

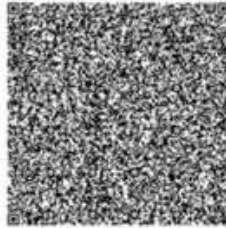


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 0810/07914/04596

To
Arjun Handa
C/O: Arun Kumar,
B-4/60,
VTC: Safdarjung Enclave,
PO: Safdarjung Enclave,
Sub District: Vasant Vihar,
District: South West Delhi,
State: Delhi,
PIN Code: 110029,
Mobile: 9590499992



Signature Not Verified
Digitally signed by Arjun Handa
UIDAI
DN: cn=Arjun Handa, o=UIDAI, email=Arjun.Handa@uidai.gov.in

आपका आधार क्रमांक / Your Aadhaar No. :

9476 3922 2353

VID : 9172 8157 7690 4752

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 02/01/2012



Arjun Handa
Date of Birth/DOB: 15/11/1987
Male/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतियि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification [online
authentication, or scanning of QR code / offline XML].

9476 3922 2353

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतियि का नहीं। जन्मतियि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतियि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

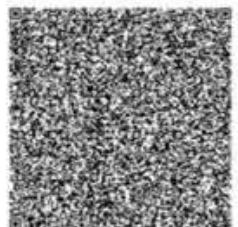


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 10/09/2014

Address:
C/O: Arun Kumar, B-4/60, Safdarjung
Enclave, PO: Safdarjung Enclave, DIST:
South West Delhi,
Delhi - 110029



9476 3922 2353

VID : 9172 8157 7690 4752

1947 | help@uidai.gov.in | www.uidai.gov.in



E ELITE
DIAGNOSTIC

Medavva Health Insurance TPA Ltd.
New Delhi

 **GPS Map Camera**

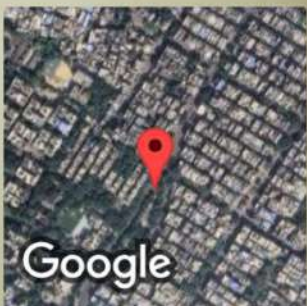
Delhi, Delhi, India

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

Lat 28.648758°

Long 77.182526°

06/10/24 08:56 AM GMT +05:30



To,
LIC of India
Branch Office

Date: 06/10/2024

Proposal No. 2299

Name of the Life to be assured MR. ARJUN HANDA.

The Life to be assured was identified on the basis of _____

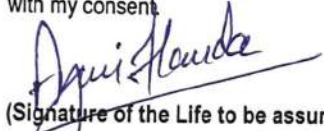
I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

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.



(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	YES	IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM	YES	MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-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%	
ELISA FOR HIV	YES	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. - 2299

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

Full Name of Life to be assured: MR. ARJUN HANDA

Age/Sex : 36/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 of 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 06/Oct/2024

Signature of L.A.



Signature of the Cardiologist

Name & Address

Qualification Code No.

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



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
187	86.6	120/80	68/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	68/M	T-wave	N
Ventricular Rate	68/M	Q-Wave	N
Rhythm	Regular		
Additional findings, if any	N/A		

Conclusion: ECG - C/NL

Dated at

DELHI

on the day of

06/Oct/2024

200

Dr. BINDU

MBBS, MD

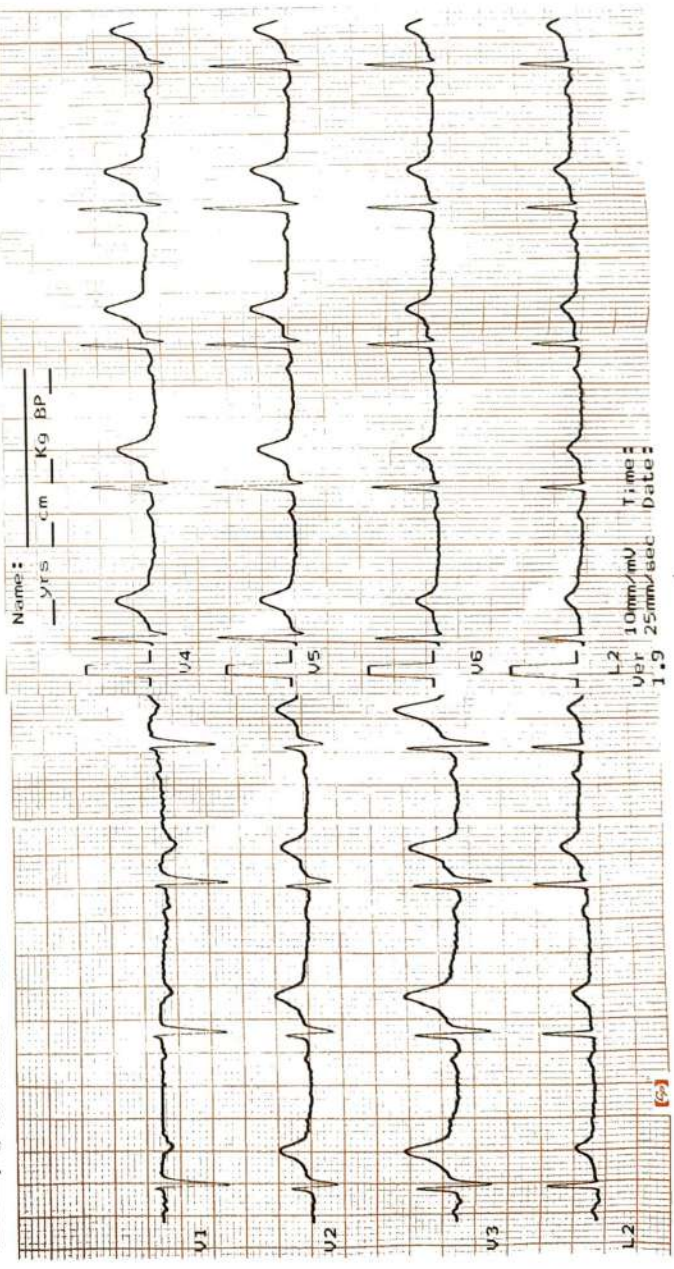
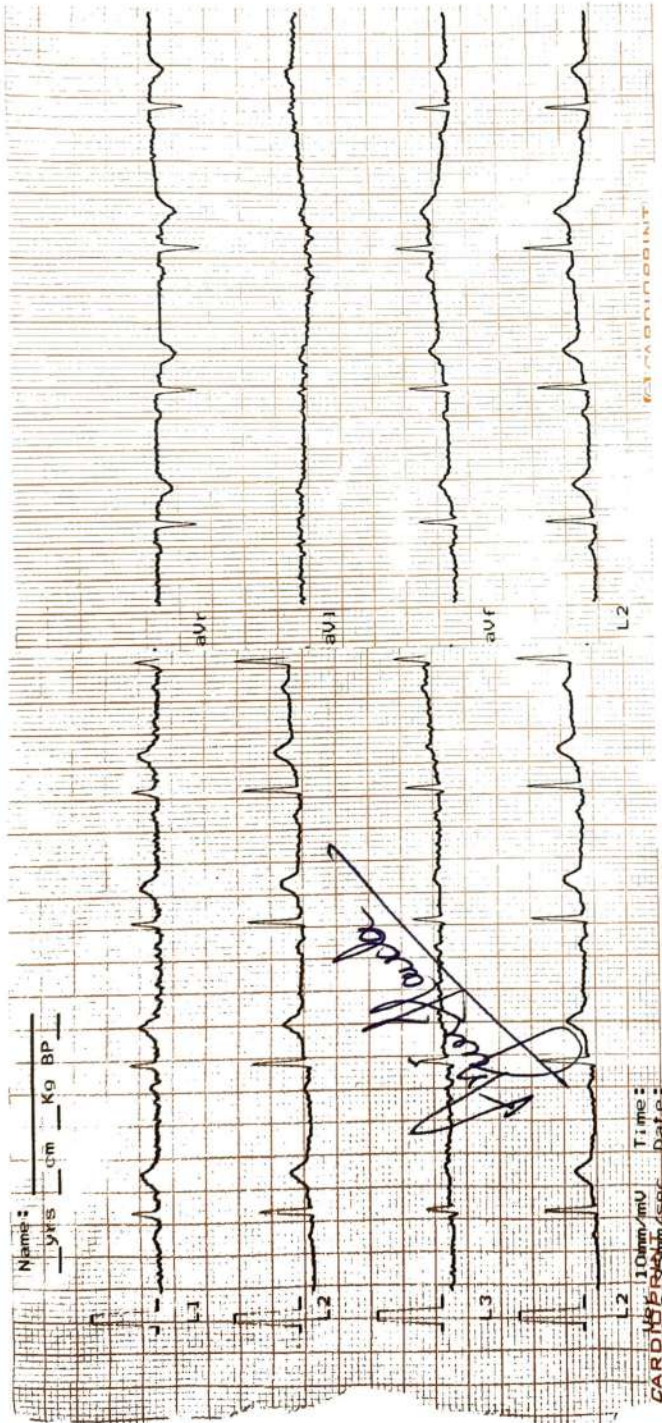
Reg. No.-33435

