Dale 39/Nov/2024

| To,<br>LIC of India<br>Branch Office                             | Dale _ Nov   Class + S   |
|--|--|
|  |  |
| Proposal No. 665 †   |  |
| Name of the Life to be assured                                   | POOJA  |
| presence. Dr. BINDU  | identity of the Life to be assured before conducting tests : sed. The Life to be assured has signed as below in my |
| Signature of the Patriologist Doctor                             |  |
| Name:  |  |
| I confirm, I was on fasting for tast 10 (ten<br>with my consent. | ) hours. All the Examination / tests as mentioned below were d   |

(Signature of the Life to be assured)

Name of life to be assured:

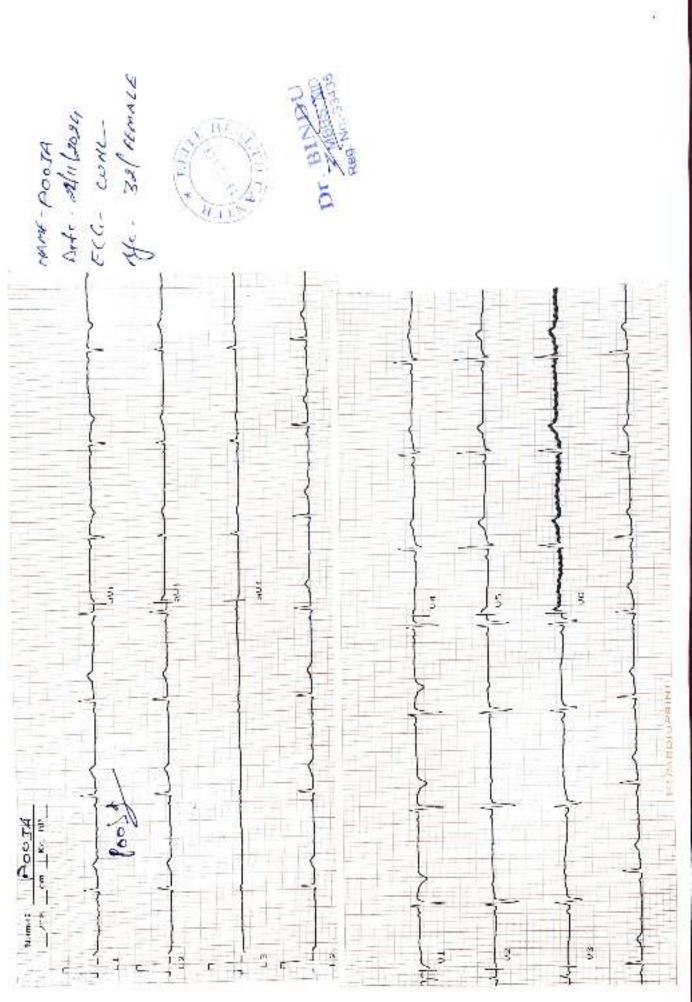
## Reports Enclosed:

| Reports Name                                 | *es/ho | Reports Name                             | *es/No |
|--|--------|--|--------|
| ELECTROCARDIOGRAM                            | YES    | PHYSICIAN'S REPORT                       | 1      |
| COMPUTERISED TREADMILL TEST                  |        | TOTAL FIGATION & DECLARATION FORMAT      |        |
| HAFMOGRAM                                    |        | MEDICAL EXAMINER'S REPORT                |        |
| LIPIDOGRAM                                   |        | ast reland Sugar Test-Fasting & PPr Both |        |
| BLOOD SUGAR TOLERANCE REPORT                 |        | 185 (Fasting Blood Sugar)                |        |
| SPECIAL BIO-CHEMICAL TESTS - 13 (581-<br>13) | YES.   | PGBS (Post Glucose Blood Sugar)          |        |
| ROUTINE LIRINE ANALYSIS                      | YES    | Francisal and other documents            |        |
| REPORT ON X-RAY OF CHEST IP A MIEW)          |        | неб                                      | YES    |
| EUSA FOR HIV                                 | Y65    | Other Test                               |        |

