

Date: 08/11/2024

To,
LIC of India
Branch Office

Proposal No. 6056

Name of the Life to be assured MRS ANJANA JAIN

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. [Signature]
10
135

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.

Anjana Jain

(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	YES	IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	YES	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	YES	Other Test	HBAIC

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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

Branch Code: _____
Proposal/ Policy No: 6056
MSP name/code: _____
Date & Time of Examination: 08/11/2024
Medical Diary No & Page No: _____

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: VIN ID Proof No. 9652
(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".

Anjana

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

1	Full name of the life to be assured:	<u>MRS ANJANA JAIN</u>	
2	Date of Birth:	Age:	Gender:
	<u>12/08/1973</u>	<u>51 Yrs</u>	<u>FEMALE</u>
3	Height (In cms):	Weight (in kgs):	
	<u>155</u>	<u>97.7</u>	
4	Required only in case of Physical MER		

Pulse:	Blood Pressure (2 readings):
<u>80/11</u>	1. Systolic <u>120</u> Diastolic <u>80</u>
	2. Systolic <u>130</u> Diastolic <u>82</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><i>NO</i></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><i>NO</i></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><i>NO</i></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>	<p>NO</p>
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>	<p>NO</p>
10	<p>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?</p>	<p>- No -</p>
11	<p>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.?</p>	<p>- No -</p>
12	<p>Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?</p>	<p>- No -</p>
13	<p>Suffering or ever suffered from any form of cancer, leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?</p>	<p>- No -</p>
14	<p>Suffering or ever suffered from Epilepsy, nervous disorder, multiple sclerosis, tremors, numbness, paralysis, brain stroke?</p>	<p>- No -</p>
15	<p>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?</p>	<p>- No -</p>
16	<p>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?</p>	<p>- No -</p>
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>	<p>NO</p>
18	<p>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?</p>	<p>- NO -</p>
19	<p>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.)</p>	<p>- NO -</p>
20	<p>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.</p>	<p>- No -</p>

For Female Proponents only		
i.	Whether pregnant? If so duration.	—NO—
ii	Suffering from any pregnancy related complications	—NO—
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	—NO—

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


You Mr/Ms Angira Jain 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.

Angira Jain

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 02 day of Nov 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: 02/11/2024


 Signature of Medical Examiner
 Name & Code No:
 Stamp:



ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 6056

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

Full Name of Life to be assured: MRS. ANINA JAIN

Age/Sex: 08/11/2024 47 Yrs / FEMALE

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.

Anina Jain

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 DELHI on the day of 08/Nov/2004

Dr. B. G. ...

REG. NO. ...

Signature of L.A.

Anina Jain

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 - 6:6


Maximum Blood Pressure - 128/88

Maximum Workload - 7.20

Maximum heart rate 171 Maximum predicted heart rate 98 %

Reason for termination - Achieved TMR

Comments: negative for provokable 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 atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

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

Anjana Patil



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 6056

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

Full Name of Life to be assured: MRS ANJANA JAIN

Age/Sex : 47 / FEMALE

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.

Anjana Jain

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 08 / Nov / 2022

Signature of L.A.

Anjana Jain

Signature of the Cardiologist

Name & Address

Qualification Code No.

Dr. BINDU




Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
1.55	97.7	120/80	80/M

(B) Cardiovascular System

..... (N)

.....

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Inv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	80/M	T-wave	(N)
Ventricular Rate	80/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	None		

Conclusion:

Dated at DELHI on the day of 08/Nov/2001

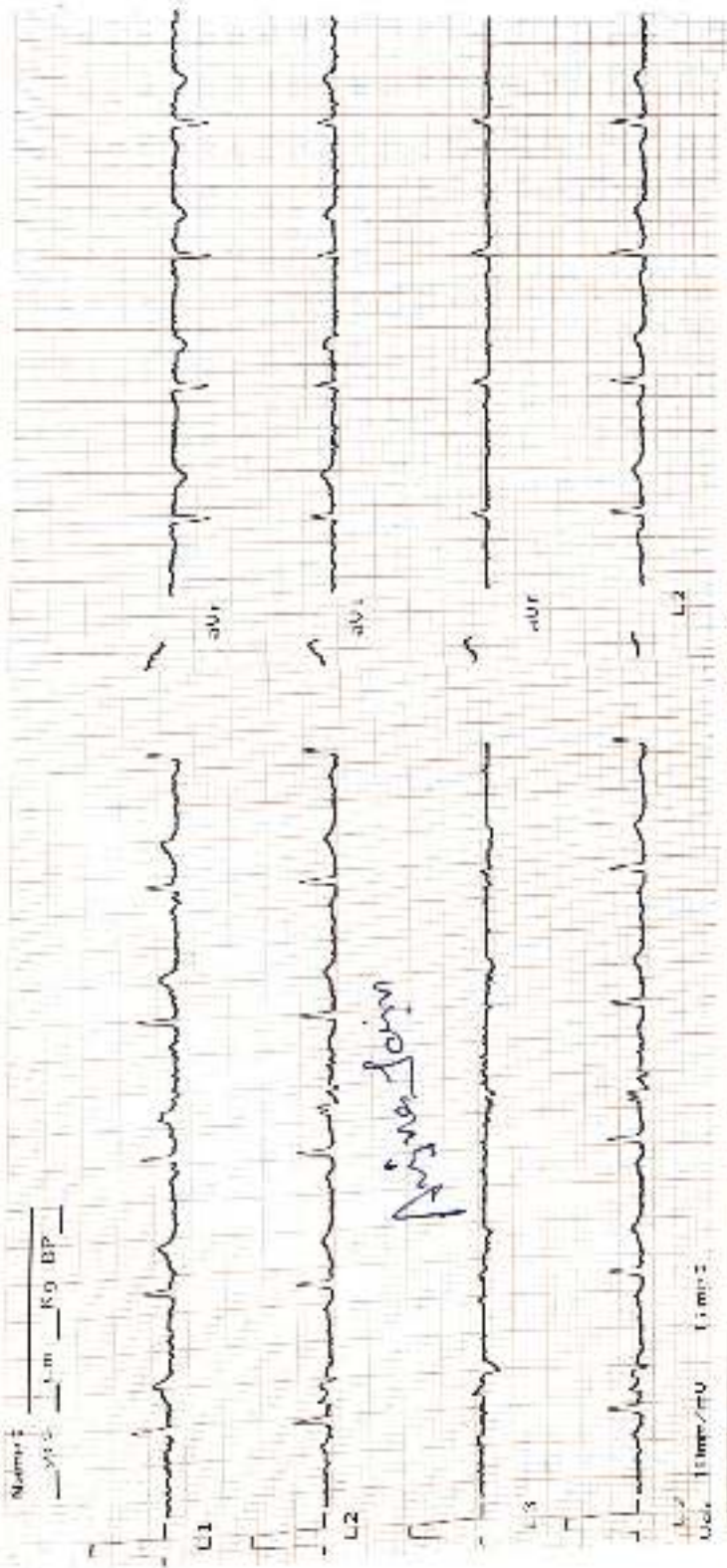
Dr. B. S. Singh
 Signature
 REG. N. 1234

