

To,
LIC of India
Branch Office

Date: 29/10/2024

Proposal No. 1706

Name of the Life to be assured HUNNY SHARMA

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.



(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	YES	MEDICAL EXAMINER'S REPORT	
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%	
ELISA FOR HIV	YES	Other Test	HBAIC, UCT

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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


Branch Code: _____
Proposal/ Policy No: 1706
MSP name/code: _____
Date & Time of Examination: 29/10/2024
Medical Diary No & Page No: _____

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: DL ID Proof No. P08062008573129
(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".


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

1	Full name of the life to be assured:	<u>HUNNY SHARMA</u>	
2	Date of Birth:	Age:	Gender:
	<u>7/9/1988</u>	<u>36 Yrs</u>	<u>MALE</u>
3	Height (In cms):	Weight (in kgs) :	
	<u>172</u>	<u>76.2</u>	
4	Required only in case of Physical MER		
	Pulse :	Blood Pressure (2 readings):	
	<u>88/M</u>	1. Systolic <u>102</u>	Diastolic <u>80</u>
		2. Systolic <u>120</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>	<u>No</u>
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>	<u>No</u>
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>	<u>No</u>



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, heartattack, 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, thalassemia 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,teeth, 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	
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	YES
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Declaration

You Mr/Ms Honey Sharma 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.



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 29 day of oct 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: 29/10/2024

Signature of Medical Examiner
Name & Code No:
Stamp:

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



ANNEXURE II - I

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 1706
 Agent/D.O. Code: _____ Introduced by: (name & signature)
 Full Name of Life to be assured: HUNNY SHARMA
 Age/Sex : 36/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 Y
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N Y
- Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N Y

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 29/Oct/2024

Signature of L.A.

Signature of the Cardiologist
 Name & Address
 Qualification Code No.

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



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
172	76.2	122/80	88/M

(B) Cardiovascular System

N

Rest ECG Report:

Position	Supine	P Wave	N
Standardisation Impv	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	88/M	T-wave	N
Ventricular Rate	88/M	Q-Wave	N
Rhythm	Regular		
Additional findings, if any	JNR		

Conclusion: WNL

Dated at DSCH on the day of 29/Oct/2024

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



Signature of the Cardiologist
Name & Address
Qualification
Code No.

ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. 1706

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

Full Name of Life to be assured: HUNNY SHARMA

Age/Sex: 36/M

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]
Signature or Thumb Impression of L.A.

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 29/Oct/2004

- [Signature]
Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification
Code No.

Dr. BINDU
[Signature]
MBBS, MD
Reg. No.-33435



COMPUTERISED TREADMILL TEST

- (a) Pre-test : Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II)
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

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 - 7:35

Maximum Blood Pressure - 140/92

Maximum Workload - 8.63

Maximum heart rate 159

Maximum predicted heart rate 86 %

Reason for termination - Achieved THR

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



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)

[Signature]

