

Date: 13/11/2024

To,  
LIC of India  
Branch Office

Proposal No. 6523

Name of the Life to be assured MR. RATESH PRUTHI

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. - 33225

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.

*Ratesh Pruthi*

(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		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%	YES
ELISA FOR HIV	YES	Other Test	HBAIC, UCT

**Comment Medsave Health Insurance TPA Ltd.**

Authorized Signature,



ANNEXURE II - 2

**LIFE INSURANCE CORPORATION OF INDIA**  
**COMPUTERISED TREADMILL TEST**

Form No. LIC03 - 003

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
Proposal No. 6593  
Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature) \_\_\_\_\_  
Full Name of Life to be assured: MR. RAJESH PRUTHI  
Age/Sex: 50/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.

Rajesh Pruthi

*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 13/May/2024

**Dr. BINDU**  
MBBS, MD  
REG. No. 33435

Signature of L.A.

Rajesh Pruthi

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 - 7:30

Maximum Blood Pressure - 140/92

Maximum Workload - 8.55

Maximum heart rate 146      Maximum predicted heart rate 85 %

Reason for termination - Achieved 7HR

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

Comments: Negative for Provocable  
myocardial ischemia.

Signature of the Cardiologist  
Name & Address  
Qualification      Code No.

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 tracings)

*Rajm...*





## ANNEXURE II - 1

## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
 Proposal No. - 6523  
 Agent/D.O. Code: \_\_\_\_\_ Introduced by: (name & signature) \_\_\_\_\_  
 Full Name of Life to be assured: M.R. RAJESH PRUTHI  
 Age/Sex : 50/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.

*Rajesh Pruthi*

*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 13/NOV/2024

Signature of L.A.

*Rajesh Pruthi*

**Dr. BINDU**  
*[Signature]*  
 Reg. No. 30435

Signature of the Cardiologist

Name &amp; Address

Qualification

Code No.



## Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
173	76.2	122/80	74/M

(B) Cardiovascular System

..... (N) .....

.....

## Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Impv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	74/M	T-wave	(N)
Ventricular Rate	74/M	Q-Wave	(N)
Rhythm	Reg. Sin.		
Additional findings, if any	(N)		

Conclusion: WNL

Dated at MCH on the day of 13/Nov/2011

Dr. BINDU  
ZAMBES  
MBBS  
FRCP

Signature of the Cardiologist  
Name & Address  
Qualification  
Code No.