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

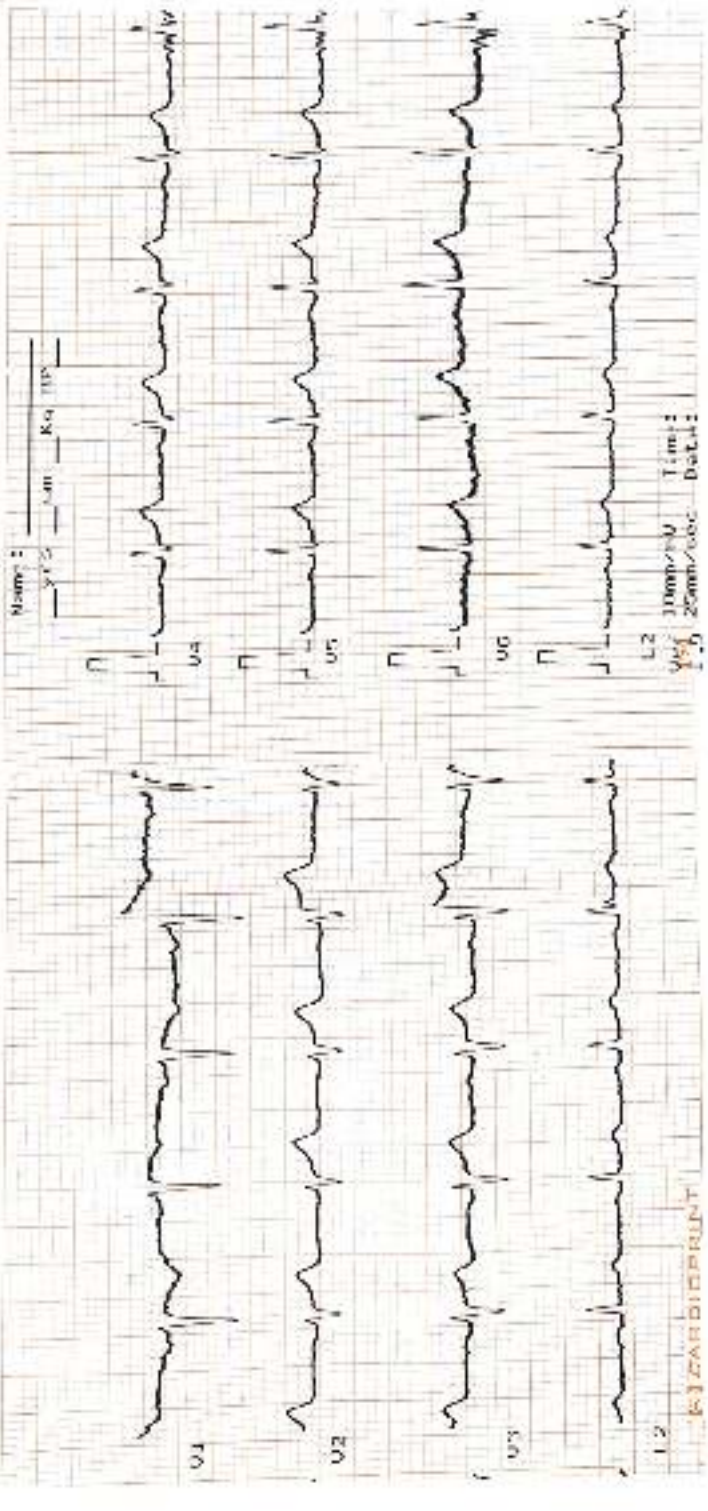




Dr. Bina
REG. NO. 12345



Normal



MANJNA JAIN
I.D. 181981
Age 47/F
Date 08/11/2024

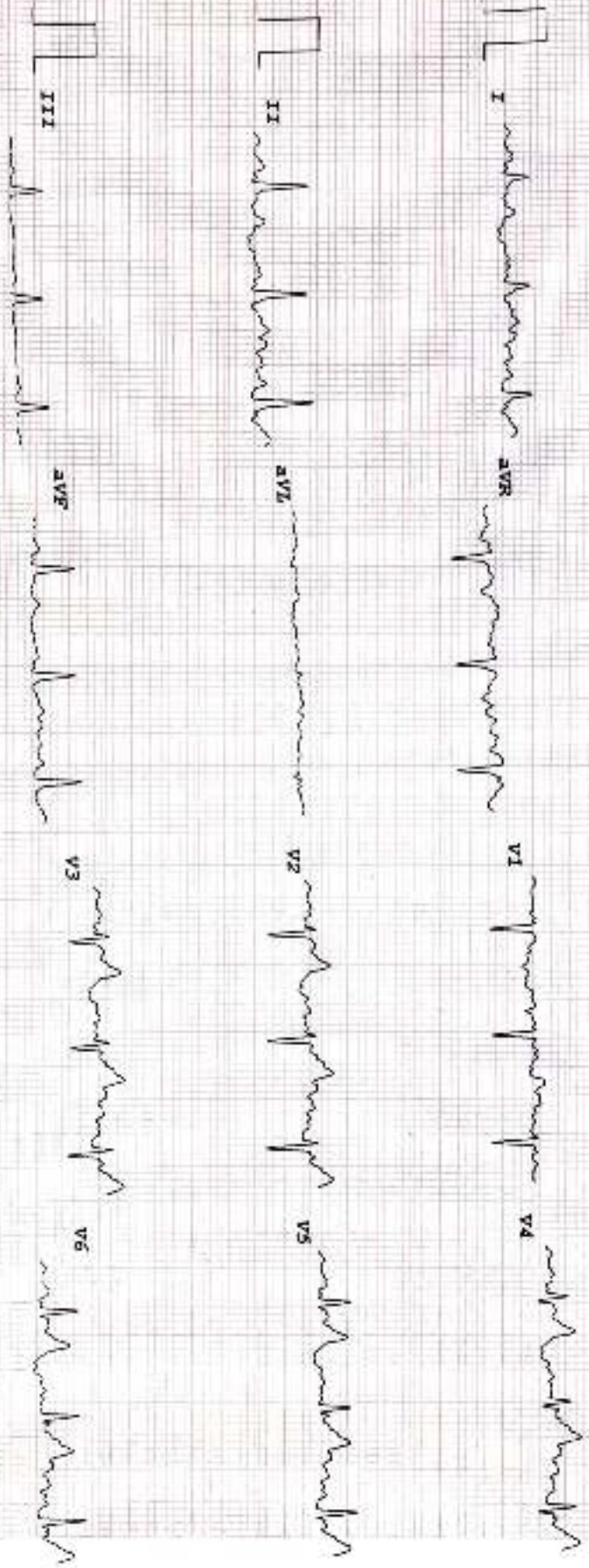
