

Date: 12/10/2024

To,
LIC of India
Branch Office

Proposal No. 7146

Name of the Life to be assured CHARUTA ARORA

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. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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.

Charuta
(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 Med Save TPA Services PVT LTD
Authorized Signature,





Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 47508



S. No. : 12/OCT/15
 Name : MS CHARUTA ARORA
 Ref. by : LIFE INSURANCE CORPORATION
 Date : 12-10-2024
 AGE : 18Years
 SEX : FEMALE


BIOCHEMISTRY

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	73	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.62	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.42	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.20	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.4	mg/dl.	(6.0-8.3)
ALBUMIN	4.3	mg/dl.	(3.5-5.0)
GLOBULIN	2.1	mg/dl.	(2.3-3.5)
A/G RATIO	2.04		(1.0-3.0)
S.G.O.T. (AST)	28	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	26	IU/L	(5.0-40.0)
GAMMA GT	22	U/L	(9-45)
ALKALINE PHOSPHATASE	128	U/L	(80-200)
URIC ACID	5.2	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	177	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	133	mg/dl.	(60-160)
LDL	112	mg/dl.	(UPTO-150)
VLDL	38	mg/dl.	(23-45)
SERUM CREATININE	0.71	mg%	(0.6-1.2)
BUN	15	mg/dl	(02-18)

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019


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



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<u>H A E M A T O L O G Y</u>			
Test	Result	Units	Normal Range
Hemoglobin	13.7	gm%	12-16
Total Leucocytes Count (TLC)	8500	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	58	%	40-75
Lymphocytes	32	%	20-45
Eosinophils	04	%	01-06
Monocytes	06	%	02-10
Basophills	00	%	00-01
Erythrocyte Sedimentation Rate (ESR)	10	mm/1Hr	00-15
Red Blood Cell [RBC]	5.9	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	44.3	%	37-54
Mean Cell Value [MCV]	84.8	fl	76-96
Mean Cell Hemoglobin [MCH]	29.1	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	32.8	%	30-35
Platelet count	2.43	Lakhs	1.5-4.5



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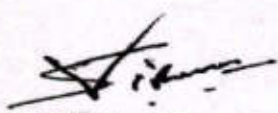
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S E R O L O G Y

**Test Name : HIV I & II (ELISA METHOD) : Human Immunodeficiency
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"


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URINE EXAMINATION

PHYSICAL EXAMINATION


COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.012

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF
EPITHELIAL CELLS	1-2/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL


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ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 7146

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

Full Name of Life to be assured: CHARUTA ARORA

Age/Sex : 18 Yrs / 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.

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 12/10/2024 2023

Signature of L.A.

Charuta



Signature of the Cardiologist

Name & Address

Dr. RANJANA KHAN
MBBS, DMBD
Reg. No. 145508

Code No.



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
159	60	110/74	84/w

(B) Cardiovascular System

.....

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	84/w	T-wave	Ⓟ
Ventricular Rate	84/w	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any.	nil		

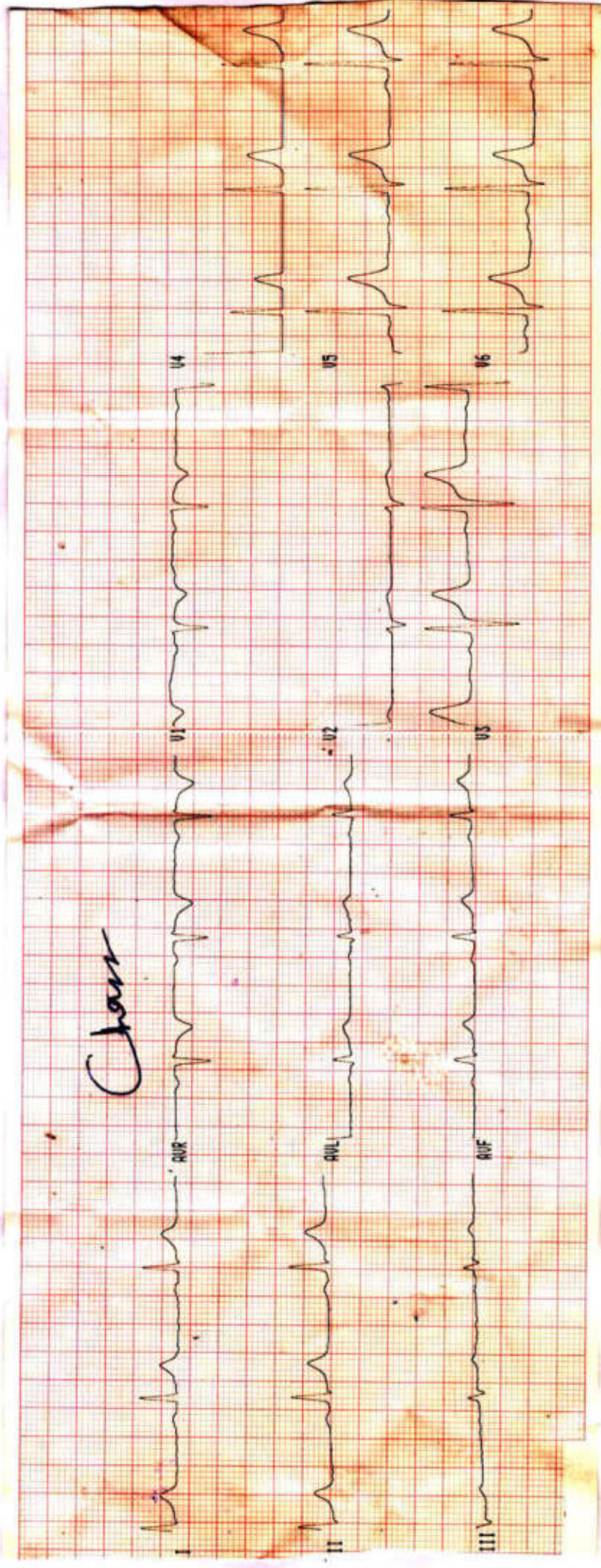
Conclusion: ECG - WNL

Dated at DELHI on the day of 12/10/2024 200

Dr. RAINA KHAN
 MBBS/DMRD
 Reg. No. 05508

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.





Char

CHARUTA ARORA

ECG - WNL

DATE: 12/10/2024

AGE = 18 yr | F

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

