

Dear AXIA HEALTH ASST. PVT LTD

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR ANISH MAHAJAN

Proposal No : 1820

Branch Code : 111

Contact Details : 9810719555

Location : Plot no 9, Niti Khand 3, Manoj Vihar, Indirapuram, Ghaziabad, Uttar Pradesh 201014

Appointment Date : 14-10-2024

Member Information

Booked Member Name Age Gender

MR ANISH MAHAJAN 53 year Male

Included Test -

Urine Analysis

Hb%

Lipidogram

BST Only fasting or Only PGBS

Physical Medical Examination Report (PMER) Up To Rs. 15,00,000

ECG



Date 11/10/2021

To
LIC, of India
Bhopal Office

Proposal No. 1820

Name of the Life to be assured ANISH KUMAR

The Life to be assured was identified on the basis of 11/10/2021

I have satisfied myself with regard to the identity of the Life to be assured and the correctness of the information furnished by the proposer. The Life to be assured has signed as shown in my presence.

[Signature]
DIG. T. J. K. DUMEEI
M. 22. 11. 2021
Signature of the Proposer

Name:

I confirm, I was not fasting for last 15 (fifteen) hours. All the Examination reports as mentioned therein were done with my consent.

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

Name of life to be assured: Anish Kumar

Reports Enclosed:			
Sl. No.	Reports Name	Sl. No.	Reports Name
1	ECG	1	ECG
2	ECG with Tracing	2	ECG with Tracing & HR, BP
3	ECG	3	ECG
4	ECG	4	ECG with Tracing
5	ECG	5	ECG with Tracing
6	ECG	6	ECG with Tracing
7	ECG	7	ECG with Tracing
8	ECG with Tracing (HR, BP)	8	ECG with Tracing

- 16. Random sugar
- 17. Sugar (Fasting)

Director of Health Services PVT LTD
Bhopal



LIFE INSURANCE CORPORATION OF INDIA

ANNEXURE II - 1

Form No. LIC03 - 002

Zone ELECTROCARDIOGRAM Division Branch

Proposal No. 1320

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

Full Name of Life to be assured: ANISH KUMAR

Age/Sex : 33/M

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 _____ on the _____ day of _____ 200__

Signature of L.A.



Signature of the Cardiologist: DR. PRAVEEN KUMAR GUPTA, M.B.B.S., D.M. Name & Address: _____ Qualification: _____ Code No. _____

Clinical findings
(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
166	71	120/80	74

(B) Cardiovascular System

None

Rest ECG Report:

Position	<i>None</i>	P Wave	<i>Normal</i>
Standardisation Imv	<i>None</i>	PR Interval	<i>Normal</i>
Mechanism	<i>None</i>	QRS Complexes	<i>Normal</i>
Voltage	<i>None</i>	Q-T Duration	<i>Normal</i>
Electrical Axis	<i>None</i>	S-T Segment	<i>Normal</i>
Auricular Rate	<i>71/min</i>	T-wave	<i>Normal</i>
Ventricular Rate	<i>71/min</i>	Q-Wave	<i>None</i>
Rhythm	<i>Regular</i>		
Additional findings, if any.	<i>None</i>		

Conclusion:

Normal

Dated at *Delhi* on the day of *22/11/2002*

Dr. PRAVEEN KUMAR GUPTA
Signature of the Cardiologist
Name & Address
Qualification
Code No.





