

Format of separate sheet to be sent along with computer generated special reports

Date 15/10/24

To
LIC of India,
Branch Office

35D

Proposal No. 5045

Name of the Life to be assured Aman Sharma

The Life to be assured was identified on the basis of Pan Card.

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. Deepika Agrawal

Signature of the Pathologist/Doctor

Name: Consultant Pathologist

The examination / tests were done with my consent.

[Signature]
(Signature of the Life to be assured)

Name:

Reports enclosed:

- VMEK
- SBT-13
- HB

- RVA
- ECG
- HbA1c

Rubber Stamp of TPA



DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO CHEMICAL TESTS-13 (SBT-13)

Full Name of life to be assured AMAN SHARMA

PROPOSAL NO- 5045 Age 37/Y GENDER -MALE

Division BHOPAL Branch

| No. | Type of Test | Actual Reading | Normal Range |
|-----|--|----------------|-----------------|
| 1 | Fasting Blood Sugar (Method - GOPD) | 87.7 | 70-110 MG/DL |
| 2 | Total Cholesterol | 150.3 | UP TO 200 MG/DL |
| | High Density Lipid (HDL) | 42.1 | 30-70 MG/DL |
| | Low Density Lipid (LDL) | 103.20 | UP TO 130 MG/DL |
| 3 | S. Triglycerides | 128.1 | UP TO 160 MG/DL |
| 4 | S. Creatinine | 0.69 | 0.5-1.5 MG/DL |
| 5 | Blood Urea Nitrogen (BUN) | 19.2 | 10-40 MG/DL |
| 6 | S. Proteins | 7.1 | 6.7-8.7 MG/DL |
| | (a) Albumin | 4.2 | 3.7-5.3 MG/DL |
| | (b) Globulin | 2.9 | 2.3-3.6 MG/DL |
| | AG Ratio | 1.4 | 1.5-2.0 |
| 7 | S. Billrubin | | |
| | (a) Direct | 0.29 | 0.2-0.4 MG/DL |
| | (b) Indirect | 0.55 | 0.1-1.0 MG/DL |
| | Total | 0.84 | 0.2-1.2 MG/DL |
| 8 | SGOT (AST) | 24.4 | UP TO 40 IU/L |
| 9 | SGPT (ALT) | 26.1 | 5 TO 40 IU/L |
| 10 | GGTP (GGT) | 13.3 | 3.0-28.7IU/L |
| 11 | S. Alkalin phosphatase | 74.9 | 37-147 IU/L |
| 12 | HbsAg (Australia antigen) | Negative | |
| 13 | sa for HIV(Method -----ELISA-----) | Negative | |

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated BHOPAL on the 15 day of 10 20 24 at 9:34 am/pm

Signature of the Pathologist:
 Pathologist Name: Dr. Deepika Agrawal
 Qualification: MBBS, MD.
 Address: Consultant Pathologist



DIWAKAR DIAGNOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL MEDICAL REPORT
HAEMOGRAM

AMAN SHARMA

Age Sex

PROPOSAL NO Division Branch

| No. | Type of Test | Values | Normal Range |
|-----|---|--------|------------------------|
| 1 | Red Blood Cell Count | | 4.5-6.5 million/cmm |
| 2 | HB% | 14.1 | 12-17 GMS% |
| 3 | Hematocrit | | 40-70% |
| 4 | Indices | | |
| | (a) MCV (Mean Corpuscular Volume) | | 70-100fl |
| | (b) MCH (Mean Corpuscular Hb) | | 27.0-37.0 pg |
| | (c) MCHC (Mean Corpuscular Hb Concentration) | | 32-37 g/dl |
| 5 | Morphology | | |
| | Macrocytes | Nil | |
| | Microcytes | Nil | |
| | Hypochromia: | Nil | |
| | Poikilocytosis: | Nil | |
| | Anisocytosis: | Nil | |
| 6 | Target Cell - | | |
| | Spherocytes: | Nil | |
| | Eliptocytes : | Nil | |
| 7 | White Blood Cells | | |
| | Total Count : | | 4000-11000/ microliter |
| | Differential Counts | | |
| | a) Neutrophils: | | 45-75% |
| | b) Lymphocytes | | 20-45% |
| | c) Eosinophils | | 1-6% |
| | d) Monocytes: | | 1-10% |
| | e) Basophils : | | 0.0-1.0% |
| 8 | Platelets: | | 1,50000-4,50000 lac. |
| 9 | Erythrocytes Sedimentation rate : (WINTRIOBE)Method | | 0-10 MM/HR |