Signature of the Cardiologist
Name & Address
Qualification
Code No.



ARJUN HANDA
 Age - 36/M
 ECG - WNL
 Date - 06/10/2024

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



Name: _____
 Age: _____ cm _____ Kg BP _____

Time: _____
 Date: _____

Name: _____
 Age: _____ cm _____ Kg BP _____

Time: _____
 Date: _____

ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____

Proposal No. **2299**

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

Full Name of Life to be assured: **MR ARJUN HANDA**

Age/Sex: **36/M**



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.

1. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? **Y/N** ✓
2. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? **Y/N** ✓
3. 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 'Yes', submit all relevant papers with this form.

Dated at **DELHI** on the day of **06/Oct/2024**
200

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

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification
Code No.

COMPUTERISED TREADMILL TEST

- (a) Pre-test : Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II)
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery



3 minutes each

Reporting Pattern

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP
PRETEST	SUPINE							
	SITTING							
	STANDING							
	HYPERVENTILATION							
	WARM UP							
EXERCISE	STAGE 1							
	STAGE 2							
	STAGE 3							
	PEAK EXERCISE							
RECOVERY	RECOVERY							
	RECOVERY							
	RECOVERY							

The protocol used - BRUCE

Total Exercise Time - 6:46

Maximum Blood Pressure - 134/90

Maximum Workload - 7.84

Maximum heart rate 165 Maximum predicted heart rate 184 %

Reason for termination - *Negative for Provocable Myocardial Ischemia.*

Comments:

Signature of the Cardiologist
 Name & Address
 Qualification Code No.

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

Each stage should have 12 lead tracing with long lead II. Each lead should contain atleast three complexes. On separate individual paper each stage with relevant observations be recorded.

(Signature of the L.A. to be obtained on the stracings)

[Handwritten Signature]

ELITE DIAGNOSTIC

7091, GALI NO-10, MATA RAMESHWARI MARG,
NEHRU NAGAR, KAROL BAGH, DELHI -110005

Arjun Handa

ARJUN HANDA

ID : 181973
DATE : 06/10/2024
AGE/SEX : 36 / M
HT/WT : 0 / 0
REF. BY : LIC

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY :
INDICATION :
MEDICATION :

PHASE	TOTAL STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
							II	V1	V5	
SUPINE				66	120 / 80	79	3.3	-0.8		4.5
STANDING				67	120 / 80	80	3.2	-0.9		4.4
HYPERTENT	0:5			69	120 / 80	82	2.9	-0.9		4.1
VALSALVA				71	120 / 80	85	1.5	-0.1		1.7
Stage 1	2:55	2.7	10	117	124 / 84	145	1.2	-0.1		1.9
Stage 2	5:55	4	12	145	128 / 88	185	1.6	0.1		2.9
Stage 3	6:41	5.4	14	163	134 / 90	218	0.9	0.5		2.2
PK-EXERCISE	6:46	5.4	14	165	134 / 90	221	1	0.6		2.4
RECOVERY	7:52			116	130 / 88	150	2.2	0.2		3.4
RECOVERY	9:49			93	128 / 86	119	0.8	0.3		1.6
RECOVERY	12:49			96	124 / 84	119	0.7	0.2		1.1

RESULTS

EXERCISE DURATION : 6:46
MAX HEART RATE : 165 bpm 89 % of target heart rate 184 bpm
MAX BLOOD PRESSURE : 134 / 90 mm Hg
REASON OF TERMINATION : Achieved THR,
BP RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :

MAX WORK LOAD : 7.84 METS

Negative for Provocable myocardial ischemia,



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

Technician :

