

Date 18/11/2024

To,  
LIC of India  
Branch Office

Proposal No 6363

Name of the Life to be assured NISAR MALIK

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. RAINA 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.

Nisar Malik  
(Signature of the Life to be assured)

Name of life to be assured: \_\_\_\_\_

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FWR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test Fasting & PP) Bolt
3	Haemogram	11	Hba1c
4	H2%	12	FBS (Fasting blood Sugar)
5	SBT 12	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: \_\_\_\_\_

17. Others (Please Specify): \_\_\_\_\_

Remarks of Med Suro TPA Services PVT LTD  
Authorized Signature.





DR. RAINA KHAN  
MBBS (DIPLOMA)  
Reg. No. 185508



# irine diagnostic

healthpartner

S. No. : 18/NOV/16  
Name : MR NISAR MALIK  
Ref. by : LIFE INSURANCE CORPORATION  
Date : 18-11-2024  
AGE : 50Years  
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)
TOTAL BILIRUBIN	0.74	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.48	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.26	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.6	mg/dl.	(6.0-8.3)
ALBUMIN	4.2	mg/dl.	(3.5-5.0)
GLOBULIN	2.4	mg/dl.	(2.3-3.5)
A/G RATIO	1.75		(1.0-3.0)
S.G.O.T. (AST)	28	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	26	IU/L	(5.0-40.0)
GAMMA GT	25	U/L	(9-45)
ALKALINE PHOSPHATASE	128	U/L	(80-200)
URIC ACID	5.5	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	176	mg/dl.	(150-200)
HDL CHOLESTEROL	43	mg/dl.	(30-63)
S. TRIGLYCERIDES	133	mg/dl.	(60-160)
LDL	120	mg/dl.	(UPTO-150)
VLDL	33	mg/dl.	(23-45)
SERUM CREATININE	0.75	mg%	(0.6-1.2)
BUN	13	mg/dl	(02-18)



DR. SHILPI GUPTA

M.B.B.S.MD(Path) 64715  
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

# irine diagnostic

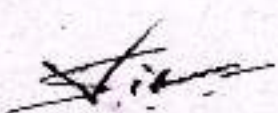
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## H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	13.8	gm%	12-16



  
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## S E R O L O G Y

\*\*Test Name : Human Immunodeficiency  
HIV I & II (ELISA METHOD)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

\*\*Test Name : Hepatitis B Surface  
Antigen (HbsAg)

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

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## URINE EXAMINATION

### PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.015

### CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

### MICROSCOPIC EXAMINATION

PUS CELLS	2-3/HPF
EPITHELIAL CELLS	3-4/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL



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## ANNEXURE II - I

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No - 6363

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

Full Name of Life to be assured: HISAR MALIK

Age/Sex : 50 + M

Instructions to the Cardiologist:

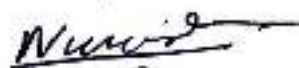
- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing 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 I 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.

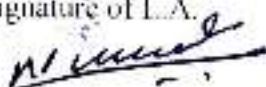
- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N  Y
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N  Y
- iii. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N  Y



If the answer to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at DEEN on the day of 18/11/2024 2023

Signature of L.A.



Signature of the Cardiologist

Name &amp; Address

Qualification Code No.

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

## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
175	88	118/78	74/w

(B) Cardiovascular System

A

## Rest ECG Report:

Position	Supine	P Wave	a
Standardisation Inv	P	PR Interval	a
Mechanism	P	QRS Complexes	a
Voltage	P	Q-T Duration	a
Electrical Axis	P	S-T Segment	a
Auricular Rate	74/w	T wave	a
Ventricular Rate	74/w	Q-Wave	a
Rhythm	Regular		
Additional findings, if any	112		

Conclusion: ECG-NML

DELHI 18/11/2024

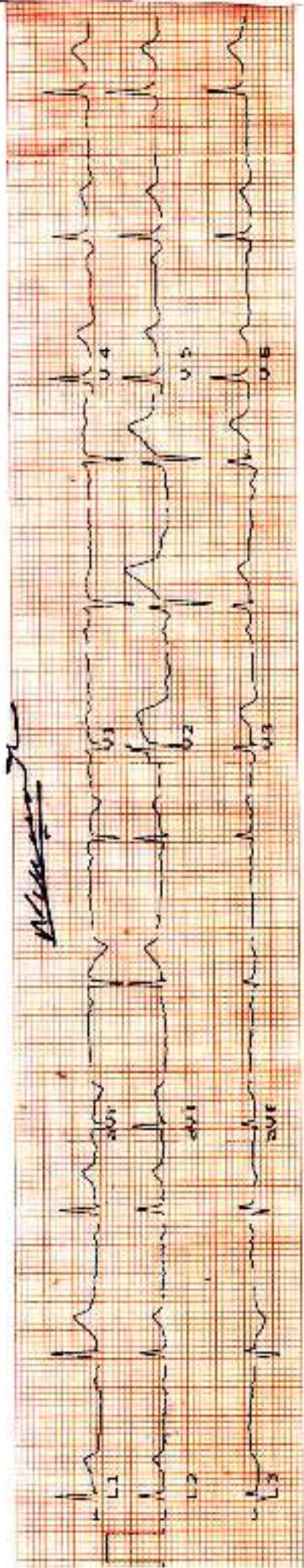
Dated at on the day of 200



Dr. RAINA KHAN  
M.D. DMRD  
Reg. No. 26508

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.





NAME - HASIR MALIK

AGE - 50 YR 1M

ECG - WNL

DATE - 18/11/24



Dr. RAINA KHAN  
MBBS, CCARD  
Reg. No. 255608



 **GPS Map Camera**

New Delhi, Delhi, India  
D80/5a, B, Malviya Nagar Rd, Block 80, Shvalik, Malviya  
Nagar, New Delhi, Delhi 110017, India  
Lat 28.531912° Long 77.211842°  
18/11/24 09:53 AM GMT +05:30



STATE SERVICE  
Government of Justice

Photo of the individual

NAME: [REDACTED]  
ID NUMBER: 4387  
SEX: MALE

When issued on 09/01/2014, subject is entitled to receive an identification card (ID card) from the State Service of Justice. The ID card is valid for 10 years from the date of issue. It is issued to citizens of the State of South Carolina who are 18 years of age or older and who are registered voters in the State of South Carolina. (Section 15-1-10, Code of Laws of South Carolina)

STATE SERVICE