I declare that the person examined/Investingated, signed/affised thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at on the day of 20 at am/pm

Signature of the Pathologist:
Pathologist Name: Dr. Deepika Agrawal
Qualification : MBBS, MD.
Address Consultant Pathologist



DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal

ROUTINE URINE ANALYSIS

Full Name of life to be assured

AMAN SHARMA

PROPOSAL NO-

5045

Age

37/

Y

Sex

MALE

Division

Bhopal

Branch

1 PHYSICAL EXAMINATION

| | | |
|-------------------|-------------|------|
| (i) Colour | PALE YELLOW | (ii) |
| (ii) Transparency | CLEAR | (iv) |

| | |
|----------|----------|
| Sediment | Absent |
| Reaction | Alkaline |

2 CHEMICAL EXAMINATION

| | | |
|-----------------|--------|------|
| (i) Protein | Absent | (ii) |
| (iii) Bile Salt | Absent | (iv) |

| | |
|---------------|--------|
| Sugar | Absent |
| Bile Pigments | Absent |

3 MICROSCOPIC EXAMINATIK

| | | |
|---------------------|--------|------|
| (i) Red Blood Cells | Absent | (ii) |
| (iii) Crystal | Absent | (iv) |
| (v) Casts | Absent | (vi) |

| | |
|------------------|---------|
| Equithelial Cell | 1-3/HPF |
| Pus Cells | 1-2/HPF |
| Deposits | Absent |

REMARKS :

If Pus cells are present GRAM STA in is necessary.

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at Bhopal on the 15 day of

10 20 24 at 9:34 am/pm

Signature of the Pathologist:

Pathologist Name:

Dr. Deepika Agrawal

Qualification :

MBBS, MD.

Address

Consultant Pathologist





दिवाकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मेन रोड, अरेरा कॉलोनी, भोपाल (म.प्र.) मो.: 9826340190

| | |
|-------------|-----------------|
| Pt.Name :- | Mr. Aman Sharma |
| Age :- | 37/M |
| Refd. By :- | LIC |
| P.No. :- | 5045 |
| Date :- | 15/10/2024 |

EXAMINATION OF BLOOD

| | | |
|----------------------------------|------|---|
| Glycosylated Hemoglobin HBA1c | 4.9% | Below - 6.0 % -Non Diabetic control 6-7 % -Excellent control Above- 8 % -Poor control |
|----------------------------------|------|---|



Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist

Pathologist



DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal ELECTROCARDIOGRAM

Full Name of life to be assured

Age Sex

Division Branch

Proposal No. Agent/ Code No. Dev. Officer Code No.

Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation. The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG traings.
- ii 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 V₁ R be recorded.

DECLARATION

I declare that the Foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated _____ given by me to LIC of India.

Note: Cardiologist is requested to explain following to L.A and to note the answers there of.

- i Have you ever had chest pain. Palpitaion. Breathlessness at rest or exertion ?
- ii Are you suffering from heart disease. Diabetes high or low Blood Pressure or kidney disease
- iii Have you ever had chest X-Ray. ECG. Blood sugar Cholesterl or any other test done ?

| |
|----|
| NO |
| NO |
| NO |

If the answer/s to any/ all of the above question is 'Yes' submit all relevant papers with this from.

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 with held. I do agree that these will from part of the proposal dated _____ given by me to LIC of India.

