

Date: 17/10/2024

To,
LIC of India
Branch Office

Proposal No. 6332

Name of the Life to be assured RITIKA SWAMI

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.

Signature of the Pathologist/ Doctor

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

Name:

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

Ritika
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM		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)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	

*physician Report
Thyroid Test*

Comment-Medsave Health Insurance TPA Ltd.

Authorized Signature,







Life Insurance Corporation of India
(Established by the Life Insurance Corporation Act 1956)

ANNEXURE II - 11

_____ DIVISION

Form No. LIC03-012

PHYSICIAN'S REPORT

DECLARATION

I, hereby authorise Dr RAINA KHAN to intimate LIC of India all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and answers to Questions in Part One and Part Two of this report are true and complete and I do hereby declare that these will form part of the proposal dated 17/10/2024 given by me to LIC of India.

Ritika

Signature of the L.A.

Part - I

1. Full Name of Life to be assured (L.A.) RITIKA SWAMI

2. Has the L.A. suffered from -

Heart Disease	Hypertension <u>no</u>	Diabetes
Y/N	<u>no</u> Y/N	Y/N

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. Consume Tobacco, snuff, and other narcotic substances in any form?

No. of Years	Quantity used	Date of cessation, if any
	<u>no</u>	

4. Does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any
	<u>no</u>	

Date : 17/10/2024

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

Signature of Physician

Name :

Address :

Qualification :

Reg. No. :



Note : If Q.2 of Part - I is negative, no need of filling up Part - II



Part - II

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes Y/N*

Investigations	Treatment	Hospitalisation	Present status	Prognosis

2. Blood Pressure Reading

Current	At the time of detection of HT	Duration of HT, if taking regular treatment
	no	

3. Diabetes -

Date of Diagnosis	Type	Duration
	no	

4. Are there any symptoms / signs of

(a)	Renal Disease	no
(b)	Neurological involvement	no
(c)	Eye Involvement	no
(d)	Peripheral Vascular Disease	no
(e)	Any other infectious diseases (esp. TB)	no

5. Is L.A. taking regular treatment for above disease/s?

* (Enclose all relevant papers with this form)

Ritika

Signature of the L.A.

Date : 17/10/2024



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

Signature of Physician

Name :

Address :

Qualification :

Reg. No.:

irine diagnostic

healthpartner

S. No. : 17/OCT/26
Name : MRS RITIKA SWAMI
Ref. by : LIFE INSURANCE CORPORATION
Date : 17-10-2024
AGE : 49Years
SEX : FEMALE

THYROID FUNCTION TEST

<u>INVESTIGATION</u> <u>REFERENCE RANGE</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>
TRIIODOTHYRONINE, TOTAL (T3) Chemiluminescence Immuno Assays (CLIA)	112	ng/dl 60-181
THYROXINE, TOTAL (T4) Chemiluminescence Immuno Assays (CLIA)	5.8	ug/dl 4.5-10.9
3 RD GEN. (TSH ULTRASENSITIVE) : Chemiluminescence Immuno Assays (CLIA)	2.42	Uiu/ml 0.35-5.50

Comment:

THE LEVEL OF THYROID HORMONE (T3 & T4) ARE LOW IN CASE OF PRIMARY SECONDARY AND TERTIARY HYPOTHYROIDISM AND SOMETIMES. IN NONTHYROIDAL ILLNESS ALSO INCREASES LEVELS ARE FOUND IN GRAVE S DISESASE HYPOTHYROIDISM AND THYROID HORMONE RESISTANCE T3 LEVELS ARE ALSO RAISES IN T3 THYROTOXICOSIS. TSH LEVELS ARE RAISED IN PRIMARY HYPOTHYROIDISM AND ARE LOW IN HYPOTHYROIDISM AND SECONDARY HYPOTHYROIDISM



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Consultant Pathologist

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DD-23 KALKAJI DELHI :- 110019