ELITE DIAGNOSTIC

2091, GALI NO-10, MATA RAMESHWARI MARG,
NEHRU NAGAR, KAROL BAGH, DELHI - 110005



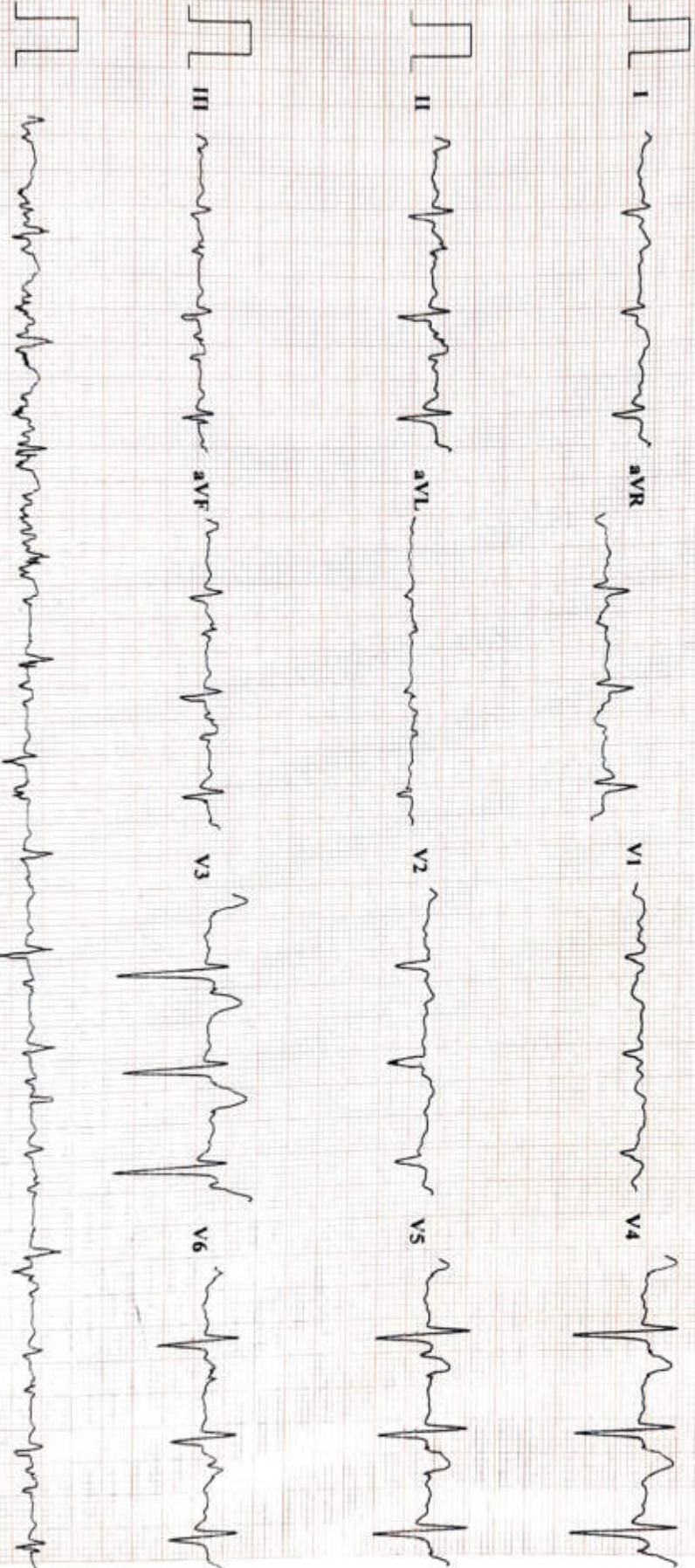
Raw ECG

HUNNY SHARMA
ID : 140
AGE/SEX : 36 Yr/M
HT/WT : 172 Cm / 76 Kg
DATE : 29/10/2024 09:57:12 AM
REF BY : Dr
MACHINE INTERPRETATION : Normal ECG.

RATE : 119 bpm
BP : N/A
P Axis : 102 deg.
QRS Axis : -118 deg.
T Axis : 106 deg.

P Duration : 139 ms
PR Duration : 181 ms
QRS Duration : 241 ms
QT Interval : 323 ms
QTc Interval : 395 ms

Speed : 25 mm/s
Sensitivity : 10 mm/mV



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



Dr. LIC

ELITE DIAGNOSTIC
7091, GALI NO-10, MATA RAMESHWARI MARG,
NEHRU NAGAR, KAROL BAGH, DELHI -110005



HUNNY SHARMA
 ID : 181979
 DATE : 29/10/2024
 AGE/SEX : 36 / M
 HT/WT : 172 / 76
 REF. BY : LIC

TREADMILL TEST REPORT

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST. LEVEL (MM)			METS
								II	V1	V5	
SUPINE					97	122 / 80	118	1.7	-0.7	2.4	
STANDING					95	122 / 80	115	1.7	-0.8	2.5	
HYPERTENT			0:4		96	122 / 80	117	2.3	-1.3	3.7	
VALSALVA					95	122 / 80	115	2.3	-1.4	3.6	
Stage 1	2:55	2:55	2.7	10	108	126 / 84	136	2.1	-0.8	2.6	4.67
Stage 2	5:55	2:55	4	12	127	134 / 88	170	2	-0.8	3.1	7.04
Stage 3	7:31	1:31	5.4	14	159	140 / 92	222	1.4	-1	2.3	8.57
PK-EXERCISE	7:35	1:35		14	159	140 / 92	222	1.2	-0.9	2.2	
RECOVERY	8:41	0:58	5.4	14	125	136 / 90	170	2.6	-1.4	4.3	8.63
RECOVERY	10:38	2:55			96	132 / 88	126	0.7	-0.4	1.1	
RECOVERY	13:38	5:55			99	126 / 84	124	1.1	-0.3	1.4	

RESULTS

EXERCISE DURATION : 7:35
 MAX HEART RATE : 159 bpm
 MAX BLOOD PRESSURE : 140 / 92 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 8.63 METS

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



Technician :