Date at on the day of 20 at am/pm

| | |
|---|------------------|
| Signature of the Pathologist: | |
| Pathologist Name | |
| Qualification : | M E 's Code No.: |
| Name & Address of the Hospital/Clinic/Lab : | |

Dr. Arvind Kumar
MBBS, MD, DCC (DIP Clinical Cardiology)
Fellowship Clinical Cardiology Association



DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal

Full Name of life to be assured

AMAN SHARMA

(A) Measurements

| Height (Cm) | Weight (Kg) | BP | Pulse |
|-------------|-------------|--------|--------|
| 179 CM | 80 KG | 121/70 | 73/MIN |

(B) Cardiovascular System ----- NORMAL

Rest ECG Report:

| | | | |
|-----------------------------|---------|---------------|--------|
| Position | SUPINE | P Wave | NORMAL |
| Standarisation IMV | NORMAL | PR Interval | NORMAL |
| Mechanism | NORMAL | QRS Complexes | NORMAL |
| Voltage | NORMAL | Q-T Duration | NORMAL |
| Electrical Axis | NORMAL | S-T Segment | NORMAL |
| Auricular Rate | 73/MIN | T-wave | NORMAL |
| Ventricular Rate | 73/MIN | Q-Wava | NORMAL |
| Rhythm | REGULAR | | |
| Additional findings. If any | NO | | |

Conclusion : WNL

Date at BHOPAL on the 15 10 20 24 at 09:34 AM

Signature of the Pathologist:

Dr. Arvind Kumar

Pathologist Name:

Member, Indian Clinical Cardiology Association

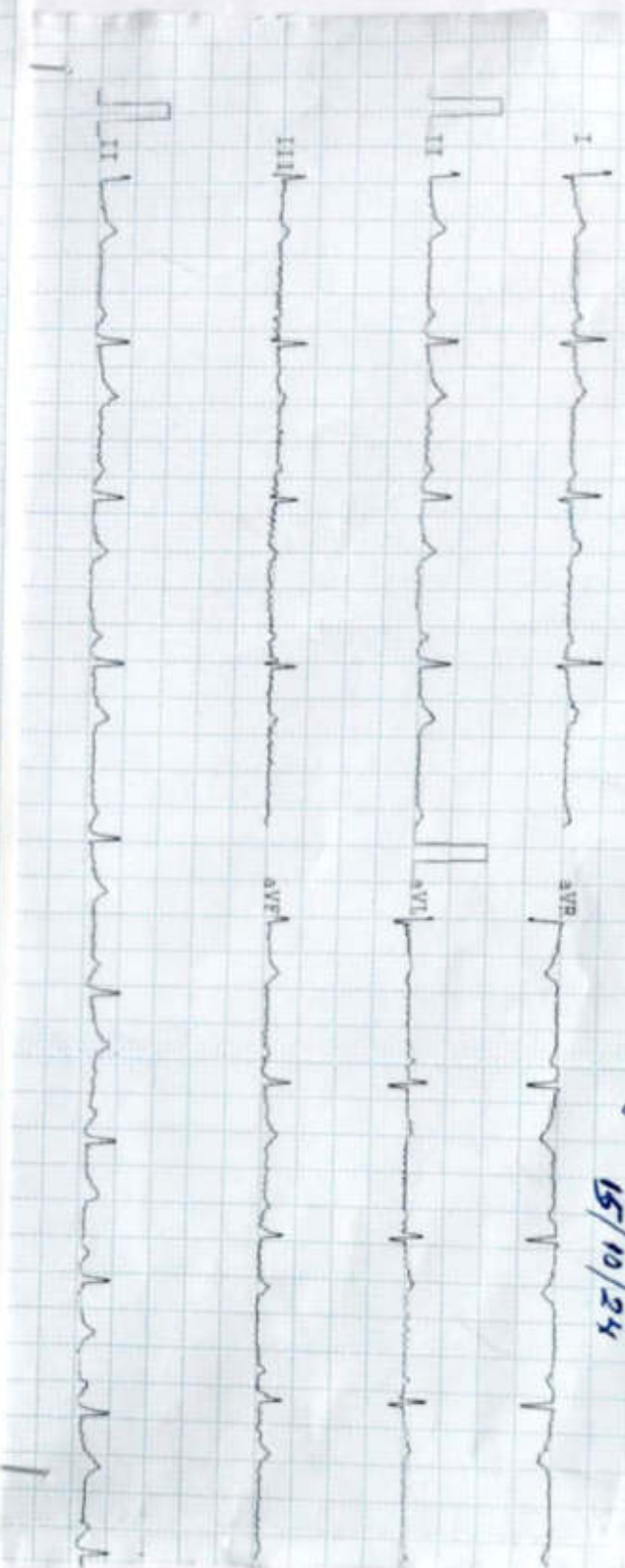
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Name & Address of the Hospital/Clinic/Lab :