# ELITE DIAGNOSTIC

RAJESH PRUTHI  
I.D. 181988  
Age 50/M  
Date 13/11/2024

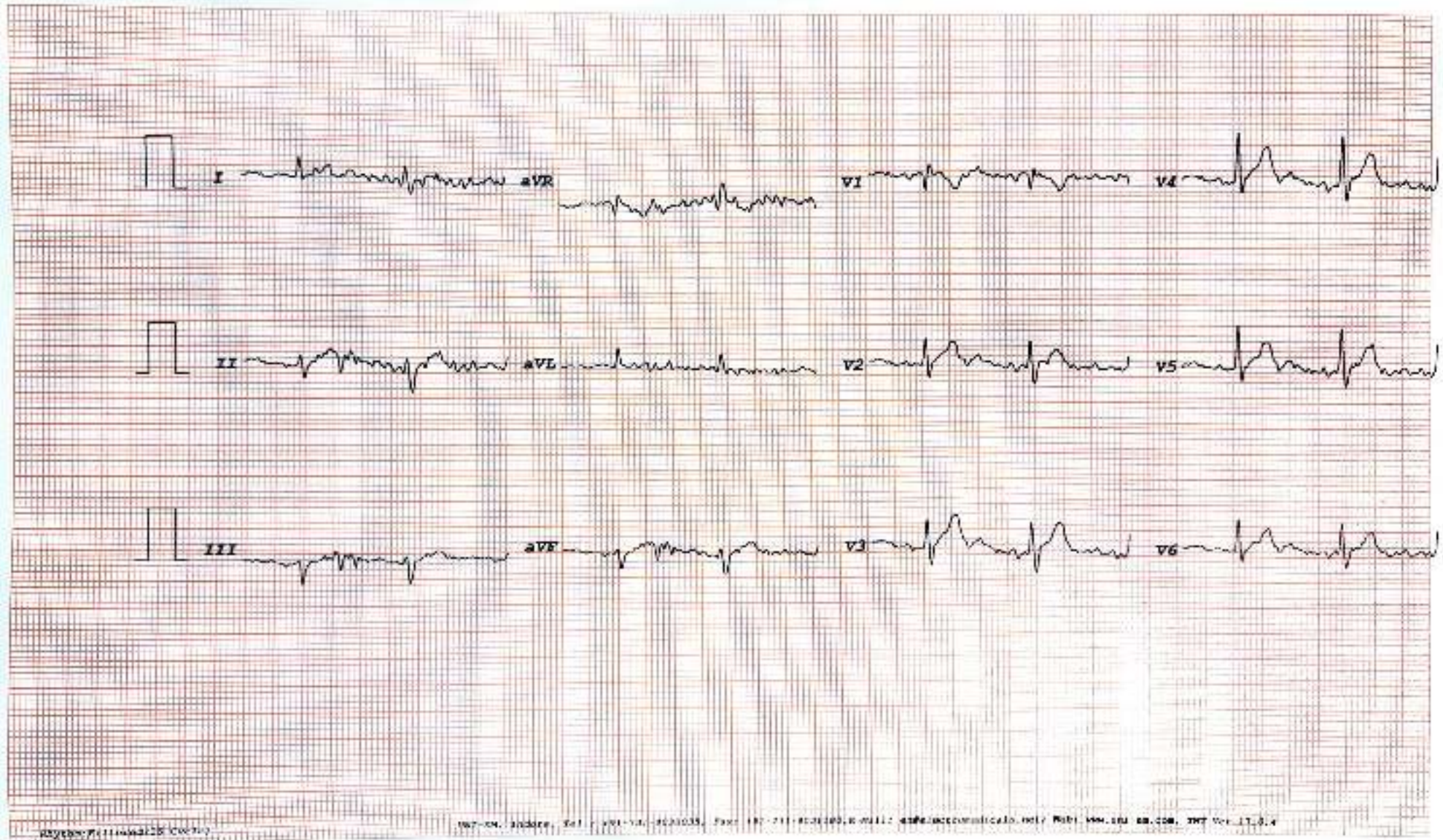
RATE 73bpm  
B.P. 122/80

PRETEST  
SUPINE

ST @ 10mm/mV  
80ms PostJ

*Rajesh Pruthi*

RAW ECG





# ELITE DIAGNOSTIC

RAJESH PRUTHI  
 I.D. 181988  
 Age 50/M  
 Date 13/11/2024

RATE 76bpm  
 B.P. 122/80