HUNNY SHARMA
I. D. 181979
Age 36/M
Date 29/10/2024

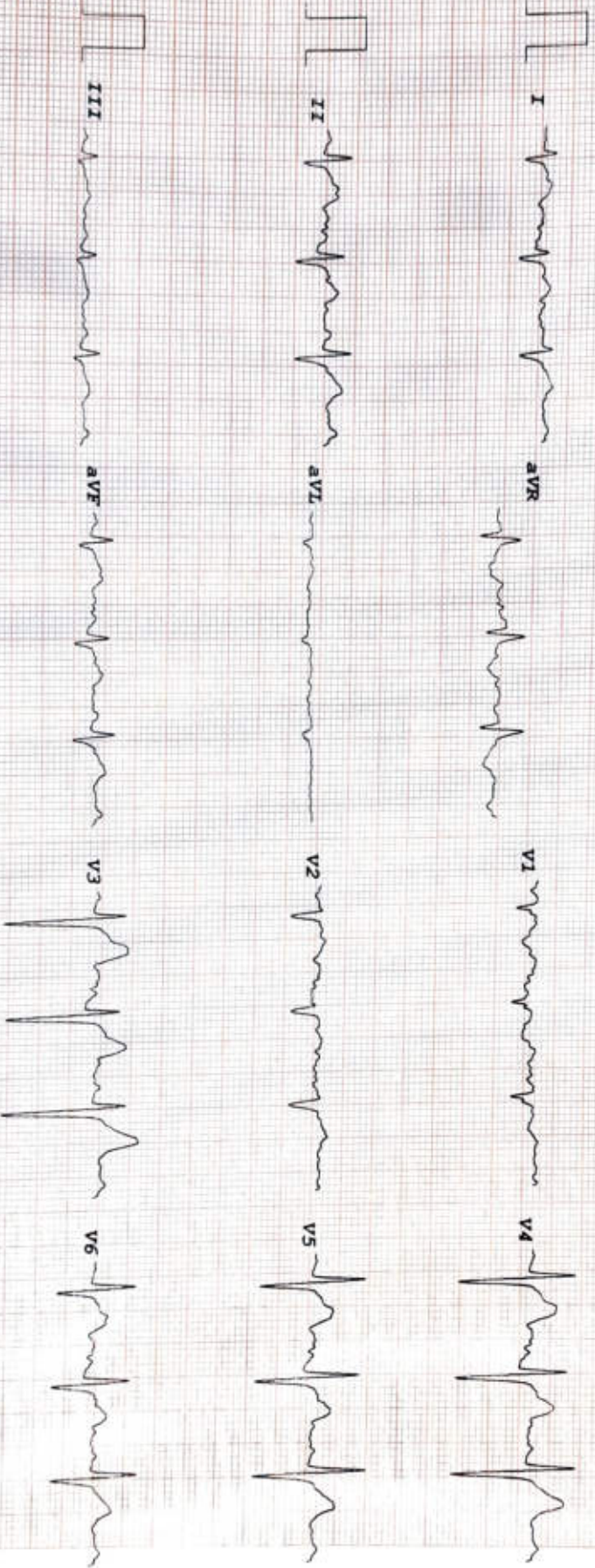
RATE 97bpm
B.P. 122/80

ELITE DIAGNOSTIC

PRETEST
SUPINE

ST @ 10mm/mV
80ms Post J

RAW ECG



HUNNY SHARMA
 I.D. 181979
 Age 36/M
 Date 29/10/2024

