

Name : MR MAHIPAL SINGH
Proposal No : 3901
Branch Code : 11d
Contact Details : 9811921013
Location : RZ-138, Block E, New Roshanpura,
Appointment Date : 13-11-2024

Member Information

Booked Member Name Age Gender

MR MAHIPAL SINGH 47 year Male

Included Test -

Urine Analysis

BST Only fasting or Only PGBS

Thanks,

Medsave Team

NAVYA HOSPITAL
RZ-138, NEW ROSHANPURA,
NEW DELHI-110043

To,
LIC of India
Branch Office

Date: 13/11/2024

Proposal No. 3901

Name of the Life to be assured MR. MAHIPAL Singh.

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. PANKAJ KUMAR
MBBS, MD (GEN. MED)
REG. NO. 26552

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.

MR. Singh
(Signature of the Life to be assured)

Name of life to be assured: MR MAHIPAL Singh

Reports Enclosed:

| Sr. No | Reports Name | Sr. No | Reports Name |
|--------|----------------------------------|--------|--|
| 1 | FMA | 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 | RdA | 15 | Proposal and other documents |
| 8 | Chest X-Ray with Plato (PA View) | | |

16. Questionnaires: _____

17. Others (Please Specify): _____

Remarks of Health Assure PVT LTD

Authorized Signature, _____

NAVYA HOSPITAL
RZ-13/HAJIPGARH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone

Division

Branch

Proposal No.

3901

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured:

MAHIPAL SINGH

Age/Sex

: 47/M

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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.

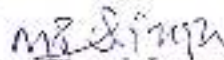
DECLARATION

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

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RZ-13B/NETAJGARH,
NEW DELHI-110043

Signature or Thumb Impression of L.A.



Note: Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- 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 13/11 2024

Signature of L.A.


Dr. PANKAJ KUMAR
MBBS. MD (GEN.MED)

Signature of the Cardiologist

Name & Address

Qualification Code No.

Clinical findings

(A)

| Height (Cms) | Weight (kgs) | Blood Pressure | Pulse Rate |
|--------------|--------------|----------------|------------|
| 160 | 70 | 120/80 | 78 |

(B) Cardiovascular System

..... N.A.P.

Rest ECG Report:

| | | | |
|------------------------------|---------|---------------|--------|
| Position | Supine | P Wave | Normal |
| Standardisation Inmv | 10mm | PR Interval | Normal |
| Mechanism | Normal | QRS Complexes | Normal |
| Voltage | Normal | Q-T Duration | Normal |
| Electrical Axis | Normal | S-T Segment | Normal |
| Auricular Rate | 78 /min | I-wave | Normal |
| Ventricular Rate | 78 /min | Q-Wave | Normal |
| Rhythm | Normal | | |
| Additional findings, if any. | None | | |

Conclusion: Normal

NAVYA HOSPITAL
 62-10B, 10th CROSS, 10th FLOOR,
 NEW BELMONT-110033

Dated at Delhi on the day of 19/05/2024

Pankaj Kumar
 Dr. PANKAJ KUMAR
 MSBS, MD (GEN.MED)
 REG.NO.-26552

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE/TIME 13/11/2024 011:33 AM

Proposal No. 3901

Agent/D.O. Code:

Full Name of Life to be assured: MR. MAHIPAL SINGH Introduced by: (name & signature)

Age/Sex : 48/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 :01-02 /HPF
 - (iii) Crystals : NIL
 - (iv) Pus Cells : 01-02 /HPF
 - (v) Casts : NIL
 - (vi) Deposits : NIL
 - (vii) Bacterias :NIL

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R2-137, NEW DELHI
NEW DELHI-110043

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.

Dr. SAKSHI VIRMANI

Signature of the Pathologist

MEBS, MB PATH
REG. NO. - 8941

Pathologist's name & Address

Qualification

LICI Code No.

Warning: There are chances for human error during printing. If results are unexpected or alarming, please contact immediately to check. Reports are not for medico legal purpose. It is only a professional report. Please clinical correlation is mandatory.