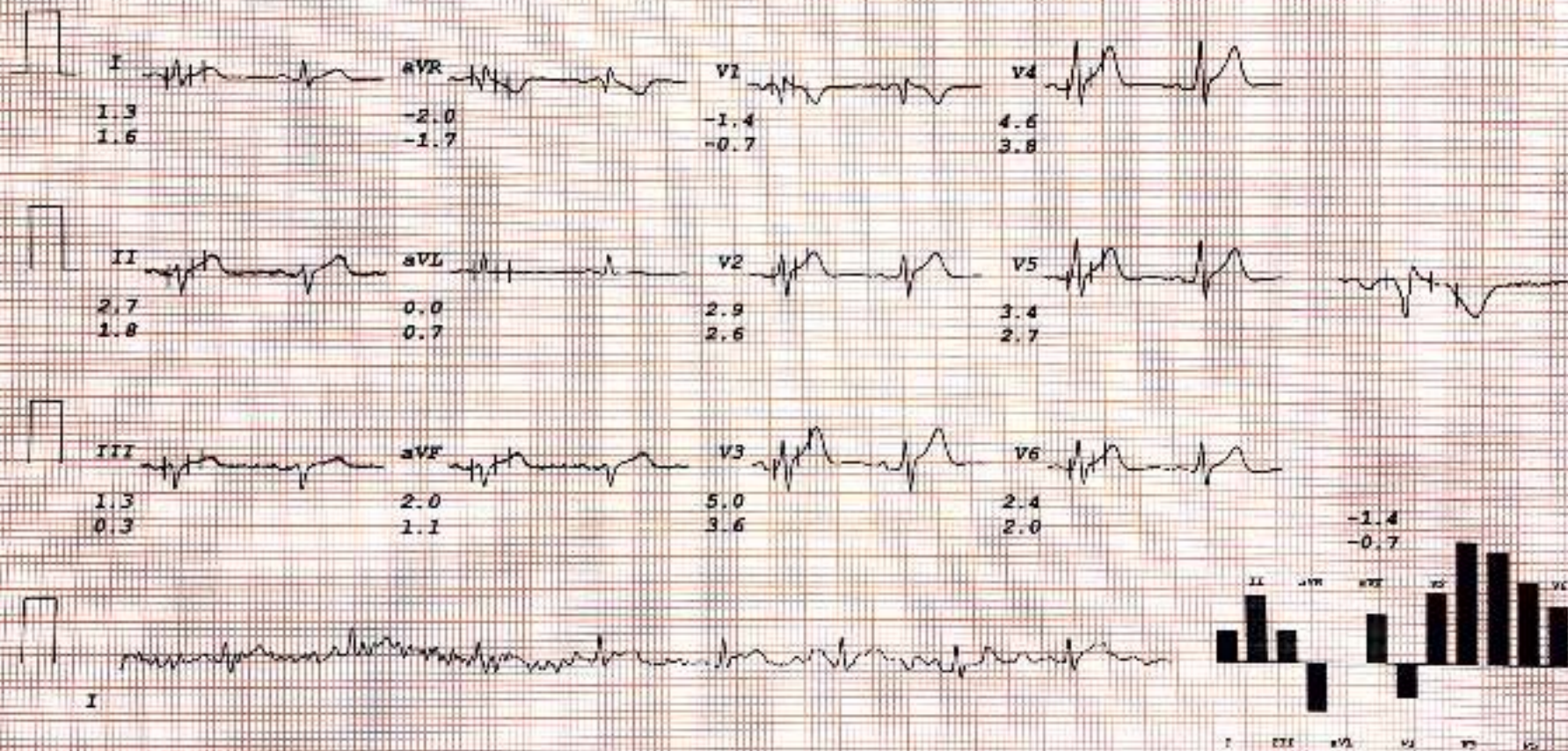
PRETEST  
 STANDING

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1









# ELITE DIAGNOSTIC

RAJESH PRUTHI  
I.D. 181988  
Age 50/M  
Date 13/11/2024

RATE 125bpm  
B.P. 136/90

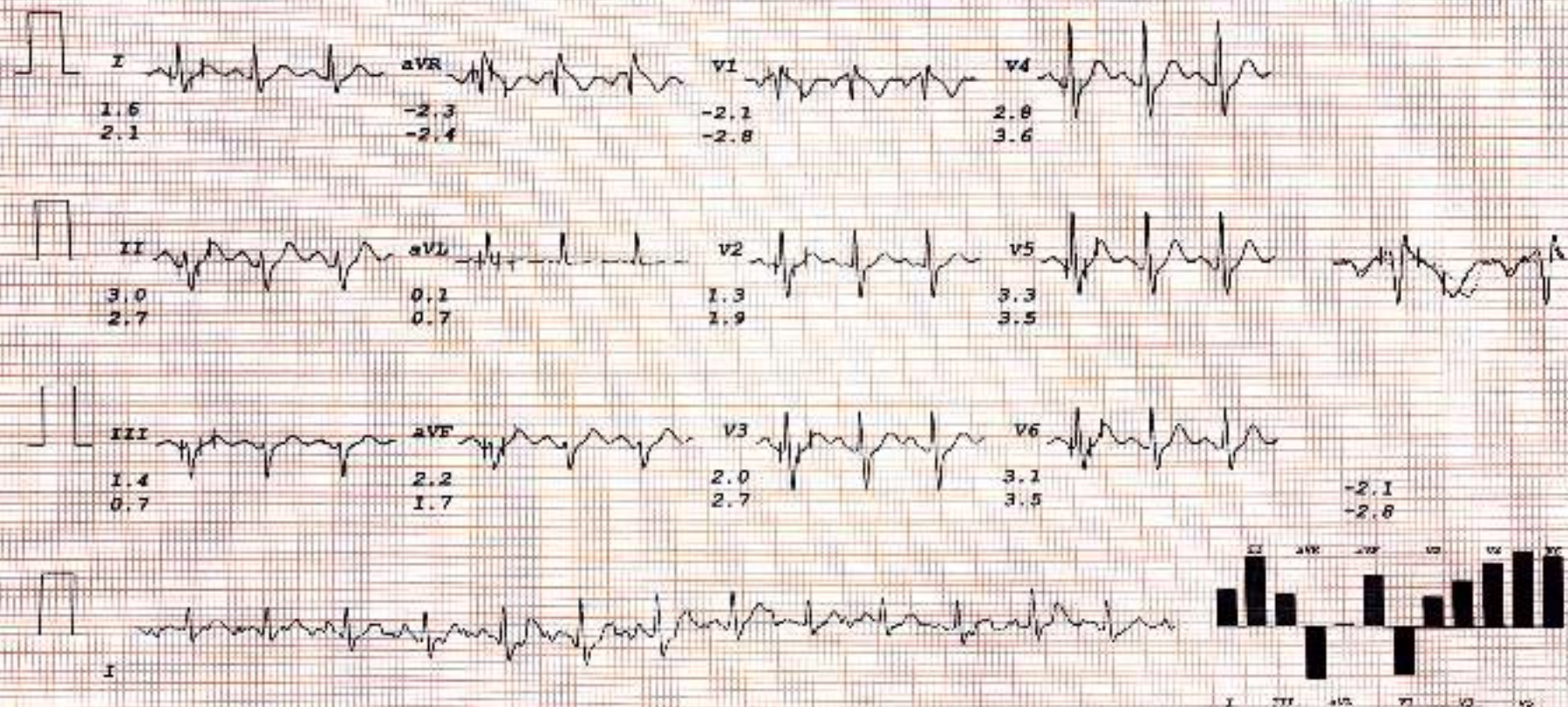
Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