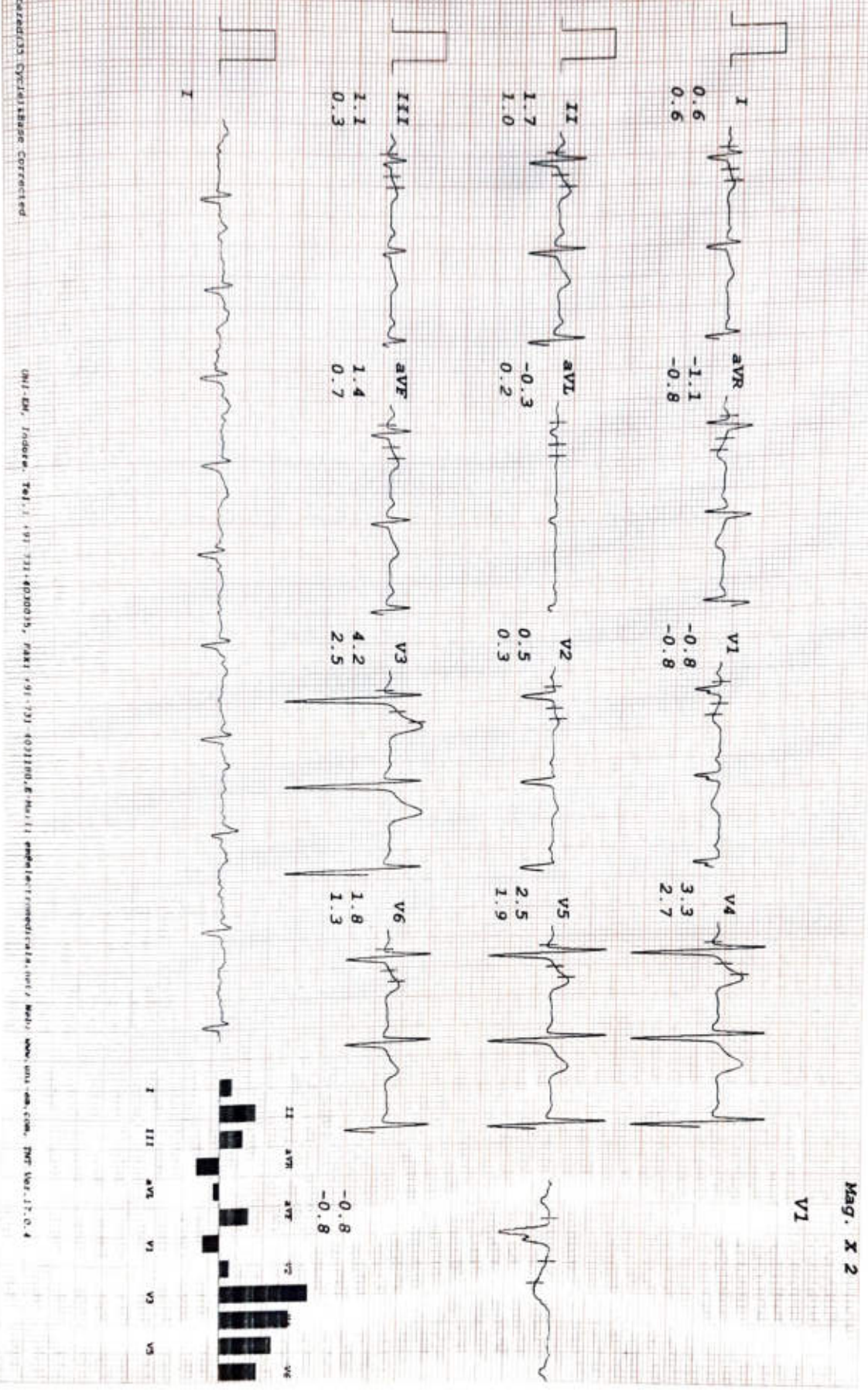
RATE 95bpm
 B.P. 122/80

ELITE DIAGNOSTIC

PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN



Mag. X 2

V1

ELITE DIAGNOSTIC

HUNNY SHARMA
I.D. 181979
Age 36/M
Date 29/10/2024

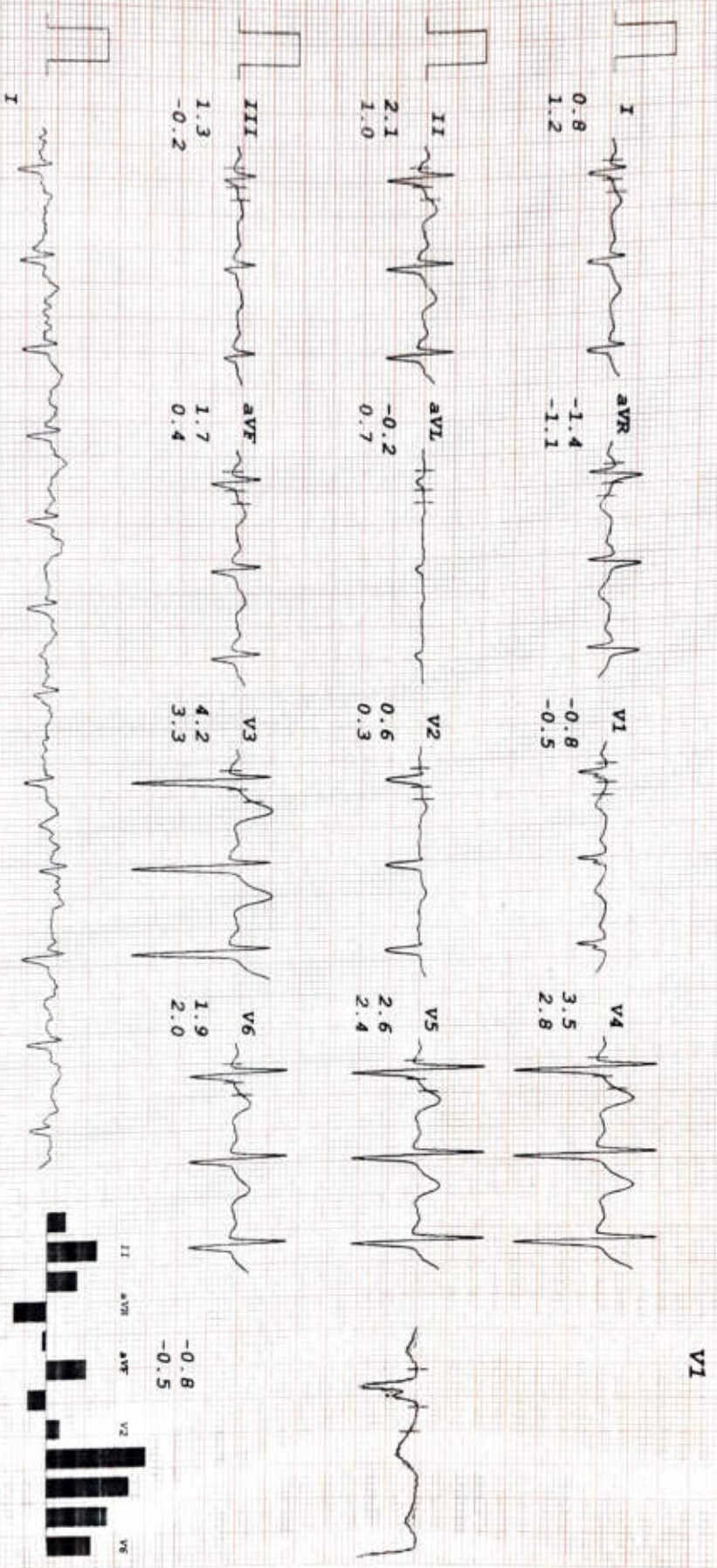
RATE 108bpm
