

To,  
LIC of India  
Branch Office  
113

Date: 25/11/2024

Proposal No. 6075

Name of the Life to be assured ANITA RANI

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.

*Sunita*

Dr. SUNITA RANI  
M.B.B.S  
DMC Reg No 15290

Signature of the Pathologist/ Doctor

Name: DR. SUNITA RANI

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

*Anita Rani*

(Signature of the Life to be assured)

Name of life to be assured: ANITA RANI

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	<input checked="" type="checkbox"/> FMR	9	<input checked="" type="checkbox"/> Lipidogram
2	<input checked="" type="checkbox"/> Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	HbA1c
4	<input checked="" type="checkbox"/> TUBX	12	<input checked="" type="checkbox"/> FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Test for HIV	14	CTMT with Tracing
7	<input checked="" type="checkbox"/> RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: ND

17. Others (Please Specify) ND

Remarks of Health Assure PVT LTD

Authorized Signature, \_\_\_\_\_



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

Branch Code:  
Proposal/Policy No: 6075  
MSP name/code :  
Date & Time of Examination: 25/11/2024  
Medical Diary No & Page No:

Mobile No of the Proposer/ life to be assured: 9212780481  
Identity Proof verified: PAN CARD ID Proof No. AHYPRI5158  
( In Case of Aadhar 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 SUNITA RANI (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India'.

*Anita Rani*

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

1	Full name of the life to be assured: <u>ANITA RANI</u>	
2	Date of Birth: <u>04/05/1965</u> Age: <u>59 YRS</u> Gender: <u>F</u>	
3	Height (In cms): <u>157</u> Weight ( in kgs) : <u>73</u>	
4	Required only in case of Physical MER	
	Pulse : <u>79</u>	Blood Pressure (2 readings): 1. Systolic <u>121</u> Diastolic <u>80</u> 2. Systolic <u>124</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	a. Whether receiving or ever received any <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years ? If answer to any of the questions 5(a) to (c) is yes - i. Date of surgery/accident/injury/hospitalisation ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	<b>NO</b>
6	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 <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom & findings.	<b>NO</b>
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (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. If yes provide all investigation and treatment reports	<b>NO</b>

8	<p>a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> 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 <b>endocrine disorders</b> 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, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b>?</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 <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any <b>Circulatory disorder</b> ?	NO
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <b>physical impairment/ disability</b> /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 <b>disorder of the Stomach</b> / 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 <b>Mental / psychiatric disorder</b>?</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 <b>abnormality</b> 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 <b>HIV /AIDS/ Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	NO

For Female Proponents only		
i	Whether pregnant? If so duration.	NO
ii	Suffering from any pregnancy related complications	NO
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	NO

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	FIT (YES)
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Declaration

You Ms/Ms ANITA RANI 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.

*Anita Rani*

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 \_\_\_ day of 25/11/2024 via 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: NEW DELHI  
Date: 25/11/2024  
Stamp:

Signature of Medical Examiner  
Name & Code No:

*Sunita*

Dr SUNITA RANI  
M.B.B.S  
DMC Reg No. 15290

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ANITA RANI  
OM PARKASH

04/05/1965  
Permanent Account Number  
AHYPR1515Q



*Anita Rani*  
Signature

27003005

*Sunita*

Dr. SUNITA RANI  
M.B.B.S  
DMC Reg. No. 15290



1441-A, WARD NO.-1, (Opp. R.H.T.C),  
NAJAFGARH, NEW DELHI-110043  
Tel : 011-25014099  
Mob : +91-8588864117 / 136  
Email : doctorsdiagnostic1996@gmail.com

