

Date: 23/10/2024

To,
LIC of India
Branch Office

Proposal No. 900167

Name of the Life to be assured GOPAL KRISHAN JAGGI

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. BINDU
MBBS, MD
Reg. No.-33435

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.

Gopal Jaggi

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM	YES	BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT	YES	FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	YES
ELISA FOR HIV		Other Test	

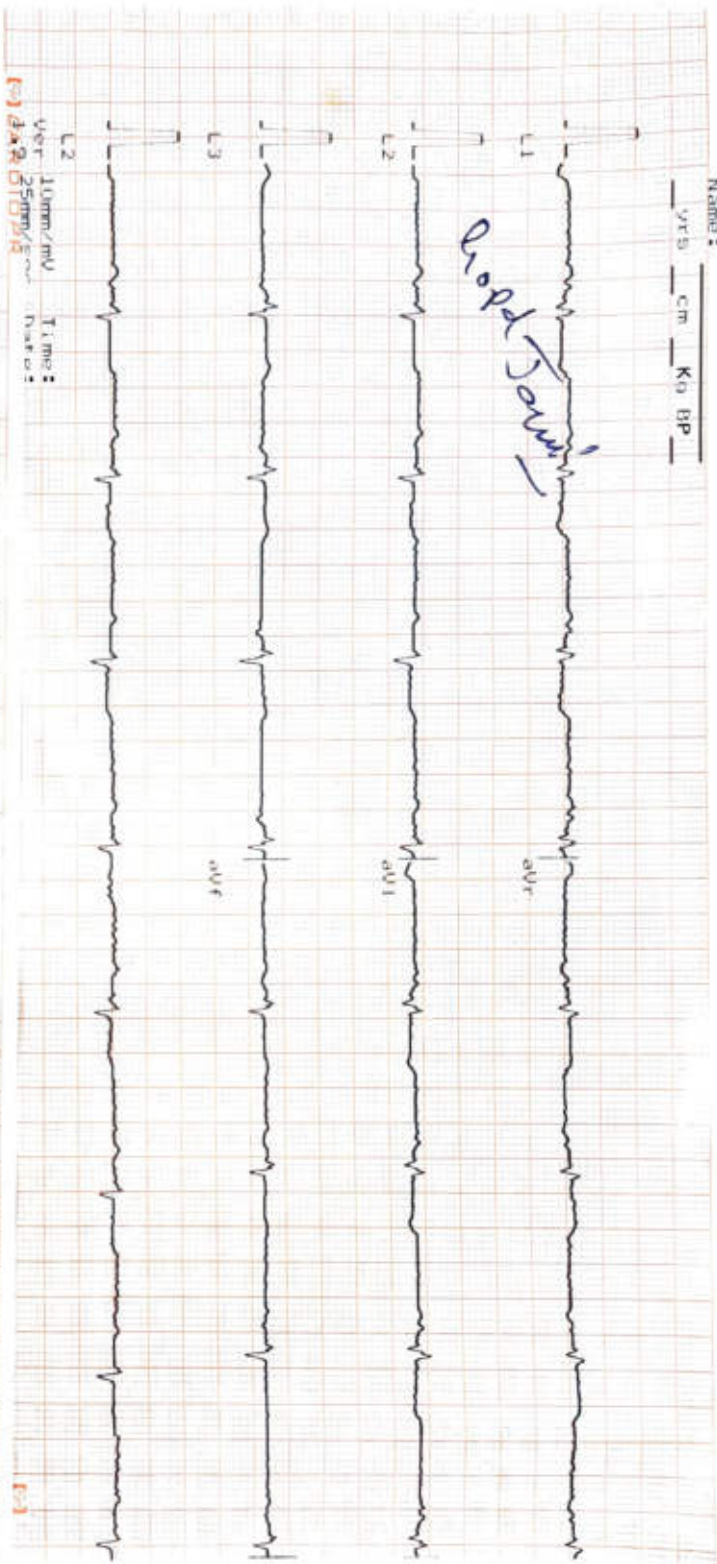
Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