B.P. 126/84

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

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

LINKED MEDIAN

Mag. X 2



ELITE DIAGNOSTIC

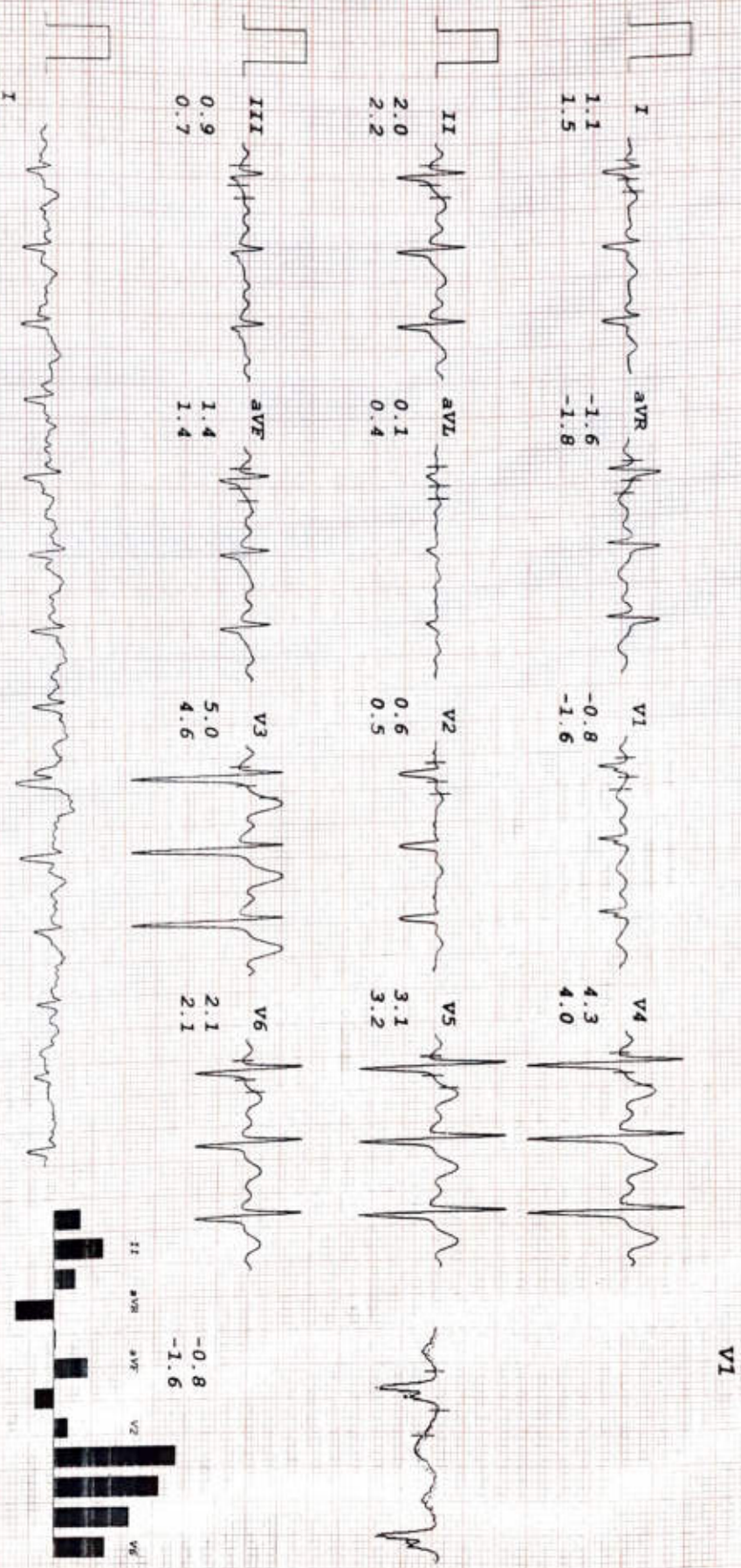
HUNNY SHARMA
I.D. 181979
Age 36/M
Date 29/10/2024