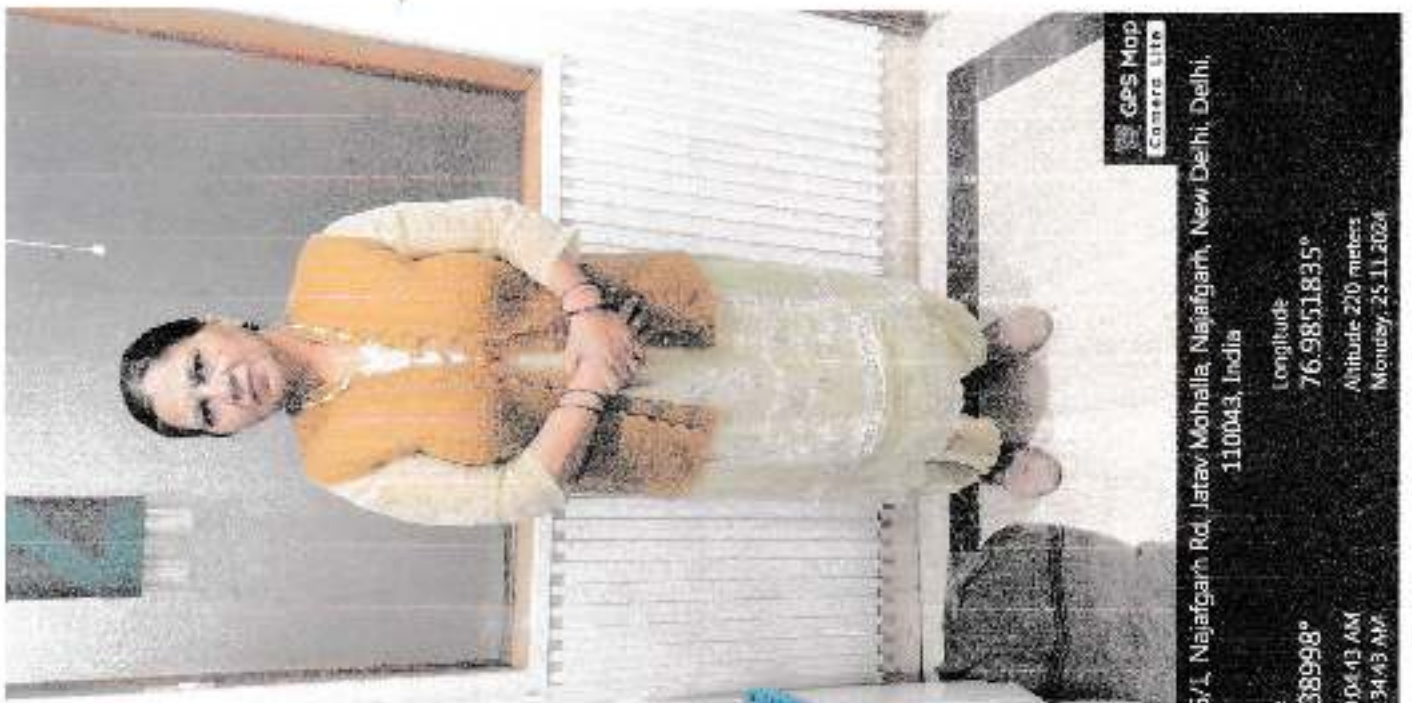
**NABL**  
ACCREDITED LAB

# DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DPM Pathology

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

*Sunita*  
Dr. SUNITA RANI  
M.B.B.S  
DMC Reg No. 15290



Geo Map  
Centre Site

1445/1, Najafgarh Rd, Jataw Mohalla, Najafgarh, New Delhi, Delhi,  
110043, India

Longitude  
76.9851835°  
Altitude 220 metres  
Monday, 25.11.2024

Latitude  
28.6138998°  
Local 10:04:43 AM  
GMT 04:34:43 AM



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[www.doctorsdiagnosticcentre.in](http://www.doctorsdiagnosticcentre.in)



LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 6075

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

Full Name of Life to be assured: ANITA RANI

Age/Sex : 59 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 25/11/24 given by me to LIC of India.

Witness

Signature or Thumb Impression of L.A.

Anita Rani

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 NO
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N NO
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N NO

If the answer/s to any/all above questions is 'Yes', submit all relevant papers in form.

Dated at 25/11/24 on the day of

200

Signature of L.A. Anita Rani

Signature of the Cardiologist  
Name & Address  
Qualification Code No.

Dr. Gayveer Singh  
M.B.B.S. DNB (Gen) General Medicine  
DMC, Regd. No. 28332

25/11/24

## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
157	73	121/82	80
		123/84	

(B) Cardiovascular System

## Rest ECG Report:

Position	-	P Wave	97ms
Standardisation Inv	yes	PR Interval	159ms
Mechanism	-	QRS Complexes	00ms
Voltage	Normal	Q-T Duration	456ms
Electrical Axis	Normal	S-T Segment	<
Auricular Rate	57 B/P	T-wave	+ II, V3, V4
Ventricular Rate	57 B/P	Q-Wave	
Rhythm	Sinus bradycardia		
Additional findings, if any.			

Conclusion:

Sinus bradycardia - T wave inversion  
in lead V1, V3 may be normal  
variant in female

Dated at 25/11/24 on the day of 200

Dr. Galveer Singh  
M.B.B.S. DNB General Medicine  
NMC Regd. No. 28337  
Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.

