

Date: 9/10/2024

To,
LIC of India
Branch Office

Proposal No. 5665

Name of the Life to be assured MR JASWANT 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. BINDU
MBBS, MD
Reg. No.-33435

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.

Jaswant Singh
(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	YES	MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM	YES	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	YES	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,

ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
Proposal No. - 5665
Agent/D.O. Code: _____ Introduced by: (name & signature)
Full Name of Life to be assured: MR JASWANT SINGH
Age/Sex : 52/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 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.
Jaswant Singh
Jaswant Singh

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 9/Oct 2024

Signature of L.A.

Jaswant Singh

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

Signature of the Cardiologist

Name & Address
Qualification Code No.

Clinical findings
(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
164	71	122/80	80/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	80/M	T-wave	(N)
Ventricular Rate	80/M	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	J NR		

Conclusion: ECG - WNL

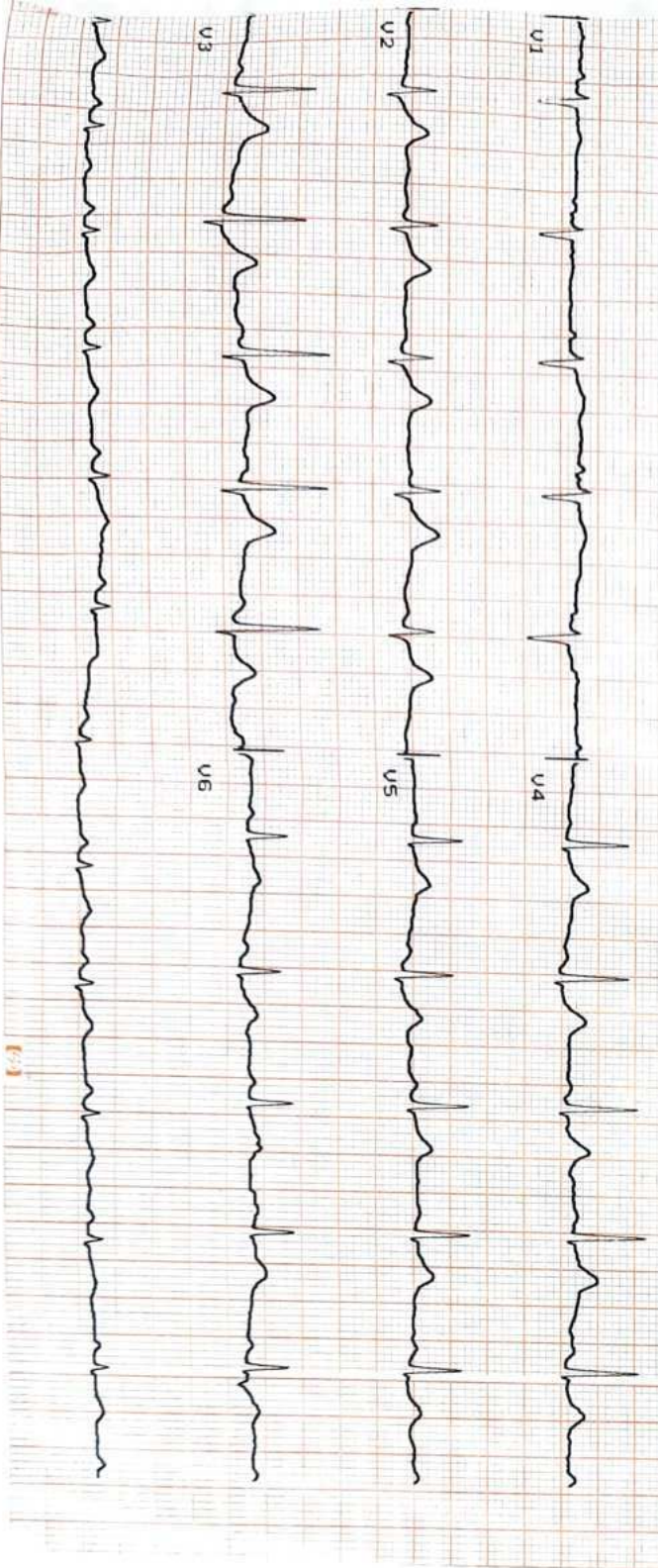
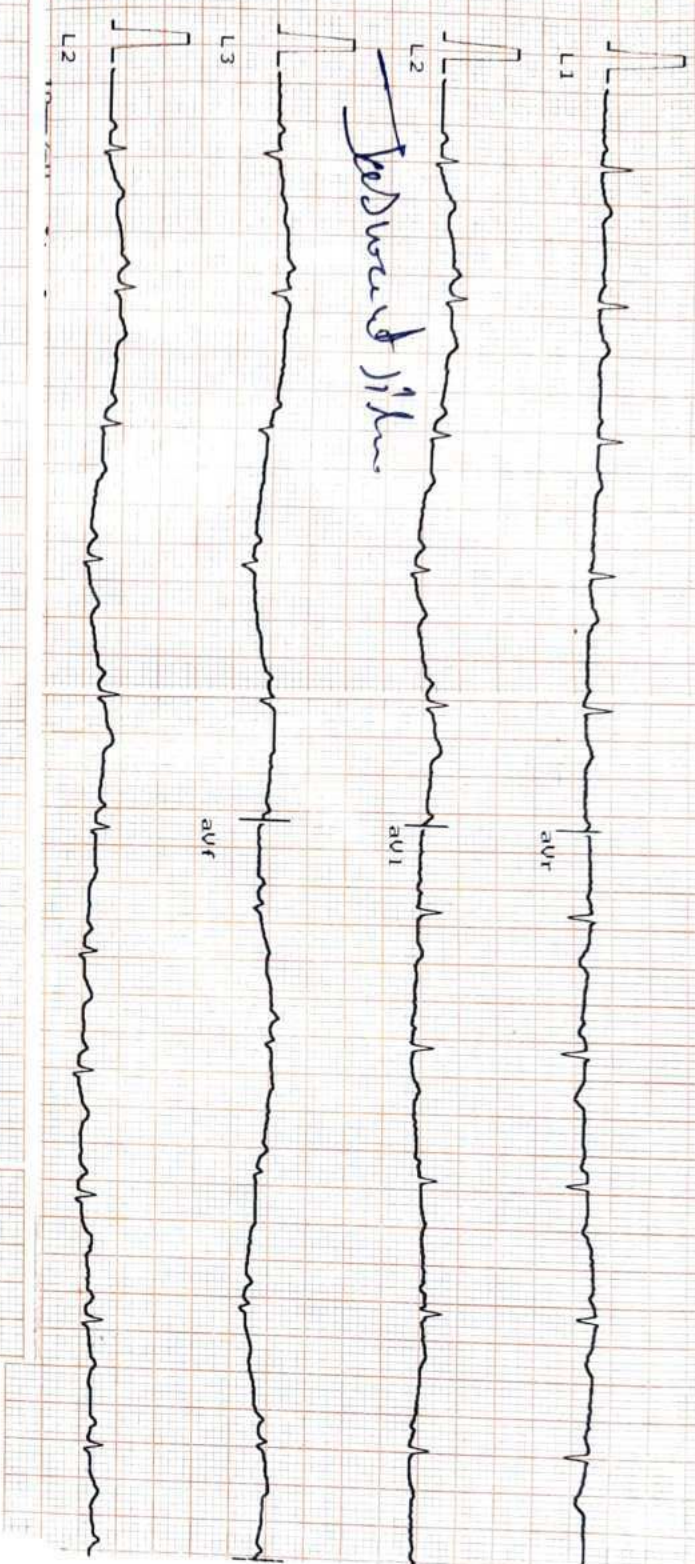
Dated at DELHI on the day of 9/10/2024