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

LINKED MEDIAN

Mag. x 2

V1













# ELITE DIAGNOSTIC

RAJESH PRUTHI  
 I.D. 181988  
 Age 50/M  
 Date 13/11/2024

RATE 108bpm  
 B.P. 136/90

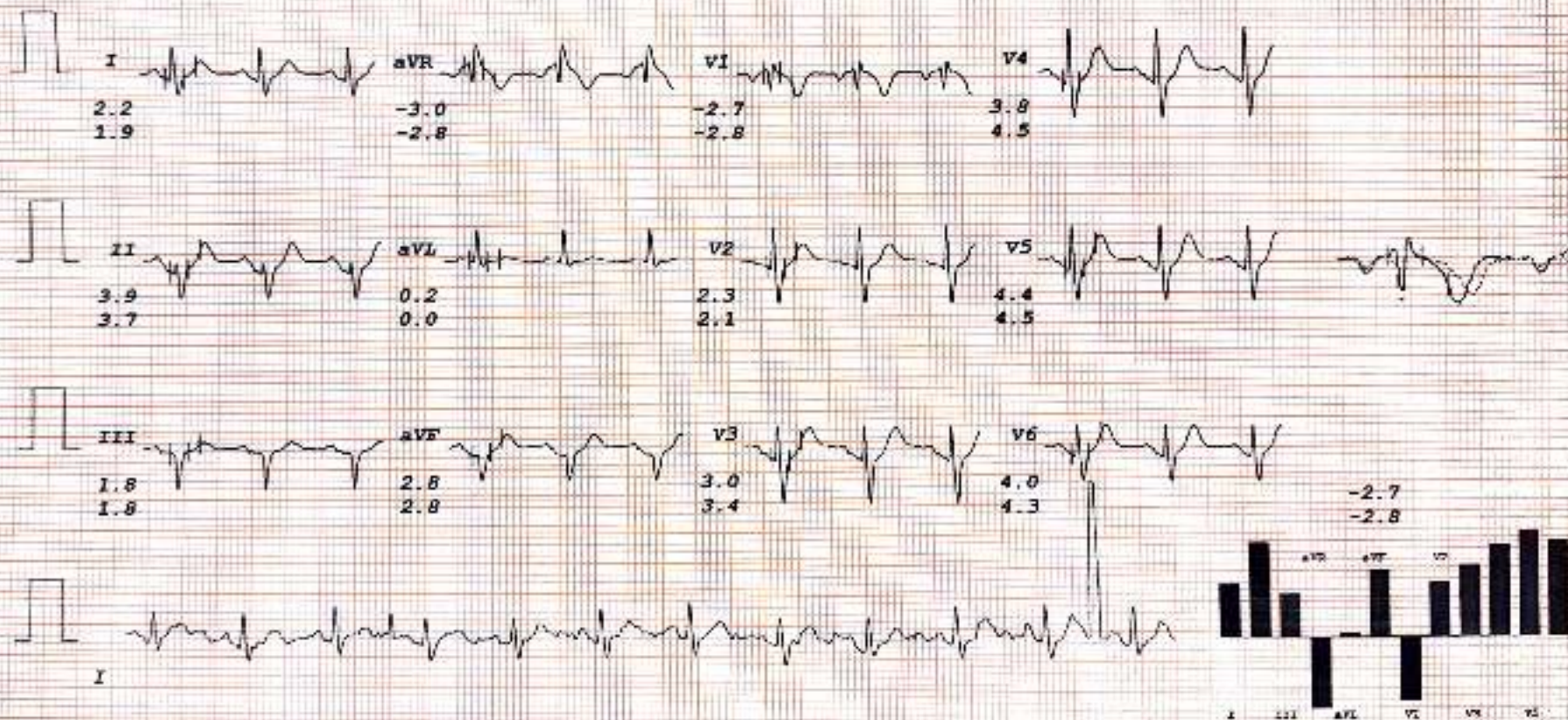
Bruce  
 RECOVERY  
 TOTAL TIME 8:36  
 PHASE TIME 0:58

