

TYPE CASE FRESH/RENEWAL

IRACH 119

(TO BE SUBMITTED BY AGENT ALONG WITH PROPOSAL FORM IF SERVICE OF TPA REQUIRED)

Policy No: 118333910 Policy Holder No: Nimal Barchal
 NAME OF THE PROPOSAL: 118333910 AGE OF 41 years
 DATE OF BIRTH: 17/01/1983 SEX: Male
 SUM UNDER CONSIDERATION SUCH AS: 55 Lakhs
 TELEPHONE MOBILE NO: 8860788122
 E MAIL: _____

SPECIAL REPORTS REQUIRED

- 1. FMR
- 2. ECO TEACHING AND REPORTS
- 3. BST REPORTS FASTING AND 2 HRS POST GLUCOSE
- 4. BST REPORTS (FHS)
- 5. HAEMOGRAM
- 6. LIPIDOGRAM
- 7. CHEST X RAY
- 8. RFA
- 9. ELISA FOR HIV
- 10. CTMT
- 11. SBT 13
- 12. SBT 18
- 13. HBS
- 14. ANY OTHER TEST _____
- 15. UCT

KINDLY ARRANGE TO GET THE ABOVE PROPONENT MEDICAL EXAMINATION UNDER THE TPA SYSTEM

SIGNATURE OF BRANCH OFFICIAL WITH SEAL

SIGNATURE OF THE AGENT NAME _____



M

AGENCY CODE _____



for Office use:-
Please check the quotation for the accuracy of the data

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

119

Proposal No : 118 533910

Name of Life to be assured:

Nimit Ramani

The Life to be assured was identified on the basis of: Adh

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which report/s are enclosed.

I hereby declare that the person examined has signed (affixed his/her 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 ND on the 14/11/24 day of 20 at 9.10 a.m./p.m.

Signature of the Pathologist/Doctor [Signature] **FRESH PAL**
(Name & Rubber stamp) Qualification: **MBBS. (MD)**

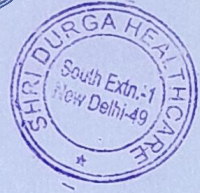
Signature of the Cardiologist (if LA has undergone CTMT / ECG)
Name & Rubber stamp) Qualification

Signature of the Radiologist (if LA has undergone X-ray or scanning)
Name & Rubber stamp) Qualification

The examinations /tests were done with my consent and I was fasting for more than 12 hrs before the tests

Signature of the Life to be Assured
Name.....[Signature]

- Reports enclosed.
- 1.....P.M.R.
 - 2.....H.S.V.
 - 3.....SBT-13
 - 4.....R.V.A.
 - 5.....





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

Branch Code: 119
Proposal/ Policy No: 118532910
MSP name/code: 0018
Date & Time of Examination: 14/11/24 9.10 AM
Medical Diary No & Page No:

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: Nadham ID Proof No. 1165
(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. M.P. Lal..... (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: Nimit Bansal
2 Date of Birth: 12/9/83 Age: 41 Gender: male
3 Height (In cms): 176 Weight (in kgs) : 90
4 Required only in case of Physical MER

Pulse : 76 Blood Pressure (2 readings):
1. Systolic 128 Diastolic 86
2. Systolic 128 Diastolic 86

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

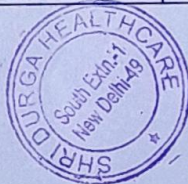
No

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



Dr. MAHESH PAL
MBBS. (MD)

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>e. Whether developed any complications due to diabetes?</p> <p>f. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>g. 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 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



Dr. MADHESH PAL
MBBS, (MD)



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 gynaecailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

NA

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

You Mr/Ms Mamta Bansal 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 ___ day of ___ 20___ 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:
Date:
Stamp:

MD

14/11/24



Signature of Medical Examiner
Name & Code No.

Dr. M. H. PAL
M.D. (M.D.)




