

**Format of separate sheet to be sent along with computer generated special reports**

Date 12/11/2024

To  
LIC of India,  
Branch Office

Proposal No. 5401

Name of the Life to be assured Yatharth Jain

The Life to be assured was identified on the basis of Aadhar Card

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. Deepika Agrawal

Signature of the Pathologist/Doctor

Name: Consultant Pathologist

The examination / tests were done with my consent.

[Signature]  
(Signature of the Life to be assured)

Name:

Reports enclosed:

1. PMER
2. SBT-13
3. RVA

4. HEMO
5. JRN/COT
6. HbA1C
7. ECC

Rubber Stamp of TPA



**LIFE INSURANCE CORPORATION OF INDIA**  
**ADDENDUM TO FMR**

Extract of personal history to be filled in by ME with FMR at the time of Medical Examination

Name of the Life to be examined: Yatharth Jain  
Age: 31/1/14 Sex: m. Identification Mark: \_\_\_\_\_

Introducers name and Designation: \_\_\_\_\_

Sr. No	Personal History	Answer Yes/No	If Yes please give full details
(a)	During the last five years did you consult a Medical Practitioner for any ailments requiring treatment for more than a week?	NO	
(b)	Have you ever been admitted to any hospital or nursing home for general check up / observation, treatment or operation?	NO	
(c)	Have you remained absent from place of work on grounds of health?	NO	
(d)	Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain, or Nervous system?	NO	
(e)	Are you suffering from or have you suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy, or any other disease?	NO	
(f)	Did you ever have any bodily defect or deformity?	NO	
(g)	Did you ever had any accident or injury?	NO	
(h)	Did you use or have you ever used:	NO	
	(i) Alcoholic drinks	NO	
	(ii) Narcotics	NO	
	(iii) Any other drugs	NO	
	(iv) Tobacco in any form	NO	
(i)	What has been your usual state of health?	Good	
(j)	Have you ever required or at present availing undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition.	NO	

Declaration by ME: I hereby declare that I have, this day, examined the above life to be assured personally, in private, and recorded in my own hand the true and correct findings as answered by the life to be assured.

Signature of Medical Examiner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dr. Deepika Agrawal  
M.B.S., M.D.  
Consultant Pathologist

Qualification: \_\_\_\_\_

Code: \_\_\_\_\_

Limit: \_\_\_\_\_



Declaration by Life being examined: I hereby declare that to the best of my knowledge and belief, (i) the answers contained in this form are true and complete and (ii) that all the material facts have been disclosed. I also agree that my right to benefit under any policy may be affected if I have not disclosed any facts which would be likely to influence assessment of risk and acceptance of the proposal.

Signature of the life to be assured and being examined: \_\_\_\_\_

Name: \_\_\_\_\_

Signature of the Proposer if other than Life to be Assured. (Parents in case of Minors): \_\_\_\_\_

Name: \_\_\_\_\_

\*\*\*\*\*



**MEDICAL EXAMINER'S REPORT**  
Form No LIC03-001(Revised 2020)

Branch Code: \_\_\_\_\_  
 Proposal/ Policy No: 5401  
 MSP name/code : \_\_\_\_\_  
 Date & Time of Examination: 12/11/24  
 Medical Diary No & Page No: 365, 04

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
 Identity Proof verified: Aadhar Card ID Proof No. 4620  
 ( 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. Deepika Aggarwal (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: Yatharth Jain

2 Date of Birth: 13-06-1993 Age: 31y Gender: M

3 Height (In cms): 180 Weight ( in kgs ) : 89

4 Required only in case of Physical MER

Pulse : 69/min Blood Pressure (2 readings):  
 1. Systolic 120 Diastolic 70  
 2. Systolic 120 Diastolic 70

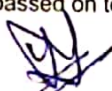
**ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED**

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 <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> 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	<u>NO</u>
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 <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom & findings.	<u>NO</u>
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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	<u>NO</u>
8	a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?	<u>NO</u>

	<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, heart attack, 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
<b>For Female Proponents only</b>		
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	NA
<b>FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY</b>		Yes


**Declaration**  
 You Mr/Ms Yatharth Jain 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.

  
 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 12 day of 11 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: BHOPAL  
 Date: 12/11/24



  
**Dr. Deepika Agrawal**  
 MBBS, MD.  
 Signature of Medical Examiner  
 Name & Contact No. Consultant Pathologist  
 Stamp:

# DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new camplon School chauraha

## LIFE INSURANCE CORPORATION OF INDIA SPECIAL BIO CHEMICAL TESTS-13 (SBT-13)

Full Name of life to be assured

YATHARTH JAIN

PROPOSAL NO-

5401

Age

31/Y

GENDER -MALE

Division

BHOPAL

Branch

No.	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar ( Method - GOPD )	72.2	70-110 MG/DL
2	Total Cholesterol	141.9	UP TO 200 MG/DL
	High Density Lipid (HDL)	37.2	30-70 MG/DL
	Low Density Lipid (LDL)	99.70	UP TO 130 MG/DL
3	S. Triglycerides	122.1	UP TO 160 MG/DL
4	S. Creatinine	0.66	0.5-1.5 MG/DL
5	Blood Urea Nitrogen (BUN)	18.2	10-40 MG/DL
6	S. Proteins	7.1	6.7-8.7 MG/DL
	(a) Albumin	4.5	3.7-5.3 MG/DL
	(b) Globulin	2.6	2.3-3.6 MG/DL
	AG Ratio	1.7	1.5-2.0
7	S. Billrubin		
	(a) Direct	0.33	0.2-0.4 MG/DL
	(b) Indirect	0.41	0.1-1.0 MG/DL
	Total	0.74	0.2-1.2 MG/DL
8	SGOT (AST)	26.4	UP TO 40 IU/L
9	SGPT (ALT)	29.1	5 TO 40 IU/L
10	GGTP (GGT)	13.6	3.0-28.7 IU/L
11	S. Alkaline phosphatase	88.7	37-147 IU/L
12	HbsAg (Australia antigen)	Negative	
13	sa for HIV(Method -----ELISA-----)	Negative	

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated BHOPAL on the 12 day of 11 20 24 at 11:06 am/pm

Signature of the Pathologist:

Pathologist Name:

Dr. Deepika Agrawal

Qualification:

M.B.B.S., M.D.

Address

Consultant Pathologist



# DIWAKAR DIAGNOSTIC CENTRE

LIFE INSURANCE CORPORATION OF INDIA  
SPECIAL MEDICAL REPORT  
**HAEMOGRAM**

Full Name of life to be assured

PROPOSAL NO-  Age  Sex

Zone  Division  Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count	5.18	4.5-6.5 million/cmm
2	Hb%	14.8	12-17 GMS%
3	Hematocrit	44.6	40-70%
4	Indices		
	(a) MCV ( Mean Corpuscular Volume)	86.1	70-100fl
	(b) MCH ( Mean Corpuscular Hb)	28.6	27.0-37.0 pg
	(c) MCHC ( Mean Corpuscular Hb Concentration)	33.183857	32-37 g/dl
5	Morphology	Nil	
	Macrocytes	Nil	
	Microcytes	Nil	
	Hypochromia:	Nil	
	Poikilocytosis:	Nil	
	Anisocytosis:	Nil	
6	Target Cell -	Nil	
	Spherocytes:	Nil	
	Eliptocyres :	Nil	
7	White Blood Cells		
	Total Count :	9500	4000-11000/ microliter
	Differential Counts		
	a) Neutrophils:	54	45-75%
	b) Lymphocytes	38	20-45%
	c) Eosinophils	2	1-6%
	d) Monocytes:	6	1-10%
	e) Basophils :	0	0.0-1.0%
8	Platelets:	2.54	1,50000-4.50000 lac.
9	Erythrocytes Sedimentation rate : (WINTRIOBE )Method	6	0-10MM/HR

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at  on the  day of  20  at   am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

*Dr. Deepika Agrawal*  
MBBS, MD.

