

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

Date 14/11/24

To
LIC of India,
Branch Office

351

Proposal No. 2676

Name of the Life to be assured Gouri Bai

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. FBS
- 3. ECG

- 4. RUA
- 5. _____
- 6. _____

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: Gauri Bai
Age: 53/4 Sex: f 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
MBBS, MD.

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: _____

LIC**MEDICAL EXAMINER'S REPORT**
Form No LIC03-001(Revised 2020)Branch Code: 351
Proposal/ Policy No: 2676
MSP name/code :
Date & Time of Examination: 14/11/24
Medical Diary No & Page No: 265.05Mobile No of the Proposer/Life to be assured:
Identity Proof verified: Aadhar Card ID Proof No. 8595
(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 Agrawal (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India"

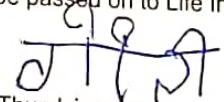
Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)1 Full name of the life to be assured: Gouri Bai
2 Date of Birth: 01-01-1971 Age: 53/4 Gender: F
3 Height (In cms): 154 Weight (in kgs): 56
4 Required only in case of Physical MER
Pulse: 71/min Blood Pressure (2 readings):
1. Systolic 120 Diastolic 80
2. Systolic 120 Diastolic 80**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	a. Suffering from Hypertension (high blood pressure) or diabetes 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?	NO

	c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, heart attack , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	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	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	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	No
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	No
FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY		Yes

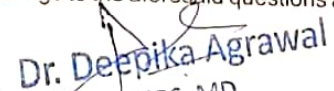
You Mr/Ms Shri Bai declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided 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 14 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: 14/11/24




Dr. Deepika Agrawal
Signature of MBBS, MD.
Name & Code No. of Consultant Pathologist

DIWAKAR DIONOSTIC CENTRE

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

Divisional office bhopal
BLOOD SUGAR TOLERANCE REPORT

Full Name of life to be assured

GORI BAI

Age

53/Y

Sex

FEMALE

Division

BHOPAL

Branch

351

Proposal No.

2676

INSTRUCTIONS FOR THE PATHOLOGIST

Sasting	Blood suger	Urine Glucose	Acetions Bodies	Normal Value
Fasting	90.5	NIL	NIL	70-110MG/DL
2 Hours after 75 gms. Of Glucose				

Interpretai

Method of blood
I declare that
the person
examined//In
vestingated,
Dated

Bhopal

on the

14

day of

11

20

24

at

8:53

am/pm

Signature of the Pathologist:

Dr. Deepika Agrawal

Pathologist Name:

MBBS, MD.

Qualification :

M.E's Code No: Pathologist

Name & Address of the Hospital/Clinic/Lab :



DIWAKAR DIONOSTIC CENTRE

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

Divisional office bhopal

ROUTINE URINE ANALYSIS

Full Name of life to be assured GORI BAI

PROPOSAL NO- 2676 Age 53 Y Sex FEMALE

Division Bhopal Branch 351

1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii)	Sediment	Absent
(ii) Transparency	CLEAR	(iv)	Reaction	Alkaline

2 CHEMICAL EXAMINATION

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

3 MICROSCOPIC EXAMINATIK

(i) Red Blood Cells	Absent	(ii)	Equithelial Cell	2-3/HPF
(iii) Crystal	Absent	(iv)	Pus Cells	1-2/HPF
(v) Casts	Absent	(vi)	Deposits	Absent

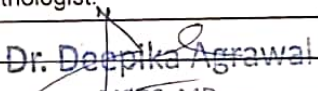
REMARKS :

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 14 day of 11 20 24 at 08:53 am/pm

Signature of the Pathologist: 
 Pathologist Name: **Dr. Deepika Agrawal**
 Qualification : **MBBS, MD.**
 Address: **DIWAKAR DIAGNOSTIC CENTRE**
Consultant 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

GORI BAI

Age 53/Y

Sex

FEMALE

Division

BHOPAL

Branch

351

Proposal No.

2676

Agent/ Code No.

Dev. Officer Code No.

Instructions to the Cardiologist:

- 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 traings.
- 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 V, shows a tall R-wave, additional lead V, 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.

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

NO
NO
NO

If the answer/s to any/ all of the above question is 'Yes' submit ail 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 BHOPAL on the 14 day of 11 20 24 at 8:53 am/pm

Signature of the Pathologist:	Dr. <i>[Signature]</i> Tiwari
Pathologist Name:	MD. ERCP (D)
Qualification :	M.E.'s Code No.: <i>[Code]</i> International Medicine & Cardiology
Name & Address of the Hospital/Clinic/Lab	No. : MP-4003



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

GORI BAI

(A) Measurements

Holght (Cm)	Woight (Kg)	BP	Pulso
154 CM	56 KG	120/80	77/MIN

(B) Cardiovascular System-----NORMAL

Rest ECG Report:

Positlon	SUPINE	P Wave	NORMAL
Standarisaton 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	77/MIN	T-wave	NORMAL
Ventricular Rate	77/MIN	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If an	NO		

Conclusion :