ELITE DIAGNOSTIC

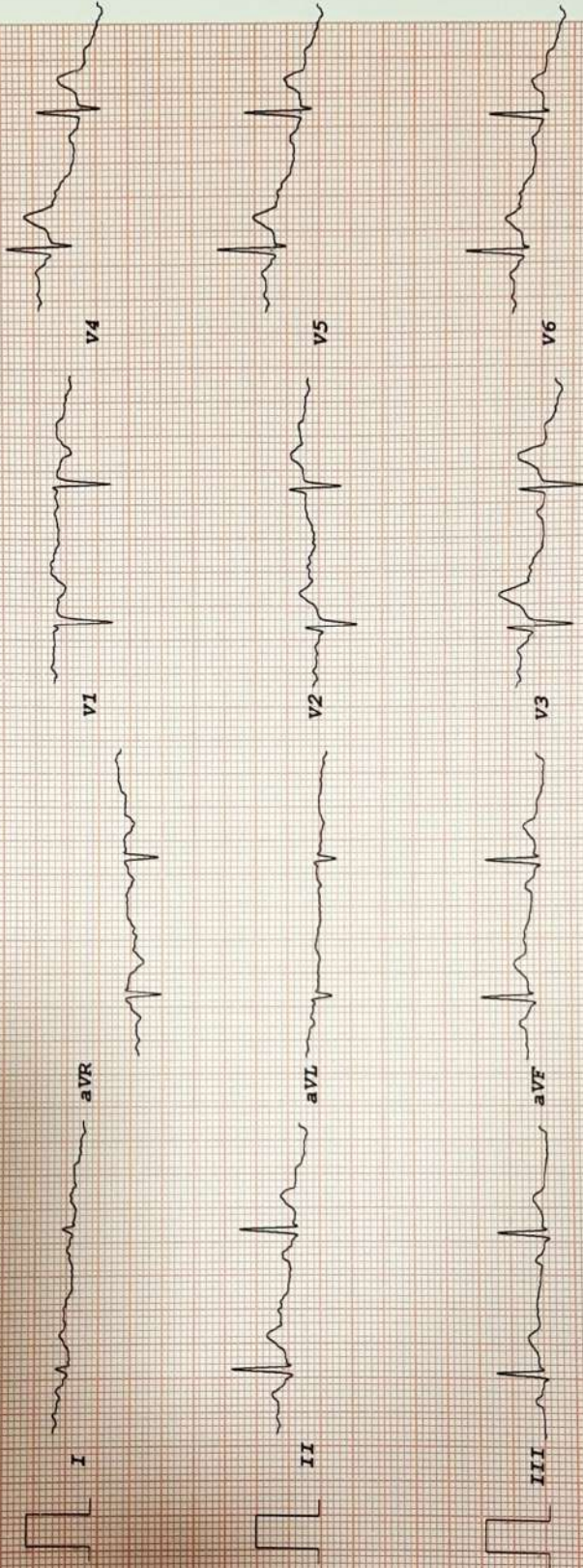
PRETEST
SUPINE

ST @ 10mm/mv
80ms Post J

RATE 66bpm
B.P. 120/80

ARJUN HANDA
I.D. 181973
Age 36/M
Date 06/10/2024

RAW ECG



ELITE DIAGNOSTIC

ST @ 10mm/mV
80ms PostJ

PRETEST
HYPERVENT

PHASE TIME 0:05

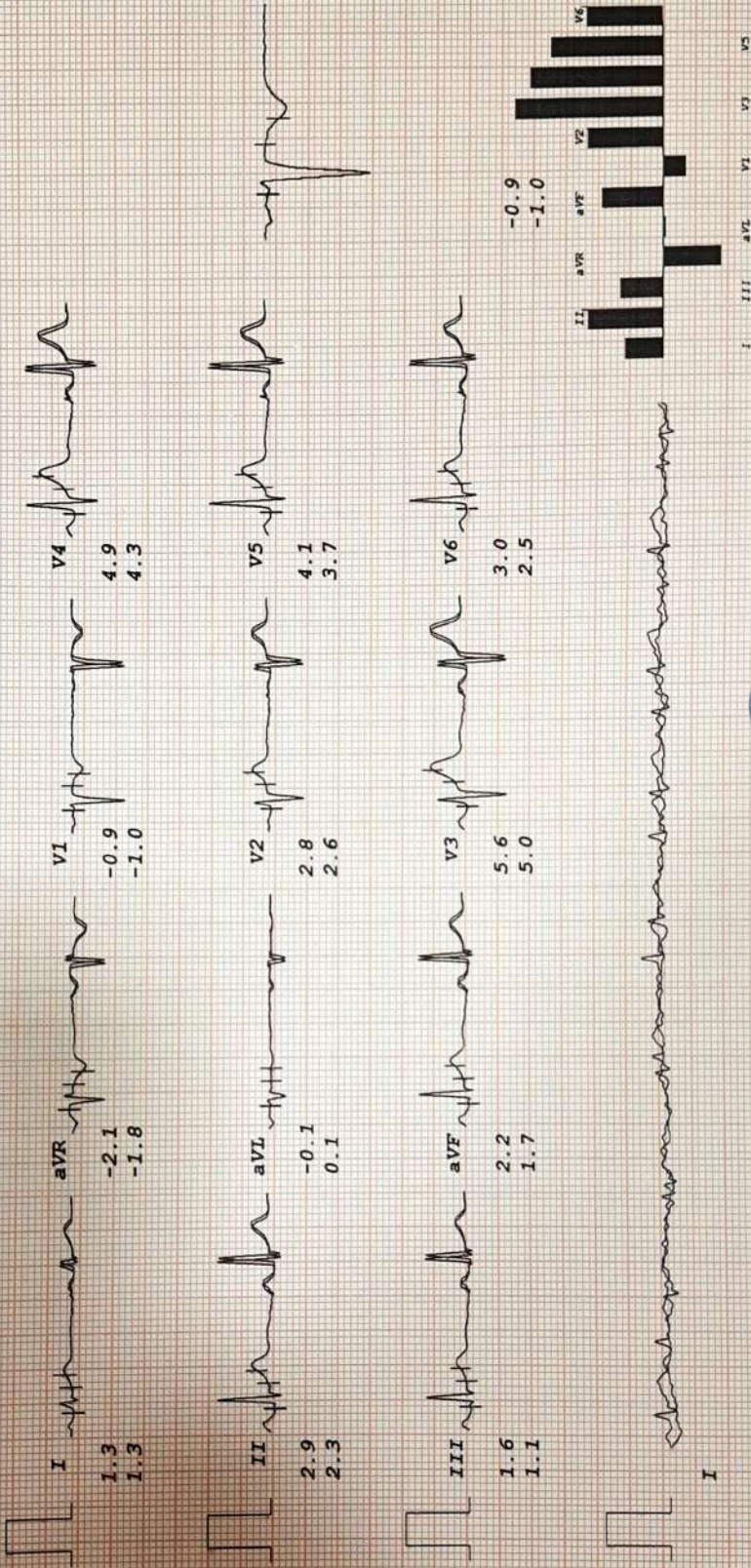
RATE 69bpm
B.P. 120/80

ARJUN HANDA
I.D. 181973
Age 36/M
Date 06/10/2024

LINKED MEDIAN

Mag. x 2

