

Name : MRS PRAVEEN BEGAM

Proposal No : 2772

Branch Code : 111

Contact Details : 8882368840

Location : RZ-138, Block E, New Roshanpura,

Appointment Date : 06-11-2024

Member Information

Booked Member Name Age Gender

MRS PRAVEEN BEGAM 52 year Female

Included Test -

Urine Analysis

BST Only fasting or Only PGB5

EKG

Thanks,

Medsave Team

NAVYA HOSPITAL
RZ-138, RAJAPURH,
NEW DELHI-110043

To,
LIC of India
Branch Office

Date: 27/11/2024

Proposal No. 2772

Name of the Life to be assured PRAVEEN BEGAM

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

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. SAKSHI VIRMANI
MBBS, MD, PATH.

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.

Praveen
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	Post Blood Sugar Test-Fasting & PPt Bolt
3	Haemogram	11	HbA1c
4	Hbs	12	L-FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Eisa for H.V	14	GTMT with Tracing
7	ALU	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questions: _____

17. Others (Please Specify) _____

Remarks of Health Assure FVT: _____

Authorized Signature: _____

NAVYA HOSPITAL
R2-13B, VAJRA GATE,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 2772

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

Full Name of Life to be assured: PRAVEEN BEHAN.

Age/Sex : 52/F

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

NAVYA HOSPITAL
RZ-13B, RAJGARH,
NEW DELHI-110043

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 07/11 2004

Signature of L.A.

प्रावेण

Dr. KAILASH NATH GUPTA
Signature of the Cardiologist, MD
Name & Address REG.NO.- 11391
Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
157	65	120/80	87

(B) Cardiovascular System

.....

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Inv	None	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	87/pt	T-wave	Normal
Ventricular Rate	87/pt	Q-Wave	Normal
Rhythm	Regular		
Additional findings, if any.	None		

Conclusion:

72.112

Kailash Nath Gupta
 Dr. KAILASH NATH GUPTA
 MBBS. MD
 REG. NO.- 11391

Dated at *Delhi*, on the day of *07/11* 20*24*

[Signature]
NAVYA HOSPITAL
 RZ-13B, N. JALPHERI,
 NEW DELHI-110043

[Signature]
 Dr. SAKSHI VIRMANI
 MBBS. MD-PATH
 REG. NO.- 8841
 Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DCNPB5245Q

नाम / Name
PRAVEEN BEGAM

पिता का नाम / Father's Name
MOHAMMAD KASIM

जन्म तिथि / Date of Birth
21/02/1972

Dr. SAKSHI VIRMANI
W882 ND PATH
REG. NO. - 8941

NAVYA HOSPITAL
RZ-13B, NAZAFGARH,
NEW DELHI-110043

ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

ROUTINE URINE ANALYSIS

Zone Division Branch DATE / TIME 07/11/2024 09:28 AM

Proposal No. 2772

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MRS PRAVEEN BEGAM

Age/ Sex: 52/F

1. Physical Examination

(i) Colour	:YELLOW	(ii) Sediment	:NIL
(iii) Transparency	:CLEAR	(iv) Reaction	:ACIDIC

2. Chemical Examination

(i) Protein	:NIL	(ii) Sugar	:NIL
(iii) Bile salt	:NIL	(iv) Bile pigments	:NIL

3. Microscopic Examination

(i) Red Blood Cells	:NIL	(ii) Epithelial Cells	:00-01 /HPF
(iii) Crystals	:NIL	(iv) Pus Cells	:01-02 /HPF
(v) Casts	:NIL	(vi) Deposits	:NIL
(VII) Bacterias	:NIL		

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R2-138, NAJAFGARH,
NEW DELHI-110043

Remarks

If pus cells are present GRAM STAIN is necessary
If haematuria is present ZIEHL NEELSEN METHOD is necessary

Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG.NO.- 6941

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space ~~marked below, in my presence and that I am not related to him/her or the Agent of the Development~~
Officer. There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE AG DIAGNOSTICS
Signature of the Pathologist

Address:- Navya Hospital, R2-138, New Roshanpura, Najafgarh, New Delhi-110043
☎: 8700101973, 7903658279

LIFE INSURANCE CORPORATION OF INDIA

Zone Division Branch DATE / TIME: 07/11/2024 09:28 AM

Proposal No. 2772

Agent/D.O. Code:

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BIOCHEMISTRY

GLUCOSE FASTING 85.8 g/dL 70.0-120.0

NAVYA HOSPITAL
RZ-138, NAJAFGARH,
NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS, MD-PATH
REG. NO. - 8941

Signature of the Pathologist

Disclaimer: There are chances for human error during printing of reports. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion. Please clinical correlation is mandatory.

CARE  Plus
DIAGNOSTICS

Address: Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

☎: 8700103779, 2903658274

NAVEEN VERMA, SHF 02/11/2017



NAVYA HOSPITAL
 RZ-13B, RAJAGARH,
 NEW DELHI-110043



V4	V5	V6	ID	:	:
Name			Age		
Gender: <u>Male</u>			Years		
BP			:		
Weight: <u>70</u>			(in kg)		

Dr. KAILASHNATH GUPTA
 MBBS, MD
 REG. NO. - 11391