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1









# ELITE DIAGNOSTIC

RAJESH PRUTHI  
 I.D. 181988  
 Age 50/M  
 Date 13/11/2024

RATE 92bpm  
 B.P. 126/84

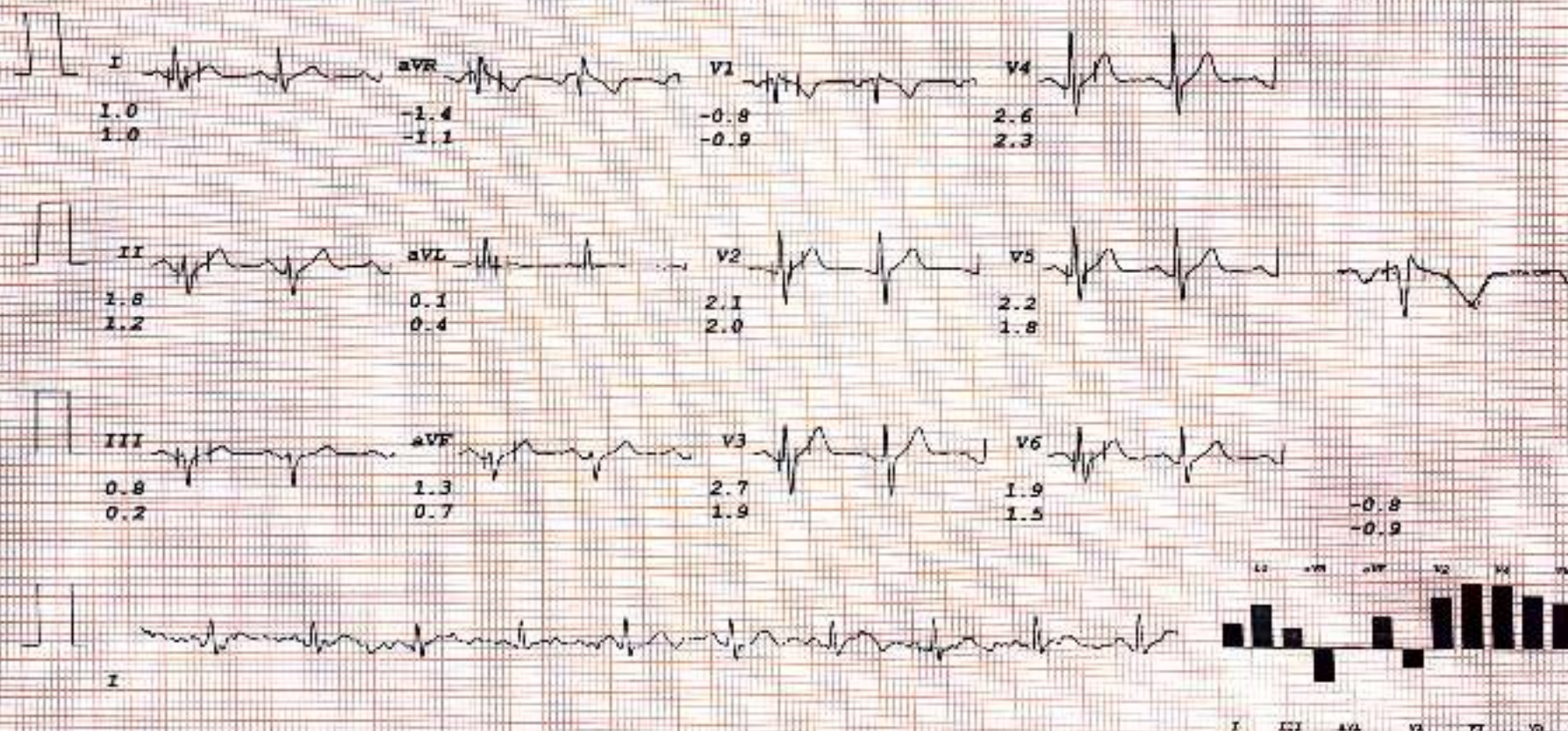
Bruce  
 RECOVERY  
 TOTAL TIME 13:33  
 PHASE TIME 5:55

