

Date: 17-10-2024

To,
LIC of India
Branch Office

Proposal No. 167320854

Name of the Life to be assured SURESH BHALLA

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. RAINAKHAN
Signature of the Pathologist/ Doctor **MBBS, FMRD**
Name: **Reg. No. 25508**

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

S. Bhalla

(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 & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of HealthIndia Insurance TPA Services PVT LTD
Authorized Signature,





Check in

New Delhi, Delhi, India

DD-23, Block DD, Kalkaji, New Delhi, Delhi 110019, India

Lat 28.544662°

Long 77.258168°

17/10/24 09:38 AM GMT +05:30

GPS Map Camera



DR. RAINA KHAN
 MBBS
 Reg. No. 26508

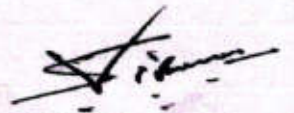
irine diagnostic

healthpartner

S. No. : 17/OCT/24
Name : MRS SURESH BHALLA AGE : 58Years
Ref. by : LIFE INSURANCE CORPORATION SEX : FEMALE
Date : 17-10-2024

H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	13.3	gm%	12-16



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



8595347044

irinediagnostic@gmail.com

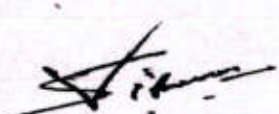
DD-23 KALKAJI DELHI :- 110019

S. No. : 17/OCT/24
Name : MRS SURESH BHALLA
Ref. by : LIFE INSURANCE CORPORATION
Date : 17-10-2024
AGE : 58Years
SEX : FEMALE

B I O C H E M I S T R Y

Test	Result	Units	Normal Range
SERUM CHOLESTEROL	176	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	122	mg/dl.	(60-160)
LDL	115	mg/dl.	(UPTO-150)
VLDL	34	mg/dl.	(23-45)
SERUM CREATININE	0.82	mg%	(0.6-1.2)




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DD-28 KALKAJI DELHI :- 110019

S. No. : 17/OCT/24
Name : MRS SURESH BHALLA
Ref. by : LIFE INSURANCE CORPORATION
Date : 17-10-2024
AGE : 58Years
SEX : FEMALE

URINE EXAMINATION

PHYSICAL EXAMINATION

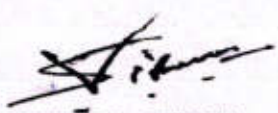
COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.016

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS	3-4/HPF
EPITHELIAL CELLS	4-5/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL


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DD-28 KALKAJI DELHI :- 110019



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 167320854

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

Full Name of Life to be assured: SURESH BHALLA

Age/Sex : 58-10/F

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. 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.
- iii. 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 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.

S. Bhalla

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

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. 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 17/10/2024 2023

Signature of L.A. *S. Bhalla*

Signature of the Cardiologist
Name & Address
Qualification DR. RAINA KARAN
MBBS, DMRD
Reg. No. 25508



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
164	79	124/80	82/m

(B) Cardiovascular System

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Rest ECG Report:

Position	Supine	P Wave	Q
Standardisation Imv	Q	PR Interval	Q
Mechanism	Q	QRS Complexes	Q
Voltage	Q	Q-T Duration	A
Electrical Axis	Q	S-T Segment	Q
Auricular Rate	82/m	T-wave	Q
Ventricular Rate	82/m	Q-Wave	Q
Rhythm	Regular		
Additional findings, if any	None		