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





## ANNEXURE II - 1

Division

Zone

### LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

Branch

#### ELECTROCARDIOGRAM

| Proposal 1 | No. 6657   |
|------------|--|
| Agent/D.   | O. Code: Introduced by: (name & signature)   |
| Full Nam   | e of Life to be assured: FOOTA   |
| Age/Sex    | The state of the s |
| Instructio | ons to the Cardiologist:   |
| i,         | Please satisfy yourself about the identity of the examiners to guard against   |
| ijŝ        | impersonation  The examinee and the person introducing him must sign in your presence. Department of the person introducing him must sign in your presence. Department of the person of  |
| iii        | 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.   |
| iv.        | Rest ECG should be 12 leads along with Standardization slip, each lead wit minimum of 3 complexes, long lead II If L-III and AVF shows deep Q or wave change, they should be recorded additionally in deep inspiration. If V shows a tall R-Wave, additional lead V4R be recorded.   |
|            | DECLARATION  |
| questions  | declare that the foregoing answers are given by me after fully understanding the . They are true and complete and no information has been withheld. I do agree will form part of the proposal dated given by me to LIC of India.   |
| Witness    | Signature or Thumb Impression of L.A.  |
|            | ardiologist is requested to explain following questions to $LA$ and to note then $R$   |
| i.         | Have you ever had chest pain, palpitation, breathlessness at rest or exertion V/N-   |
| ii.        | Are you suffering from heart disease, diabetes, high or low Blood Pressure of kidney disease? Y/N  |
| iji.       | Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any oth test done? Y/N  |
| If the ans | swer/s to any/all above questions is 'Yes', submit all relevant papers with th   |
| form.      | Dr BINDU   |
| Dated at   | Decept on the day of 32 Nov 2021 Signature of the state of state o |
| Signature  | of L.A. Name & Address   |
| Deal.      | Qualification Code No.   |

## Email – elitediagnostic4@gmail.com

PROP. NO.

6657

S. NO.

110543

NAME

MS. POOJA

REF. BY

LIC

Date

Others

NOVEMBER, 22, 2024

# ROUTINE URINE ANALYSIS

:

t

1

#### PHYSICAL EXAMINATION

Quantity 20.87 Colour P. YELLOW Transparency Clear Sp Gravity 1.011

#### CHEMICAL EXAMINATION

Reaction ACIDIC Albumia Mil

/HPF Reducing Sugar Mil. /HPF

#### MICROSCOPIC EXAMINATION

Pus Colls/NBCs 0-1. /HPF RBCs. Mil. /HPF /HPF 1-2. Epithelial Cells M11. Casts : Nil. /HPF Crystals Nil. Bacteria Nil.

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH) 9890.NO. 19702 Consultant Pathologist

AGE/SEX - 32/F

7091, Gali no. 10, Mats Remeshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650059041, 9871 [44570 NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Hence refer to the lab without any hashtation. This report is not for medico lesa cases.

Email – elitedlagnostic4@gmail.com

PROP. NO.

6657

S. NO.

110543

NAME

MS. POOJA

REF. BY

LIC

Sate

NOVEMBER, 22, 2024

#### SEROLOGY

Test Name

:Human Immunodeficiency Virus I&11 (HIV)(Elisa method)

Result Normal-Range "Mon-Reactive"
"Mon-Reactive"

Test Name

:Hepatitis B Surface Antigen (HbsAg)) (Elisa method)

Result

3

"Non-Reactive"

Normal Bange

"Non-Reactive"

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

Please correlate with clinical conditions.

DR.T.K. MATHUR
M.B.B.S. MD (PATH)
REGOTIVO. 19762
Ponsuitant Pathologist

AGE/SEX - 32/F

#### Email - elitediagnostic @gmail.com

PROP. NO.