Name: _____
YRS _____ cm _____ Kg BP _____

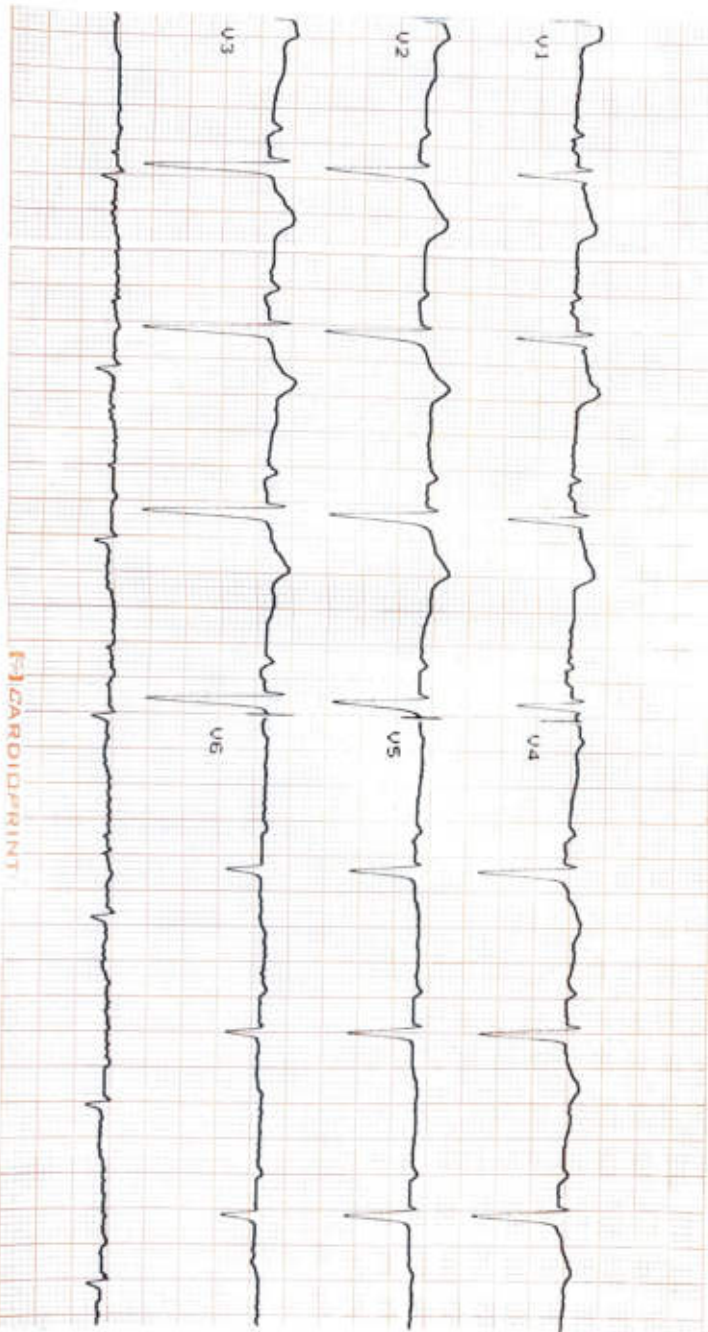
Prop. J. J. J.



Scale: 10mm/mV, 25mm/s
Time: _____
Date: _____



Dr. BINDU
MBBS, MD
Reg. No. - 33435



ECG CARDIOPRINT

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 900167

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

Full Name of Life to be assured: GOPAL KRISHAN JAGGI

Age/Sex : 57/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 23/10/2021

Signature of L.A.

Gopal Jaggi

Dr. BINDU
MBBS, MD
Reg. No.-33435

Signature of the Cardiologist

Name & Address

Qualification Code No.



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
175	87	122/80	78/M

(B) Cardiovascular System

..... (N)

.....

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Imv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	78/M	T-wave	(N)
Ventricular Rate	78/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	N/A		

Conclusion: ECG - CONL

Dated at DELHI on the day of 23/Oct/2004

Dr. BINDU
 MBBS, MD
 Reg. No.-33435



Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





ELITE DIAGNOSTIC

Email - elitediagnostic@gmail.com

PROP. NO. : 900167
S. NO. : 110102
NAME : MR. GOPAL KRISHAN JAGGI AGE/SEX - 57/M
REF. BY : LIC
Date : OCTOBER, 23, 2024

HAEMATOLOGY

Test	Result	Units	Normal Range
Hemoglobin	13.44	gm/dl	12-18

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	98.49	mg/dl	70-115
Total Lipids	521.6	mg/dl	400-700
S. Triglycerides	130.40	mg/dl	30-150
S. Cholesterol	185.60	mg/dl	130-250
H.D.L. Cholesterol	45.00	mg/dl	35-90
L.D.L. Cholesterol	114.60	mg/dl	0-150
V.L.D.L. Cholesterol	26.00	mg/dl	0-50

*****End of The Report*****

Please correlate with clinical conditions.



DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19702
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitutation. This report is not for medico - legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 900167
S. NO. : 110102
NAME : MR. GOPAL KRISHAN JAGGI AGE/SEX - 57/M
REF. BY : LIC
Date : OCTOBER, 23, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. Yellow
Transparency : CLEAR
Sp Gravity : 1.016

CHEMICAL EXAMINATION

Reaction : Acidic.
Albumin : Nil.
Reducing Sugar : Nil.

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF.
RBCs : Nil. /HPF.
Epithelial Cells : 0-1. /HPF.
Casts : Nil.
Crystals : Nil.
Bacteria : Nil.
Others : NIL.

*****End of The Report*****

Please correlate with clinical conditions.



DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico - legal cases.

Transport Department Government of NCT of Delhi

Licence to Drive Vehicles Throughout India

Licence No . : DL-1020170153926 (P) R
Name : GOPAL KRISHAN JAGGI
S/W/D : NAND KISHOR JAGGI
DOB : 23/07/1967 BG : U
Address :
F-128 WATER TANK MANSAROVER
GARDEN, DELHI 110015



Auth to Drive
M.CYL.
LMV-NT

Date of Issue
27/06/2017
27/06/2017

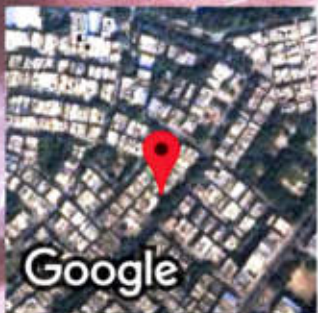
Issue Date : 24/07/2017
Validity(NT) : 23/07/2022
Validity(T) : NA
Inv Carr No : NA

(Holder's Signature)

Issuing Authority
WZ-II, RAJA GARDEN



 GPS Map Camera



Delhi, Delhi, India

G-126, Near Ravi Corner, Block F, Mansarover Garden, Delhi,
110015, India

Lat 28.644201° Long 77.135283°

23/10/24 08:59 AM GMT +05:30