RATE 89bpm
B.P. 120/80

ELITE DIAGNOSTIC

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

RAW ECG



ELITE DIAGNOSTIC

ANJANA JAIN
I.D. 181981
Age 47/F
Date 08/11/2024

Rate 91bpm
B.P. 120/80

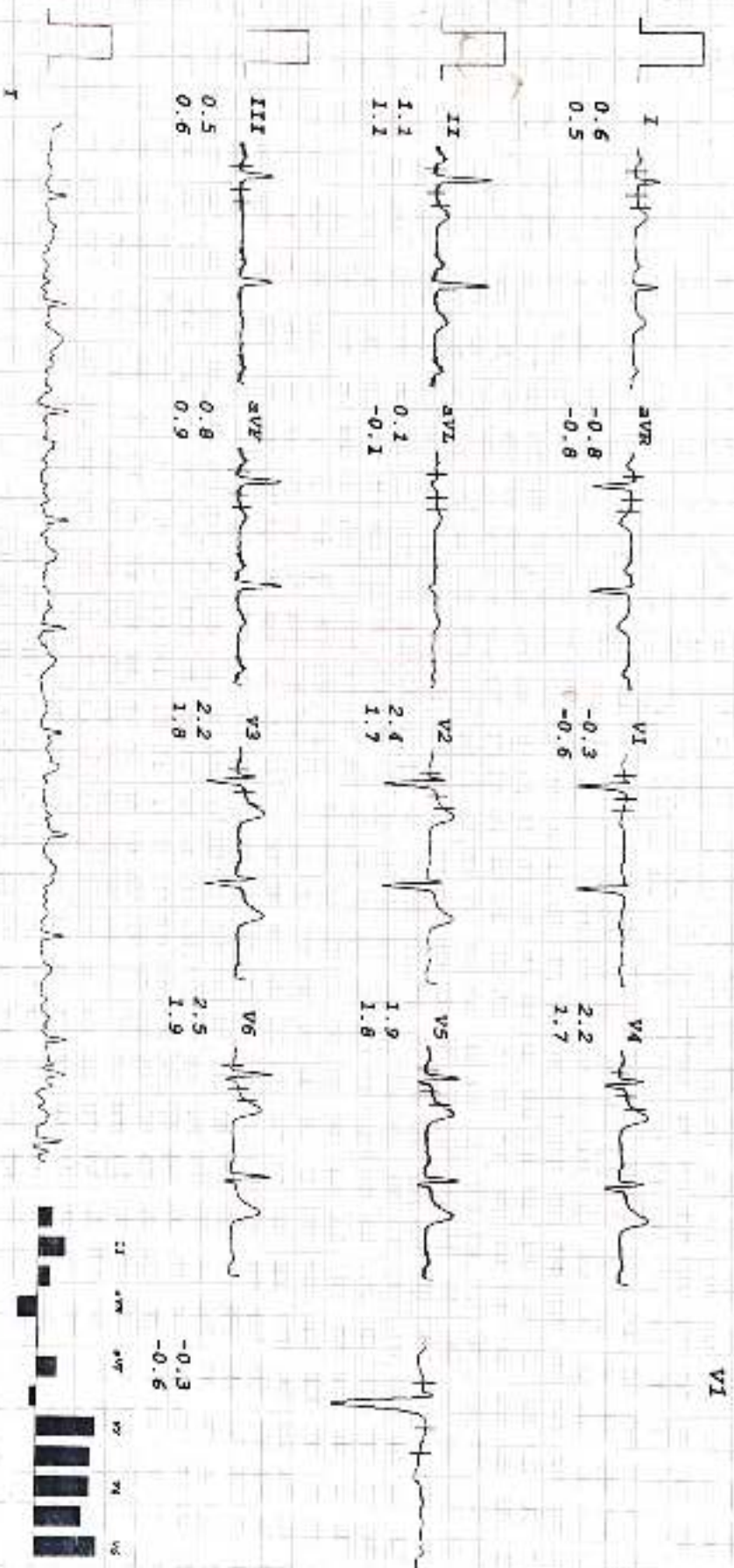
PRETEST
HYPERVENT

ST # 10mm/mV
80ms Pqcty

PHASE TIME 0:04

LINKED MEDIAN

Mag. x 2



ELITE DIAGNOSTIC

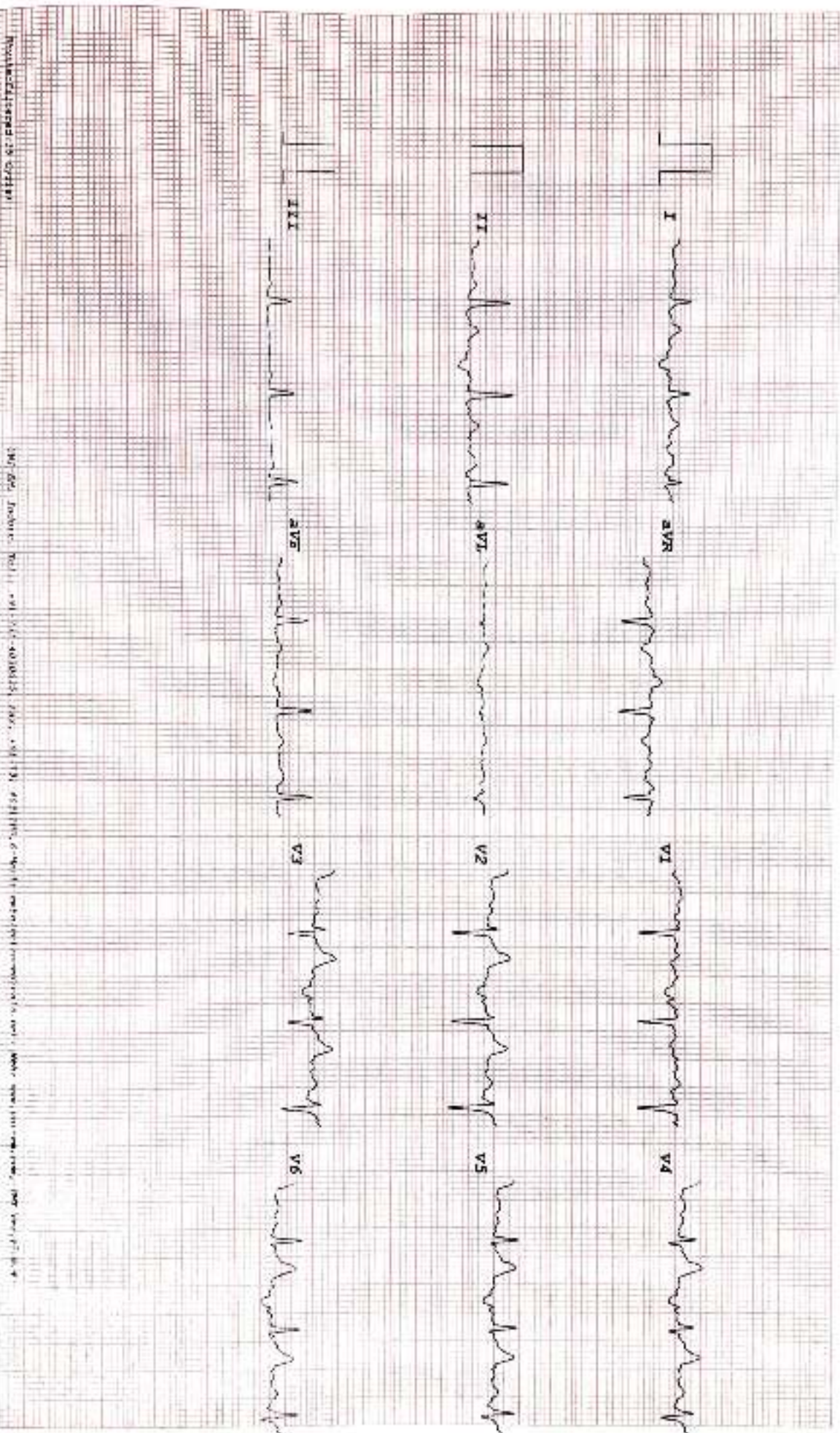
ANJANA JAIN
I. D. 181981
Age 47/F
Date 08/11/2024

