

Date 16/10/2024

To.
LIC of India
Branch Office

Proposal No. 900243

Name of the Life to be assured SEEMA 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
M.B.B.S. 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.

Spandha

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

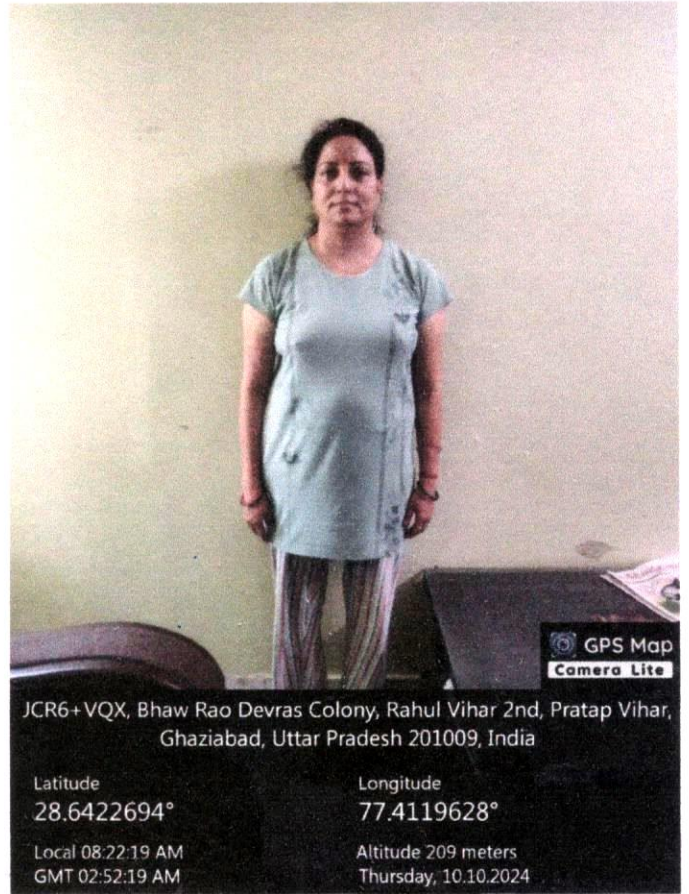
Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elsa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of MediCover TPA Services PVT LTD
Authorized Signature,





LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. 900243
 Agent/D.O. Code: _____ Introduced by: (name & signature) _____
 Full Name of Life to be assured: SEEMA SHARMA
 Age/Sex : 51 Y/F

Instructions to the Cardiologist:

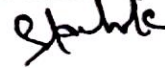
- Please satisfy yourself about the identity of the examiners to guard against impersonation
- The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- The base line must be steady. The tracing must be pasted 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

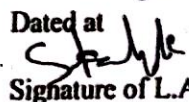
Signature or Thumb Impression of L.A.



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
- 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 10/10/2023
 Signature of L.A. 

Signature of the Cardiologist
 Name & Address
 Qualification Code No.

Dr. BINDU

MBBS MD
 Reg. No. 83435



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
162	69.7	118/78	74/4

(B) Cardiovascular System

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Rest ECG Report:

Position	Supine	P Wave	✓
Standardisation Imv	✓	PR Interval	✓
Mechanism	✓	QRS Complexes	✓
Voltage	✓	Q-T Duration	✓
Electrical Axis	✓	S-T Segment	✓
Auricular Rate	74/4	T-wave	✓
Ventricular Rate	74/4	Q-Wave	✓
Rhythm	Regular		
Additional findings, if any.	nil		