V1



ELITE DIAGNOSTIC

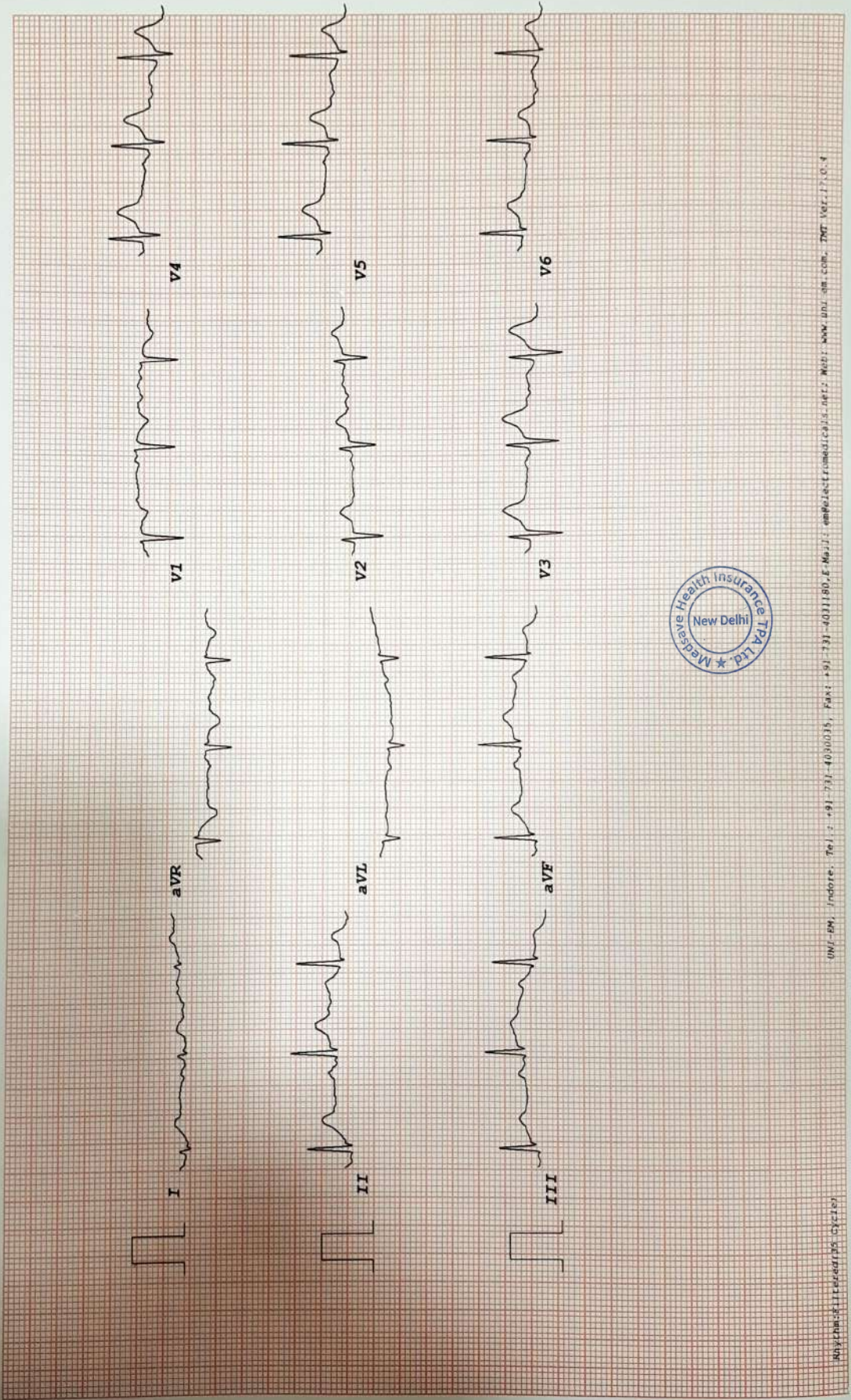
ARJUN HANDA
I.D. 181973
Age 36/M
Date 06/10/2024

PRETEST
VALSALVA

RATE 71bpm
B.P. 120/80

ST @ 10mm/mV
80ms PostJ

RAW ECG



ELITE DIAGNOSTIC

ARJUN HANDA
I.D. 181973
Age 36/M
Date 06/10/2024

RATE 117bpm
B.P. 124/84

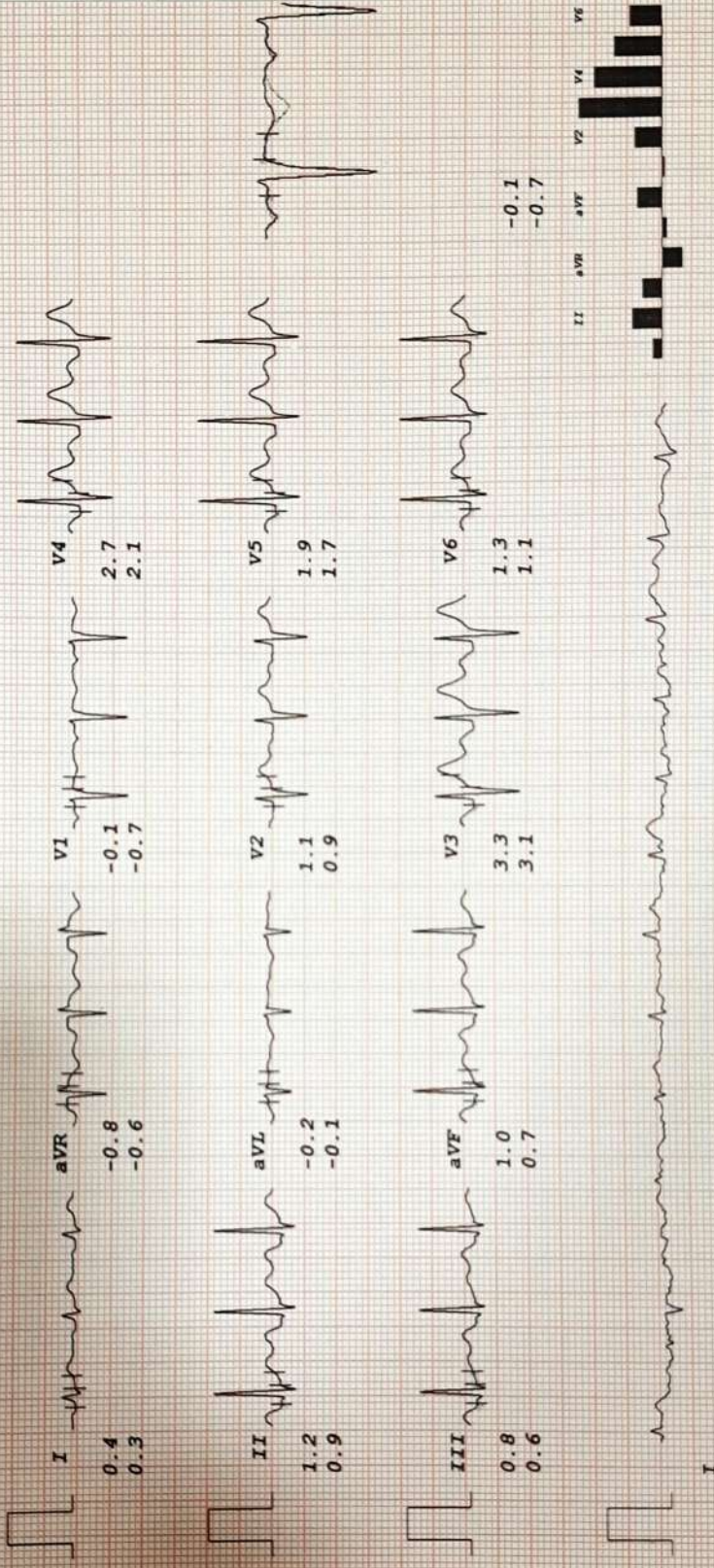
Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55
Speed 2.7 km/hr
SLOPE 10 %

