

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 5662

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

Full Name of Life to be assured: MR. PIARE LAL

Age/Sex : 59/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

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 9/Oct/2024

Signature of L.A.

Signature of the Cardiologist

Name & Address

Qualification Code No.



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
168	60.2	126/84	78/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	78/M	T-wave	(N)
Ventricular Rate	78/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	N/R		

Conclusion: ECG - WNL

Dated at DELHI on the day of 9/Oct/2024

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.



Date: 9/10/2024

To,
LIC of India
Branch Office

Proposal No. 5662

Name of the Life to be assured MR PIARE LAL

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

Name:

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

Piare Lal
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

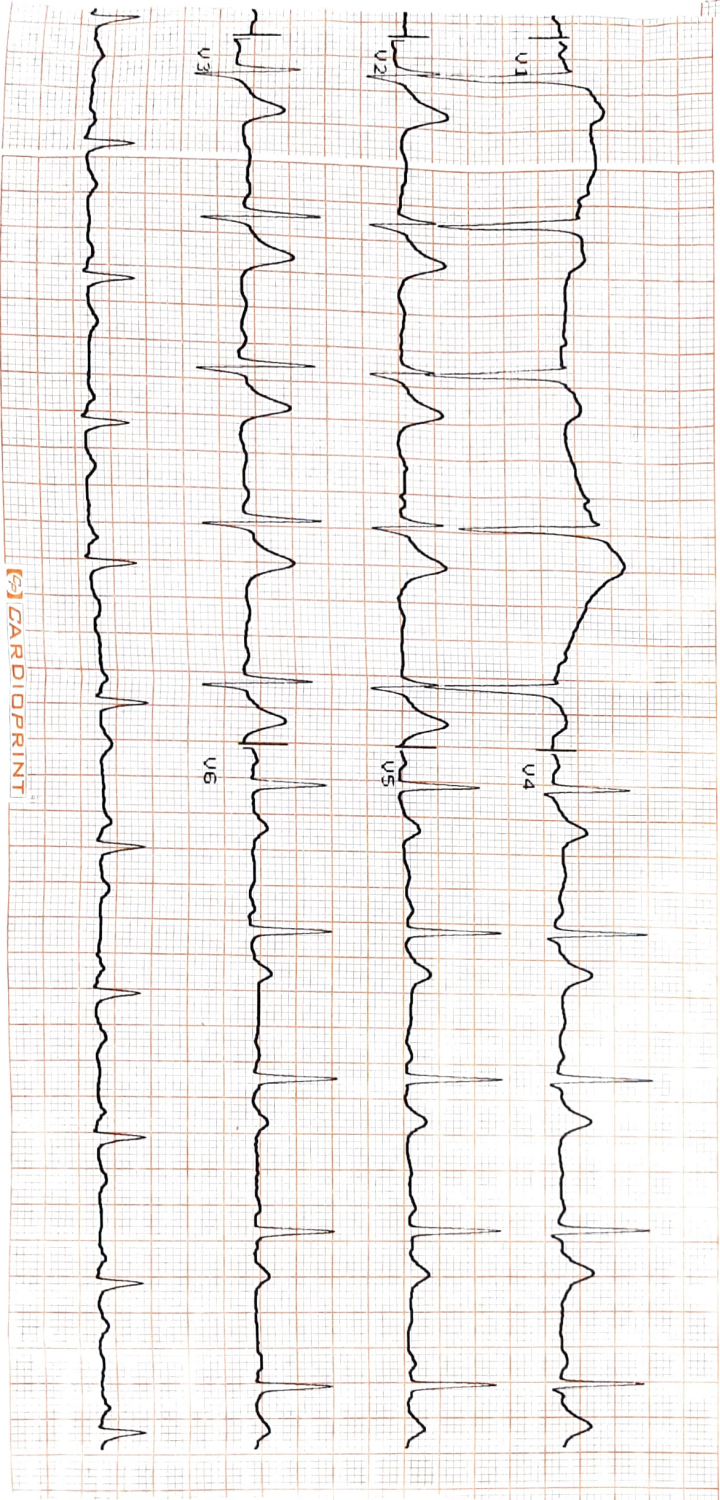
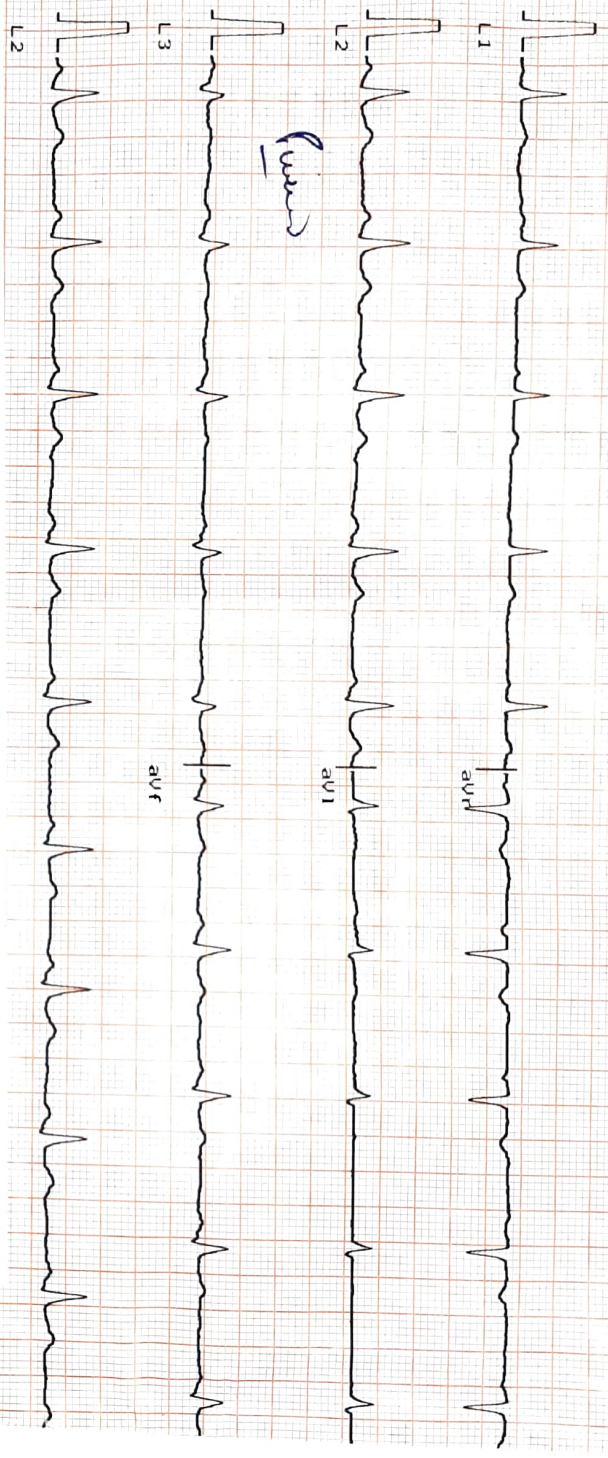
Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT	YES	FBS (Fasting Blood Sugar)	
SPECIAL 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	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



Name : _____
_____ yrs _____ cm _____ Kg BP _____



CARDIOPRINT





ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 5662
S. NO. : 109138
NAME : **MR. PIARE LAL** **AGE/SEX - 59/M**
REF. BY : LIC
Date : OCTOBER, 09, 2024

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	108.70	mg/dl	70-115

*****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 Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hasitation. This report is not for medico - legal cases.





सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



प्यारे लाल

Piare Lal

जन्म तिथि / DOB: 05/04/1965

पुरुष / MALE

Mobile No.: 9210613371

8190 5130 1070

VID : 9122 4691 5392 9502

Issue Date: 31/07/2020



मेरा आधार, मेरी पहचान



 GPS Map Camera

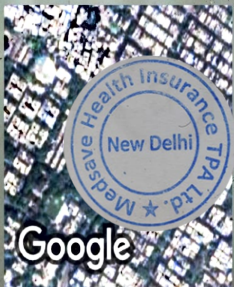
Delhi, Delhi, India

J block, Mangolpuri, Delhi, 110083, India

Lat 28.648777°

Long 77.182534°

09/10/24 08:37 AM GMT +05:30



Google