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1





# ELITE DIAGNOSTIC

RAJESH PRUTHI  
I.D. 181988  
Age 50/M  
Date 13/11/2024

RATE 77bpm  
B.P. 122/80

PRETEST  
HYPERVENT

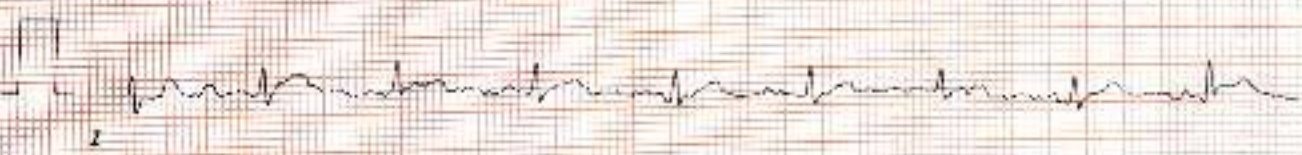
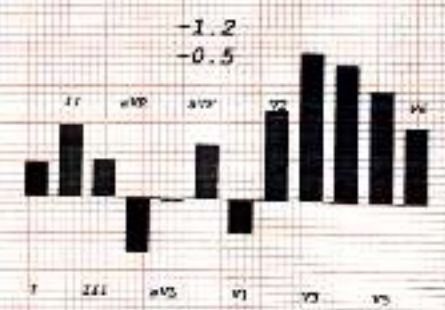
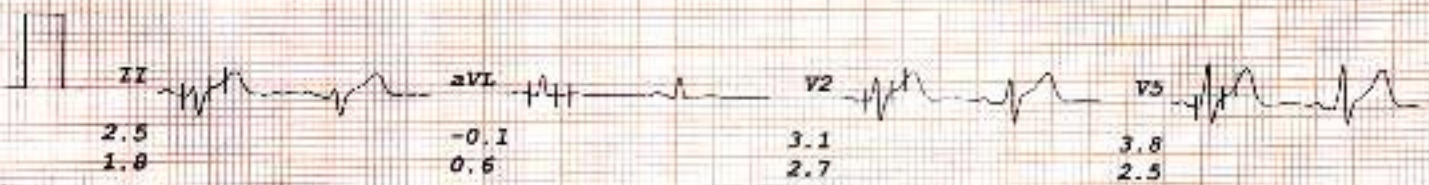
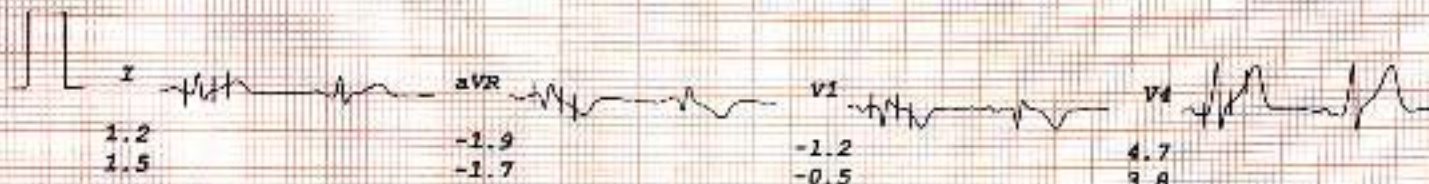
ST @ 10mm/mV  
80ms PostJ