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



ELITE DIAGNOSTIC

ARJUN HANDA
 I.D. 181973
 Age 36/M
 Date 06/10/2024

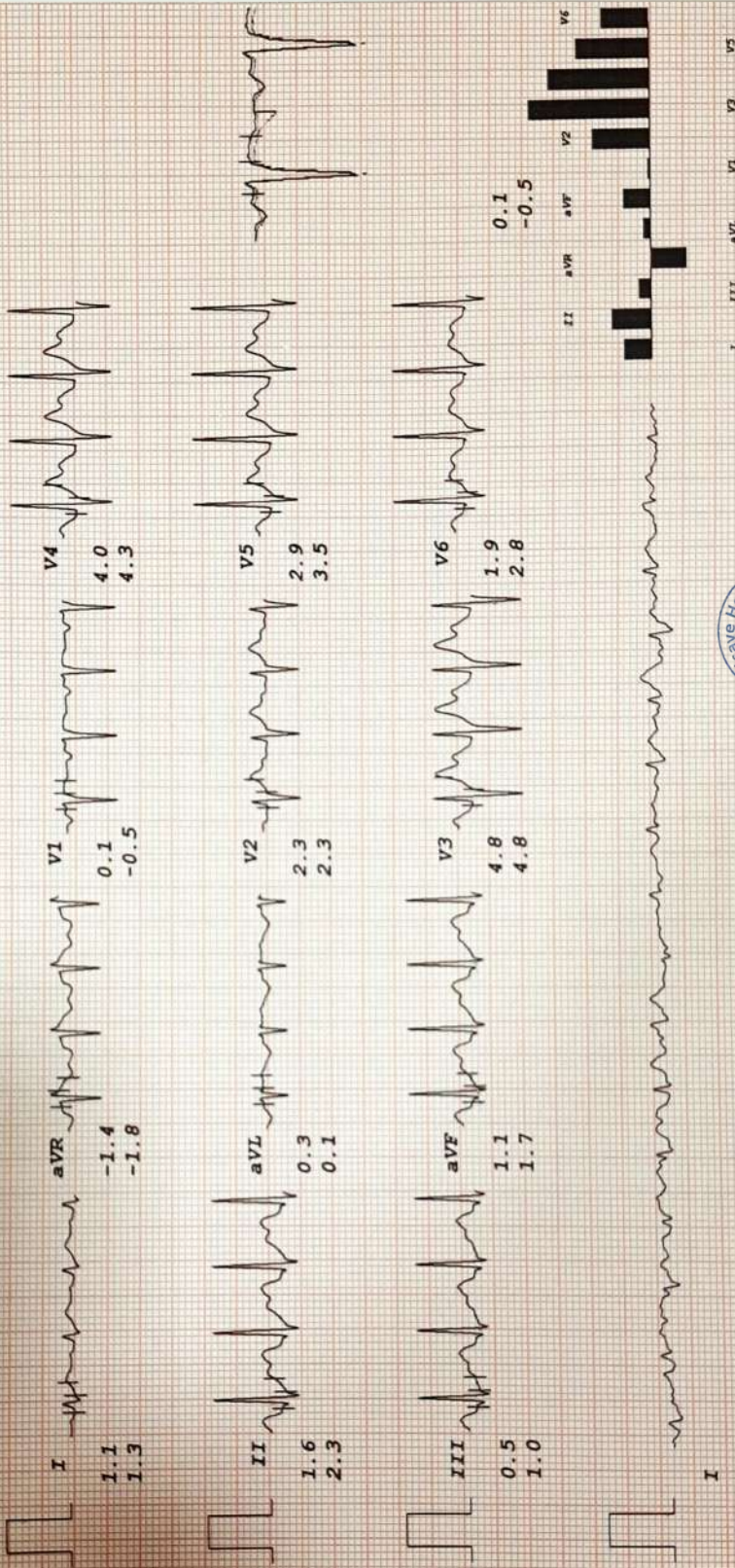
Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