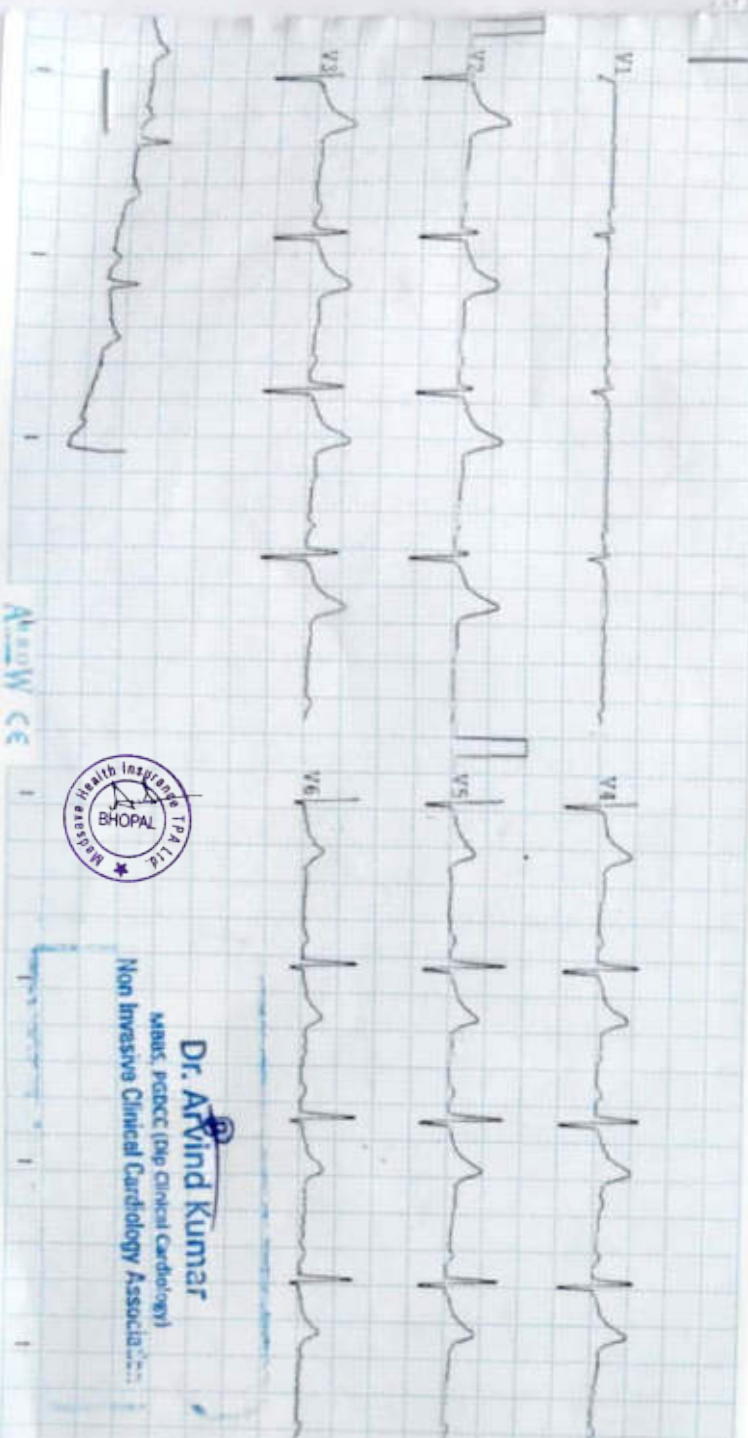


Mr. Aman Sharma.

Age - 37/M
15/10/24



Observations :-
 HR :- 73 bpm
 P-R :- 112 ms
 P-R :- 199 ms
 QRS :- 84 ms
 QT/QTc :- 330/366 ms
 P Axis :- 60 °
 R Axis :- 50 °
 T Axis :- 65 °



Dr. Arvind Kumar
 MBBS, PDDCC (Dip Clinical Cardiology)
 Non Invasive Clinical Cardiology Association

Remarks :-

[Signature]

Unconf irmed report

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

AMAN SHARMA

PREMADHAR SHARMA

07/07/1987

Permanent Account Number

BHBPS3595K

Signature



08082013

Handwritten signature

Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist





Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist

