

Date: 16/11/2024

To,
LIC of India
Branch Office

Proposal No. 126695929


Name of the Life to be assured HEERAT GUPTA

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.

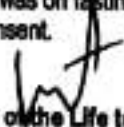
Dr. BINDU

Signature of the Pathologist/ Doctor


MBBS, MD
Reg. No.-33435

Name:

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



(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	Yes	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	Yes	PSBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	Yes	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	Yes
LISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 126695929

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

Full Name of Life to be assured: MEERAJ GUPTA

Age/Sex : 47-18/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 DELHI on the day of 16/11/2023 2023

Signature of L.A.

Signature of L.A. and LIC logo

Signature of the Cardiologist, Name & Address, Qualification, Code No. DR. BINDU, M.B.B.S., MD, Reg. No.-33435



Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
174	64.1	120/82	72/m

(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	78/m	T-wave	ⓐ
Ventricular Rate	78/m	Q-Wave	ⓐ
Rhythm	Regular		
Additional findings, if any.	ⓐ		

Conclusion:

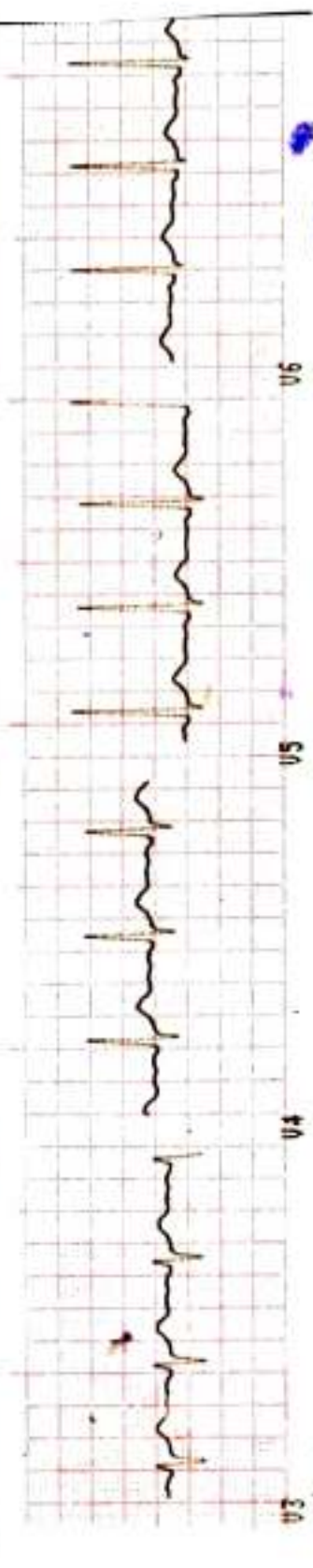
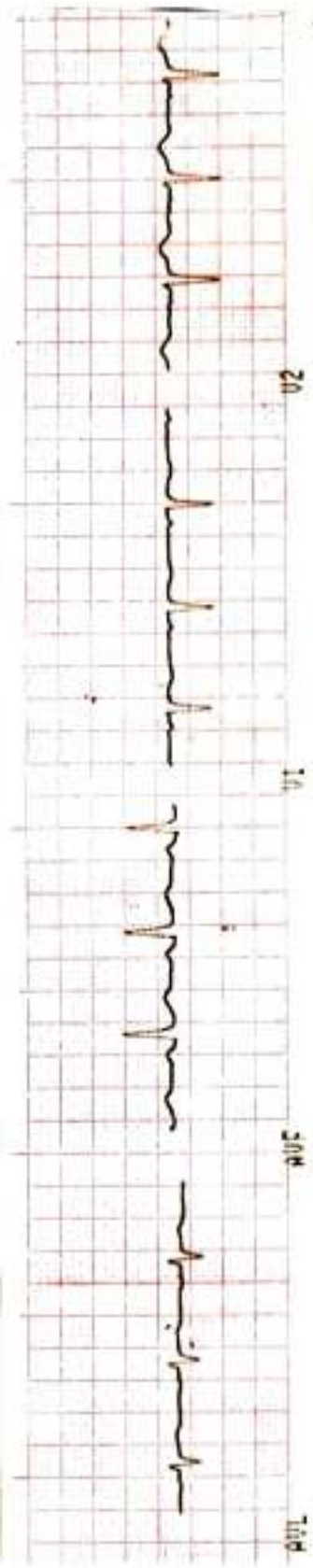
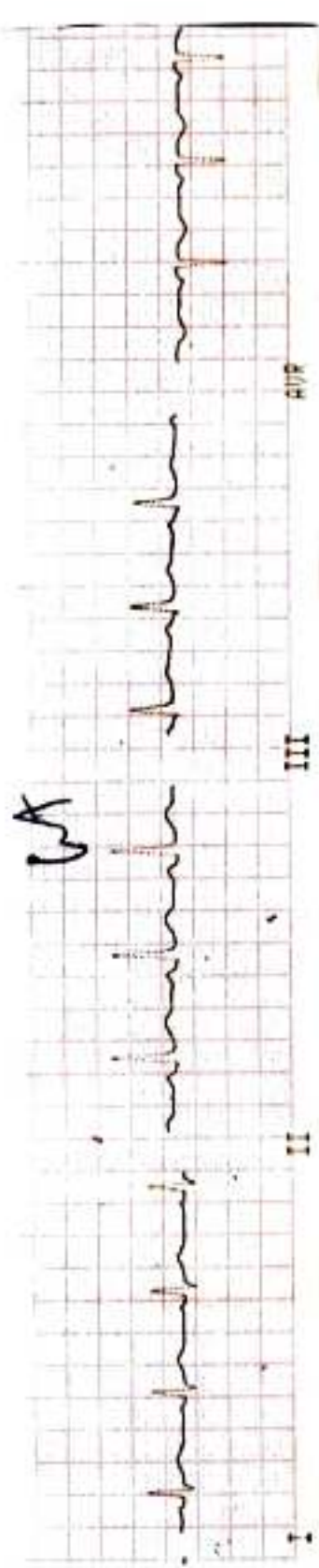
ECG-NMC

Dr. BINDU
MBBS, MD
Reg. No. - 33435

Dated at DELHI on the day of 16/11/2024 200



Signature of the Cardiologist
Name & Address
Qualification
Code No.



Dr. BINDU
 MBBS, MD
 Reg. No. - 33435

NEERAJ GUPTA

EKG - W.R.L

AGE - 47 Y/M

DATE - 16/11/2024





DR. BINDU
MBBS, MD
Reg. No. - 33435





ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 126695929
S. NO. : 110496
NAME : MR. NEERAJ GUPTA AGE/SEX - 47/M
REF. BY : LIC
Date : NOVEMBER, 16, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20 ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.015

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 2-3. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 1-2. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

*****End of The Report*****

Please correlate with clinical conditions.



DR. Y.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19762
Consultant Pathologist

7091, Gali no. 10, Main Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650049241, 9871-44570
NOTE: Not to be final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico-legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 126695829
S. NO. : 110490
NAME : **MR. NEERAJ GUPTA** **AGE/SEX - 47/M**
REF. BY : LIC
Date : NOVEMBER, 16, 2024

SEROLOGY

Test Name : **Human Immunodeficiency Virus I&II (HIV) (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

Test Name : **Hepatitis B Surface Antigen (HbsAg) (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

*****End of The Report*****

Please correlate with clinical conditions.



DR. T.K. MATHUR
M.B.B.S. MD (PATH)
REGD. NO. 19702
Consultant Pathologist

7091, Gali no. 10, Malvi Rameshwar Marg, Nehru Nagar Karel Bagh, Delhi- 110005 Contact -91-9650089041, 9871144570
NOTE: Not to be final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for
medico-legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 126695929
 S. NO. : 110490
 NAME : MR. NEERAJ GUPTA
 REF. BY : LIC
 Date : NOVEMBER, 16, 2024
 AGE/SEX - 47/M

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.45	gm/dl	12-18

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	95.31	mg/dl	70-115
S. Cholesterol	181.53	mg/dl	130-250
H.D.L. Cholesterol	73.93	mg/dl	35-90
L.D.L. Cholesterol	121.17	mg/dl	0-160
S. Triglycerides	115.68	mg/dl	35-160
S. Creatinine	0.89	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	14.55	mg/dl	06-21
Albumin	4.7	gm%	3.2-5.50
Globulin	3.1	gm%	2.00-4.00
S. Protein Total	7.8	gm%	6.00-8.5
AG/Ratio	1.51		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.8	mg/dl	0.1-1.00
Total Bilirubin	1.0	mg/dl	0.1-1.3
S. G.O.T.	39.15	IU/L	30-42
S. G.P.T.	37.85	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	40.77	IU/L	00-60
S. Alk. Phosphatase	94.17	IU/L	28-111

(Children 151-471)

*****End of The Report*****

Please correlate with clinical conditions.



DR. T.K. MATHUR

M.B.B.S., MD (PATH)

REGD. NO. 19792

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwar Marg, Kirti Nagar, Karol Bagh, Delhi-110005 Contact: +91-9650089041, 9871144570

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