PHASE TIME 0:04

LINKED MEDIAN

Mag. X-2

VI





RAJESH PRUTHI  
 I.D. 181988  
 Age 50/M  
 Date 13/11/2024

RATE 77bpm  
 B.P. 122/80

# ELITE DIAGNOSTIC

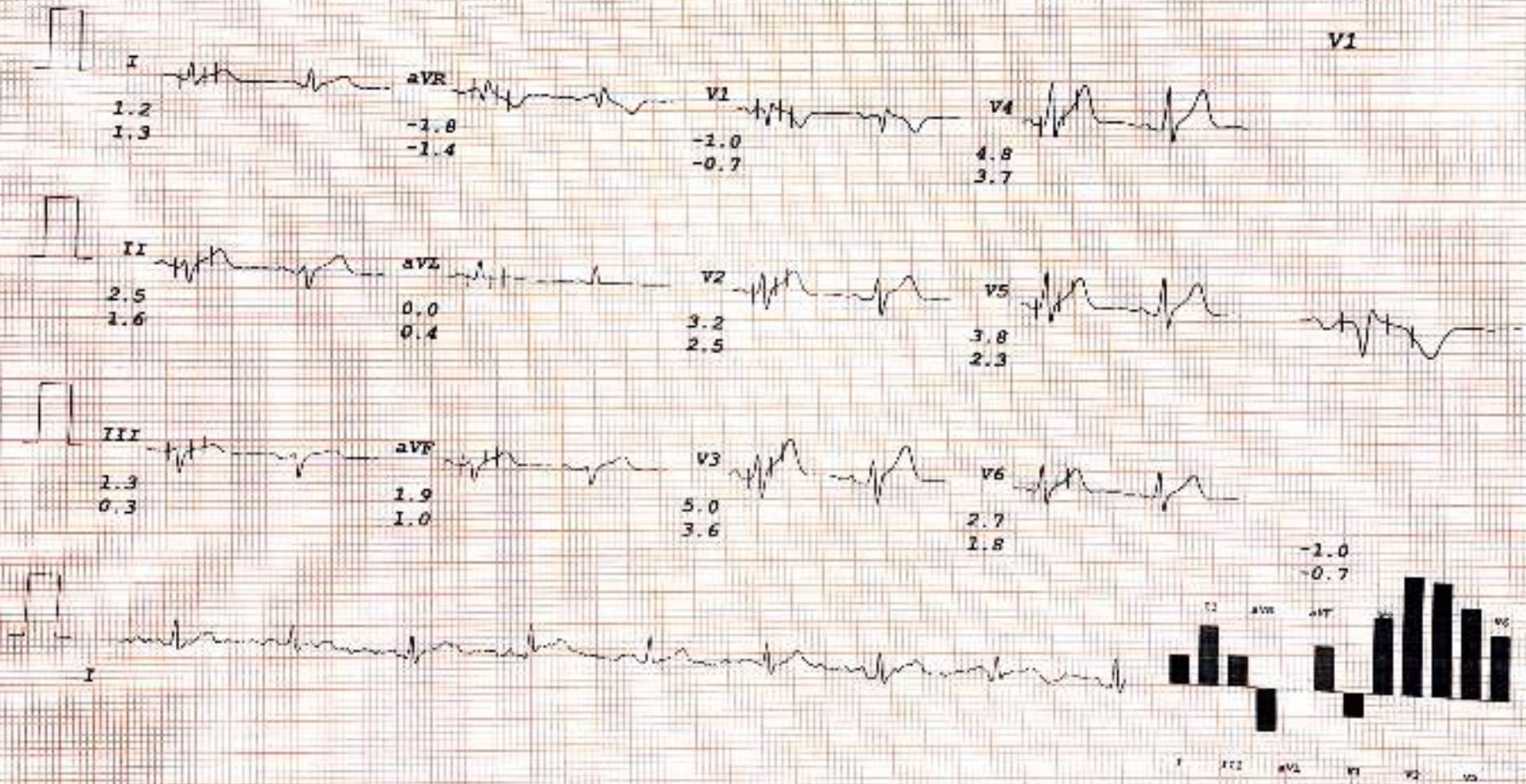
PRETEST  
 VALSALVA

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1





# ELITE DIAGNOSTIC

Z091, GALI NO-10, MATA RAMESHWARI MARG,  
NEHRU NAGAR, KAROL BAGH, DELHI - 110005

*Rajesh*

Raw ECG

RAJESH PRUTHI  
ID : 143  
AGE/SEX : 50 Yr/M  
HT/WT : /  
DATE : 13/11/2024 09:38:05 AM  
REF BY : Dr.

MACHINE INTERPRETATION : Normal ECG.

*ECG. Correct*

RATE : 111 bpm  
BP : N/A  
P Axis : -82 deg  
T Axis : 103 deg

P Duration : 96 ms  
PR Duration : 162 ms  
QRS Duration : 225 ms  
QT Interval : 320 ms  
QTc Interval : 386 ms



*Dr. Rajesh Pruthi*  
*11/11/2024*  
*10:30 AM*







# ELITE DIAGNOSTIC

Email - [elitediagnostic4@gmail.com](mailto:elitediagnostic4@gmail.com)

PROP. NO. : 6523  
S. NO. : 110410  
NAME : MR. RAJESH PRUTHI      AGE/SEX - 50/M  
REF. BY : LIC  
Date : NOVEMBER, 13, 2024

## HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	14.98	gm/dl	12-18

## 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.*

**DR. T.K. MATHUR**

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karam Bagh, Delhi- 110005 Contact: +91-9650389041, 9871144570

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





# ELITE DIAGNOSTIC

Email - [clitediagnostic4@gmail.com](mailto:clitediagnostic4@gmail.com)

PROP. NO. : 6523  
S. NO. : 110410  
NAME : MR. RAJESH PRUTHI AGE/SEX - 50/M  
REF. BY : LIC  
Date : NOVEMBER, 13, 2024

## HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.90	%

### 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 preceding 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. 15702  
Consultant Pathologist

7091, Gali no. 10, Mala Rameshwari Marg, Netaji Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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





# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6523  
S. NO. : 110416  
NAME : MR. RAJESH PRUTHI AGE/SEX - 50/M  
REF. BY : LIC  
Date : NOVEMBER, 13, 2024

## ROUTINE URINE ANALYSIS

### PHYSICAL EXAMINATION

Quantity : 20. ml  
Colour : P. YELLOW  
Transparency : Clear  
Sp Gravity : 1.017

### CHEMICAL EXAMINATION

Reaction : ACIDIC  
Albumin : Nil /HPF  
Reducing Sugar : Nil. /HPF

### MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 3-4. /HPF  
RBCs : Nil. /HPF  
Epithelial Cells : 2-3. /HPF  
Casts : Nil.  
Crystals : Nil. /HPF  
Bacteria : Nil.  
Others : Nil.

