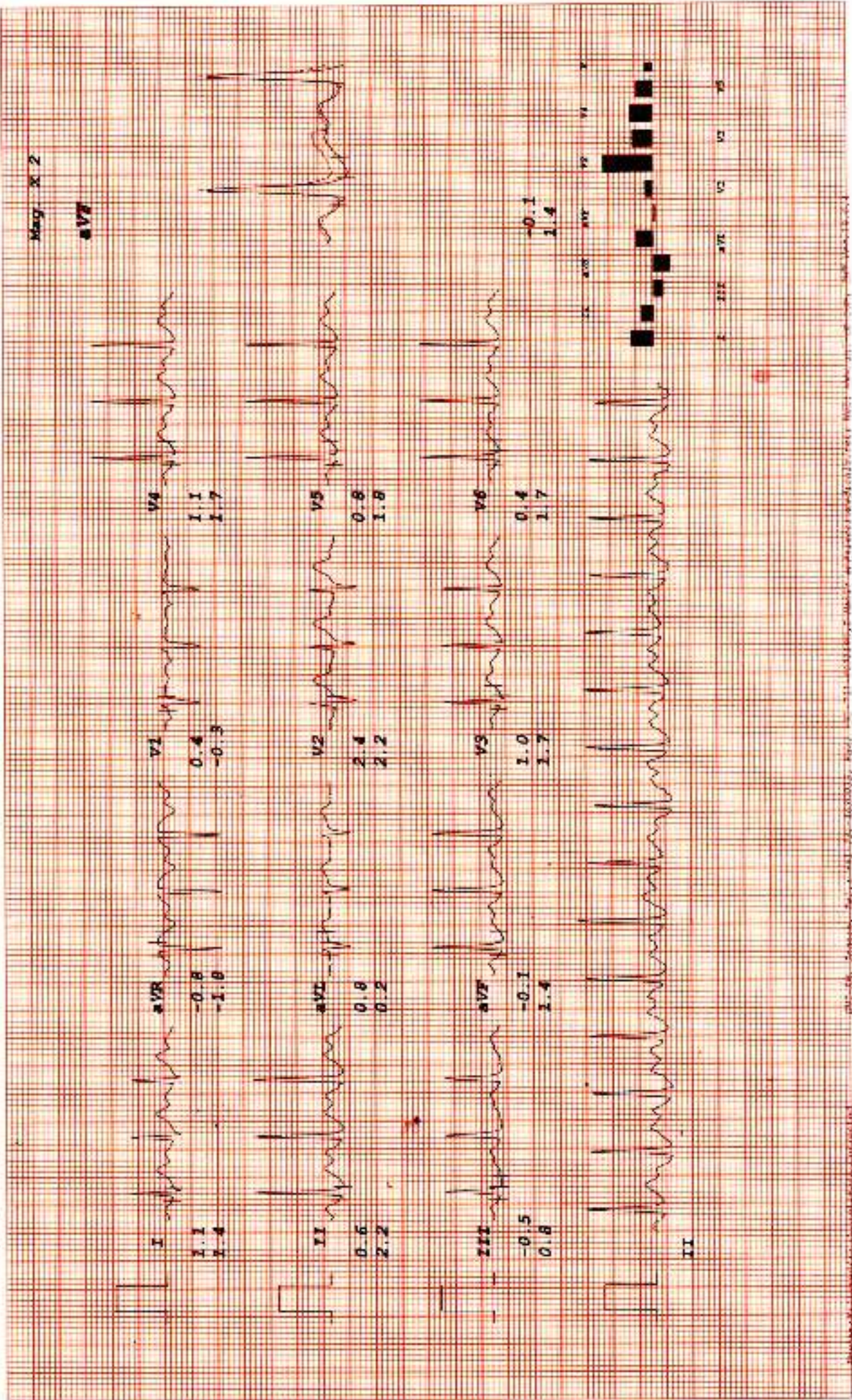
RAJENDRA SINGH NEGI
 I.D. 1111001234
 Age 52/M
 Date 15/11/2024

