




HR1947788



DLNUMBER HR63 20052102668 Inv Carr No.
 NAME PARVEEN KUMAR
 S/W/D SH OM PARKASH
 DOB 09-Dec-1983 Validity (NT) 22-Nov-2030
 Blood Grp B+ (TR) 06-Apr-2025
 Address KHARMAN(55),JHAJJAR,HR124507



Issue Date 23-Nov-2005
 Aadhaar No

Authorisation to Drive	Date Of issue
LMV 	23-November-2005
MCWG 	23-November-2005
PSVBUS 	11-February-2011
TRANS	11-February-2011


Holder
Signature

Issue
Auth
Signature

Issuing Authority RTA BAHADURGARH

HR
Form-7



 GPS Map
Camera Lite

1445/1, Najafgarh Rd, Jatav Mohalla, Najafgarh, New Delhi, Delhi,
110043, India

Latitude
28.6139034°

Longitude
76.985206°

Local 09:34:23 am
GMT 04:04:23 am

Altitude 220 meters
Thursday, 21.11.2024

Date: 21/11/2024

To,
LIC of India
Branch Office
MUM

Proposal No. 6155

Name of the Life to be assured PARVEEN KUMAR

The Life to be assured was identified on the basis of DRIVING LICENCE

I have satisfied myself with regard to the locality 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.

(u)

Dr. HEMANT KAPOOR
MD, DPM

Signature of the Pathologist/Doctor

Consultant Pathologist
DMG Regd. No. 36636

Name: DR. HEMANT KAPOOR

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

Parveen Kumar

(Signature of the Life to be assured)

Name of life to be assured: PARVEEN KUMAR

Reports Enclosed:

Sr. No.	Reports Name	Sr. No.	Reports Name
1 ✓	ECG	9	Lipidogram
2 ✓	Rest ECG with Tracing	10	SST (Blood Sugar Test-Fasting & PP, Both)
3 ✓	Hemogram	11 ✓	ESR
4 ✓	Hb%	12	FBS (Fasting Blood Sugar)
5 ✓	SST-13	13	PGBS (Post Glucose Blood Sugar)
6 ✓	Eisa for H.V	14	OTMT with Tracing
7 ✓	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: NO

17. Others (Please specify): NO

Remarks of Health Assure PVT LTD

Authorized Signature



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

Branch Code:
Proposal/ Policy No: 6155
MSP name/code:
Date & Time of Examination: 21/11/2024
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9992654136
Identity Proof verified: DRIVING LICENSE ID Proof No. HR6320052102668
(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. HEMANT KAPUR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India."

Parveen Kumar

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

1	Full name of the life to be assured: <u>PARVEEN KUMAR</u>	
2	Date of Birth: <u>09 DEC 1983</u> Age: <u>40 YRS</u> / M Gender: <u>MALE</u>	
3	Height (In cms): <u>174</u> Weight (in kgs): <u>87</u>	
4	Required only in case of Physical MER	
	Pulse: <u>74</u>	Blood Pressure (2 readings): 1. Systolic <u>117</u> Diastolic <u>78</u> <u>120/81</u> 2. Systolic <u>119</u> Diastolic <u>80</u>

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answers 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 cert, follow up reports etc. along with the proposal form to the Corporation

5	a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc? b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years? If answer to any of the questions a(i) to (c) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Name of Medicine iii. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	NO
6	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 ? Please specify date, reason, advised by whom & findings.	NO
7	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), Rhinorrhoea (runny discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Rigors/shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If yes provide all investigation and treatment reports	NO

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, heart attack, 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, thrombocytopenia 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 (sores), 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		NA
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	

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	FIT (YES)
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Declaration

Ms. Mrs. PARVEEN KUMAR declares 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.

Parveen Kumar

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 ___ day of 21/11/2024 via 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: NEW DELHI
Date: 21/11/2024
Stamp:

Signature of Medical Examiner
Name & Code No.