25/11/24



ID: 764  
MRS ANITA RANI  
Female 59 Years

Anita Rani

25-11-2024 10:18:42 AM COPY

Diagnosis Information:

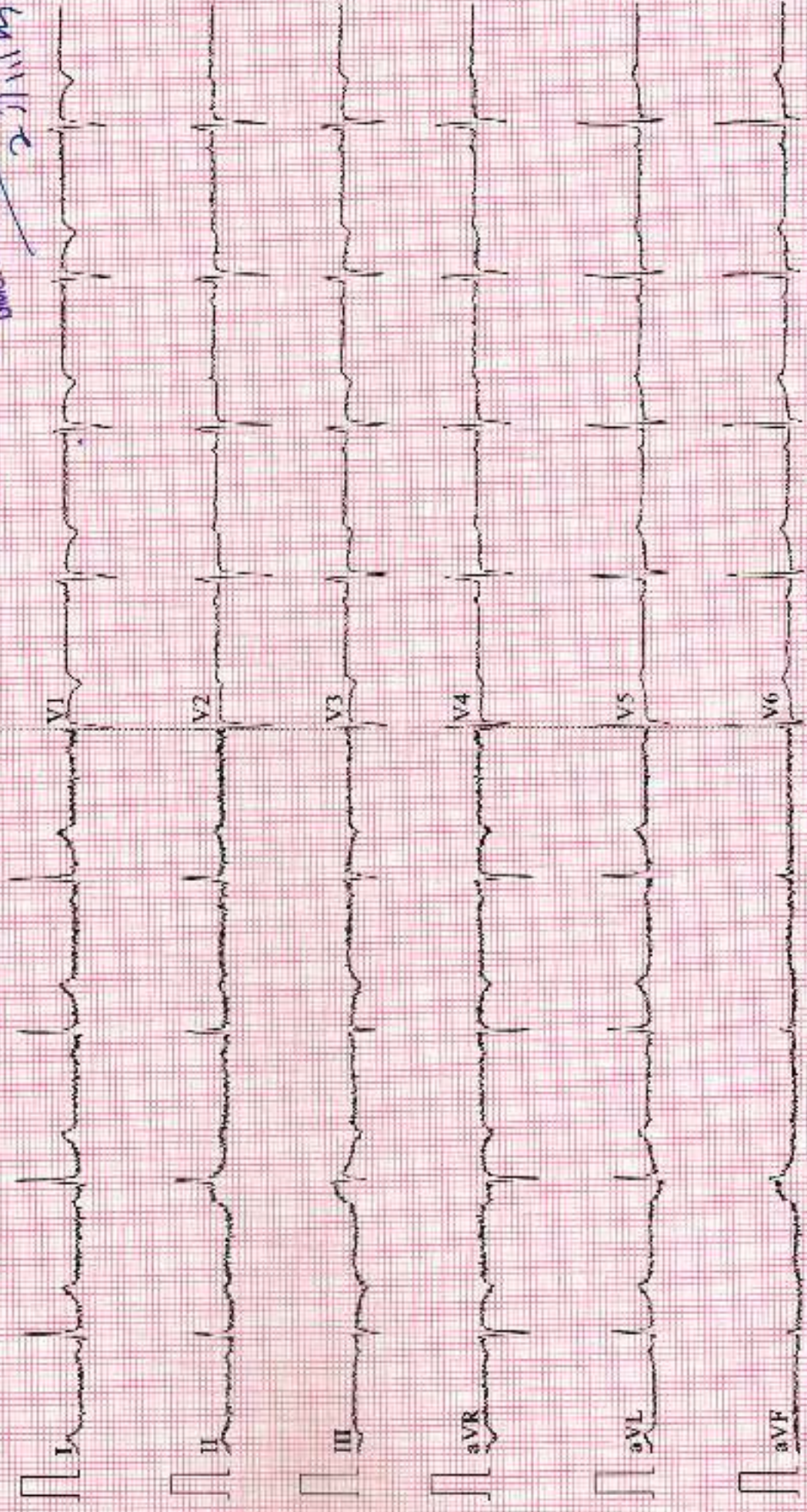
Sinus Bradycardia  
T Wave Abnormality(V3,V4)

HR : 57 bpm  
P : 97 ms  
PR : 159 ms  
QRS : 85 ms  
QT/QTc : 456/446 ms  
P/QRST : 7/11-1  
RV5/SVI : 0.975/0.823 mV

Shows Bradycardia  
ST-T on lead T<sub>2</sub> V<sub>1</sub>V<sub>3</sub>

Dr. Gajveer Singh  
M.B.B.S. DNB General Medicine  
DMC. Regd. No. 28332  
27/11/24

