

ANNEXURE II - 2

LIFE INSURANCE CORPORATION OF INDIA
COMPUTERISED TREADMILL TEST

Form No. LIC03 - 003

Zone _____ Division _____ Branch _____
Prakasat No. 2812

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

Full Name of Life to be assured: KISHOR KUMAR

Age/Sex: 53-10/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 _____

Kishor
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.

DELHI 05/10/2024
Dated at _____ on the day of _____ 200

Signature of L.A. Kishor

Signature of the Cardiologist
Name & Address
Qualification
Code No.

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508



COMPUTERISED TREADMILL TEST

- (a) Pre-test : Supine
 Standing
 Hyperventilation
- (b) Exercise: Stage I)
 Stage II) 3 minutes each
 Stage III)
 ... peak exercise
- (c) Recovery: Recovery
 Recovery
 Recovery

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 - 10:1

Maximum Blood Pressure - 150/90

Maximum Workload - 11.36

Maximum heart rate 148 Maximum predicted heart rate 167 %

Reason for termination -

Comments

NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHEMIA

ISCHEMIA

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

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 stracings)

IC Khan





IRINE DIAGNOSTIC

DD 23 KALKA JI DELHI 110092

TREADMILL TEST REPORT

KISHOR KUMAR
 ID : IRINE05102025
 DATE : 05/10/2024
 AGE/SEX : 53 / M
 HT/WT : 0 / 0
 REF. BY : LIFE INSURANCE CORP

PROTOCOL : Bruce
 HISTORY :
 INDICATION :
 MEDICATION : NIL

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Ex	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	VI	V5	
SUPINE					88	126 / 80	110	0.5	0.7	1.1	
HYPERTENT		0:8			79	126 / 80	99	0	0.6	0.6	
VALSALVA					79	126 / 80	99	-0.1	0.7	0.6	
STANDING					90	126 / 80	113	-0.2	0.8	0.3	
Stage 1	2:55		2.7	10	118	126 / 80	148	0	0.4	0.2	4.67
Stage 2	5:55		4	12	129	140 / 86	180	-0.4	0.6	0	7.04
Stage 3	8:55		5.4	14	136	146 / 90	198	-0.8	0.4	-0.6	9.92
PK-EXERCISE	10:1	1:1	6.7	16	148	150 / 90	222	-1	0.3	-1.1	11.36
RECOVERY	11:12	0:59			109	150 / 90	163	0.3	0.3	0	
RECOVERY	13:8	2:55			99	134 / 88	132	0	0.2	0	
RECOVERY	16:8	5:55			91	130 / 84	118	-0.1	0.2	0.1	

RESULTS
 EXERCISE DURATION : 10:1
 MAX HEART RATE : 148 bpm 88 % of target heart rate 167 bpm
 MAX BLOOD PRESSURE : 150 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS
 Negative for Provocable myocardial ischemia.

MAX WORK LOAD : 11.36 METS



Dr. RAJNA KHAN
 MBB, DMARD
 Reg. No. 15508

Technician :



