

Date: 9/10/2024

To,
LIC of India
Branch Office

Proposal No. 7158

Name of the Life to be assured SMITA KHETARPAL

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.

Smita

(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		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		Other Test	H2A1C

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. - 7158

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

Full Name of Life to be assured: SMITA KHETARPAL

Age/Sex : 43/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

Smitta 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*

Smitta
Signature of L.A.



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
161	66.8	118/76	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	NR		

Conclusion: ECG - WNL

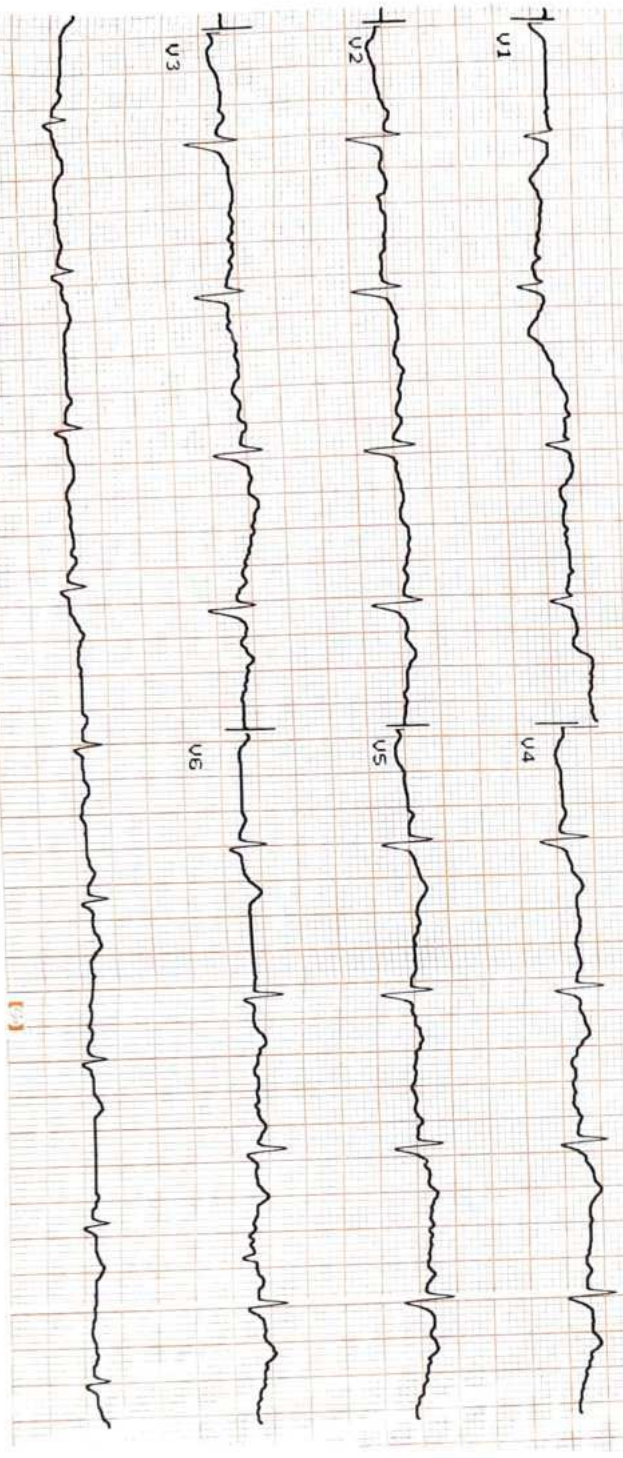
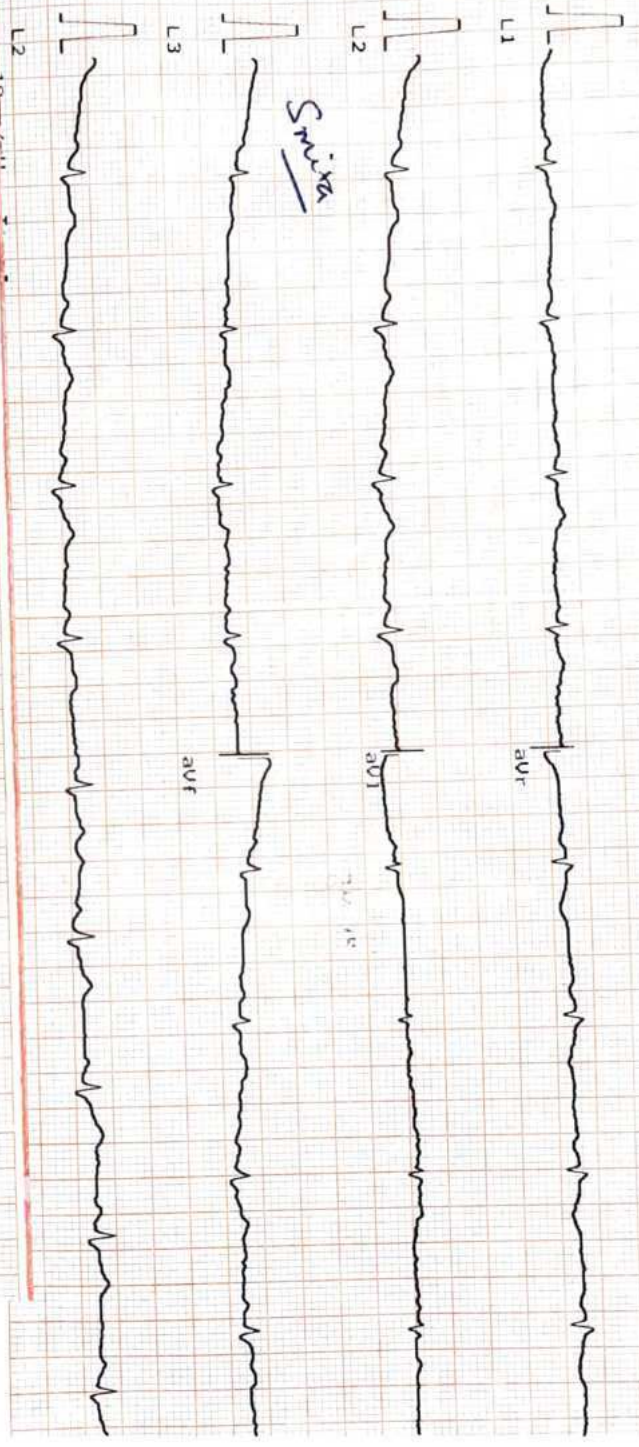
Dated at DELHI on the day of 9/Oct/2024