RATE 138bpm
 B.P. 144/90

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

ST θ 10mm/mv
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 θ

LINKED MEDIAN



IRINE DIAGNOSTIC

RAJENDRA SINGH NEGI
 I.D. 1111001234
 Age 52/M
 Date 15/11/2024

RATE 152bpm
 B.P. 144/90

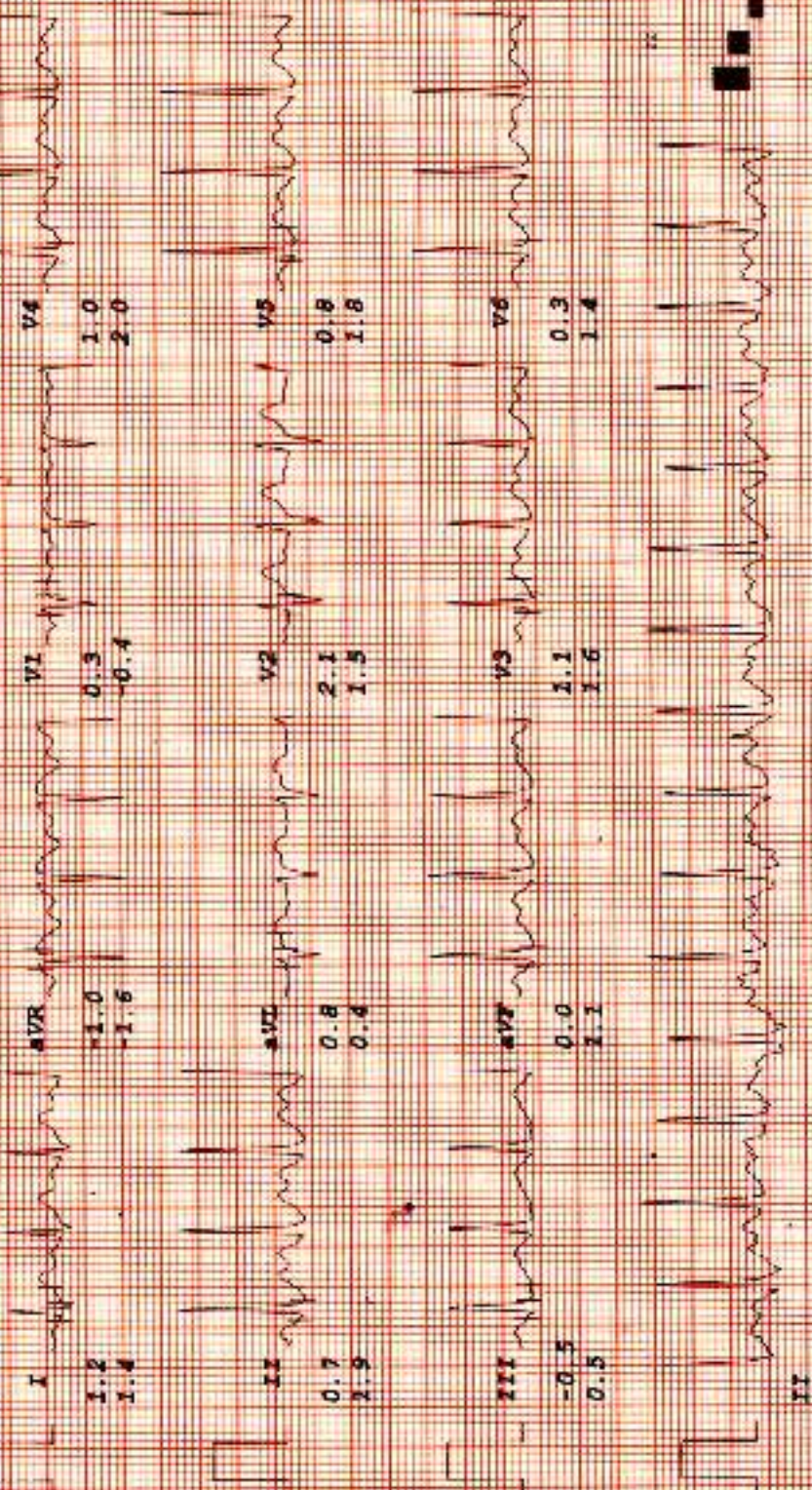
Bruce
 PK-EXERCISE
 TOTAL TIME 6:15
 PHASE TIME 0:15