RATE 127bpm
B.P. 134/88

Bruce
Stage 2
TOTAL TIME 5:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostU
Speed 4 km/hr
SLOPE 12 %

LINKED MEDIAN



Mag. X 2

V1

HONNY SHARMA
I. D. 181979
Age 36/M
Date 29/10/2024

RATE 159bpm
B.P. 140/92

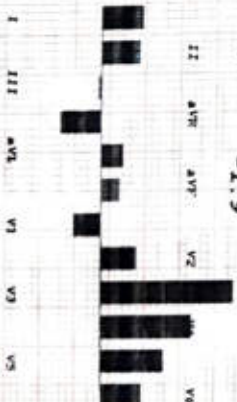
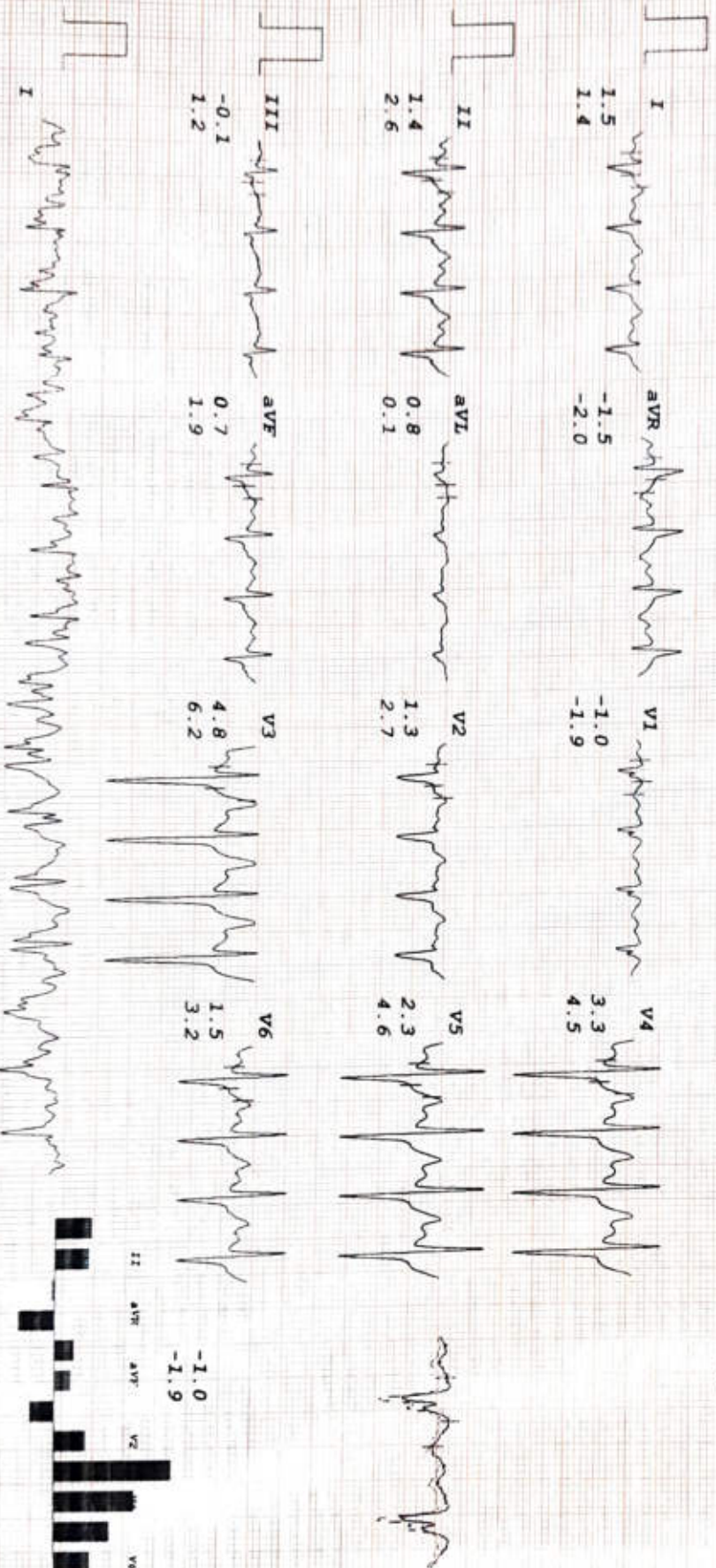
ELITE DIAGNOSTIC