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

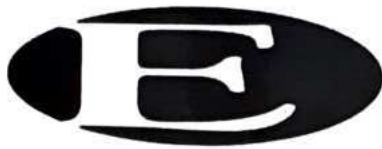
Signature of the Cardiologist
Name & Address
Qualification
Code No.



Name: _____
Yrs _____ cm _____ Kg BP _____



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



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 7158
S. NO. : 109145
NAME : MS. SMITA KHETARPAL AGE/SEX - 43/F
REF. BY : LIC
Date : OCTOBER, 09, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	13.14	gm/dl	12-18
Red Blood Cell [RBC]	4.48	mill.	M-4.6-6.5 F-3.9-5.6
Hematocrit: [PCV]	43.15	%	37-54
Mean Cell Value [MCV]	85.11		76-96
Mean Cell Hemoglobin [MCH]	29.30	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	32.20	%	30-35
Total Leucocytes Count (TLC)	7,800	cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	65	%	40-75
Lymphocytes	25	%	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)	12	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.



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HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.61	%

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.



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BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	93.11	mg/dl	70-115
S. Cholesterol	185.70	mg/dl	130-250
H.D.L. Cholesterol	62.90	mg/dl	35-90
L.D.L. Cholesterol	122.40	mg/dl	0-160
S. Triglycerides	96.20	mg/dl	35-160
S. Creatinine	0.89	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	13.11	mg/dl	06-21
Albumin	4.2	gm%	3.2-5.50
Globulin	3.1	gm%	2.00-4.00
S. Protein Total	7.3	gm%	6.00-8.5
AG/Ratio	1.35		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.	28.12	IU/L	00-42
S.G.P.T.	29.90	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	45.59	IU/L	00-60
S. Alk. Phosphatase	65.74	IU/L	28-111

(Children 151-471)

SEROLOGY

Test Name : Human Immunodeficiency Virus I&II {HIV}{Elisa method}
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

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

Please correlate with clinical conditions.



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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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ELITE
DIAGNOSTIC



GPS Map Camera

Delhi, Delhi, India

11888, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar, Karol Bagh, Delhi,
110005, India

Lat 28.648771°

Long 77.182554°

09/10/24 10:39 AM GMT +05:30



N.S.I. I. Dwarka, South West Delhi
Delhi - 110078
1125075531



KL513800595FT

51380059



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

4812 7330 4662

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India

स्मिता खेतरपाल

Smita Khetarpal

पति : करन कपूर

Husband : KARAN KAPOOR

जन्म तिथि/DOB: 12/04/1981

महिला / Female

4812 7330 4662



आधार - आम आदमी का अधिकार