V1



ELITE DIAGNOSTIC

ARJUN HANDA
I.D. 181973
Age 36/M
Date 06/10/2024

Rate 163bpm
B.P. 134/90

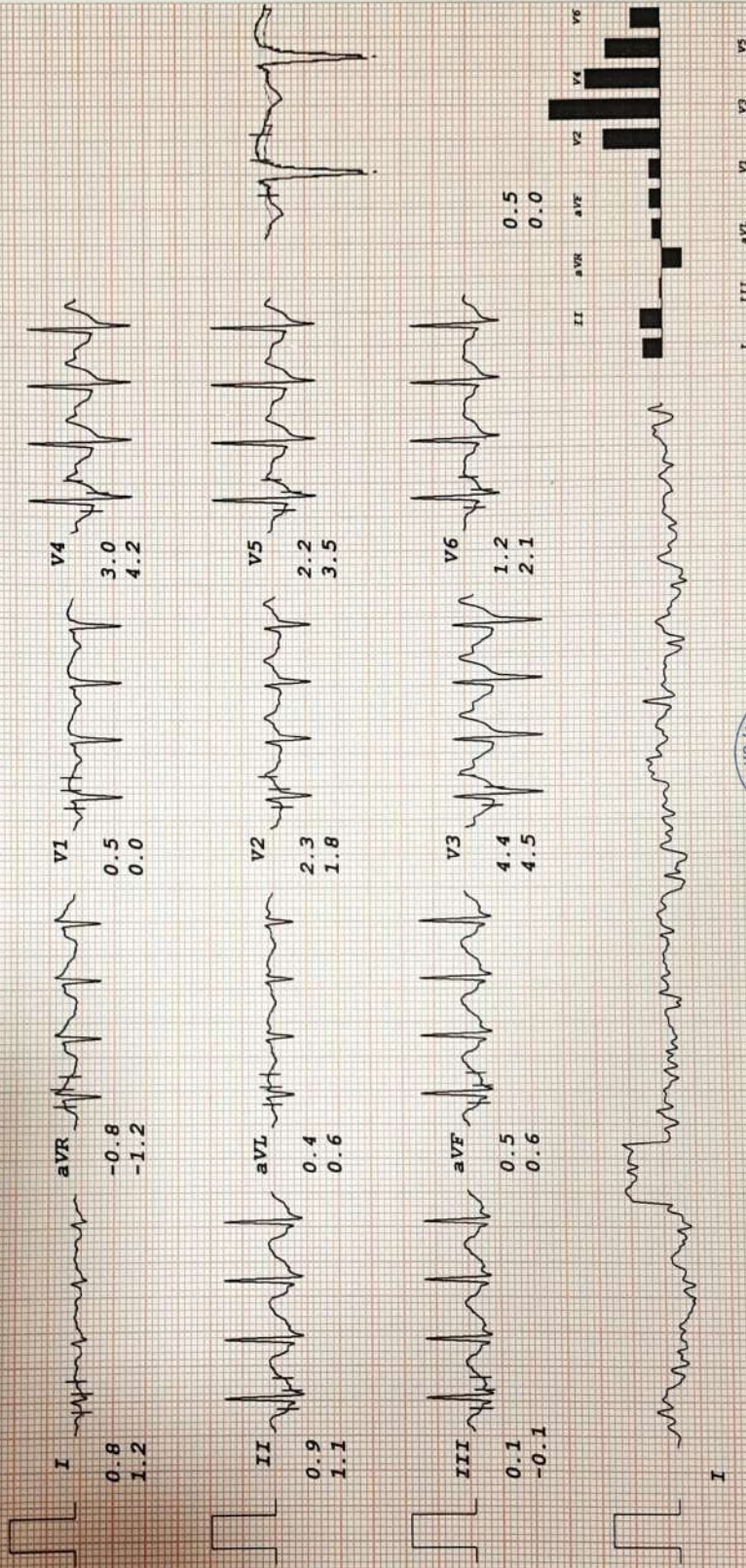
Bruce
Stage 3
TOTAL TIME 6:41
PHASE TIME 0:41

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



ELITE DIAGNOSTIC

ARJUN HANDA
I.D. 181973
Age 36/M
Date 06/10/2024

BRUCE
PK-EXERCISE
RATE 165bpm
B.P. 134/90

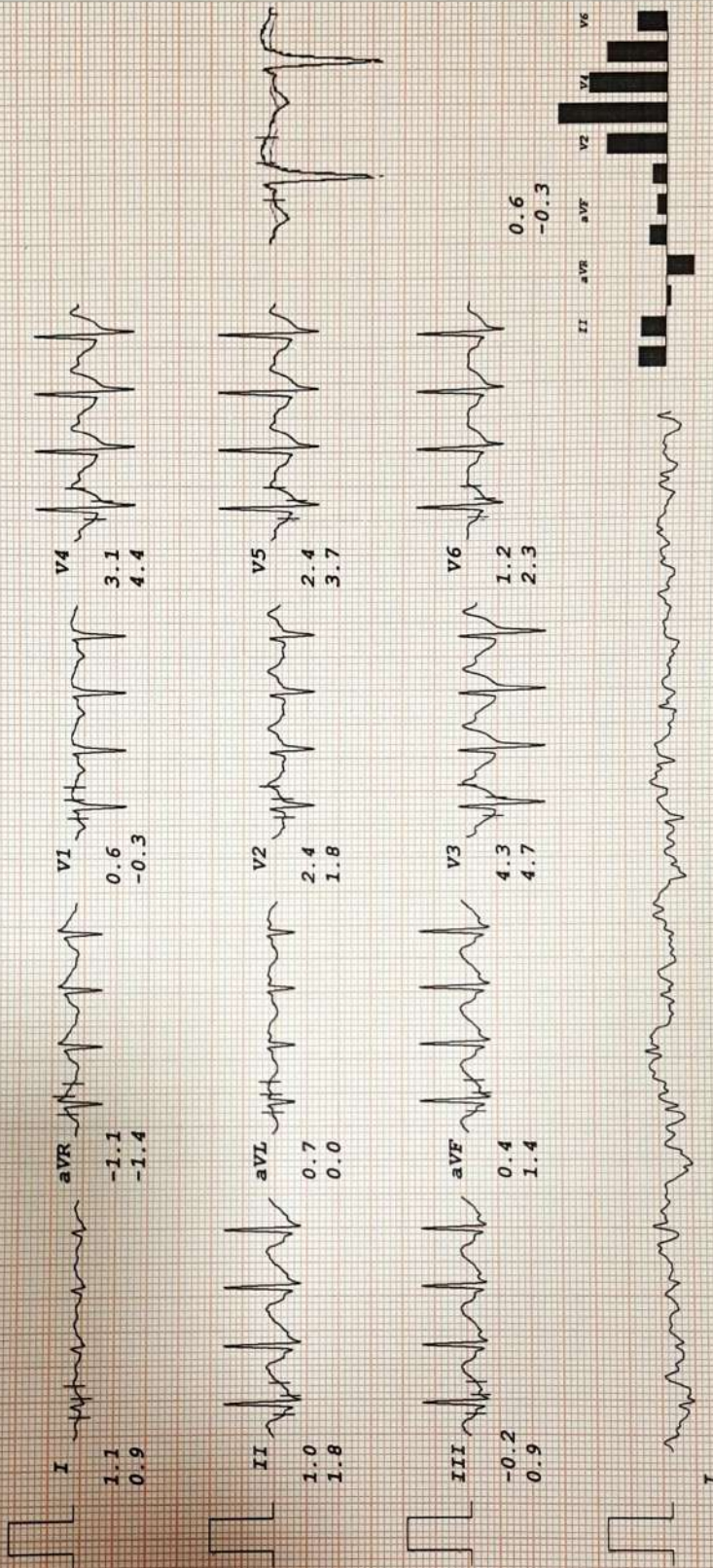
ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