Consultant Pathologist



# DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal

## ROUTINE URINE ANALYSIS

YATHARTH JAIN

Full Name of life to be assured

PROPOSAL NO-

5401

Age

31/

Y

Sex

MALE

Division

Bhopal

Branch

### 1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii)
(ii) Transparency	CLEAR	(iv)

Sediment	Absent
Reaction	Alkaline

### 2 CHEMICAL EXAMINATION

(i) Protein	Absent	(ii)
(iii) Bile Salt	Absent	(iv)

Sugar	Absent
Bile Pigments	Absent

### 3 MICROSCOPIC EXAMINATIK

(i) Red Blood Cells	Absent	(ii)
(iii) Crystal	Absent	(iv)
(v) Casts	Absent	(vi)

Equithelial Cel	2-3/HPF
Pus Cells	1-3/HPF
Deposits	Absent

### REMARKS :

If Pus cells are present GRAM STA in is necessary.

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/Investingated, signed/affised thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at Bhopal on the 12 day of

11

20

24

at

11:06

am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Address

Dr. Deepika Agrawal

MBBS, MD

Consultant Pathologist





# DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

LIFE INSURANCE CORPORATION OF INDIA

## URINE COTININE EXAMINATION

Full Name of life to be assured

YATHARTH JAIN

DATE 12/11/2024

Age

31/Y

Sex

MALE

Division

BHOPAL

ZONE

Branch

Proposal No.

5401

Agent/ D.O. Cord

### URINE COTININE EXAMINATION

INVESTIGATION	RESULTS	NORMAL RANGE
URINE COTININE	NEGATIVE	BY CARD METHOD

*Immunochromatographic assay for Qualitative detection of cotinine in urine. A positive result indicates only that the presence of cotinine is above cut off concentration. It doesn't indicate or measure level of consumption. It is possible that technical procedure as well as other interfering substances in the specimen may cause erroneous results.*

Interpretation of result:

Negative - Urine cotinine level below 200 ng/ml

Positive - Urine cotinine level above 200 ng/ml

*Dr. Deepika Agrawal*  
MBBS, MD.  
Consultant Pathologist





# दिवाकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मेन रोड, अरेरा कॉलोनी, भोपाल ( म.प्र. ) मो.: 9826340190

Pt.Name :	Mr.Yatharth Jain
Age :-	31/Y/M
Refd. By :-	LIC
P.No.:-	5401
Date :-	12/11/2024

## EXAMINATION OF BLOOD

Glycosylated Hemoglobin HBA1c	4.6%	Below - 6.0 % -Non Diabetic control 6-7 % -Excellent control Above- 8 % -Poor control
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Dr. Deepika Agrawal  
MBBS, MD.  
Consultant Pathologist  
Pathologist



# DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

## Divisional office bhopal ELECTROCARDIOGRAM

Full Name of life to be assured

Age  Sex

Division  Branch

Proposal No  Agent/ Code No  Dev. Officer Code No

### Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation  
The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- ii The base line must be steady **The tracing must be pasted on a folder.**
- iii 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 V<sub>1</sub> shows a tall R-wave, additional lead V<sub>1</sub> R be recorded.

### DECLARATION

I declare that the Foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated -----given by me to LIC of India

Note: Cardiologist is requested to explain following to L A and to note the answers there of

- i Have you ever had chest pain. Palpitaion. Breathlessness at rest or exertion ?
- ii Are you suffering from heart disease. Diabetes high or low Blood Pressure or kidney disease
- iii Have you ever had chest X-Ray, ECG Blood sugar Cholesterol or any other test done ?

NO
NO
NO

If the answer/s to any/ all of the above question is 'Yes' submit all relevant papers with this from.