RATE 93bpm
R. P. 120/80

PRETEST
VALSALVA

ST @ 10mm/mV
80ms PostJ

RAW ECG



ELITE DIAGNOSTIC

ANJNA JAIN
I.D. 181981
Age 47/F
Date 08/11/2024

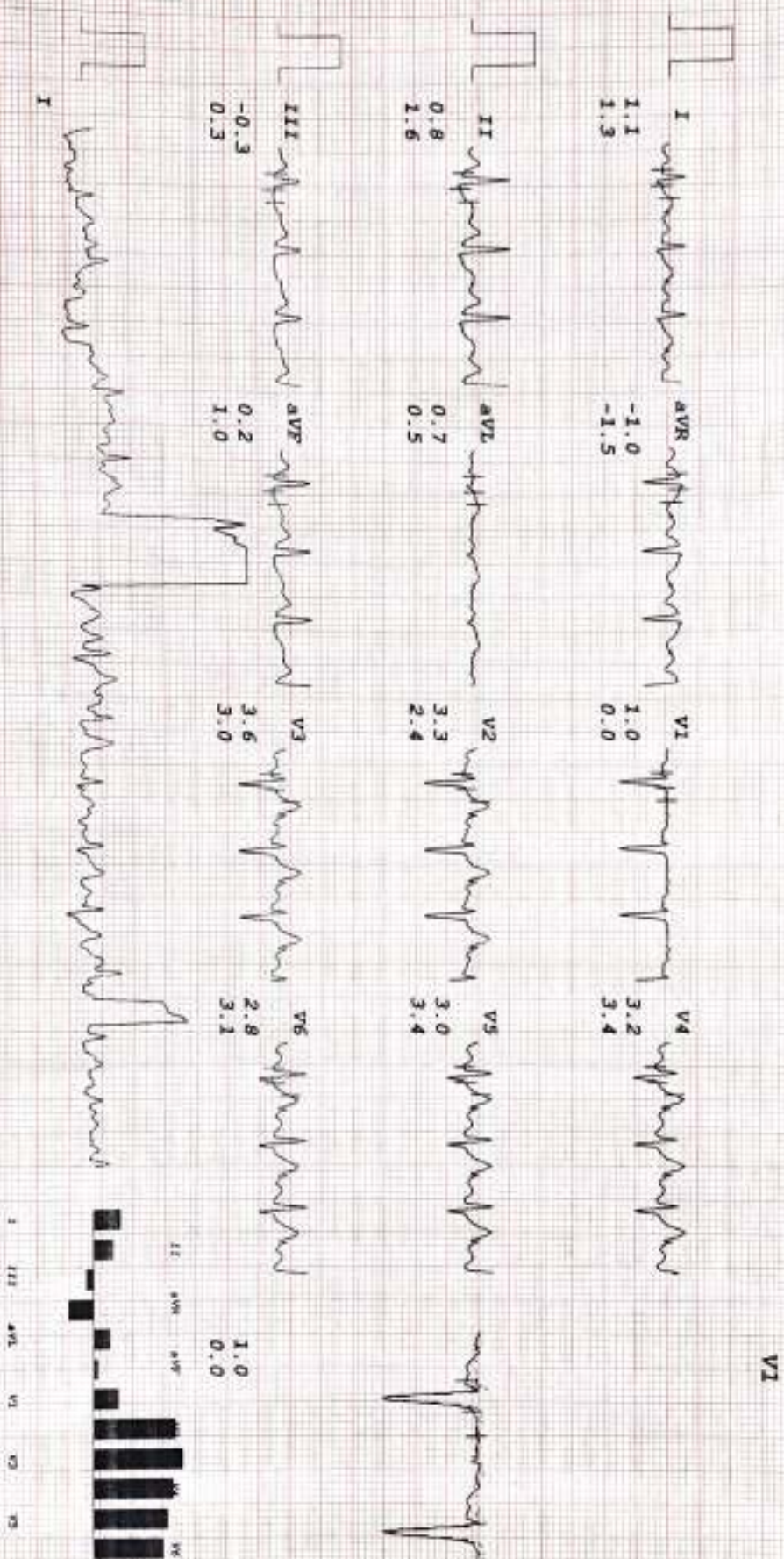
RATE 139bpm
B.P. 124/84

Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 g

LINKED MEDIAN

Mag. x 2



ELITE DIAGNOSTIC

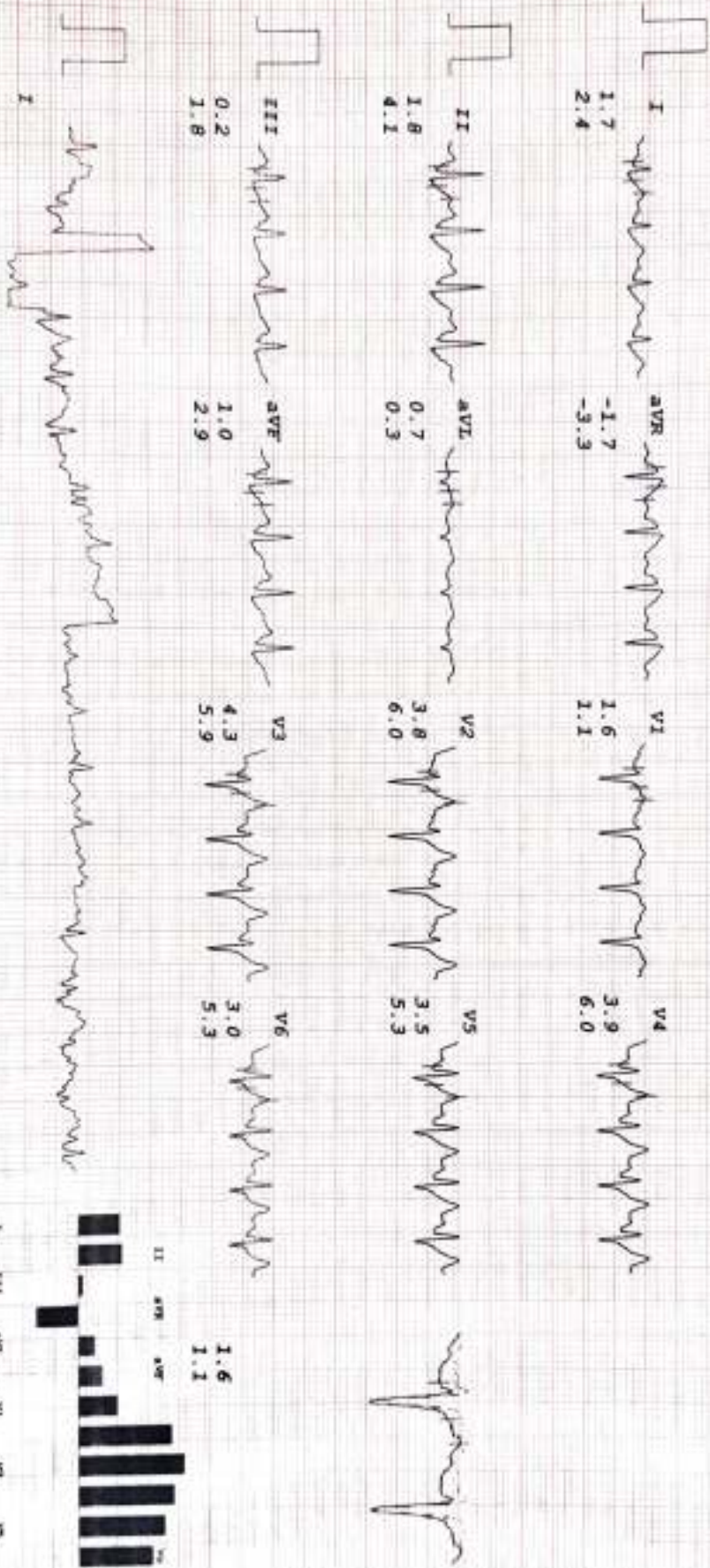
ANJNA JAIN