ASHOR KUMAR

I.D. IRINE05102025

Age 53/M

Date 05/10/2024

RATE 88bpm

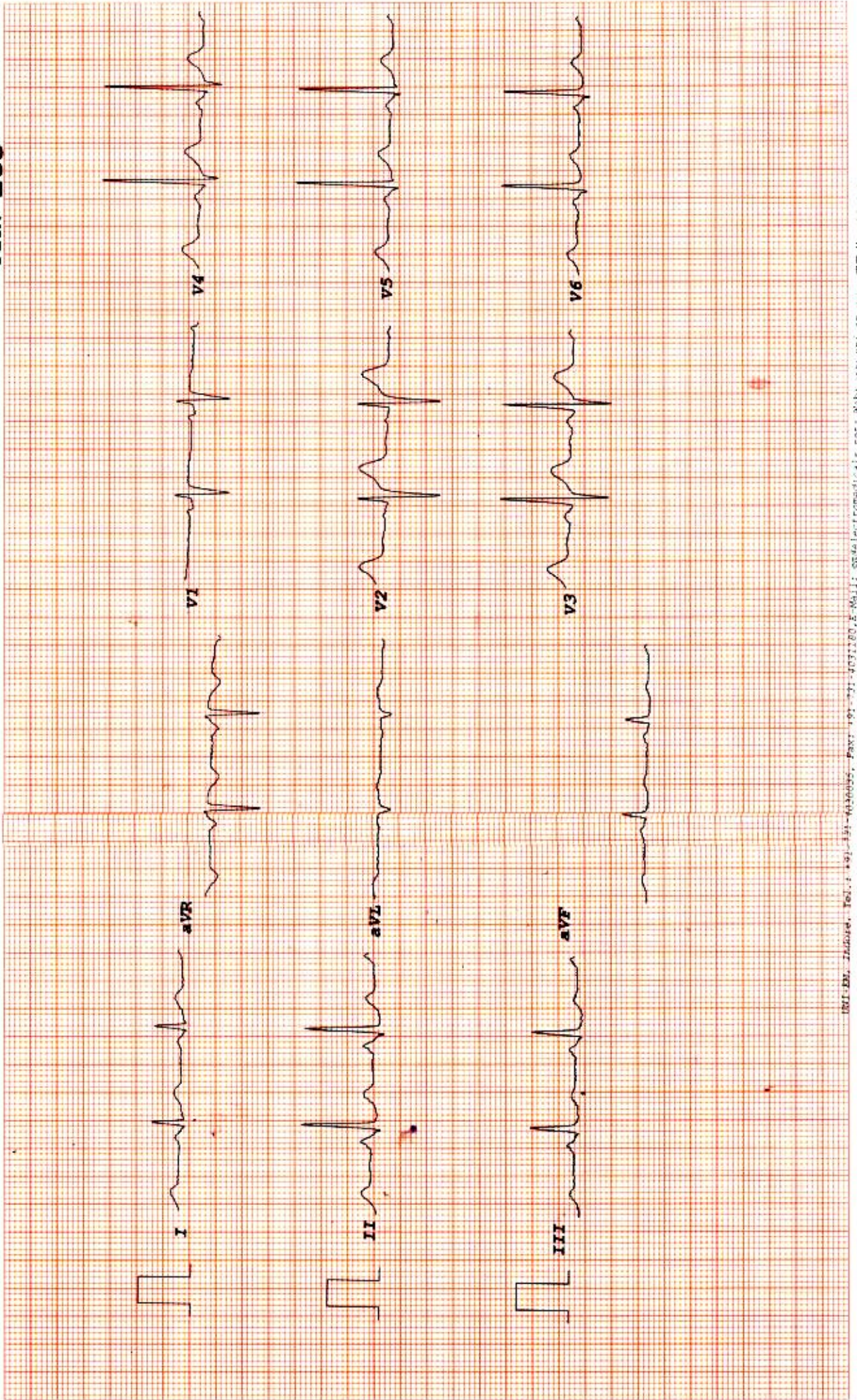
B.P. 126/80

PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

IRINE DIAGNOSTIC

RAW ECG





IRINE DIAGNOSTIC

KISHOR KUMAR

I.D. IRINE05102025

Age 53/M

Date 05/10/2024

PRETEST

STANDING

ST @ 10mm/mV

80ms PostJ

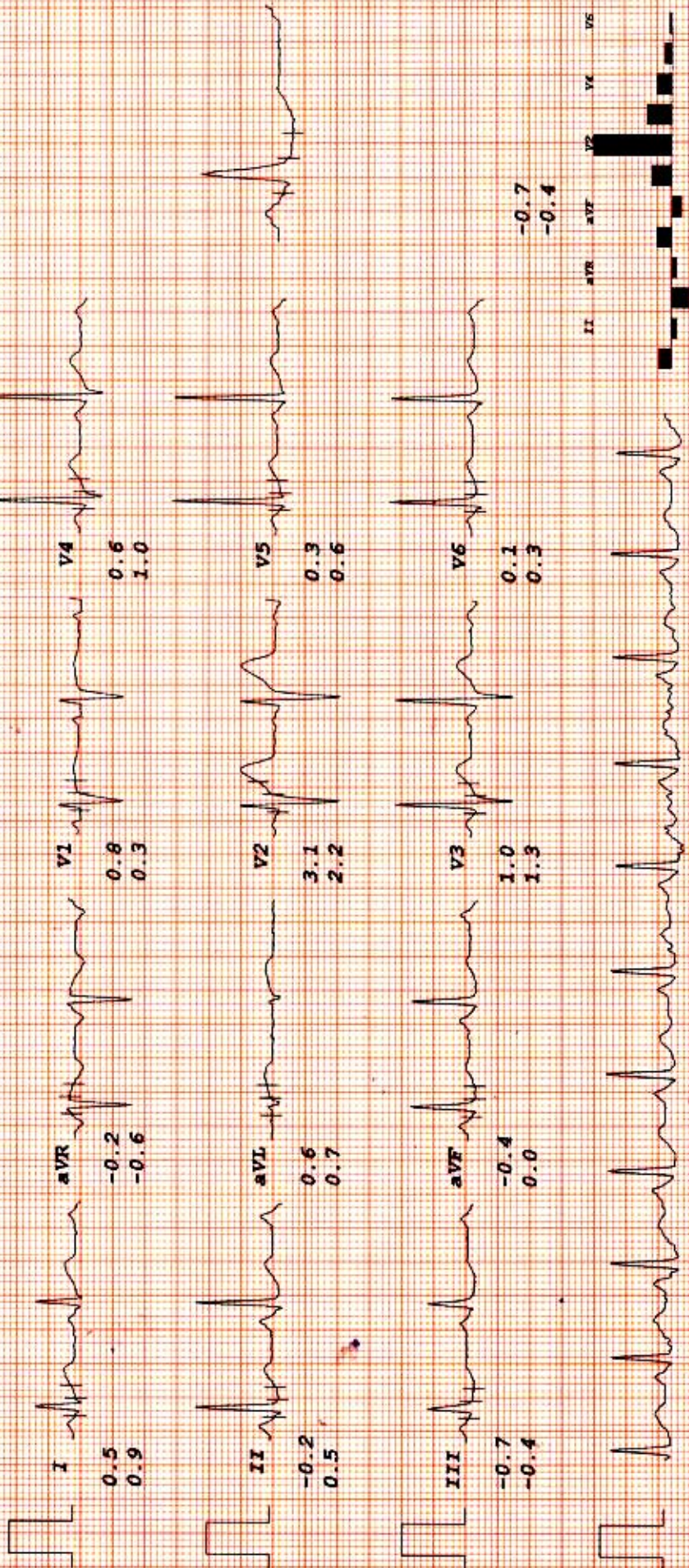
RATE 90bpm

B.P. 126/80

LINKED MEDIAN

Mag. X 2

III



II

I III aVR aVL V1 V2 V3 V4 V5 V6