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

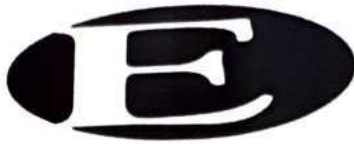
Signature of the Cardiologist
Name & Address
Qualification
Code No.



Name: _____
YRS _____ cm _____ Kg BP _____



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



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 5665
S. NO. : 109142
NAME : **MR. JASWANT SINGH** **AGE/SEX - 52/M**
REF. BY : LIC
Date : OCTOBER, 09, 2024

HAEMATOLOGY

Test	Result	Units	Normal Range
Hemoglobin	14.36	gm/dl	12-18

BIOCHEMISTRY

Test	Result	Units	Normal Range
Blood Sugar Fasting	104.48	mg/dl	70-115
Total Lipids	484.80	mg/dl	400-700
S. Triglycerides	110.00	mg/dl	30-160
S. Cholesterol	177.40	mg/dl	130-250
H.D.L. Cholesterol	046.00	mg/dl	35-90
L.D.L. Cholesterol	109.40	mg/dl	0-150
V.L.D.L. Cholesterol	22.00	mg/dl	0-50

*****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.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 5665
S. NO. : 109142
NAME : **MR. JASWANT SINGH** **AGE/SEX - 52/M**
REF. BY : LIC
Date : OCTOBER, 09, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20.ml
Colour : P. Yellow
Transparency : CLEAR
Sp Gravity : 1.015

CHEMICAL EXAMINATION

Reaction : Acidic.
Albumin : Nil.
Reducing Sugar : Nil.

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF.
RBCs : Nil. /HPF.
Epithelial Cells : 1-2. /HPF.
Casts : Nil.
Crystals : Nil.
Bacteria : Nil.
Others : NIL.



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

Please correlate with clinical conditions.

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ELITE
DIAGNOSTIC

Medicare Health Insurance TPA Ltd.
New Delhi

GPS Map Camera

Delhi, Delhi, India

11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh, Delhi,
110005, India

Lat 28.648771°

Long 77.182544°

09/10/24 10:59 AM GMT +05:30



Google

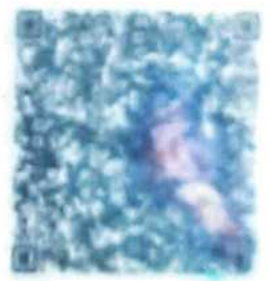


जसवंत सिंह

Jaswant Singh

जन्म तिथि/ DOB: 26/04/1972

पुरुष / MALE



9610 1893 4517

आधार-आम आदमी का अधिकार