Bruce
Stage 3
TOTAL TIME 7:31
PHASE TIME 1:31

ST @ 10mm/mV
80ms PostT
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2



HONNY SHARMA
 I.D. 181979
 Age 36/M
 Date 29/10/2024

RATE 125bpm
 B.P. 136/90

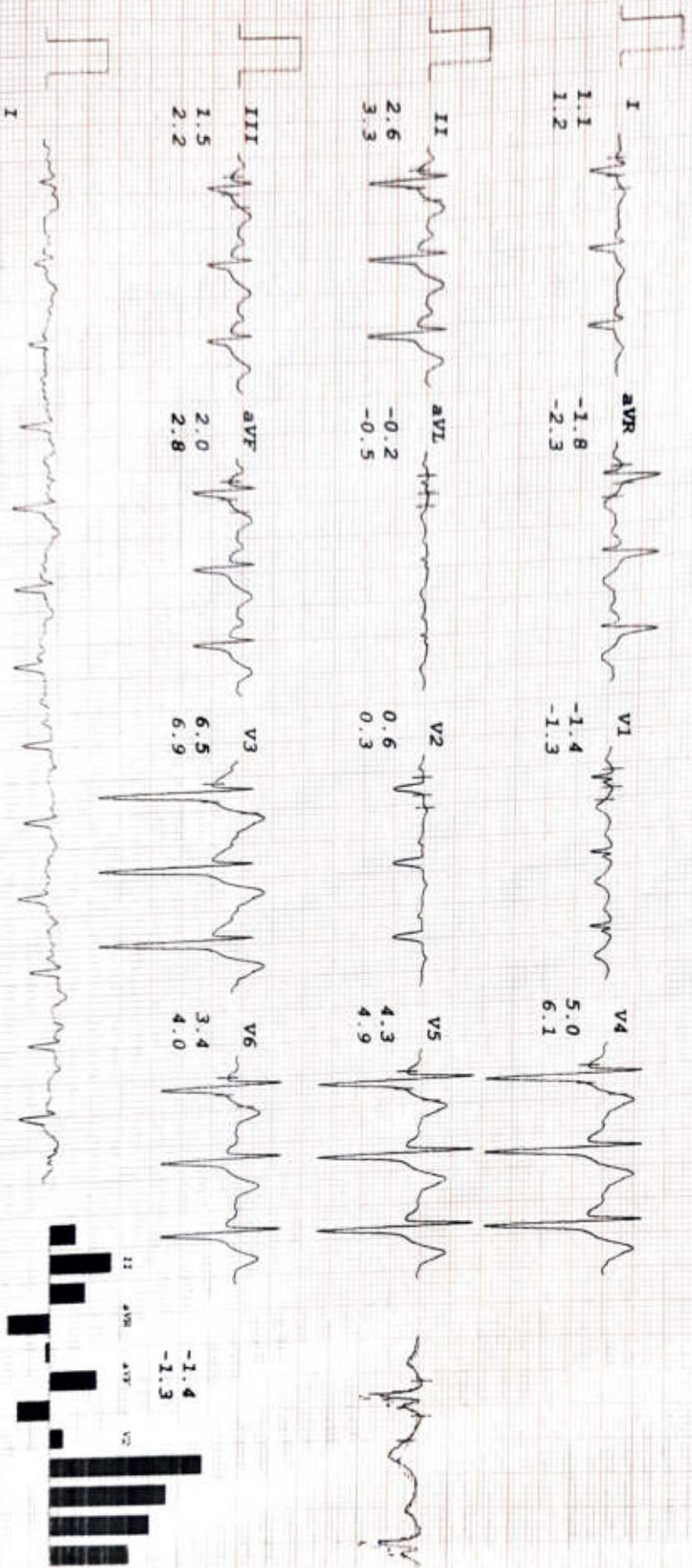
Bruce
 RECOVERY
 TOTAL TIME 8:41
 PHASE TIME 0:58

ST @ 10mm/mV
 80ms Post-CJ

ELITE DIAGNOSTIC

LINKED MEDIAN

Mag. X 2



HONNY SHARMA

I.D. 181979

Age 36/M

Date 29/10/2024

RATE 99bpm

B.P. 126/84

ELITE DIAGNOSTIC

Bruce

RECOVERY

TOTAL TIME 13:38

PHASE TIME 5:55

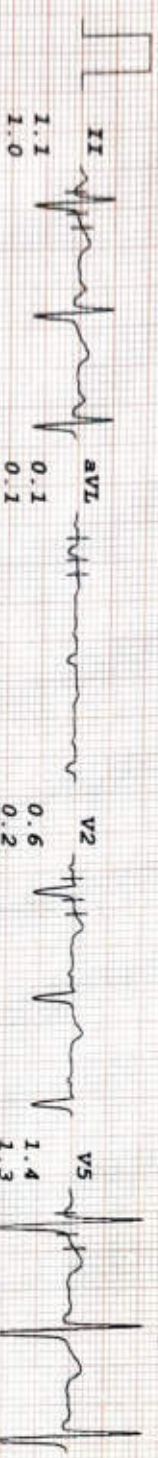
ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