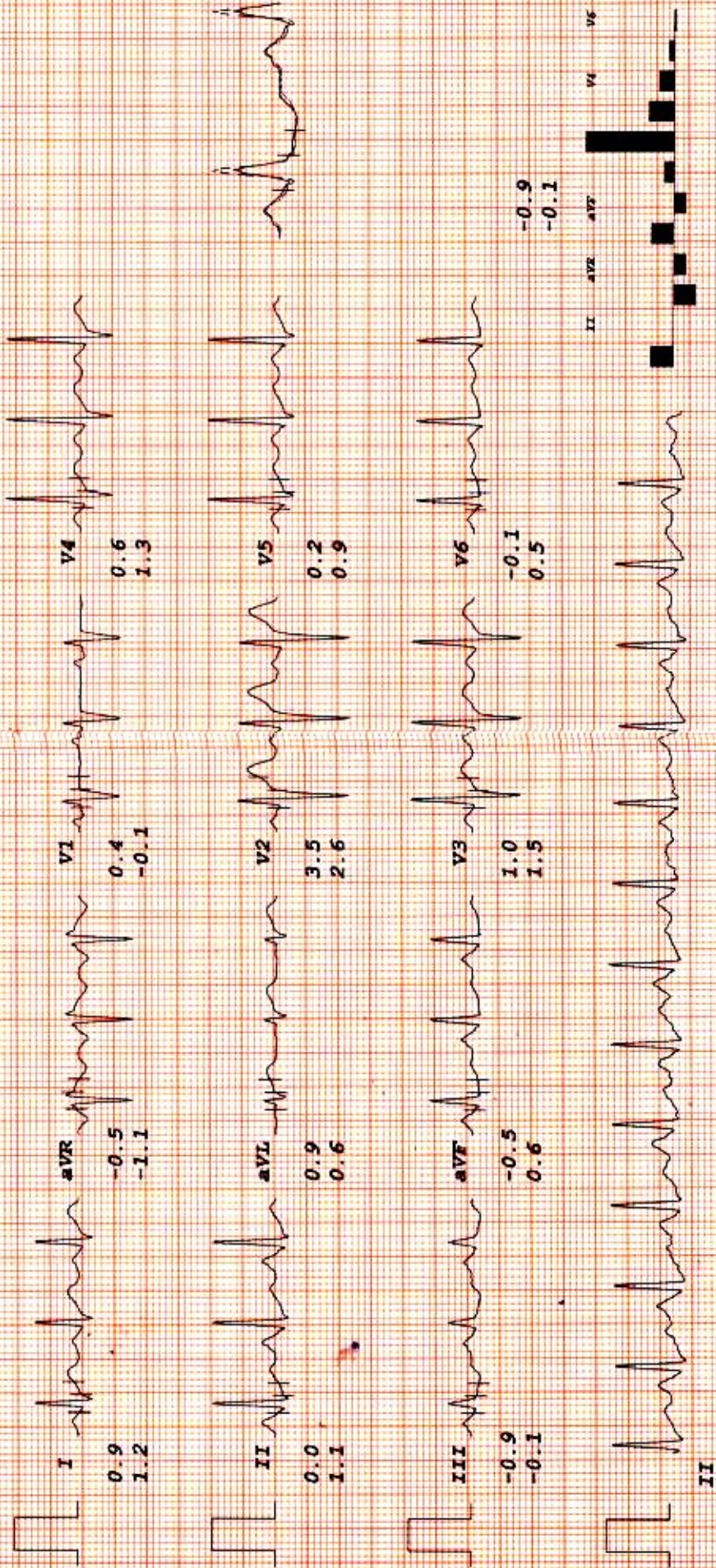


IRINE DIAGNOSTIC

KISHOR KUMAR Bruce ST @ 10mm/mV
I.D. IRINE05102025 Stage 1 80ms PostJ
Age 53/M TOTAL TIME 2:53 Speed 2.7 km/hr
Date 05/10/2024 PHASE TIME 2:53 SLOPE 10 % **LINKED MEDIAN**

Mag. X 2

III





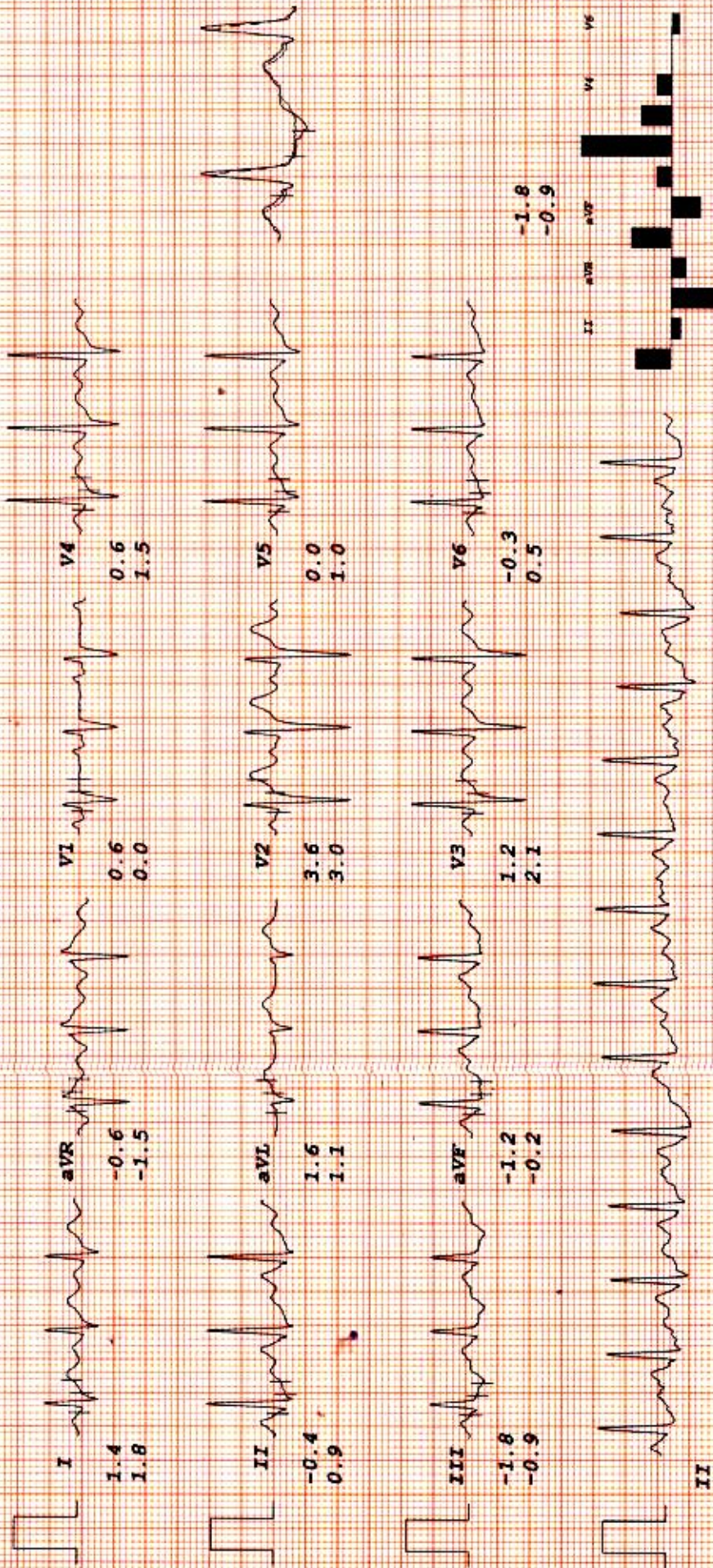
IRINE DIAGNOSTIC

KISHOR KUMAR **Bruce** **ST @ 10mm/mV**
I.D. IRINE05102025 **Stage 2** **80ms PostJ**
Age 53/M **TOTAL TIME 5:55** **Speed 4 Km/hr**
Date 05/10/2024 **PHASE TIME 2:55** **SLOPE 12 %**