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

*Please correlate with clinical conditions.*

DR. T.K. MATHUR  
M.B.B.S. MD (PATH)  
REGD. NO. 14702  
Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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# ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 6523  
S. NO. : 110410  
NAME : MR. RAJESH PRUTHI AGE/SEX - 50/M  
REF. BY : LIC  
Date : NOVEMBER, 13, 2024

## BIOCHEMISTRY-(SBT-13)

Test	Result	Units	Normal Range
Blood Sugar Fasting	102.33	mg/dl	70-115
S. Cholesterol	210.44	mg/dl	130-250
H.D.L. Cholesterol	85.42	mg/dl	35-90
L.D.L. Cholesterol	132.76	mg/dl	0-160
S. Triglycerides	142.95	mg/dl	35-160
S. Creatinine	1.02	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	14.22	mg/dl	06-21
Albumin	4.8	gm%	3.2-5.50
Globulin	3.1	gm%	2.00-4.00
S. Protein Total	7.5	gm%	6.00-8.5
AG/Ratio	1.54		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.50-0.3
Indirect Bilirubin	0.7	mg/dl	0.1-1.00
Total Bilirubin	0.9	mg/dl	0.1-1.3
S.G.O.T.	42.75	IU/L	00-42
S.G.P.T.	43.05	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	52.23	IU/L	00-60
S. Alk. Phosphatase	102.12	IU/L	28-111 (Children 151-471)

\*\*\*\*\*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 Rameshwar Marg, Nehru Nagar Karol Bagh, Delhi-110005 Contact: +91-9650089041, 9871144570

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





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Email - elitediagnostic@gmail.com

PROP. NO. : 6523  
S. NO. : 110410  
NAME : MR. RAJESH PRUTHI  
REF. BY : LIC  
Date : NOVEMBER, 13, 2024  
AGE/SEX - 50/M

## Cotinine

Test	Result
Cotinine	NEGATIVE

## Cotinine Levels

- <10 ng/mL - Non-active smoker.
- 10 ng/mL to 100 ng/mL - Light smoker or moderate passive exposure.
- >200 ng/mL - Considered to be heavy smokers

**NOTE :-** We are using Nano Card method in Urine cotinine. In This method only Negative & Positive values are there.

Cotinine test is a rapid, self-controlled immunoassay for the qualitative detection of cotinine in human urine. Cotinine is a primary metabolite of nicotine and remains in the body of habitual tobacco users for approximately 17 hours..

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

Please correlate with clinical conditions.

**DR. T.K. MATHUR**

M.B.B.S. MD (PATH)

REGD. NO. 19762

Consultant Pathologist

2091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karel Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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ELITE  
DIAGNOS



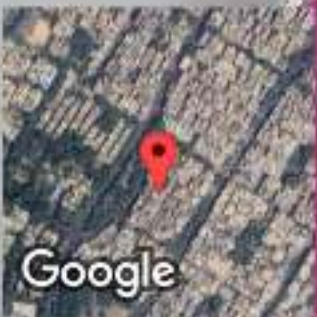
GPS Map Camera

New Delhi, Delhi, India

11848, Gali No.7, Block 2a, Wea, Karol Bagh, New Delhi, Delhi,  
110005, India

Lat 28.648099° Long 77.182845°

13/11/24 09:58 AM GMT +05:30



Google



**Transport Department Government of Delhi**  
**Licence to Drive Vehicles Throughout India**

Licence No . : DL-0120120155713 (P) N  
Name : RAJESH PRUTHI  
S/W/D : BHAGWAN DASS PRUTHI  
DOB : 21/10/1974 BG : U  
Address :  
2107 RANI BAGH, DELHI 110034



Authorisation to Drive  
LMV-NT  
M.CYL.

Date of Issue  
13/12/2012  
13/12/2012

(Holder's Signature)

Issue Date : 13/12/2012  
Validity : 20/10/2024  
Inv Carr No : NA

Issuing Authority (NZ)