

Date: 20/11/2024

To,  
LIC of India  
Branch Office

Proposal No. 3034

Name of the Life to be assured ZOYA

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**  
MBBS MD  
2011

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.

Zo

(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 & PPI Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SOT-13)	YES	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	YES
ELISA FOR HIV	YES	Other Test	HBAlC

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





ZORA

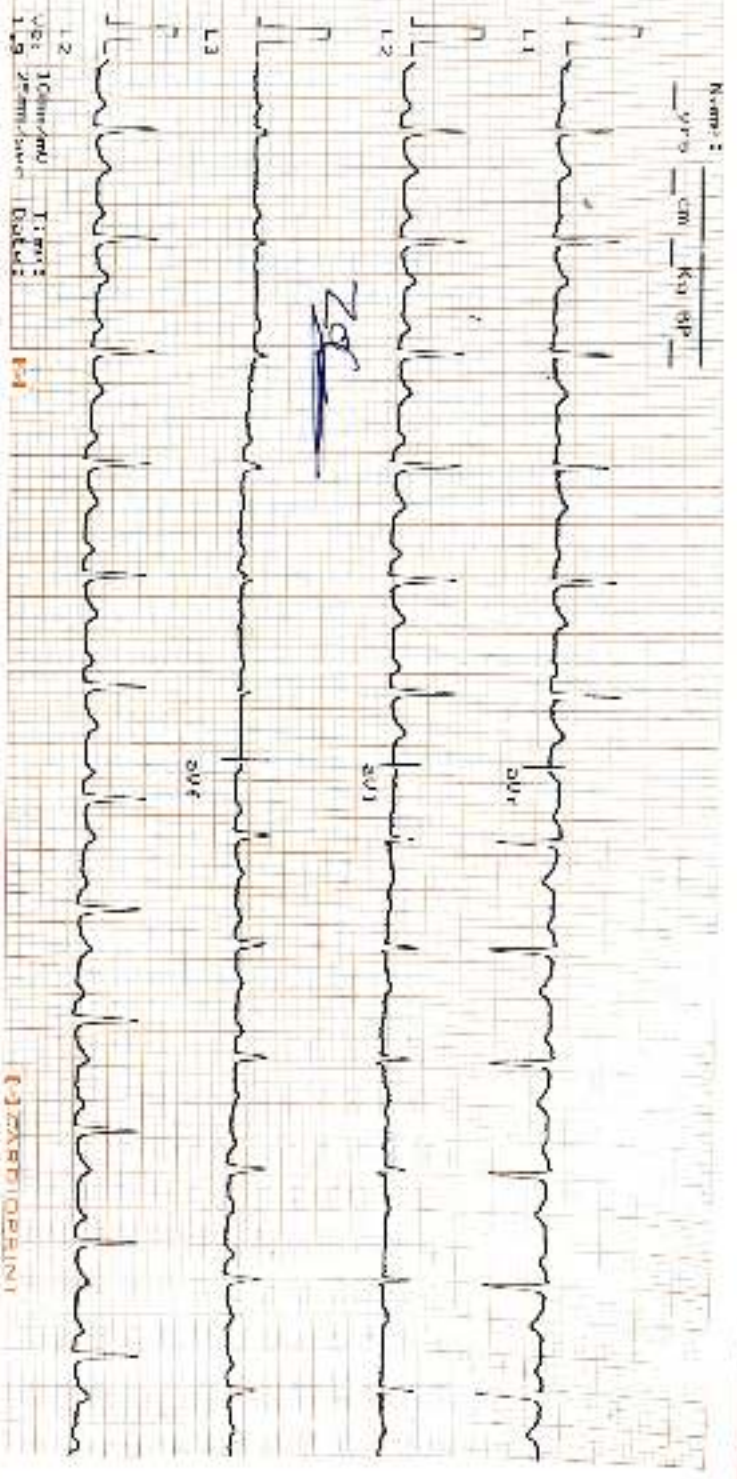
Age - 41 years

EKG - CONE

Date: 20/11/2024

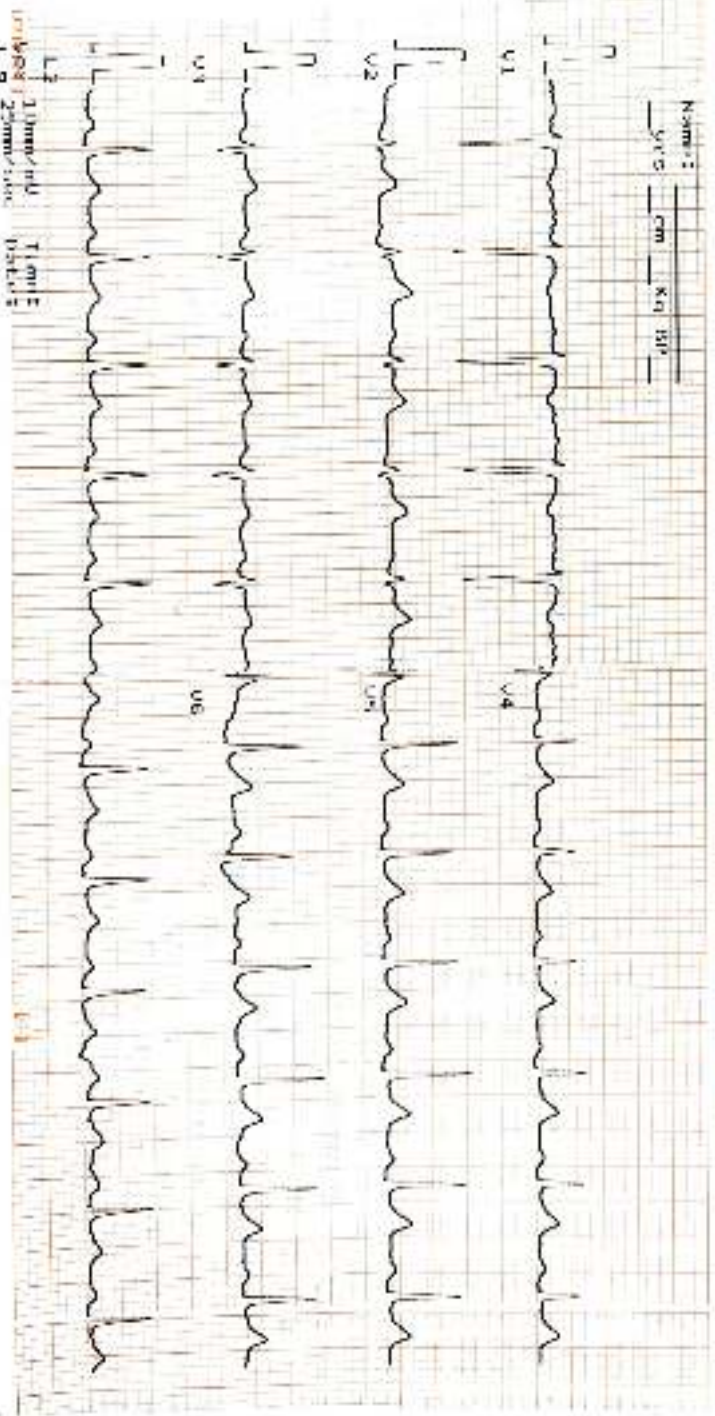
DR. BINDU

Reg. No. 33435



Name: ZORA  
Age: 41 years  
Sex: Female  
Date: 20/11/24

Dr. ZORABENI



Name: ZORA  
Age: 41 years  
Sex: Female  
Date: 20/11/24

Dr. ZORABENI

ANNEXURE II - 1  
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

**ELECTROCARDIOGRAM**

Zone Division Branch

Proposal No. - 3034

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

Full Name of Life to be assured: ZOYA

Age/Sex : 41 / FEMALE


**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

  
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 20/Nov/ 2024

Signature of L.A.





  
Signature of the Cardiologist  
Name & Address  
Qualification Code No.