Conclusion: ECG-normal

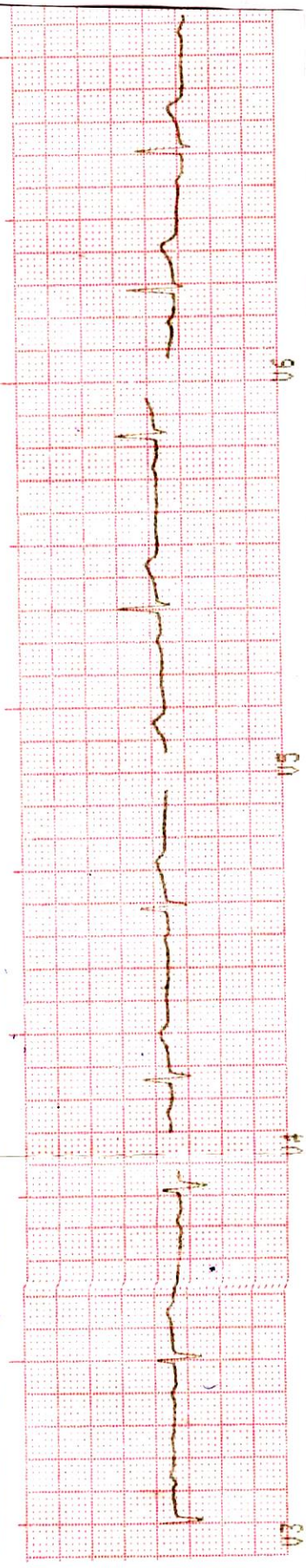
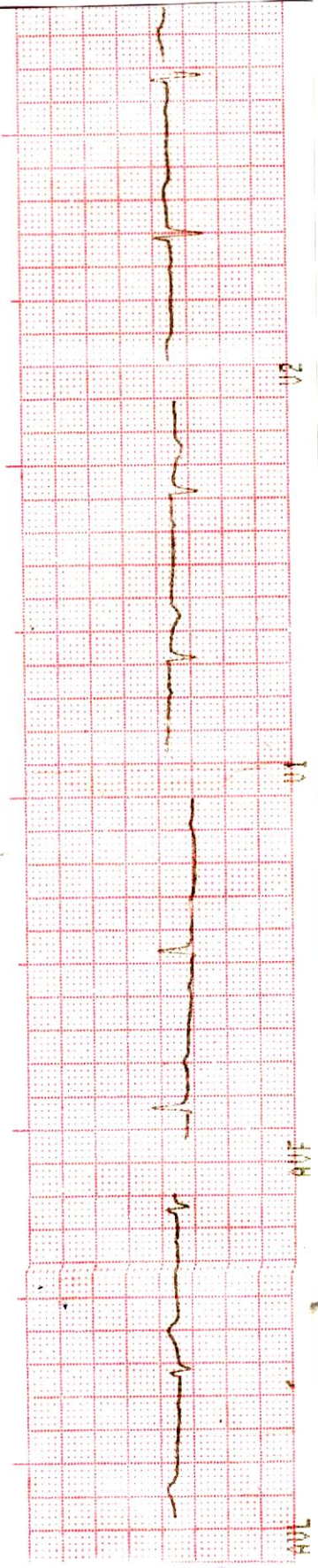
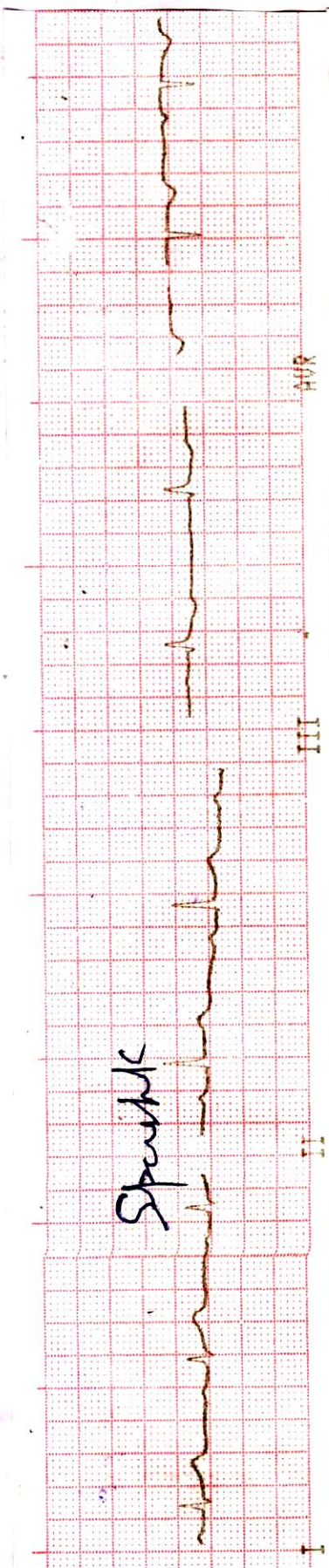
Dated at DEWA on the day of 10/10/2024 200



Dr. BINDU
MBBS, MD
Reg. No. 33435



Signature of the Cardiologist
Name & Address
Qualification
Code No.



SGEMA SHARMA

AGE -> 51 Y/O/F

DATE -> 10/10/2024

ECC - WHL

DR. BINDU

MBBS, MD

Reg No. ~~88435~~