 I.D. 181981
 Age 47/F
 Date 08/11/2024

RATE 171bpm
 B.P. 128/88

Pace 100bpm
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2



ELITE DIAGNOSTIC

ANJANA JAIN
 I.D. 181981
 Age 47/F
 Date 08/11/2024

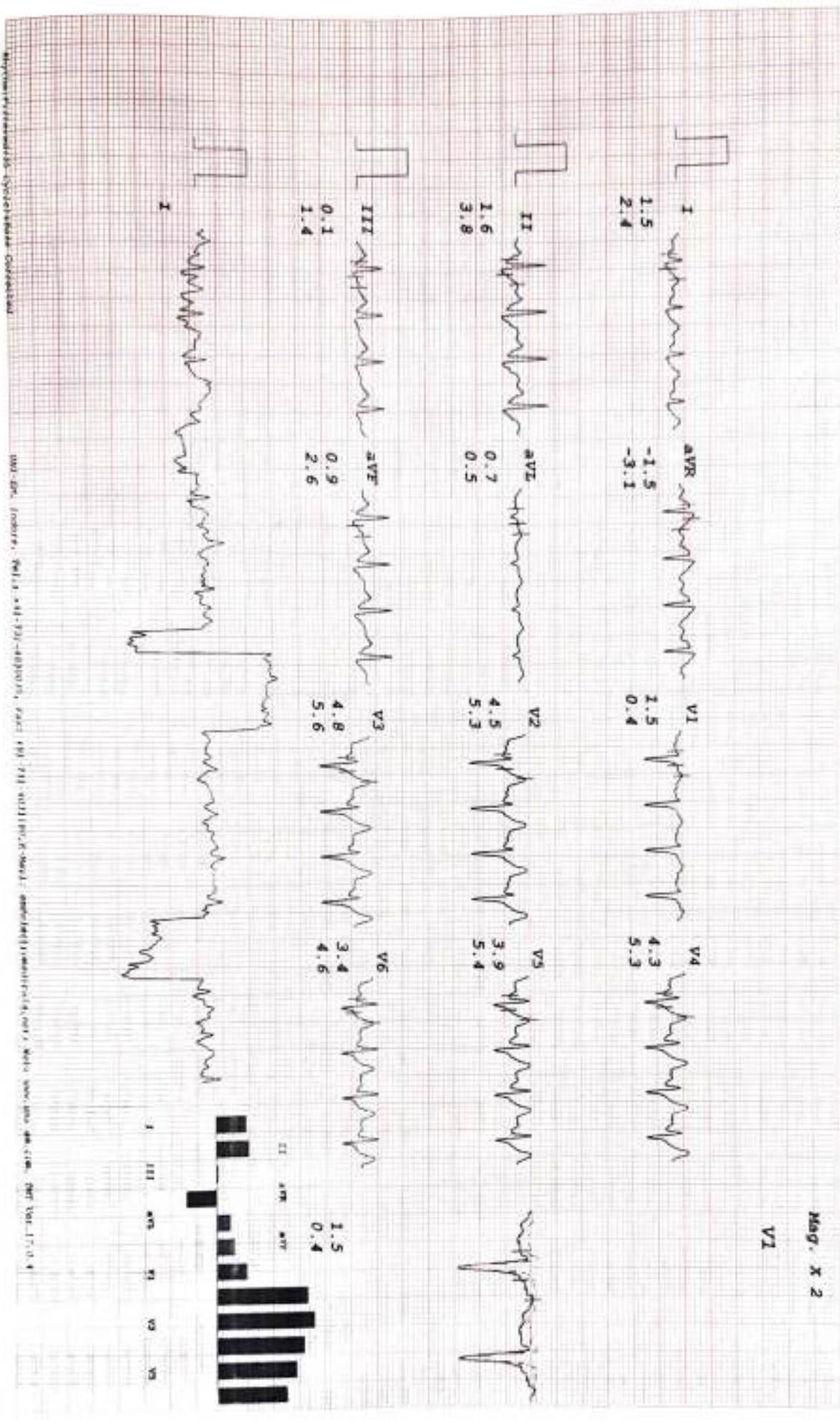
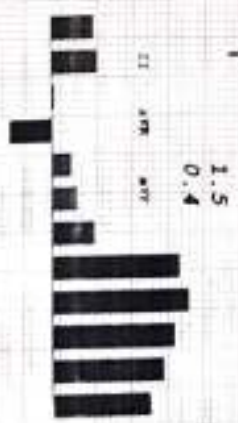
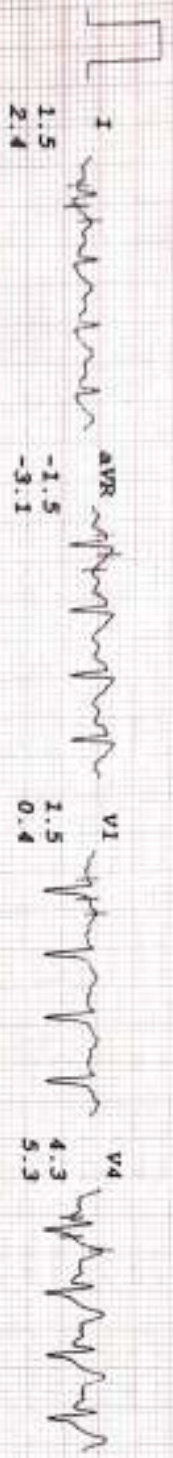
RATE 168bpm
 B.P. 128/88