भारत सरकार
GOVERNMENT OF INDIA



अनीश महाजन
Anish Mahajan
जन्म तिथि/DOB: 23/04/1971
पुरुष MALE
Mobile No: 9810719555



8243 7017 1122

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: राम नाथ गुप्ता, एफ-24, सेक्टर-39,
मातर डेरी के पास, गौतम बुद्ध नगर,
उत्तर प्रदेश - 201301

Address:

S/O: Ram Nath Gupta,
F-24, Sector-39, Near
Mother Dairy, Noida,
Gautam Buddha Nagar,
Uttar Pradesh - 201301

Handwritten signature



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1800 300 1947

hubs@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Dehra Dun-248 001



Handwritten signature
DR. RAM NATH GUPTA
M.B.B.S, M.D. (D)
Reg. No. 88798





Dr. PRAVEEN KUMAR GUPTA
M.B.B.S. M.D. (P)
Reg. No. 35193

PAPER CUTTER



ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 11/10/2024 10:55 AM

Proposal No. 1820

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR ANISH MAHAJAN

Age/ Sex: 53/M

- 1. Physical Examination
 - (i) Colour :YELLOW
 - (ii) Sediment :NIL
 - (iii) Transparency :CLEAR
 - (iv) Reaction :ACIDIC
- 2. Chemical Examination
 - (i) Protein :NIL
 - (ii) Sugar :NIL
 - (iii) Bile salt :NIL
 - (iv) Bile pigments :NIL
- 3. Microscopic Examination
 - (i) Red Blood Cells :NIL
 - (ii) Epithelial Cells :00-01 /HPF
 - (iii) Crystals :NIL
 - (iv) Pus Cells :01-02 /HPF
 - (v) Casts :NIL
 - (vi) Deposits :NIL
 - (VII) Bacterias :NIL

Remarks

If pus cells are present GRAM STAIN is necessary

If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.



Signature of the Pathologist

Signature of Dr. Anur Dumeer, M.B.B.S. (Path), Reg. No. 90700

Axia Health Assist private limited

Plot no 09, NitiKhand 3 Indrapuram, GHAZIABAD



ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Zone Division Branch DATE /TIME 11/10/2024 10:55 AM

Proposal No. 1820

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR ANISH MAHAJAN

Age/ Sex: 53/M

Hemoglobin

Specimen: Whole Blood EDTA
Hemoglobin (Hb%)
Colorimetric SLS

13.1

g/dL

13.0-17.0



Signature of the Pathologist

Pathologist's name & Address

Qualification

Axia Health Assist private limited

Plot no 09,NitiKhand Jindrapuram,GHAZIABAD

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone

Division

Branch

DATE /TIME 11/10/2024 10:55 AM

Proposal No. 182220

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR ANISH MAHAJAN

Age/Sex : 53/M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	92.1	60-110 MG/DL
2	TOTAL CHOLESTEROL	160.3	100-250 MG/DL
	HIHG DENSITY LIPID (HDL)	39.8	30-60 MG/DL
	LOW DENSITY LIPID (LDL)	149.7	00-150 MG/DL
3	TRIGLYCERIDES	143.8	25-160 MG/DL
4	CREATININE		0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEINE		6.5-8.5 MG/DL
	(A) ALBUMIN		3.5-6.0 MG/DL
	(B) GLOBULINE		1.8-2.5 MG/DL
	(C) AG RATIO		
7	S. BILIRUBIN		0.0-02 MG/DL
	(A) DIRECT		0.2-0.8 GM/DL
	(B) INDIRECT		0.2-1.0 MG/DL
	(C) TOTAL		
8	SGOT (AST)		04-45 IU/DL
9	SGPT (ALT)		00-40IU/DL
10	GGTP (GGT)		11-50IU/DL
11	S. ALKANINE PHOSPATASE		15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		NEGATIVE

Dr. NITIN KUMAR DUMEER
 SIGNATURE OF PATHOLOGIST (Path)
 PATHOLOGIST'S NAME: Dr. NITIN KUMAR DUMEER
 Reg. No. 30700


Axia Health Assist private limited

Plot no 09, NitiKhand -3 Indrapuram, GHAZIABAD

880012732. 0120 - 4267281





 **GPS Map Camera**

uttar pradesh, india, india
Q85M+P5PF 24 sector 24 near mother dery gautam budh nagar
Lat 28.758907°
Long 77.332971°
11/10/24 10:47 AM GMT +05:30