TOTAL TIME 6:46
PHASE TIME 0:46

LINKED MEDIAN

Mag. X 2

V1



ELITE DIAGNOSTIC

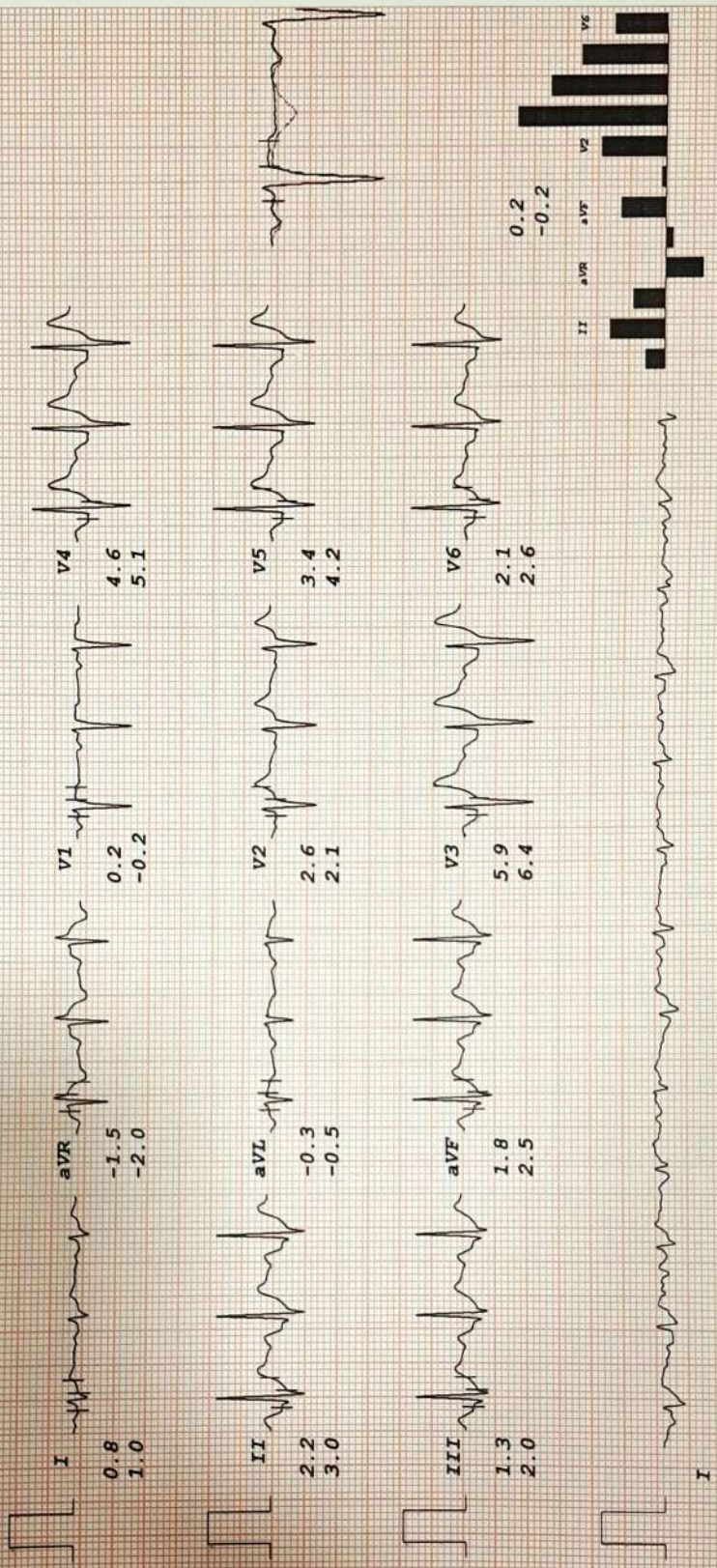
ARJUN HANDA
 I.D. 181973
 Age 36/M
 Date 06/10/2024

Bruce
 RECOVERY
 RATE 116bpm
 B.P. 130/88

ST @ 10mm/mV
 80ms PostJ
LINKED MEDIAN

Mag. X 2

V1



ELITE DIAGNOSTIC

ARJUN HANDA
 I.D. 181973
 Age 36/M
 Date 06/10/2024

Rate 93bpm
 B.P. 128/86

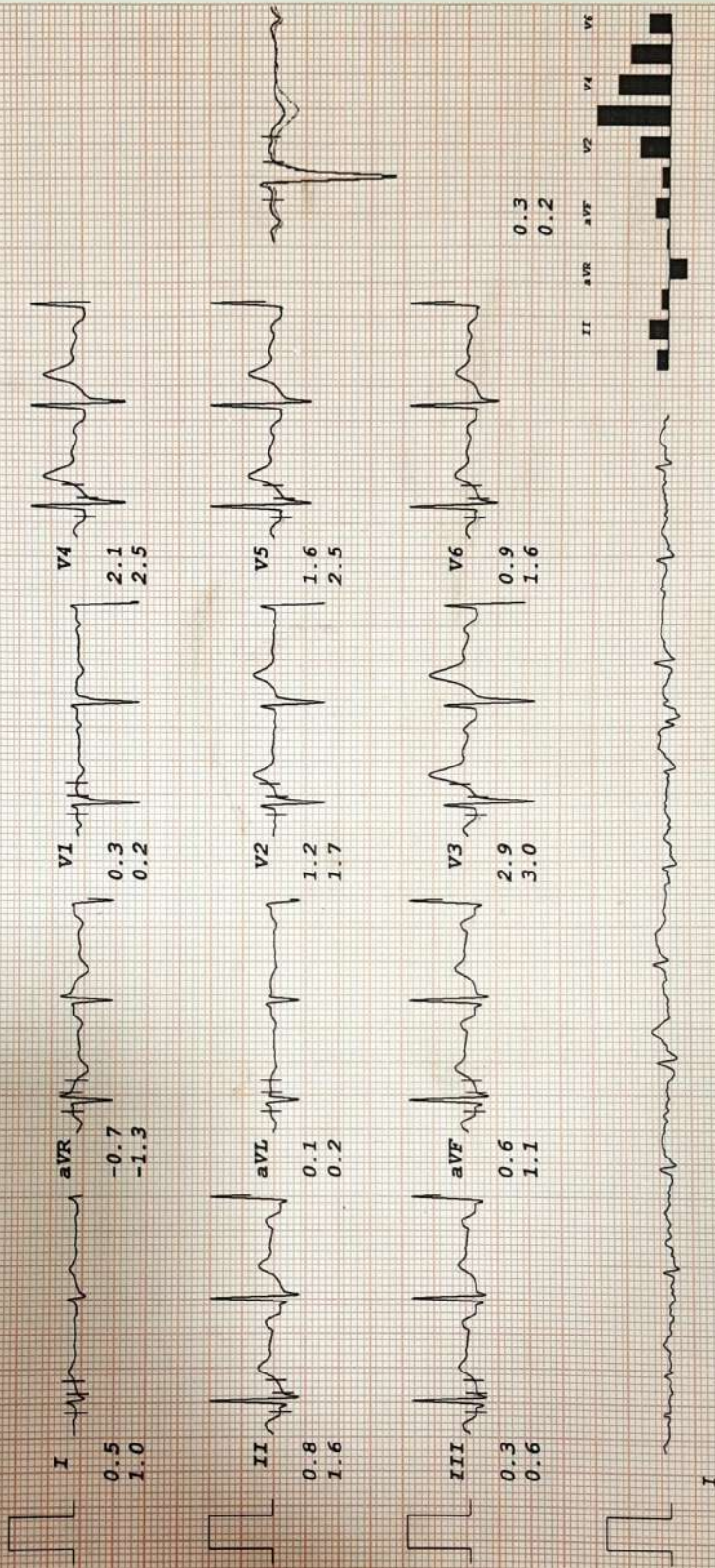
Brucce
 RECOVERY
 TOTAL TIME 9:49
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