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 with held. I do agree that these will from part of the proposal dated -----given by me to LIC of India

Date at  on the  day of  20  at  am/pm

Signature of the Pathologist:	
Pathologist Name:	
Qualification :	M.E.'s Code No: <i>He</i>
Name & Address of the Hospital/Clinic/Lab: <b>Dr. Anil Tiwari</b> MD. FRCP (UK) Consultant	



International Medicine & Cardiology  
Reg. No. : MP 4663

# DIWAKAR DIONOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal

Full Name of life to be assured

YATHARTH JAIN

(A) Measurements

Height (Cm)	Weight (Kg)	BP	Pulse
180 CM	89 KG	120/70	62/min

(B) Cardiovascular System-----NORMAL

Rest ECG Report:

Position	SUPINE	P Wave	NORMAL
Standarisation IMV	NORMAL	PR Interval	NORMAL
Mechanism	NORMAL	QRS Complexes	NORMAL
Voltage	NORMAL	Q-T Duration	NORMAL
Electrical Axis	NORMAL	S-T Segment	NORMAL
Auricular Rate	62/MIN	T-wave	NORMAL
Ventricular Rate	62/MIN	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If an	NO		

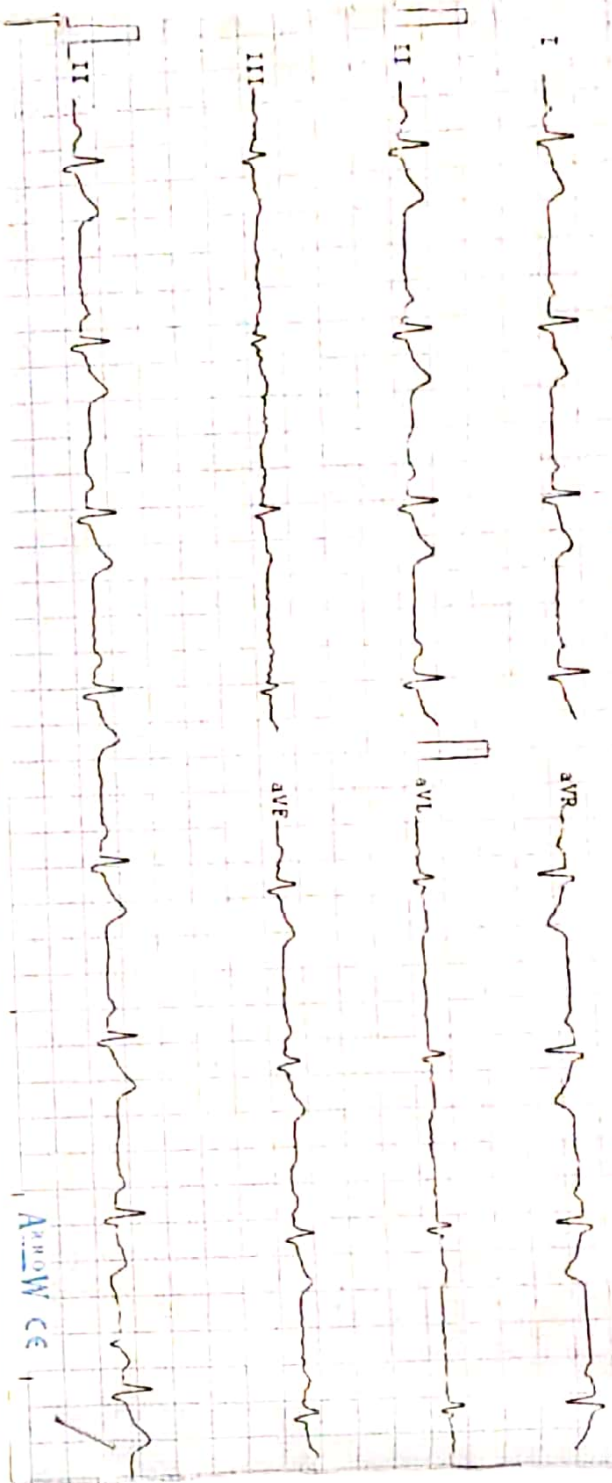
Conclusion : WNL

Date at BHOPAL on the 12 11 20 24 at 11:06 AM

Signature of the Pathologist:	<i>Dr. Arun Tiwari</i>
Pathologist Name:	Dr. Arun Tiwari MD, FRCP (UK) Consultant
	International Medicine & Cardiology
Name & Address of the Hospital/Clinic:	Reg. No. : MP 4003