Dr. HEMANT KAPOOR
 MD, DPM
 Consultant Pathologist
 DMC Regd. No. 36636

PS 1947788



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Holder Signature _____

Issue Auth Signature 

Issuing Authority RTA BAHADURGARH


 Dr. HEMANT KAPOOR
 MD, DFB
 Consultant Pathologist
 DMC Regd. No. 36636



NABL
ACCREDITED LAB

1441-A, WARD NO.-1, (Opp. R.H.I.C),
NAJAFGARH, NEW DELHI-110013
Tel : 011-25014099
Mob : +91-8588864117 / 136
Email : doctorsdiagnostic1996@gmail.com

DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist
DR. HEMANT KAPOOR
MD, D'Pathology

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

Dr. HEMANT KAPOOR
MD, D'PS
Consultant Pathologist
DMC Regd. No. 36636



GPS Map
Camera Link

1445/1, Najafgarh Rd, Jataw Mophalla, Najafgarh, New Delhi, Delhi,
110043, India

Longitude
76.985206°

Altitude 231 meters
Thursday, 21, 11, 2024

Latitude
28.6139034°

Local 10:34:23 am
M4 - 09/08/23 .com

ID: 730

PARVVEEN KUMAR

Male 40Years

Parveen Kumar

21-11-2024 09:17:28 AM COPY

HR : 67 bpm
 P : 87 ms
 PR : 148 ms
 QRS : 111 ms
 QT/QTc : 396/421 ms
 PQRST : -5-11-7 °
 RV5:SV1 : 0.835/0.786 mV

Diagnosis Information:

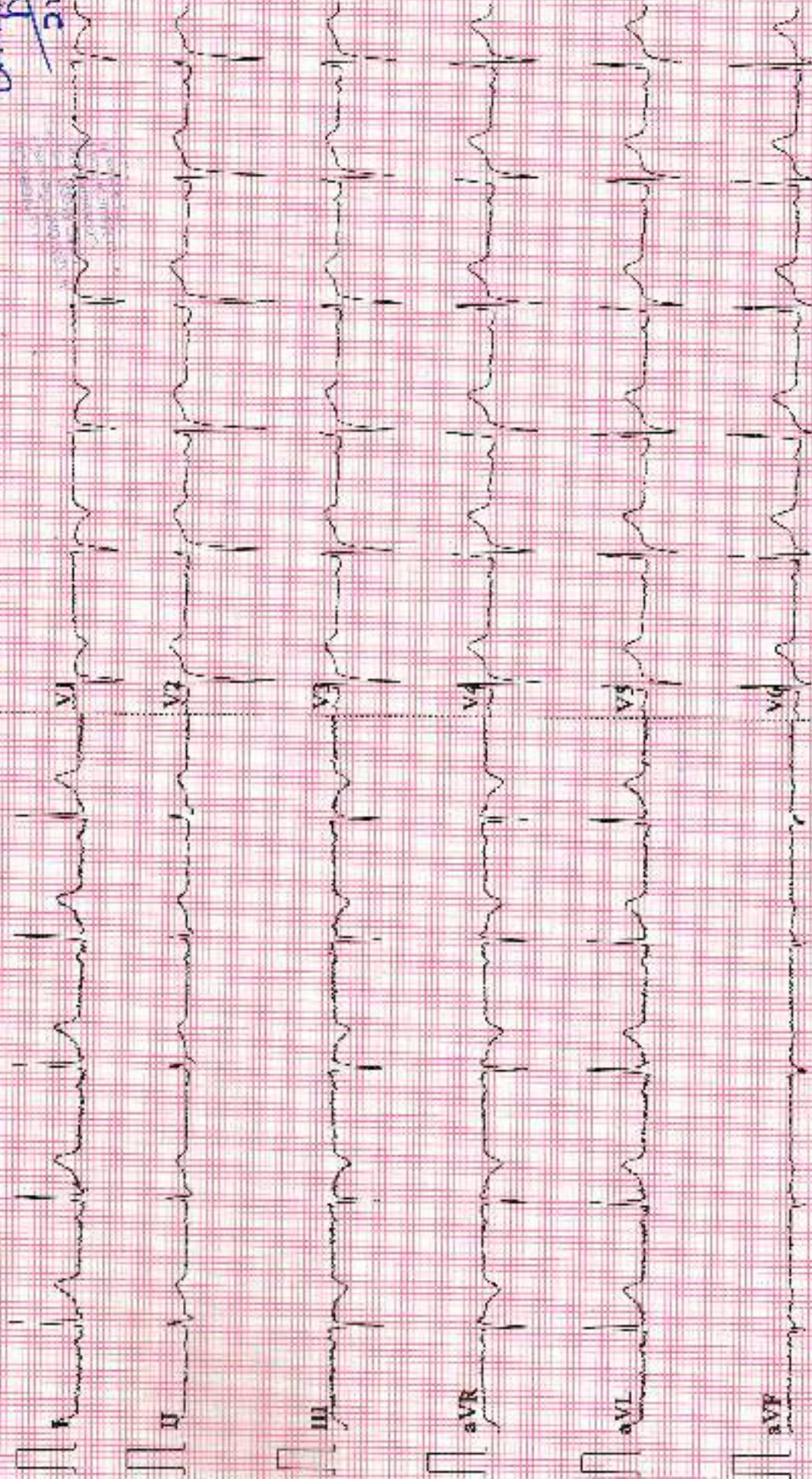
Sinus Arrhythmia
 Abnormal Q Wave(aVF)