Licence to drive vehicles throughout India



LICENCE NO. : P08062008573129 N
 NAME : HUNNY SHARMA
 Son of : SH M M SHARMA
 ADDRESS : B-23 KEWAL PARK
 AZAD PUR
 DELHI 110033
 DT. OF BIRTH : 07/09/1988
 VEHICLE CLASS : MCYL 21/06/2008
 LMV(NT) 21/06/2008

Hunny Sharma

(Holder's Signature)

DT. OF ISSUE : 21/06/2008
 VALIDITY : 20/06/2028

INV CARR NO.: NA

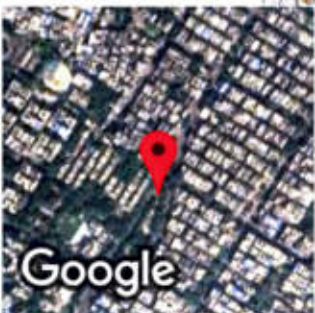
[Signature]

Sig. Of Licencing Authority (NW2)





Delhi, Delhi, India
11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar,
Karol Bagh, Delhi, 110005, India
Lat 28.648765° Long 77.182548°
29/10/24 10:22 AM GMT +05:30





ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 1706
S. NO. : 110283
NAME : MR. HUNNY SHARMA
REF. BY : LIC
Date : OCTOBER, 29, 2024

AGE/SEX - 36/M

BIOCHEMISTRY-(SBT-13)

Test	Result	Units	Normal Range
Blood Sugar Fasting	91.13	mg/dl	70-115
S. Cholesterol	171.91	mg/dl	130-250
H.D.L. Cholesterol	076.00	mg/dl	35-90
L.D.L. Cholesterol	126.78	mg/dl	0-160
S. Triglycerides	126.60	mg/dl	35-160
S. Creatinine	0.92	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	16.12	mg/dl	06-21
Albumin	3.8	gm%	3.2-5.50
Globulin	2.8	gm%	2.00-4.00
S. Protein Total	6.6	gm%	6.00-8.5
AG/Ratio	1.95		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.	29.97	IU/L	00-42
S.G.P.T.	27.70	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	051.13	IU/L	00-60
S. Alk. Phosphatase	91.41	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, 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.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 1706
S. NO. : 110283
NAME : MR. HUNNY SHARMA AGE/SEX - 36/M
REF. BY : LIC
Date : OCTOBER, 29, 2024

Cotinine

Test	Result
Cotinine	NEGATIVE

Cotinine Levels

- <10 ng/mL - Non-active smoker.
- 10 ng/mL to 100 ng/mL - Light smoker or moderate passive exposure.
- >200 ng/mL - Considered to be heavy smokers

NOTE :- We are using Nano Card method in Urine cotinine. In This method only Negative & Positive values are there.

Cotinine test is a rapid, self-controlled immunoassay for the qualitative detection of cotinine in human urine. Cotinine is a primary metabolite of nicotine and remains in the body of habitual tobacco users for approximately 17 hours..

*****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.



ELITE DIAGNOSTIC

Email – elitediagnostic4@gmail.com

PROP. NO. : 1706
S. NO. : 110283
NAME : MR. HUNNY SHARMA AGE/SEX - 36/M
REF. BY : LIC
Date : OCTOBER, 29, 2024

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.61	%

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 preceeding 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.

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 hasitation. This report is not for medico – legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 1706
S. NO. : 110283
NAME : MR. HUNNY SHARMA
REF. BY : LIC
Date : OCTOBER, 29, 2024

AGE/SEX - 36/M

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.18	gm/dl	12-18
Red Blood Cell [RBC]	5.66	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	45.72	%	37-54
Mean Cell Value [MCV]	83.60		76-96
Mean Cell Hemoglobin [MCH]	31.21	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.44	%	30-35
Total Leucocytes Count (TLC)	7,600	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	63	%	40-75
Lymphocytes	27	%	20-45
Eosinophils	07	%	02-10
Monocytes	03	%	01-06
Basophills	00	%	00-01
Platelet count	2.56	LACKS	1.5-4.5
E S R (Wintrob's method)	15	M.M.	0 - 20

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

Please correlate with clinical conditions.

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S. NO. : 110283
NAME : MR. HUNNY SHARMA AGE/SEX - 36/M
REF. BY : LIC
Date : OCTOBER, 29, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.011

CHEMICAL EXAMINATION


Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

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

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

Please correlate with clinical conditions.

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Date : OCTOBER, 29, 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.

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