Dr. BINDU

REG. NO. 33875



# ELITE DIAGNOSTIC

Email - elitediagnostic@gmail.com

PRCP. NO. : 3034  
S. NO. : 110516  
NAME : MRS. ZOYA AGE/SEX - 41/F  
REF. BY : LIC  
Date : NOVEMBER, 20, 2024

## HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	12.80	gm/dl	12-19

## BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	91.46	mg/dl	70-115
S. Cholesterol	160.77	mg/dl	130-250
H.D.L. Cholesterol	66.92	mg/dl	35-90
L.D.L. Cholesterol	95.60	mg/dl	0-160
S. Triglycerides	110.63	mg/dl	35-160
S. Creatinine	0.81	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	11.11	mg/dl	06-21
Albumin	3.8	gm%	3.2-5.50
Globulin	3.0	gm%	2.00-4.00
S. Protein Total	6.8	gm%	6.00-8.5
AG/Ratio	1.26		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.7	mg/dl	0.1-1.00
Total Bilirubin	0.9	mg/dl	0.1-1.3
S.G.O.T.	29.18	IU/L	00-42
S.G.P.T.	28.70	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	35.39	IU/L	00-60
S. Alk. Phosphatase	86.27	IU/L	20-111

(Children 151-471)

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

Please correlate with clinical conditions.

DR. T.K. MATHUR

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

REGD. NO. 29702

Consultant Pathologist

7991, Gali no. 10, Mata Rameshwar Marg, Nehru Nagar Karel Bagh, Delhi-110005 Contact: +91-9650089041, 9871144573

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](mailto:elitediagnostic4@gmail.com)

PROP. NO. : 3034  
S. NO. : 110510  
NAME : MRS. ZOYA AGE/SEX - 41/F  
REF. BY : LIC  
Date : NOVEMBER, 20, 2024

## HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.68	%

### INTERPRETATION

Normal	:	5.0 – 6.7
Good Diabetic Control	:	6.8 – 7.3
Fair Control	:	7.4 – 9.1
Poor Control	:	more than 9.1

*Note: - Glycosylated Haemoglobin is a specific component of HbA1c and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two Months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.*

\*\*\*\*\*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, Mata Ramchandani Marg, Nehru Nagar Kirti Bagh, Delhi-110005 Contact: +91-9650085011, 9871144570

NOTE: Not to the Elite Diagnostic 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 - [elitediagnostic@gmail.com](mailto:elitediagnostic@gmail.com)

PROF. NO. : 3034  
S. NO. : 110510  
NAME : MRS. ZOYA AGE/SEX - 41/F  
REF. BY : LIC  
Date : NOVEMBER, 20, 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. 14702

Consultant Pathologist

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

NOTE: Not to be used as a 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. : 3034  
S. NO. : 110519  
NAME : MRS. ZOYA AGE/SEX - 41/F  
REF. BY : LIC  
Date : NOVEMBER, 26, 2024

## ROUTINE URINE ANALYSIS

### **PHYSICAL EXAMINATION**

Quantity : 20 ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.012

### **CHEMICAL EXAMINATION**

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

### **MICROSCOPIC EXAMINATION**

Fus Cells/WBCs : 1-2. /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. T.K. MATHUR**

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

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Kirti Bagh, Delhi- 110025 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.

## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
154	48.3	112/78	88/M

(B) Cardiovascular System

N

## Rest ECG Report:

Position	Supine	P Wave	N
Standardisation Imv	N	PR Interval	N
Mechanism	N	QRS Complexes	N
Voltage	N	Q-T Duration	N
Electrical Axis	N	S-T Segment	N
Auricular Rate	88/M	T-wave	N
Ventricular Rate	88/M	Q-Wave	N
Rhythm	Regular		
Additional findings, if any	MI2		

Conclusion: WNL

Dated at DELHI on the day of 20/Nov/2024

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



Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.





भारत सरकार  
GOVERNMENT OF INDIA



ज़ोया

Zoya

जन्म तिथि/DOB: 01/01/1983

महिला/ FEMALE

Mobile No: 9560805102


9440 0801 9388

VID : 9173 0577 7721 9919



मेरा आधार, मेरी पहचान



 **GPS Map Camera**



**New Delhi, Delhi, India**  
A20, Mahendra Park, Jahangirpuri, New Delhi, Delhi, 110033,  
India  
Lat 28.724345° Long 77.165676°  
20/11/24 08:21 AM GMT +05:30