LINKED MEDIAN

Mag. X 2

III



-1.8
-0.9

II



IRINE DIAGNOSTIC

KISHOR KUMAR

I.D. IRINE05102025

Age 53/M

Date 05/10/2024

RATE 136bpm

B.P. 146/90

Bruce

Stage 3

TOTAL TIME 8:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

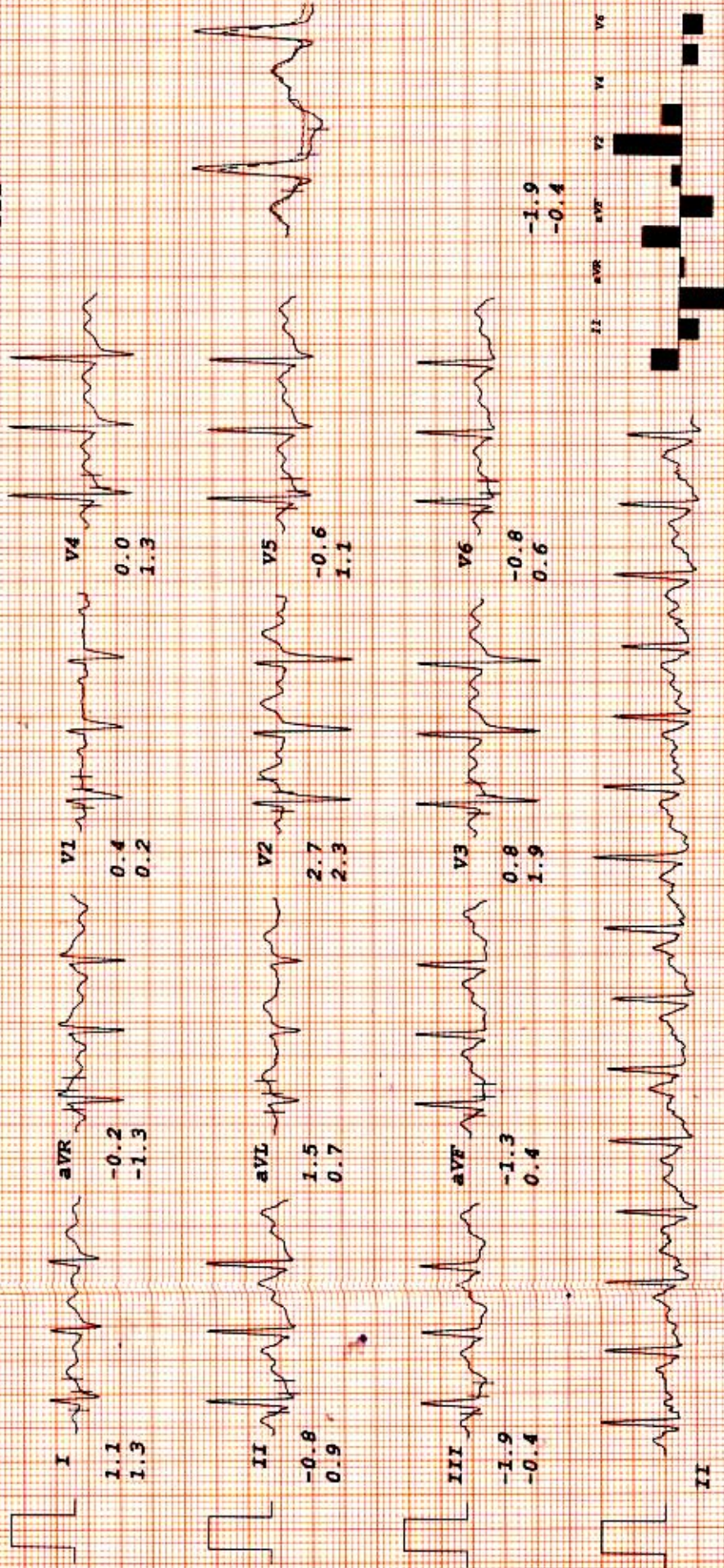
Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