ST θ 10mm/mv
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 $\frac{1}{2}$

LINKED MEDIAN

Mag. X 2

III



III aVR aVL V1 V2 V3 V4 V5 V6

IRINE DIAGNOSTIC

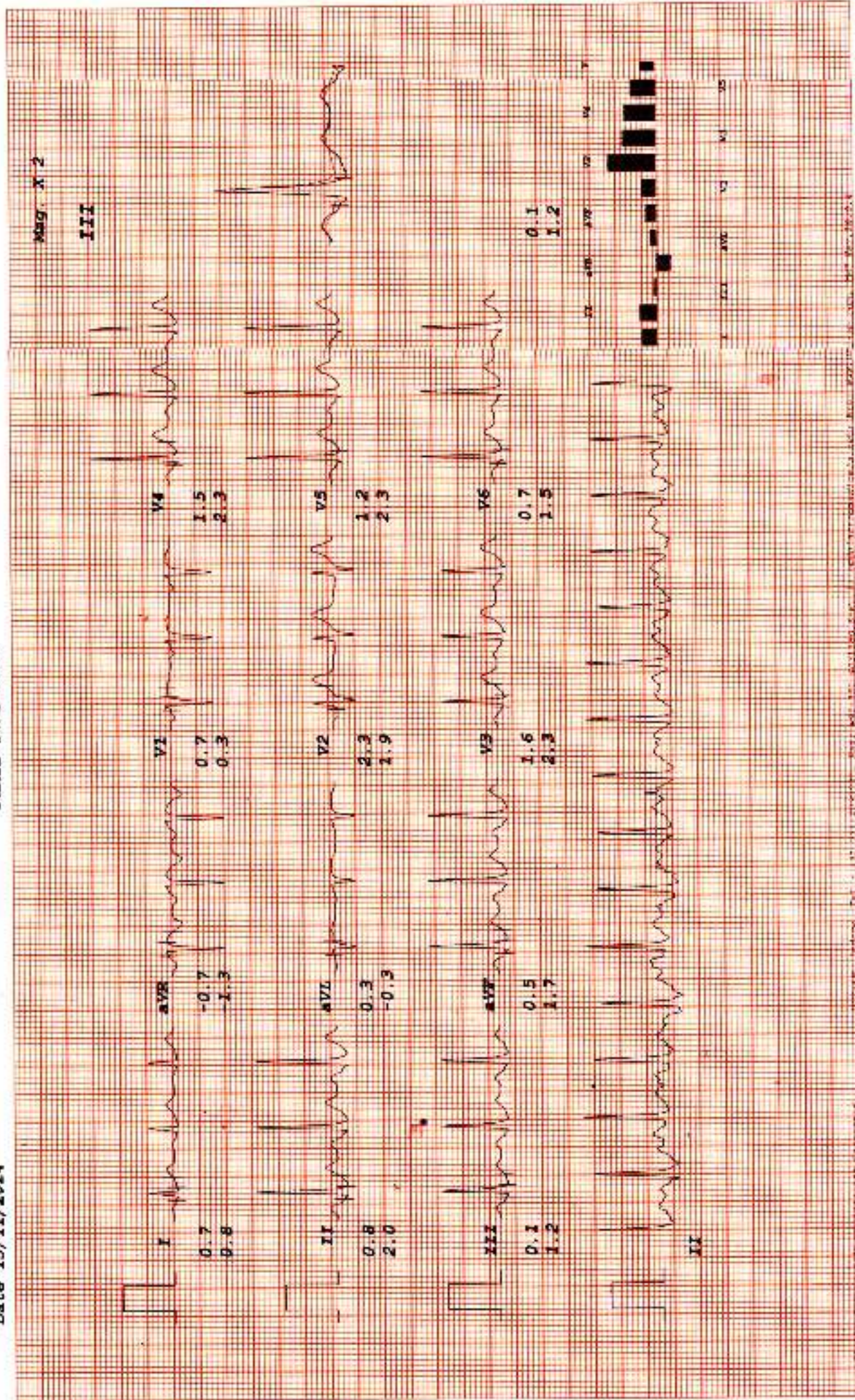
RAJENDRA SINGH NEGI
I.D. 1111001234
Age 52/M
Date 15/11/2024