Report Confirmed by:





Excellence In Diagnostics & Healthcare Services

Consultant Pathologist

**DR. HEMANT KAPOOR**

MD, DPB Pathology

Consultant Radiologist

**DR. BIPUL BISWAS**

MD Pathology

Lab NO	072411250004	Sr.No	503
NAME	MRS.ANITA RANI	Ref. BY	LIC
Age / Sex	59 YRS/FEMALE	Sample Coll DATE	25/Nov/2024 10:15AM
W/O	AZAD SINGH	Approved ON	26/Nov/2024 05:04PM
DATE	25/Nov/2024 10:03AM	Printed ON	26/Nov/2024 05:04PM

B A 1550

Test Name	Result	Status	Bio. Ref. interval	Unit
<b>HAEMATOLOGY</b>				
<b>Haemoglobin, Whole Blood EDTA</b>				
Haemoglobin (Hb)	11.0	Low	11.5-16.5	gm/dl

Method : Cyanmeth Photometry

*Chapoor*

DR. HEMANT  
MD, DPB  
PATHOLOGIST

CHECKED  
TECHNICAL OFFICER

Page 1 of 3

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Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DNB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

Lab NO	072411250004	Sr.No	503
NAME	MRS.ANITA RANI	Ref. BY	LIC
Age / Sex	59 YRS/FEMALE	Sample Coll DATE	25/Nov/2024 10:15AM
W/O	AZAD SINGH	Approved ON	26/Nov/2024 05:04PM
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B.A.1550

Test Name	Result	Status	Bio. Ref. Interval	Unit
<b>BIOCHEMISTRY</b>				
<b>BLOOD SUGAR FASTING (FBS), Sod.Fluoride</b>				
Blood Sugar Fasting <i>Method : GOD/POD</i>	110		70-110	mg/dL
Urine for Glucose	NIL			

**NOTE:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq 126$  mg/dl and /or a random/ 2hr postglucose value of  $\geq 200$  mg/dL on least 2 occasions.
- Very high glucose levels ( $> 450$  mg/dl in adults) may result in diabetic ketoacidosis & is considered critical.

Interpretation: (As per WHO guidelines)

Status	Fasting plasma glucose in mg/dl	PP plasma glucose in mg/dl
Normal	70 - 110	70 - 140
Impaired fasting glucose	110 - 125	70 - 140
Impaired glucose tolerance / PP	70 - 110	141 - 199
Pre-Diabetes	110 - 125	141 - 199
Diabetes mellitus	$>126$	$>200$

Note :- Each individual's target range should be agreed by their doctor or diabetic consultant.

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

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*Diagnos*  
DR. HEMANT  
MD, DPB  
PATHOLOGIST

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Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DPM, DNB (P)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD, DNB (R)

Lab NO	072411250004	Sr.No	503
NAME	MRS.ANITA RANI	Ref. BY	LIC
Age / Sex	59 YRS/FEMALE	Sample Coll DATE	25/Nov/2024 10:15AM
W/O	AZAD SINGH	Approved ON	26/Nov/2024 05:04PM
DATE	25/Nov/2024 10:03AM	Printed ON	26/Nov/2024 05:04PM
		B.A 1550	

Test Name	Result	Status	Bio. Ref. interval	Unit
<b>BIOCHEMISTRY</b>				
<b>Lipid Profile</b>				
Total Lipids <i>Method : Calculated</i>	560		400-1000	mg/dL
Serum Triglycerides <i>Method : Colorimetric-Lip/Glycerol kinase</i>	140		0.0-150	mg/dL
Serum Total Cholesterol <i>Method : Colorimetric - cholesterol oxidase</i>	159		0.0-200	mg/dL
Serum HDL Cholesterol <i>Method : Colorimetric: non HDL precipitation</i>	57		40-60	mg/dL
VLDL Cholesterol <i>Method : Calculated</i>	28		0-32	mg/dL
LDL Cholesterol <i>Method : Calculated</i>	74		0-100	mg/dL
Cholestrol / HDL Ratio <i>Method : Calculated</i>	2.7	Low	3.0-4.4	mg/dL

<b>Total cholesterol (mg /dL)</b>	
<200	Desirable
200-239	Borderline High
>= 240	High
<b>HDL Cholesterol (mg/dL)</b>	
<40	Low
>=60	High
<b>LDL Cholesterol (mg /dL)</b>	
<100	Optimal
100-129	Near optimal /Above optimal
130-159	Borderline High
160-189	High
> 190	Very High
<b>Male Triglycerides (mg/ dL)</b>	
<150	Normal
150-199	Borderline High
200-499	High