Sinus Arrhythmia

LAD

*please correlate
clinically
with
ECG*

Report Confirmed by:



1441-A, WARD NO.-1, (Opp. R.H.T.C),
NAJAFGARH, NEW DELHI-110043
Tel : 011-41500010
Mob : +91-8588864117 / 136
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Website : www.doctorsdiagnosticcentre.in



DDQ DOCTORS DIAGNOSTIC CENTRE

Excellence In Diagnostics & Healthcare Services

Consultant Pathologist

DR. HEMANT KAPOOR

MD, DPM (Pathology)

Consultant Radiologist

DR. BIPUL BISWAS

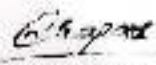
MD (Radiology)


Lab NO	072411210001	Sr.No	500
NAME	MR.PARVEEN KUMAR	ReL BY	LIC
Age / Sex	40 YRS/MALE	Sample Coll DATE	21/Nov/2024 09:32AM
S/O	OM PRAKASH	Approved ON	21/Nov/2024 04:40PM
DATE	21/Nov/2024 09:03AM	Printed ON	21/Nov/2024 04:42PM
R A. 2330			

Test Name	Result	Status	Bio. Ref. interval	Unit
HAEMATOLOGY				
Haemoglobin, Whole Blood EDTA				
Haemoglobin (Hb) <i>Method: Cyanmeth Photometry</i>	15.2		13.00-18.00	gm/dl

DR. JAI PRABHAN
MBBS, MD

Printed By: DR. JAI PRABHAN
Duplicate Report


DR. HEMANT
MD, DPM
PATHOLOGIST


CHECKED
TECHNICAL OFFICER

Page 2 of 3

1441-A, WARD NO.-1, (Opp. R.H.T.C),
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M.D. (DPM) (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
M.D. (RADIOLOGY)

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Test Name	Result	Status	Bio. Ref. interval	Unit
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HEMATOLOGY

HBA1C Glycosylated Haemoglobin *, Whole Blood EDTA*

HbA1c (Glycosylated Haemoglobin)	4.9			%
----------------------------------	-----	--	--	---

Reference Range in %

- | | | |
|-------------------------------------|---|-----|
| 1) Non Diabetic Adults | = | < 6 |
| 2) Good Control | = | 6-7 |
| 3) Action Suggested or Poor Control | = | >7 |

Note

HBA1C provides an index of average blood glucose levels over the past 8-12 weeks and is a much better

Indicator of long term glycemic control as compared to blood and urinary glucose determinations.