Ms. Yashvathi Jain Age- 31/Y/M 12/11/2024



Arrow

**Observations**  
 HR - 62 bpm  
 R-R - 962 ms  
 P-R - 113 ms  
 QRS - 65 ms  
 QT/QTc - 354/360  
 P Axis - 49°  
 Q Axis - 55°  
 T Axis - 60°




**Dr. Akhil Tiwari**  
 MD, FRCP (UK)  
 Consultant  
 International Medicine & Cardiology  
 Reg. No. : MP 4663

**Remarks**

भारत सरकार  
Government of India

आधार

Downloaded Date: 14/11/2020



यथार्थ जैन  
Yatharth Jain  
जन्म तिथि/DOB: 13/06/1993  
पुरुष/ MALE

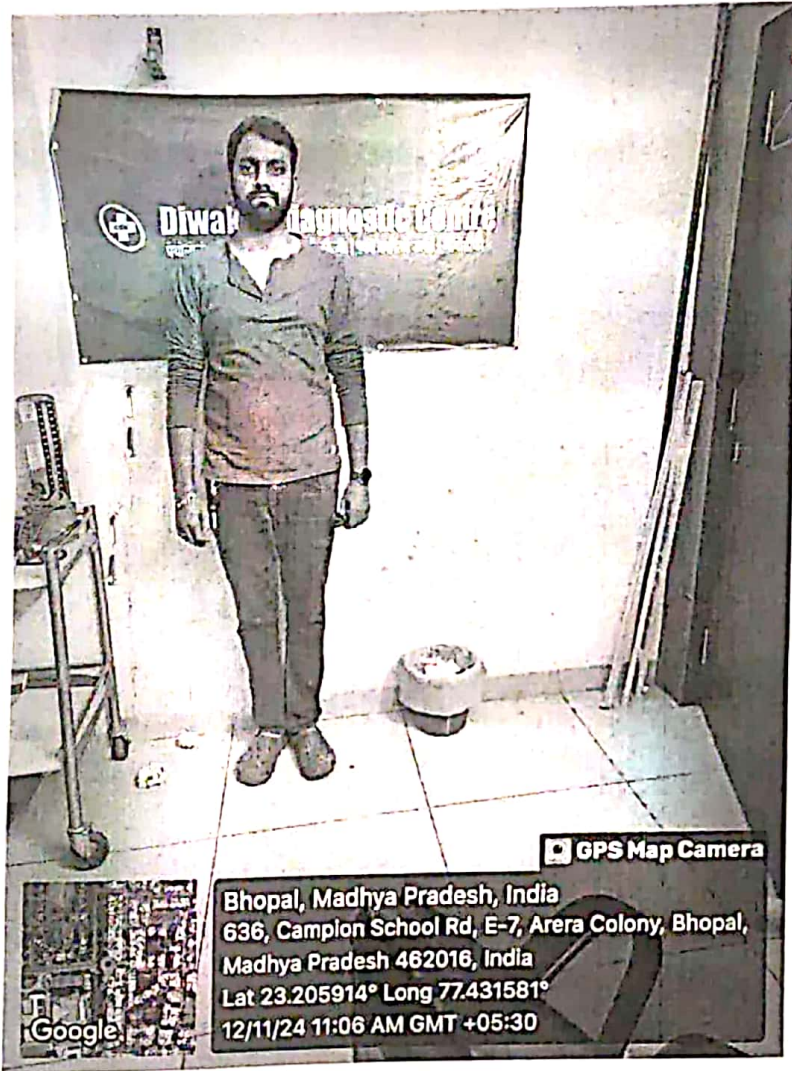
Issue Date: 09/11/2020

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मेरा आधार, मेरी पहचान

Dr. Deepika Agrawal  
MBBS, MD.  
Consultant Pathologist





*Dr. Deepika Agrawal*  
MBBS, MD.  
Consultant Pathologist