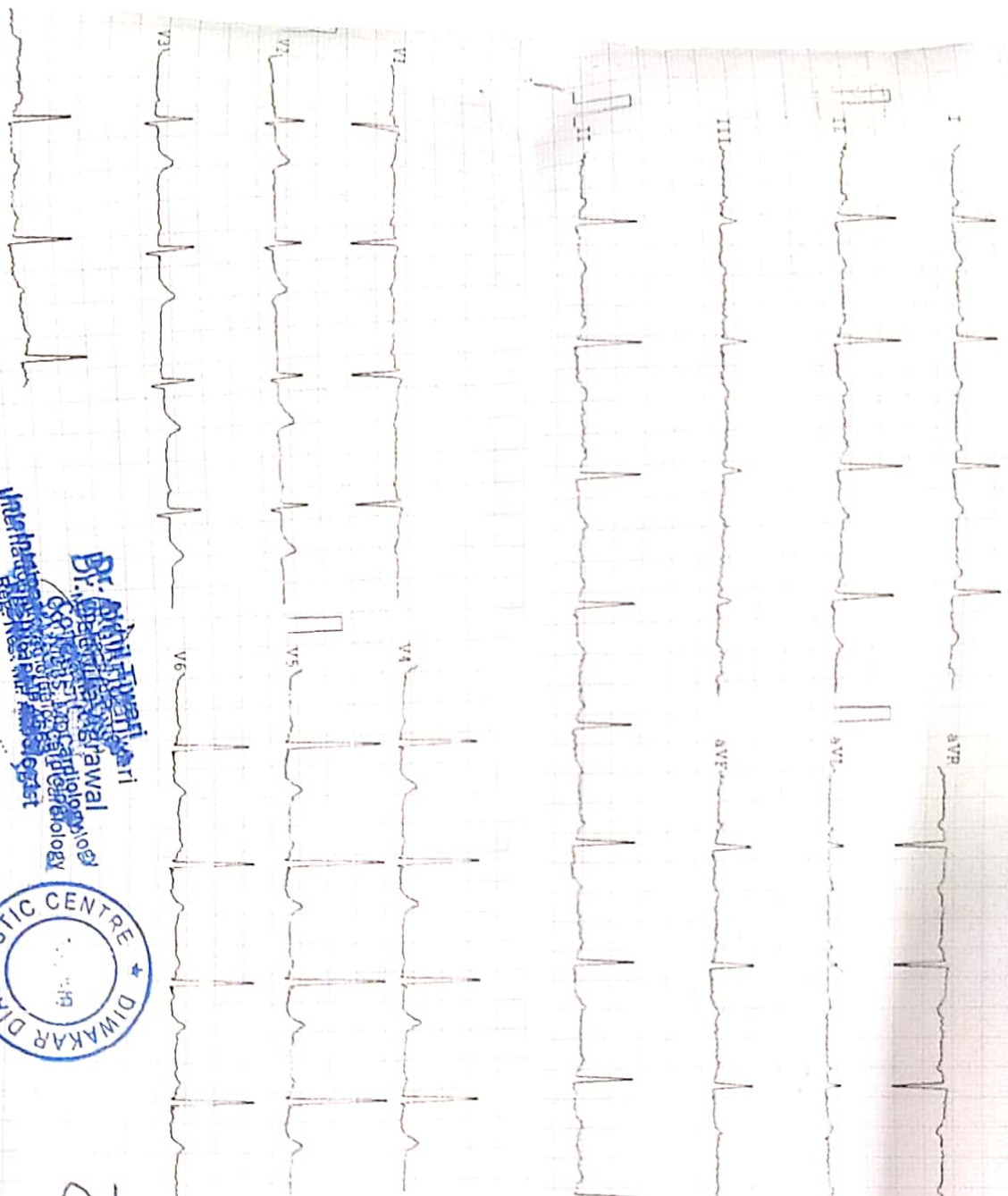
WNL

Date at BHOPAL on the 14 11 20 24 at 08:53 AM

Signature of the Pathologist:	<i>[Signature]</i>
Pathologist Name:	Dr. Akhil Tiwari
	MD, FRCP (UK)
	Consultant
	Internal Medicine & Cardiology
Name & Address of the Hospital/Clinic/Lab:	Reg. No. MP 4663



Ms. Umi Bai Age - 53 Y/F 14/11/2024



Observations :-

HR :- 77 bpm
R-R :- 776 ms
P-R :- 690 ms
QRS :- 57 ms
QT/QTc :- 194/220 ms
P Axis :- 65 °
T Axis :- -40 °



Dr. Anil Tiwari
MD, FRCP (UK)
Consultant
International Medicine & Cardiology
Reg. No. : MP 4863

Remarks :-

21/11

Dr. Anil Tiwari
MD, FRCP (UK)
Consultant
International Medicine & Cardiology
Reg. No. : MP 4863

Unconfirmed report

श्री धर-श्री शर्मा का अधिकार

8595



श्री धर
Soni Bai
जनम तिथि/DOB: 01/01/1971
लिंग / FEMALE



99
21127



Dr. Deepika Agrawal
MBBS, MD.
Consultant Pathologist



Bhopal, Madhya Pradesh, India
637, E-7, Aera Colony, Bhopal, Madhya Pradesh 462016,
India
Lat 23.205746° Long 77.431698°
14/11/24 08:53 AM GMT +05:30

GPS Map Camera

Google



Dr. Deepika Agrawal
MBS, MD.
Consultant Pathologist