RATE 118bpm
B.P. 144/90

Bruce
RECOVERY
TOTAL TIME 7:23
PHASE TIME 0:59

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



IRINE DIAGNOSTIC

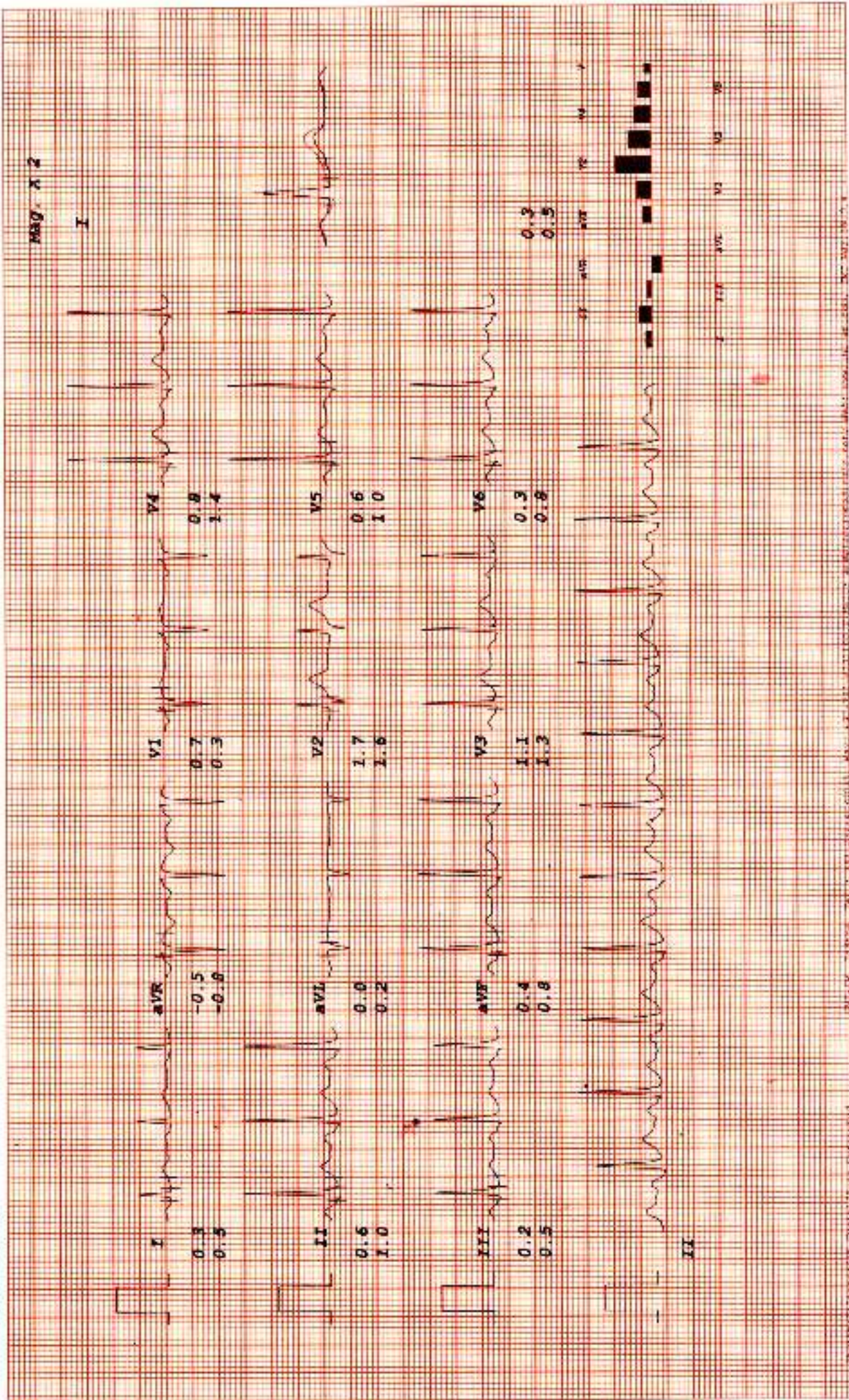
RAJENDRA SINGH NEGI
I.D. 1111001234
Age 52/M
Date 15/11/2024

RAJENDRA SINGH NEGI
I.D. 1111001234
Age 52/M
Date 15/11/2024

BRUCE
RECOVERY
TOTAL TIME 9:19
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



IRINE DIAGNOSTIC

RAJENDRA SINGH NEGI
I.D. 1111001234
Age 52/M
Date 15/11/2024

RATE 105bpm
B.P. 130/80

Bruce
RECOVERY
TOTAL TIME 12:19
PHASE TIME 5:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