Bruce
 PR-EXERCISE
 TOTAL TIME 6:06
 PHASE TIME 0:06

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 8

Mag. X 2

V1



ANURJA JAIN
I.D. 181981
Age 47/F
Date 08/11/2024

RATE 109bpm
B.P. 124/84

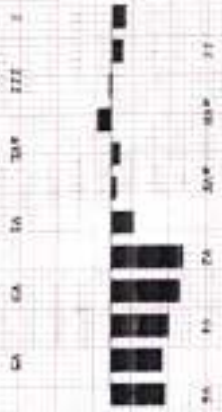
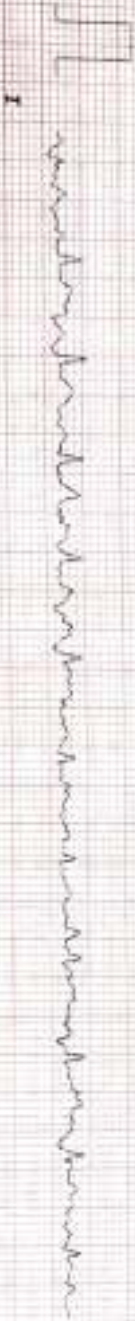
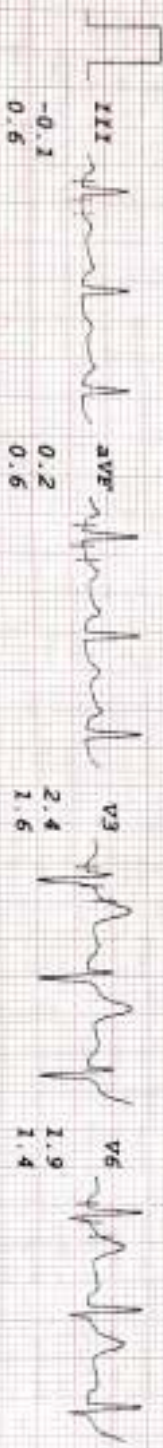
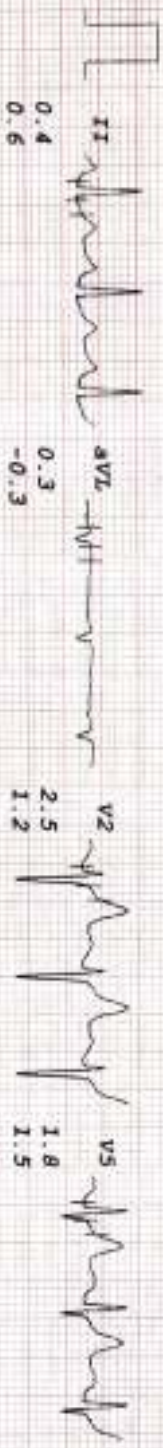
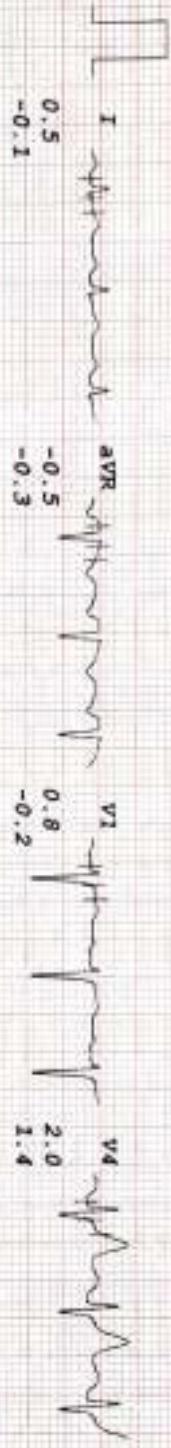
BRUCE
RECOVERY
TOTAL TIME 9:09
PHASE TIME 2:55