ELITE DIAGNOSTIC

ARJUN HANDA
I.D. 181973
Age 36/M
Date 05/10/2024

Rate 96bpm
B.P. 124/84

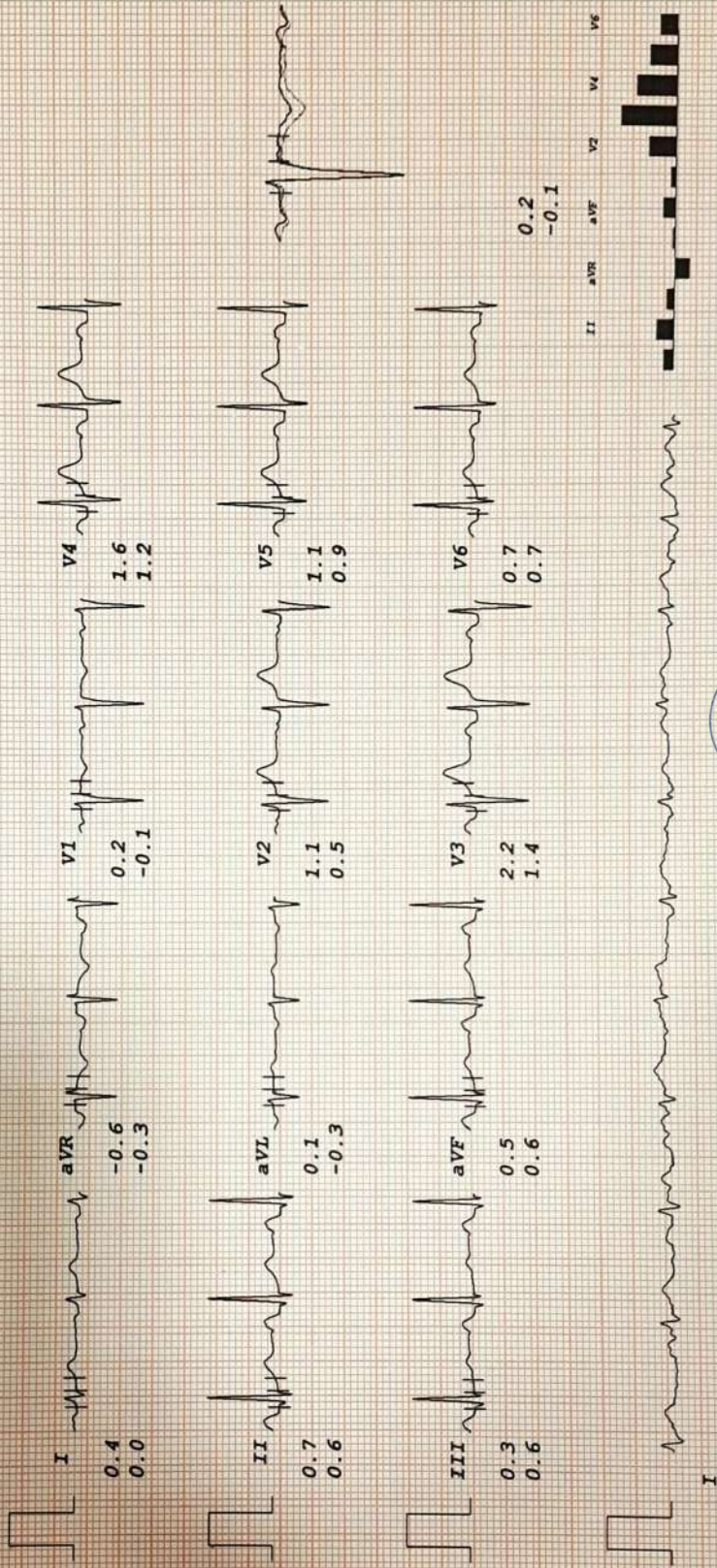
Bruce
RECOVERY
TOTAL TIME 12:49
PHASE TIME 5:55

ST @ 10mm/mV
80ms PostU

LINKED MEDIAN

Mag. X 2

V1





ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 2299
 S. NO. : 109116
NAME : MR. ARJUN HANDA AGE/SEX - 36/M
 REF. BY : LIC
 Date : OCTOBER, 06, 2024

HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	05.66	%

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 preceeding 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 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. : 2299
S. NO. : 109116
NAME : MR. ARJUN HANDA AGE/SEX - 36/M
REF. BY : LIC
Date : OCTOBER, 06, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.46	gm/dl	12-18
Red Blood Cell [RBC]	5.16	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	42.50	%	37-54
Mean Cell Value [MCV]	80.91		76-96
Mean Cell Hemoglobin [MCH]	31.29	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	33.20	%	30-35
Total Leucocytes Count (TLC)	7,800	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	62	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	06	%	02-10
Monocytes	04	%	01-06
Basophills	00	%	00-01
Platelet count	2.44	LACKS	1.5-4.5
E S R (Wintrob's method)	13	M.M.	0 - 20



*****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. : 2299
S. NO. : 109116
NAME : **MR. ARJUN HANDA** **AGE/SEX - 36/M**
REF. BY : LIC
Date : OCTOBER, 06, 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

Pus Cells/WBCs : 0-1. /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.



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BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	102.15	mg/dl	70-115
S. Cholesterol	162.78	mg/dl	130-250
H.D.L. Cholesterol	68.70	mg/dl	35-90
L.D.L. Cholesterol	115.74	mg/dl	0-160
S. Triglycerides	97.21	mg/dl	35-160
S. Creatinine	0.77	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	13.21	mg/dl	06-21
Albumin	3.8	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.0	gm%	6.00-8.5
AG/Ratio	1.18		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.6	mg/dl	0.1-1.00
Total Bilirubin	0.8	mg/dl	0.1-1.3
S.G.O.T.	28.40	IU/L	00-42
S.G.P.T.	29.48	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	43.59	IU/L	00-60
S. Alk. Phosphatase	88.74	IU/L	28-111

(Children 151-471)

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

Please correlate with clinical conditions.



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PROP. NO. : 2299
S. NO. : 109116
NAME : MR. ARJUN HANDA AGE/SEX - 36/M
REF. BY : LIC
Date : OCTOBER, 06, 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.

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