*Signature*

**DR. HEMANT**  
MD, DPM  
PATHOLOGIST

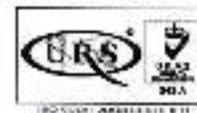
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**DR. HEMANT KAPOOR**  
MD, DNB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MBBS (Radiology)

<b>Lab NO</b>	<b>072411250004</b>	<b>Sr.No</b>	<b>503</b>
<b>NAME</b>	<b>MRS. ANITA RANI</b>	<b>Ref. BY</b>	<b>LIC</b>
<b>Age / Sex</b>	<b>59 YRS/FEMALE</b>	<b>Sample Coll DATE</b>	<b>25/Nov/2024 10:15AM</b>
<b>W/O</b>	<b>AZAD SINGH</b>	<b>Approved ON</b>	<b>26/Nov/2024 05:04PM</b>
<b>DATE</b>	<b>25/Nov/2024 10:03AM</b>	<b>Printed ON</b>	<b>26/Nov/2024 05:04PM</b>

**R A 1550**

>500	Very High
<b>Female Triglycerides (mg/ dL)</b>	
<150	Normal
150-179	Borderline High
180-450	High
>450	Very High
<b>Cholesterol HDL Ratio</b>	
3.3-4.4	Low Risk
4.5-7.1	Average Risk
7.2-11.0	Moderate Risk
>11.0	High Risk

**Interpretation:- Cholesterol:** There is a clear cut relationship between elevated serum cholesterol and myocardial infarction. At the tissue level it plays a prominent part in atherosclerotic lesions.

**Triglycerides:** Elevated levels are seen with overnight fast less than 12 hours, Non insulin dependent diabetes mellitus obesity, alcohol intake. Hypertipidemias (specially types I, IV & V; > 1000), anabolic steroids, cholestyramine, corticosteroids amiodarone & interferon.

**HDL-cholesterol:** It is a cardioprotective cholesterol (good cholesterol). Patients with low levels of HDL are at increased risk for premature CHD. Decreased levels are seen in stress, starvation, obesity, Lack of exercise, Cigarette smoking, Diabetes mellitus, thyroid disorders and drugs like steroids, beta blockers, thiazides, progestins, neomycin and phenothiazines.

**LDL Cholesterol:** Major risk factors that modify LDL Goals are:

- \* Cigarette smoking.
- \* Hypertension (BP  $\geq$  140/90 or on antihypertensive medication)
- \* Low HDL cholesterol (<40 mg/dl)
- \* Family history of premature CHD (CHD in a male first degree relative <55 years / CHD in a female first degree relative < 65 years)
- \* Age (men  $\geq$ 45; women  $\geq$ 55= years).

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

\*\*\* End Of Report \*\*\*



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-3237; Validity till 03/01/2025

**DR. JAI PRABHAN**  
MBBS, MD  
PATHOLOGIST

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*Signature*  
**DR. HEMANT**  
MD, DNB  
PATHOLOGIST

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**TECHNICAL OFFICER**

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ISO 9001:2015 CERTIFIED  
The Laboratory (2024) 01/01/2025



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Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DPB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Pathology)

Lab NO	072411250004	Sr.No	503
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		B.A.1550	

Test Name	Result	Status	Bio. Ref. interval	Unit
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**CLINICAL PATHOLOGY**

**URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine**

**Physical Examination**

Quantity	20			ML
Colour	PALE YELLOW		Pale yellow	
Transparency	CLEAR		Clear	
Reaction	ACIDIC		Acidic	
Specific Gravity, Urine	1.025		1.010 - 1.025	

**Chemical Examination**

Urine Protein	NIL		Nil	
Reducing Sugar (Urine)	NIL		Nil	
Urine Bilirubin	ABSENT		Absent	
Blood	ABSENT		Absent	
Urobilinogen	NOT INCREASED		Not Increased	
Nitrate	ABSENT		Absent	

**Microscopic Examination:**

Pus Cells.	1-2		0-4	/HPF
RBCs	NIL		Nil	
Casts	NIL			
Crystal	NIL		Nil	
Epithelial Cells	1-2		Occasional	

\*\*\* End Of Report \*\*\*



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**DR. JAI PRABHAM**  
 MBBS, MD  
 PATHOLOGIST

*Signature*  
**DR. HEMANT**  
 MD, DPB  
 PATHOLOGIST

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 TECHNICAL OFFICER

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