6657

S. NO. NAME

110543

REF. BY

MS. POOJA

LIC

;

:

:

Date

NOVEMBER, 22, 2024

## **HAEMOGRAM**

| Result   | Units  | Normal Range   |
|--|--|--|
| 13.23  | gm/el  | 12-19  |
|  | ********   |  |
| 91.45  | ma/di  | 70-115   |
| 176.53<br>65,37<br>162,05<br>38.11<br>6.86<br>12.70<br>4.1<br>2.7<br>6.8<br>1.51<br>9.2<br>9.5<br>9.7<br>23.47<br>25.79<br>42,00 | mg/d1<br>mg/d1<br>mg/d1<br>mg/d1<br>mg/d1<br>mg/d1<br>gmis<br>gmis<br>gmis<br>mg/d1<br>mg/d1<br>mg/d1<br>IU/L<br>IU/L                              | 130-250<br>35-96<br>9-159<br>35-160<br>0.5-1.5<br>96-21<br>3.2-5.50<br>2.60-4.09<br>6.60-8.5<br>9.5-3.2<br>9.60-9.3<br>9:1-1.00<br>9.1-1.3<br>96-42<br>96-60<br>26-60<br>26-111                                    |
|  | 13.23<br>91.45<br>176.53<br>65.37<br>102.05<br>98.11<br>0.86<br>12.70<br>4.1<br>2.7<br>6.8<br>1.51<br>0.2<br>0.5<br>0.7<br>23.47<br>25.79<br>42.00 | 31.45 mg/dl<br>176.53 mg/dl<br>65,37 mg/dl<br>162.05 mg/dl<br>98.11 mg/dl<br>9.86 mg/dl<br>12.70 mg/dl<br>4.1 gm%<br>2.7 gm%<br>6.8 gm%<br>1.51<br>9.2 mg/dl<br>9.5 mg/dl<br>9.7 mg/dl<br>23.47 lU/L<br>25.79 lU/L |

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

Please correlate with clinical conditions.

DR. T.K. MATHUR M.B.B.S. MD (PATH) Consultant Pathologist

AGE/SEX - 32/F

7091, Goli no. 10, Mata Rameshwan Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9550089041, 9871144579 NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any resistation. This report is not for medico - legni casas.

| Clinical   | findings |
|------------|----------|
| - see MACH | THUMBES  |

(A)

| Height (Cm) | Weight (kgs) | Blood Pressure | Pulse Rate |
|-------------|--------------|----------------|------------|
| 121         | 57.6         | 112 78         | 70/M       |

| )    | Cardiovascular System       |        |               |              |
|------|-----------------------------|--------|---------------|--------------|
|      |                             |        | يلهي          |              |
|      |                             |        |               |              |
|      |                             |        |               | 0.0000011100 |
| DL I | CG Report:                  |        |               |              |
|      | Position                    | Syptem | P Wave        | Go           |
|      | Standardisation Imv         | (M)    | PR Interval   | (F)          |
|      | Mechanism                   | (No    | QRS Complexes | (A)          |
|      | Voltage                     | (4)    | Q-T Duration  | (4)          |
|      | Electrical Axis             | (4)    | S-T Segment   | (190         |
|      | Auricular Rate              | 70 M   | T -wave       | (No          |
|      | Ventricular Rate            | 70/19  | Q-Wave        | (PV)         |
|      | Rhythm                      | Rotuen |               |              |
|      | Additional findings, if any | CHO    | *             |              |

Conclusion: CONL

Dated at ALLAG on the day of 22/New/20044

Signature of the Cardiologist Name & Address

Name & Addre Qualification Code No.



## भारत सरकार Government of India



Issue Date: 11/04/2013



पूजा Pooja जन्म तिथि/DOB: 14/07/1992 महिला/ FEMALE

6629 2328 1433

VID: 9175 0163 7706 8477

मेरा आधार, मेरी पहचान