ST @ 10mm/mV
80ms PAPER

ELITE DIAGNOSTIC

LINKED MEDIAN

Mag. X 2





ELITE DIAGNOSTIC

Email - clitediagnostic4@gmail.com

PROP. NO. : 6056
S. NO. : 110190
NAME : MRS. ANJNA JAIN AGE/SEX - 47/F
REF. BY : LIC
Date : NOVEMBER, 08, 2024

SEROLOGY

Test Name : *Human Immunodeficiency Virus I&II (HIV) (Elisa method)*
Result : "Non-Reactive"
Normal Range : "Non-Reactive"

Test Name : *Hepatitis B Surface Antigen (HbsAg) (Elisa method)*
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

*****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, Meera Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089341, 9871144570

NOTE: Not to be 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.



ELITE DIAGNOSTIC

Email - elite@diagnostic.kggmail.com

PROP. NO. : B056
S. NO. : 11/140
NAME : MRS. ANJNA JAIN
REF. BY : L1C
Date : NOVEMBER, 05, 2024

AGK/BKX - 47/P

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20 ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.014

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /NPF
Reducing Sugar : Nil /NPF

MICROSCOPIC EXAMINATION

Fus Cells/WBCs : 1-2 /NPF
RBCs : Nil /NPF
Epithelial Cells : 0-1 /NPF
Casts : Nil /NPF
Crystals : Nil /NPF
Bacteria : Nil /NPF
Others : Nil /NPF

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

Please correlate with clinical conditions.

DR. T.K. MATHUR
M.D.B.S., MD (GEN) /NPF
SPECIALIST, 197-2
Consultant Pathologist

7591, Gali no. 10, Main Barambasa Marg, Noida, Noida, India, Delhi - 110056, India. Ph: 9990005141, 9991045901

NOTE - Not to be used as a 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 use.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6056
S. NO. : 110190
NAME : MRS. ANJNA JAIN AGE/SEX - 47/F
REF. BY : LIC
Date : NOVEMBER, 06, 2024

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	91.40	mg/dl	70-115
S. Cholesterol	145.30	mg/dl	120-250
H.D.L. Cholesterol	69.31	mg/dl	35-90
L.D.L. Cholesterol	101.90	mg/dl	0-160
S. Triglycerides	96.20	mg/dl	35-160
S. Creatinine	0.68	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	13.20	mg/dl	06-21
Albumin	4.8	gm/dl	3.2-5.50
Globulin	2.9	gm/dl	2.00-4.00
S. Protein Total	7.7	gm/dl	6.00-8.5
AG/Ratio	1.65		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.5	mg/dl	0.1-1.00
Total Bilirubin	0.7	mg/dl	0.1-1.3
S.G.O.T.	27.31	IU/L	00-42
S.G.P.T.	28.20	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	52.50	IU/L	00-60
S. Alk. Phosphatase	95.25	IU/L	28-111

(Children: 151-471)

*****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, Gal no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi - 110005 Contact: +91-9850285041 987144570

NOTE: Not to be 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.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6056
S. NO. : 110190
NAME : MRS. ANJNA JAIN AGE/SEX - 47/F
REF. BY : LIC
Date : NOVEMBER, 08, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	13.02	gm/dl	12-18
Red Blood Cell (RBC)	4.94	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: (PCV)	49.58	%	37-54
Mean Cell Value (MCV)	78.90		76-96
Mean Cell Hemoglobin (MCH)	29.19	pg	27-32
Mean Cell Hemoglobin Conc. (MCHC)	31.76	%	30-39
Total Leucocytes Count (TLC)	7,100	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	60	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	06	%	02-10
Monocytes	04	%	02-06
Basophils	00	%	00-02
Platelet count	2.68	LACKS	1.0-4.5
E S R (Wintrobe's method)	14	M.M.	0-20

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

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

REGD. NO. 19702

Consultant Pathologist

1091, Gal. no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi-110005 Contact: +91-9650059041, 9871144570

NOTE: Not to be used for 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



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6056
S. NO. : 110190
NAME : MRS. ANJNA JAIN
REF. BY : LIC
Date : NOVEMBER, 09, 2024
AGE/SEX - 47/F

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.95	%

INTERPRETATION

Normal	5.0 - 6.7
Good Diabetic Control	6.8 - 7.3
Fair Control	7.4 - 9.1
Poor Control	more than 9.1

Note: - Glycosylated Haemoglobin 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 preceding 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.

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

Please correlate with clinical conditions.

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NOTE: Not to be 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.



भारत सरकार
Government of India



Aadhaar no. issued: 20/07/2011



Anjna Jain

Date of Birth/DOB: 12/08/1977

Female/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
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authentication, or scanning of QR code / offline XML).

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मेरा आधार, मेरी पहचान



 **GPS Map Camera**

Delhi, Delhi, India
7091, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh,
Delhi, 110005, India
Lat 28.648737° Long 77.182512°
08/11/24 10:17 AM GMT +05:30