IRINE DIAGNOSTIC

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

Bruce
PK-EXERCISE
TOTAL TIME 10:01
PHASE TIME 1:01

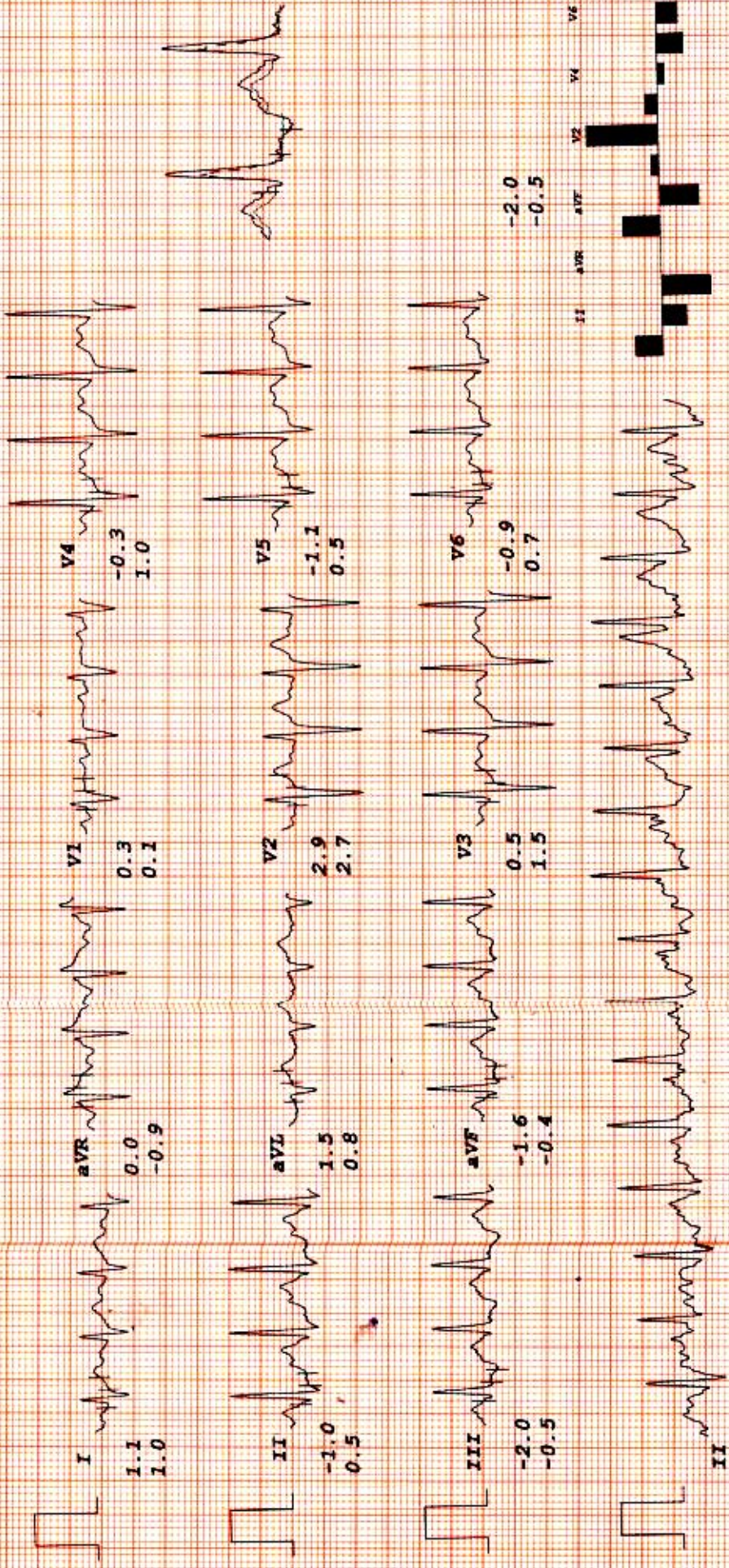
Rate 148bpm
B.P. 150/90

ASHOR KUMAR
I.D. IRINE05102025
Age 53/M

Date 05/10/2024

Mag. X 2

III



I III aVR aVL V1 V2 V3 V4 V5 V6



IRINE DIAGNOSTIC

KISHOR KUMAR
I.D. IRINE05102025 RATE 99bpm ST @ 10mm/mV
Age 53/M B.P. 134/88 80ms PostJ
Date 05/10/2024