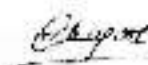
This is for the persual of Insurance Company for pre policy checkup purpose only.


Instrument Used: Bio-rad D10.

*** End Of Report ***

The tests marked with ** are not in the scope of NAHL Accreditation.

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST


DR. HEMANT
MD, DPM
PATHOLOGIST


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TECHNICAL OFFICER

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MD Pathology

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

FORM NO.LIC03-013

ZONE

DIVISION

	Type of Test	Actual Reading	Range	
1	Fasting Blood Sugar Method :GOD POD	98	70-110	mg/dL
2	Total Cholesterol	205	0.0-200	mg/dL
	High Density Lipid (HDL)	43	40-60	mg/dL
	Low Density Lipid (LDL)	123	0-100	mg/dL
3	S. Triglycerides	197	0.0-150	mg/dL
4	S. Creatinine	0.8	0.5-1.0	mg/dL
5	Blood Urea Nitrogen (BUN)	12.6	7.0-20.0	mg/dL
6	S. Proteins	7.9	6.6-8.3	g/dL
	(a) Albumin	4.5	3.50-5.00	g/dL
	(b) Globulin	3.40	0.00-3.00	mg/dL
	© AG Ratio	1.32	1.2-2.0	mg/dL
7	S.Bilirubin Total	0.6	0.2-1.3	mg/dL
	(a) Direct	0.2	0.0-0.3	mg/dL
	(b) Indirect	0.40	0.0-1.1	mg/dL

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST

W Kapoor
DR. HEMANT
MD, DPM
PATHOLOGIST

b
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TECHNICAL OFFICER

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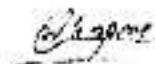
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Age / Sex	40 YRS/MALE	Sample Coll DATE	21/Nov/2024 09:32AM
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8	SGOT (AST)	60	15-46	U/L
9	SGPT (ALT)	143	0.0-49	IU/L
10	GGTP (GGT)	40	9.00-62.0	U/L
11	S. Alkaline Phosphatase	66	30.00 - 120.00	U/L
12	HbsAg (Australia antigen)	NON-REACTIVE	NON-REACTIVE	
13	Elisa for HIV (Method) TEST VALUE:	NON-REACTIVE	NON-REACTIVE CUTT OFF VALUE:	

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

DR. JAI PRABHAN
MBBS, MD
PATHOLOGIST


DR. HEMANT
MD, DNB
PATHOLOGIST


CHECKED
TECHNICAL OFFICER



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B.A 2330			

Test Name	Result	Status	Bio. Ref. interval	Unit
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CLINICAL PATHOLOGY

URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine

Physical Examination

Quantity	20			ML
Colour	PALE YELLOW		Pale yellow	
Transparency	CLEAR		Clear	
Reaction	ACIDIC			
Specific Gravity, Urine	1.015		1.010 - 1.025	

Chemical Examination

Urine Protein	NIL		Nil	
Reducing Sugar (Urine)	NIL		Nil	
Urine Bilirubin	ABSENT		Absent	
Blood	ABSENT		Absent	
Urobilinogen	NOT INCREASED		Not increased	
Nitrate	ABSENT		Absent	

Microscopic Examination:

Pus Cells.	1-2		0-4	/HPF
RBCs	NIL		NIL	
Casts	NIL		NIL	
Crystal	NIL		Nil	
Epithelial Cells	1-2		Occasional	

*** End Of Report ***



Tests marked with NABL symbol are accredited by NABL, vide Certificate no MC-3237, Validity till 03/01/2025

DR. JAI PRABHAN
MBBS, MD

Printed By: R.P. PATHOLOGIST
Qualifiers Report

Ch. Kapoor
DR. HEMANT
MD, DPB
PATHOLOGIST

b
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TECHNICAL OFFICER