भारत सरकार
Government of India



निमित्त बंसल
Nimit Bansal
जनम तिथि/DOB: 17/09/1983
पुरुष/ MALE




2583 9847 1165

VID: 9109 2852 0895 1869

मेरा आधार, मेरी पहचान



Mansal


भारतीय जनसंख्या आयोग
Unique Identification Authority of India

पता: श्री रमेश चंद बंसल, ए - 449, फर्स्ट फ्लोर, डिफेन्स कोलोनी, लाजपत नगर ए.ओ., सउथ डेली, दिल्ली - 110024
Address:
S/O: Ramesh Chand Bansal, A - 449, FIRST FLOOR, Defence Colony, Lajpat Nagar S.O, South Delhi, Delhi - 110024



2583 9847 1165

VID: 9109 2852 0895 1869

QR Code with Photo/Signature



Dr. RAJESH PAL
MBBS. (M)





Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NIMIT BANSAL	Sex:	MALE
Lab. No:	202401102	Age:	41
Date:	14/11/2024	Ref. By	LIC

Test Name	SBT13	Unit	Normal Value
FBS	90	mg/dl	70 - 110
Total Cholesterol	170	mg/dl	120 - 220
High Density Lipid (HDL)	42	mg/dl	35-70
Low Density Lipid (LDL)	104	mg/dl	50 - 150
S. Triglycerides	120	mg/dl	25 - 160
S.Creatinine	0.8	mg/dl	0.7 - 1.4
Bool Urea Nitrogen (BUN)	10	mg/dl	6.0 - 21
S. Protien	7.4	g/dl	6.4 - 8.2
Albumin	4.2	g/dl	3.4 - 5.0
Globulin	3.2	g/dl	2.3 - 3.3
A:G Ratio	1.3	g/dl	
S. Bilirubin	0.7	mg/dl	0.1 - 1.00
Direct	0.3	mg/dl	0.00 - 0.3
Indirect	0.4	mg/dl	0.00 - 0.7
SGOT(AST)	30	IU/L	5 - 40
SGPT(ALT)	38	IU/L	5 - 45
GGTP(GGT)	45	IU/L	11 - 50
S.Alkaline Phosphatase	108	IU/L	15 - 112
HIV 1&2 Elisa (Method)	NEGATIVE	-	NEGATIVE
HbsAg (Australia antigen)	NEGATIVE	-	NEGATIVE

HAEMATOLOGY

Test Name	Value	Unit	Normal Value
Hemoglobin (HB)	14.2	mg/dl	13.2 - 16.2 (M) 12.0 - 15.2 (F)



D-63, Ground Floor, South Exn. Part-1, Near Barat Ghar, New Delhi-110049

Mob : 9899994465 | E-mail : healthcareshridurga@gmail.com

Note Valid For Medico-legal Purposes

Home Sample Collection Facility Available | Timing : 8:00 am To 8: Pm (Sunday Open)



Shri Durga Health Care

Consultation : Computerized Pathological Lab ECG, CTMT, PFT

Name:	NIMIT BANSAL	Sex:	MALE
Lab. No:	202401102	Age:	41
Date:	14/11/2024	Ref. By	LIC

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

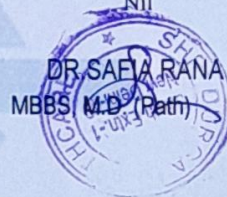
<u>TEST NAME</u>	<u>VALUE</u>	<u>NORMAL VALUE</u>
Color	P.Yellow	P.Yellow
Quantity	15ml	
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Deposits	Nil	Nil
Specific Gravity	1.015	1.010 - 1.030

CHEMICAL EXAMINATION

Albumin	Nil	Nil
Sugar	Nil	Nil

MICROSCOPIC EXAMINATION

Pus Cells	2-2	0 -5 /HPF
Epithelial Cells	2-3	0 -5 /HPF
RBCs	Nil	Nil /HPF
Crystals	Nil	Nil
Cast	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



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sdurga

HEALTHCARE


(CHAUDHARY DURGA SINGH)
HEALTHCARE PRIVATE LIMITED

NARINDER

DR. SIDHARTH

DR. POOJA



 **GPS Map Camera**

New Delhi, Delhi, India

D-63, near Bank of Baroda, South Extension I, Block D, New Delhi, Delhi 110003,
India

Lat 28.572248°

Long 77.221445°

14/11/24 09:22 AM GMT +05:30



Google

Handwritten signature: DR. PRADEEP PAL