CARE Plus
DIAGNOSTICS

Navya Hospital, R2-137, New Rohanpur, Noida, Uttar Pradesh, India

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LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

Zone Division Branch DATE / TIME 13/11/2024 011:33 AM

Proposal No. 3901

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MR. MAHIPAL SINGH

Age/Sex : 48/M

BIO-CHEMICAL TESTS

| | TYPE OF TEST | ACTUAL READING | NORMAL VALUES |
|---|---------------------|----------------|---------------|
| 1 | BLOOD SUGAR FASTING | 88.4 | 60-110 MG/DL |

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RE-13B, WZ JANGAM,
NEW DELHI-110043

Dr. SAKSHI VERMANI
MBBS, MPPATH
REG. NO. - 6941

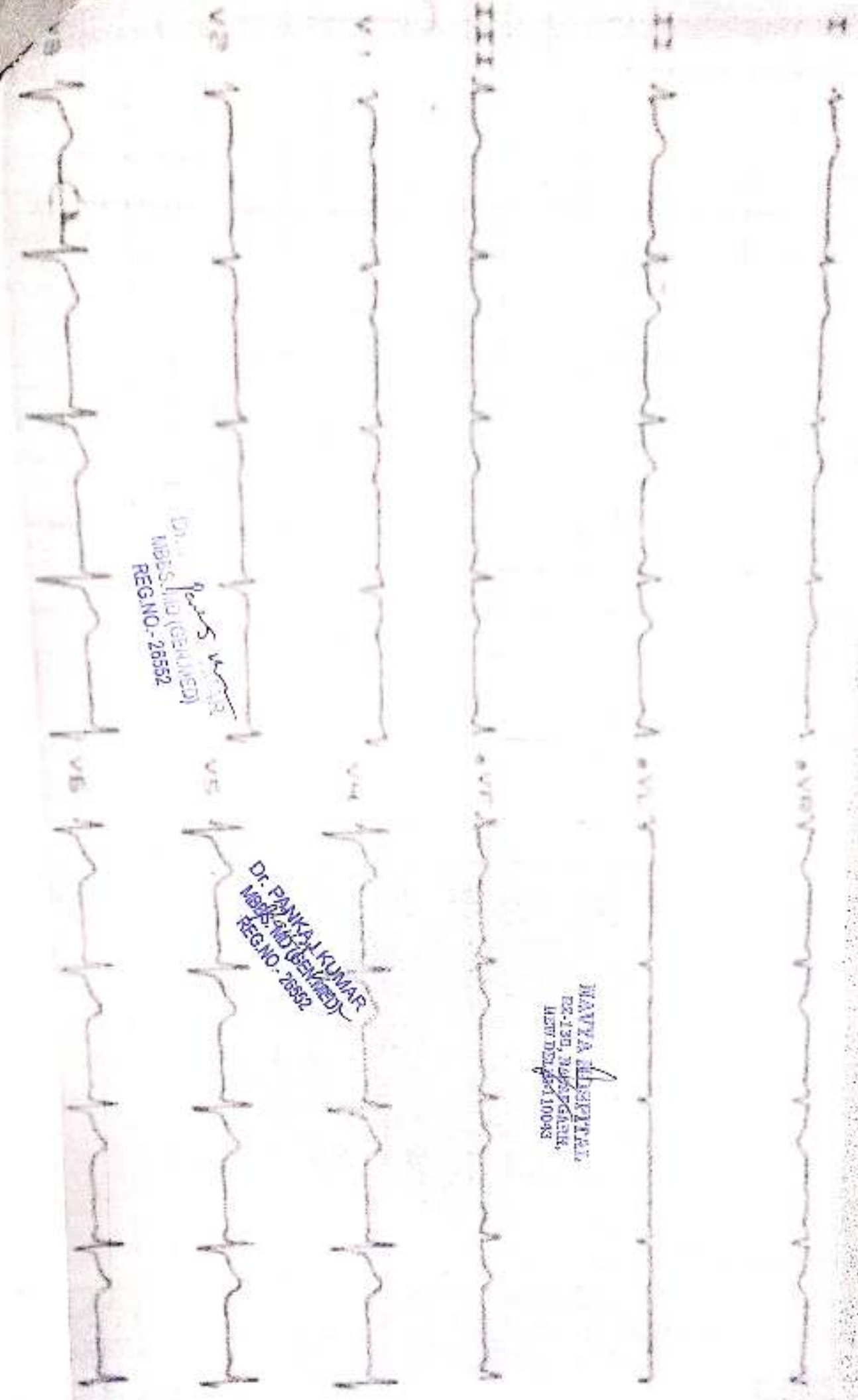
Signature of the Pathologist

Pathologist's name & Address

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CARE AG 2A Plus
DIAGNOSTICS

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Phone: +91 11 2610 1000



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