BRUCE

RECOVERY

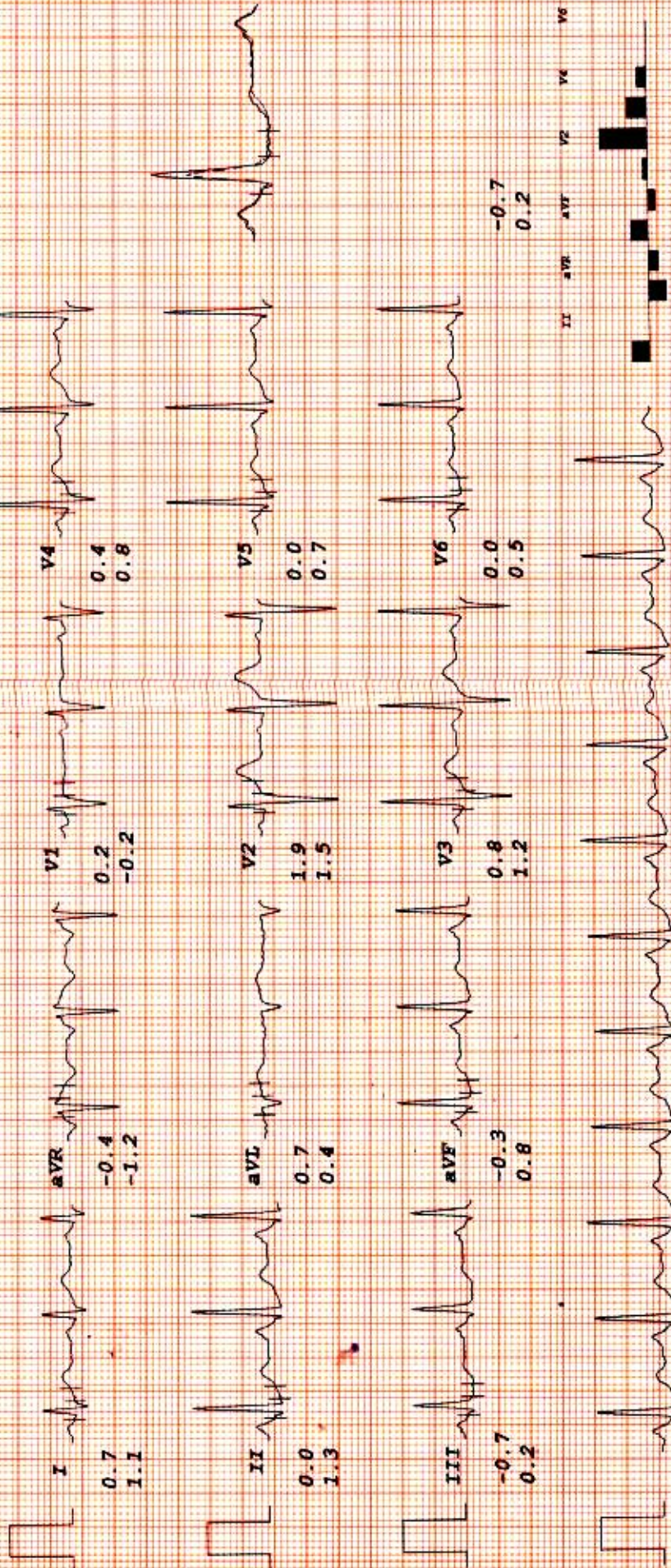
TOTAL TIME 13:08

PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

III



II

I III aVR aVL V1 V2 V3 V4 V5 V6



IRINE DIAGNOSTIC

ALISHOR KUMAR
 I.D. IRINE05102025
 Age 53/M
 Date 05/10/2024

RATE 91bpm
 B.P. 130/84

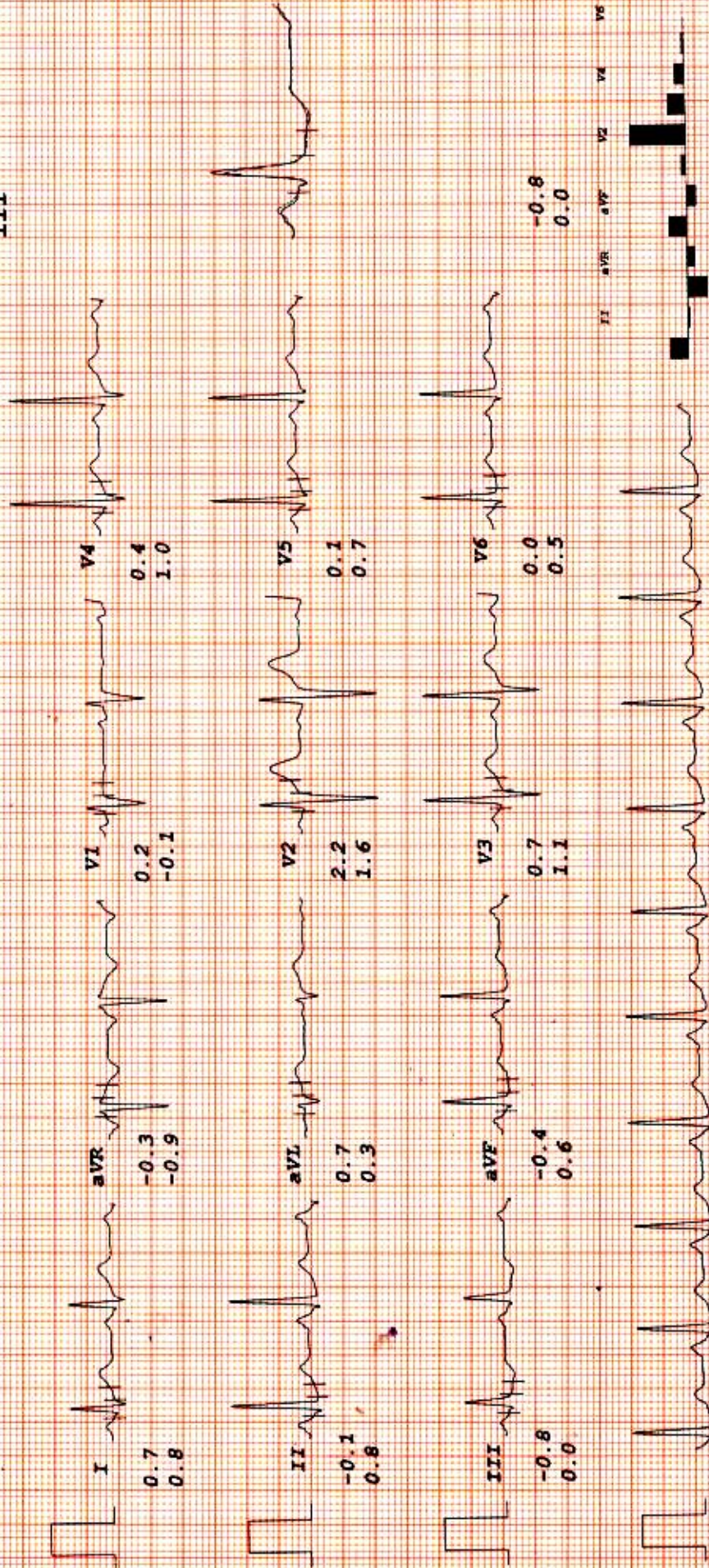
Bruce
 RECOVERY
 TOTAL TIME 16:08
 PHASE TIME 5:55

ST @ 10mm/mV
 80ms PostJ

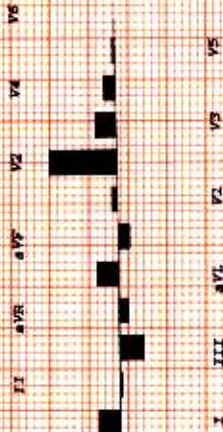
LINKED MEDIAN

Mag. X 2

III



II



Date: 05/10/2024

To,
LIC of India
Branch Office

Proposal No. 2812

Name of the Life to be assured KISHOR KUMAR

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.

Signature of the Pathologist/ Doctor

DR. RAJNA KHAN
MBBS, DMRD
Reg. No. 25508

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:


Sr. No	Reports Name	Sr. No	Reports Name
1	FMR ✓	9	Lipidogram
2	Rest ECG with Tracing ✓	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram ✓	11	Hb1c ✓
4	Hb% ✓	12	FBS (Fasting Blood Sugar)
5	SBT-13 ✓	13	PGBS (Post Glucose Blood Sugar)
6	EliSa for HIV	14	CTMT with Tracing
7	RUA ✓	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of med Servo TPA Services PVT LTD
Authorized Signature,



 LIC LIC MEDICAL EXAMINER'S REPORT Form No LIC03-001(Revised 2020)	Branch Code:
	Proposal/ Policy No: <u>2812</u>
	MSP name/code :
	Date & Time of Examination:
	Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: PAN ID Proof No. AVBPK 46042
 (In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Signature/ Thumb impression of Life to be assured
 (In case of Physical Examination)

1 Full name of the life to be assured: KISHOR KUMAR
 2 Date of Birth: 10/12/1990 Age: 33-1/2 Gender: M
 3 Height (In cms): 167 Weight (in kgs) : 81

4 Required only in case of Physical MER
 Pulse : 78/w Blood Pressure (2 readings):
 1. Systolic 124 Diastolic 82
 2. Systolic 124 Diastolic 82

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED
 If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5 a. Whether receiving or ever received any **treatment/ medication** including alternate medicine like ayurveda, homeopathy etc ?
 b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident?
 c. Whether visited the doctor any time in the last 5 years ?
 If answer to any of the questions 5(a) to (c)) is yes -
 i. Date of surgery/accident/injury/hospitalisation
 ii. Nature and cause
 iii. Name of Medicine
 iv. Degree of impairment if any
 v. Whether unconscious due to accident, if yes, give duration

No

6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or **diagnostic tests**?
 Please specify date , reason ,advised by whom & findings.

