

Date: 08/11/2024

To,
LIC of India
Branch Office

Proposal No. 3036

Name of the Life to be assured PREM CHAND

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. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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.

(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)	Yes
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	Yes
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



1-1 CORPORATION OF INDIA Form No. LIC03 -

BRANCH

आयकर विभाग
INCOME TAX DEPARTMENT

प्रेम चन्द
PREM CHAND

किशोर चन्द
KHEM CHAND

06/11/1963
PAN Card Number

ACWPC5268N

भारत सरकार
GOVT. OF INDIA

DECLARATION

foregoing answers are given by me after the information has been given by me and complete and no information has been given by me part of the proposal dated _____

Signature of Thumb

allowing quesitio



Dr. RAJNA KHAN
M.S. DMD
Reg. No. 25503



S. No. : 08/NOV/03
Name : MR PREM CHAND
Ref. by : LIFE INSURANCE CORPORATION
Date : 08-11-2024
AGE : 61Years
SEX : MALE

B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	96	mg/dl.	(60-110)
POST GLUCOSE 75 gram AFTER 2HRS	115	mg/dl.	(UPTO 145)



DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 3036

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

Full Name of Life to be assured: PREM CHAND

Age/Sex : 61y/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 I-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If 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 08/11/2024 2023

Signature of L.A.
प्रीमचंद

Signature of the Cardiologist Dr. RAINA KHAN
Name & Address MBBS, DMRD
Qualification Code No. Reg No. 25508

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
168	62	122/84	80/w

(B) Cardiovascular System

Rest ECG Report:

Position	Supine	P Wave	P
Standardisation Imv	P	PR Interval	A
Mechanism	P	QRS Complexes	P
Voltage	P	Q-T Duration	P
Electrical Axis	P	S-T Segment	P
Auricular Rate	80/w	T-wave	P
Ventricular Rate	80/w	Q-Wave	P
Rhythm	Regular		
Additional findings, if any.	ALL		

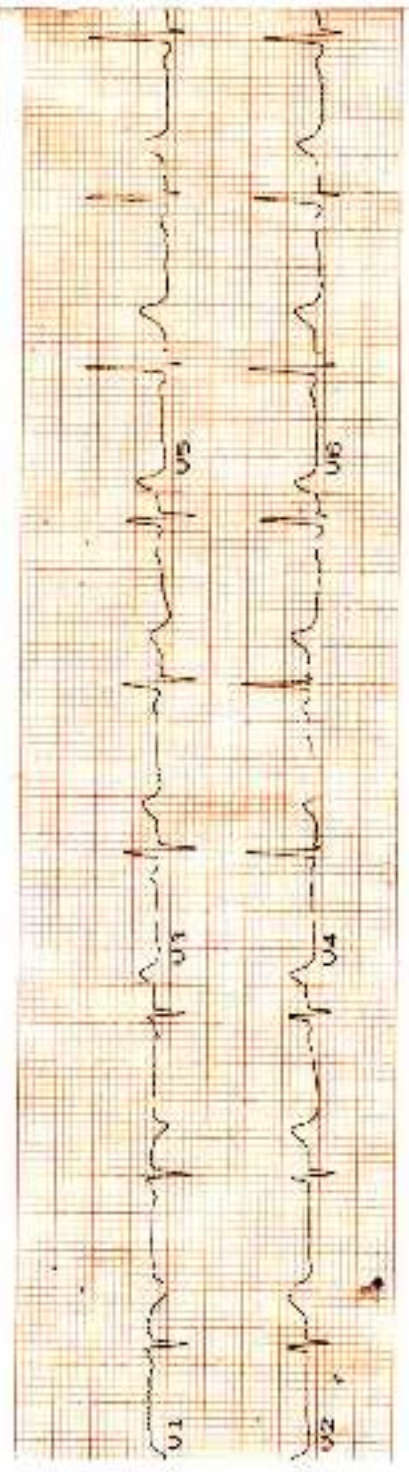
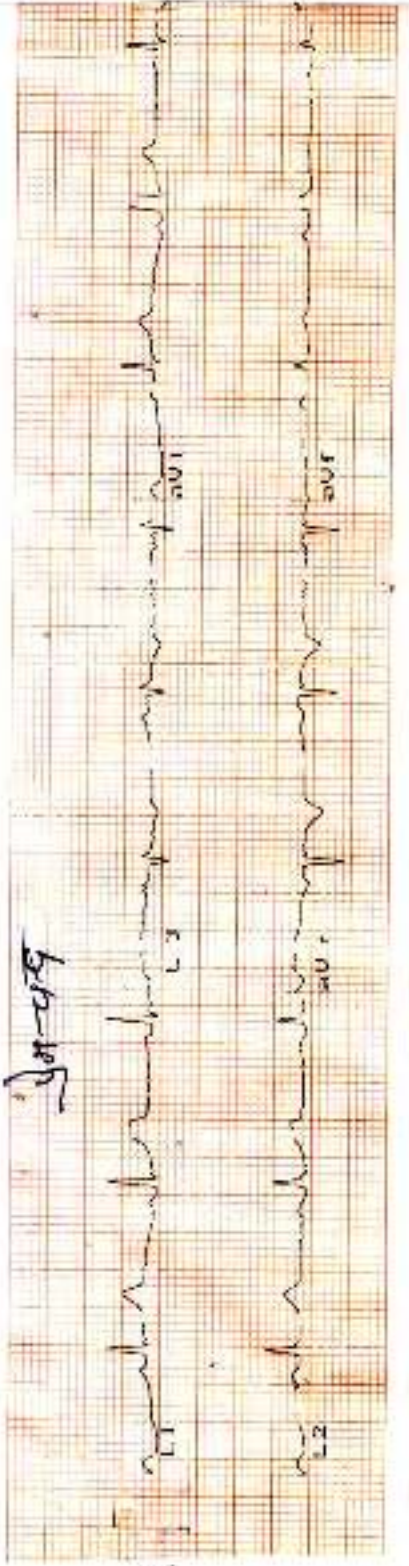
Conclusion: ECG-NML



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

DELHI 08/11/2024
Dated at _____ on the day of _____ 200

Signature of the Cardiologist
Name & Address
Qualification
Code No.



PREM CHAND

ECG-10/11/24

DATE 08/11/2024

AGE 61 Y/M

Dr. RAINA KHAN
 MBBS, DMARD
 Reg. N. 15508