Conclusion: ECG-NORMAL

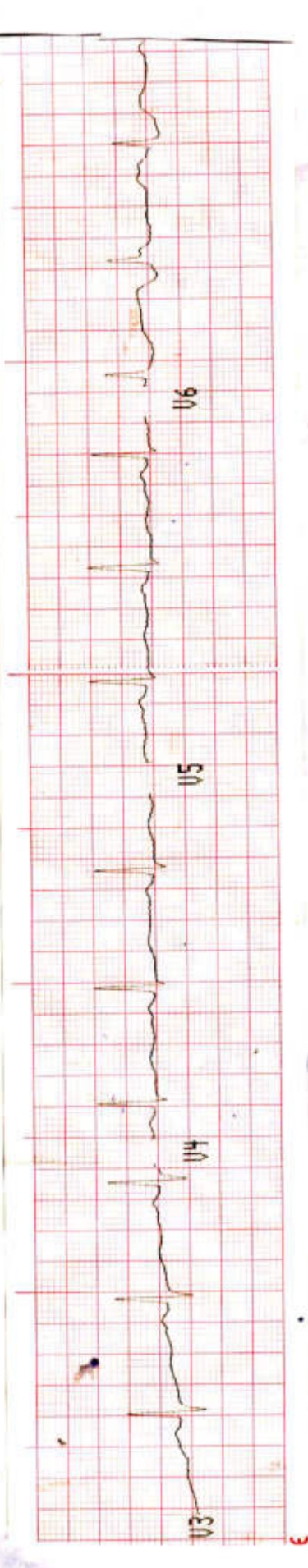
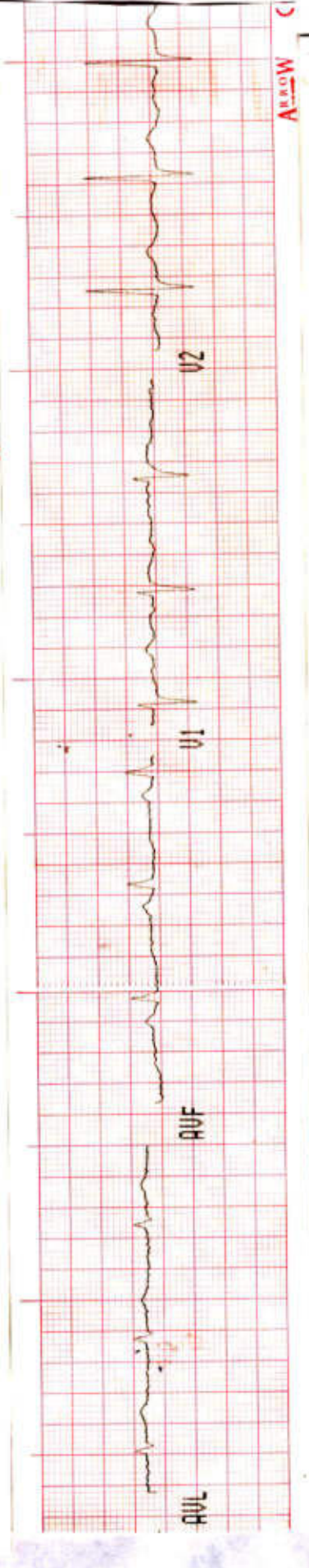
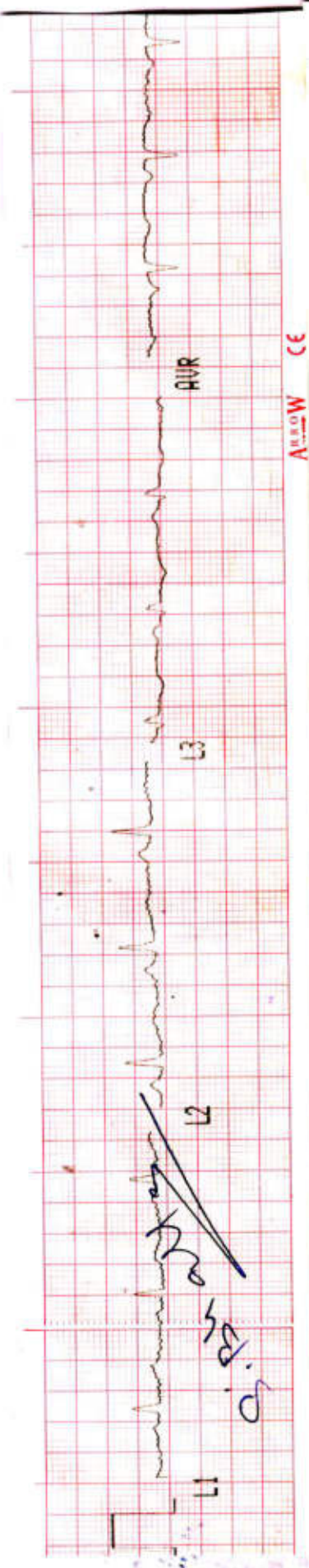
DELHI 17/10/2024
 Dated at on the day of 200



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

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





SURESH BHALLA
 FCE - WNL
 AGE - 58 Y / F
 DATE - 17/07/2024

Dr. RAJNA KHAN
 MBBS, DMRD
 Reg. No. 22508

ARROW C

ARROW CE

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