No

7 Suffering or ever suffered from **Novel Coronavirus (Covid-19)** or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.
 If yes provide all investigation and treatment reports

No



8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment / disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No
18	Is there any abnormality of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No



For Female Proponents only	
i.	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	YES
-------------------------------------------------------------------------------------------------------------------	-----

Declaration

You Mr/Ms _____ declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

[Handwritten Signature]

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

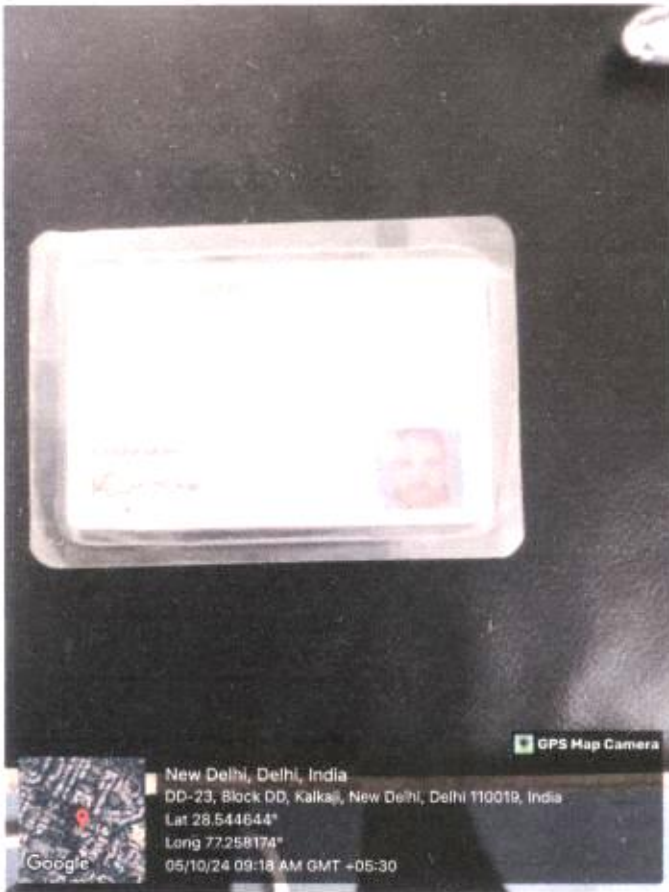
I hereby certify that I have assessed/ examined the above life to be assured on the 05 day of 10 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: DELHI
Date: 05/10/2024

Signature of Medical Examiner
Name & Code No:
Stamp:

Dr. RAJIA KHAN
MBBS, DMRD
Reg. No. 25508





Dr. RAJIA KHAN
MBBS, DMRD
Reg. No. 25508



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR AGE : 53Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 05-10-2024


H A E M A T O L O G Y

Test	Result	Units	Normal Range
Hemoglobin	13.1	gm%	12-16
Total Leucocytes Count (TLC)	7100	/cumm	4000-11000
Differential Leucocytes Count [D.L.C]			
Neutrophils	50	%	40-75
Lymphocytes	40	%	20-45
Eosinophils	05	%	01-06
Monocytes	05	%	02-10
Basophills	00	%	00-01
Erythrocyte Sedimentation			
Rate (ESR)	12	mm/1Hr	00-15
Red Blood Cell [RBC]	5.5	mill.	M-4.6-6.5 F-3.9-5.6
Packed Cell Value [PCV]	48.2	%	37-54
Mean Cell Value [MCV]	84.5	fl	76-96
Mean Cell Hemoglobin [MCH]	30.8	pg	27-32
Mean Cell Hemoglobin Conc. [MCHC]	34.2	%	30-35
Platelet count	2.53	Lakhs	1.5-4.5

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR AGE : 53Years
Ref. by : LIFE INSURANCE CORPORATION SEX : MALE
Date : 05-10-2024

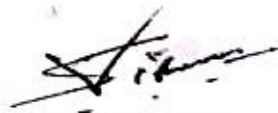
B I O C H E M I S T R Y

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	94	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.62	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.42	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.20	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.5	mg/dl.	(6.0-8.3)
ALBUMIN	4.3	mg/dl.	(3.5-5.0)
GLOBULIN	2.2	mg/dl.	(2.3-3.5)
A/G RATIO	1.95		(1.0-3.0)
S.G.O.T. (AST)	25	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	28	IU/L	(5.0-40.0)
GAMMA GT	26	U/L	(9-45)
ALKALINE PHOSPHATASE	120	U/L	(80-200)
URIC ACID	5.5	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	177	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	133	mg/dl.	(60-160)
LDL	120	mg/dl.	(UPTO-150)
VLDL	35	mg/dl.	(23-45)
SERUM CREATININE	0.72	mg%	(0.6-1.2)
BUN	13	mg/dl	(02-18)

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DD-23 KALKAJI DELHI :- 110019


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 53Years
SEX : MALE

S E R O L O G Y

**Test Name : Human Immunodeficiency
HIV I & II (ELISA METHOD)

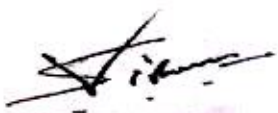
Result : "Non-Reactive"

Normal-Range : "Non-Reactive"

**Test Name : Hepatitis B Surface
Antigen {HbsAg}

Result : "Non-Reactive"

Normal-Range : "Non-Reactive"


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

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DD-23 KALKAJI DELHI :- 110019



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 53Years
SEX : MALE


HAEMATOLOGY

Test	Result	Units
Glycosylated Haemoglobin (HbA1c)	5.3	%

INTERPRETATION

Normal	:	4.4 - 6.7
Goal	:	6.7 - 7.3
Good Diabetic Control	:	7.3 - 9.1
Action Suggested	:	> 9.1

Note:- Glycosylated Hemoglobin 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 proceeding 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.


DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

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DD-23 KALKAJI DELHI :- 110019



irine diagnostic

healthpartner

S. No. : 05/OCT/04
Name : MR KISHOR KUMAR
Ref. by : LIFE INSURANCE CORPORATION
Date : 05-10-2024
AGE : 53Years
SEX : MALE

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.014

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL/HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL


-DR. SHILPI GUPTA

M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-23 KALKAJI DELHI :- 110019



ANNEXURE II - 1

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch _____
 Proposal No. - 2812
 Agent/D.O. Code: _____ Introduced by: (name & signature) _____
 Full Name of Life to be assured: KISHOR KUMAR
 Age/Sex : 53-101 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 wave change, they should be recorded additionally in deep inspiration. If AVF 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. [Signature]

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 05/10/2024 2023

Signature of L.A. [Signature]

Signature of the Cardiologist Dr. RAINA KHAN
 Name & Address _____
 Qualification _____ Code No. Reg. No. 26508



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
167	81	124/82	78/4

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	Supine	P Wave	2
Standardisation Imv	2	PR Interval	2
Mechanism	2	QRS Complexes	2
Voltage	2	Q-T Duration	2
Electrical Axis	2	S-T Segment	2
Auricular Rate	78/4	T-wave	2
Ventricular Rate	78/4	Q-Wave	2
Rhythm	Regular		
Additional findings, if any	nil		

Conclusion: ECG-WNL

DELHI 05/10/2024

Dated at _____ on the day of _____ 200

Signature of the Cardiologist

Name & Address

Qualification

Code No.

Dr. RAINAKHAN
 M.D.S., DMRD
 Reg. No. 25508





IRINE DIAGNOSTIC

ST @ 10mm/mV
80ms PostJ

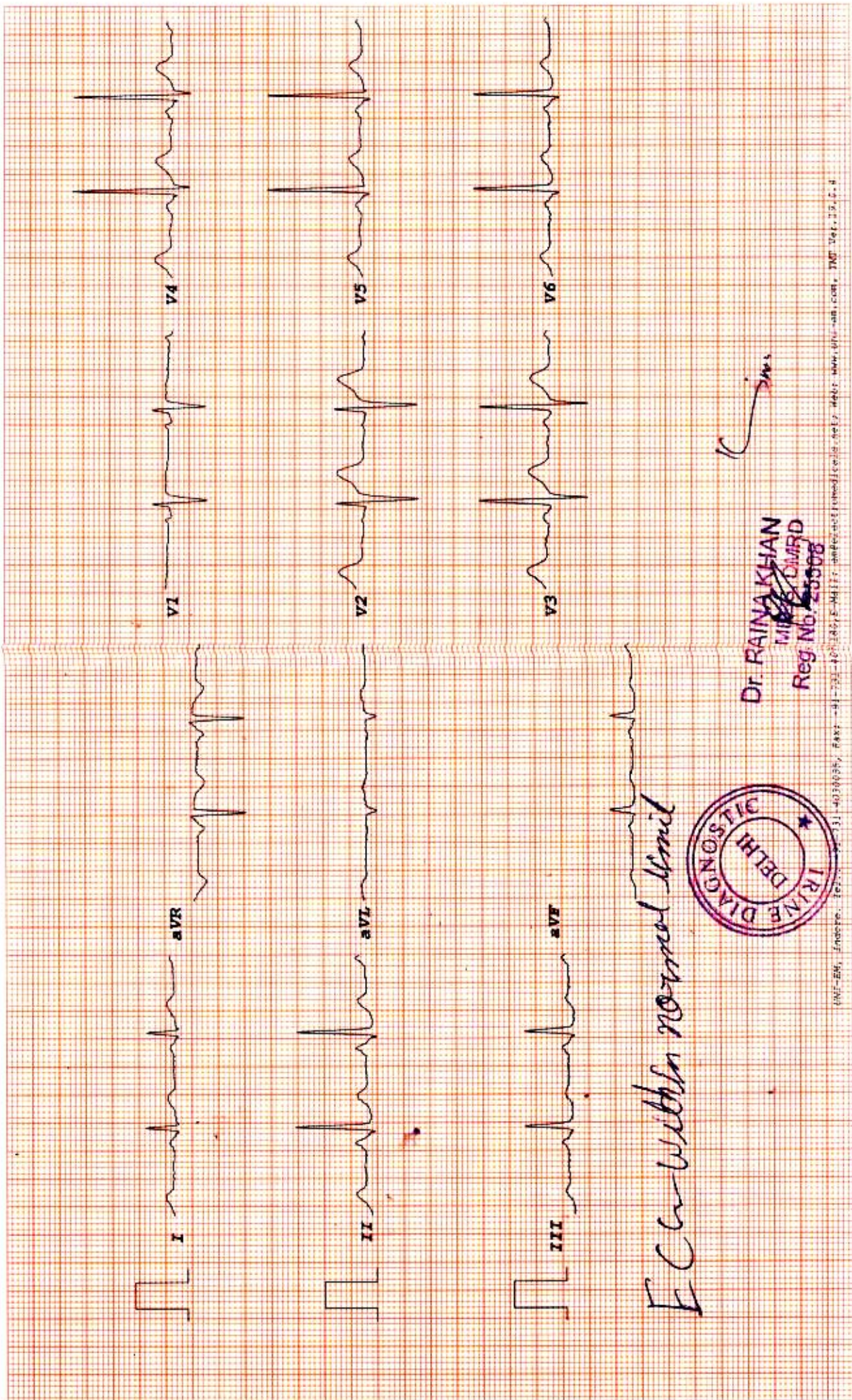
RAW ECG

PRETEST

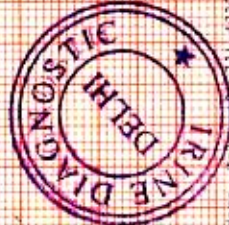
ECG

SHOR KUMAR
D. IRINE05102025
Age 53/M
Date 05/10/2024

RATE 88bpm
B.P. 126/80



ECG within normal limit



S

Dr. RAINA KHAN
M.D. (CCU) DMRD
Reg No. 23308