



LIC Insurance Corporation of India  
Head Office - DELHI DIVISION-8

Sub Branch Code

Date of Calculation

Name and Address of Policyholder: SRI HILL JAIN  
R, NEW COLONY,  
MODEL BASTI, NEAR IATH BORDER  
BEHIND FILMISTAN, N DELHI

Policy Number 122827321	Commencement 2010-04-01	PLAN/POL TYPE/PREMIUM 075/70/70	Sub Class 70/70
Mode - YLY	Prem 14913.00	DOB - 1964-07-07	Policy No 122827321
FUP - 04/2023	SUC - 158000	Decision	Signature
Nomination	N.No.	Total SUC - 158000	
Other Policy Nos.			
Extra Present			
		Rider Present	

Ordinary Revival Quotation

Premiums Not Paid Since (FUP)	: 2023-04-01
Latest Due	: 2024-04-01
Number of Premiums due with Mode	: 2 YLY
Instalment Premium Amount	: 14913.00
Total Amount of Premium	: 29826.00
Late Fee (At RDI* 9.50%)	: 4233.00
Charge	: 0.00
Deposit Amount	: 0.00
GST + KFC if any	: 0.00
TOTAL REVIVAL AMOUNT PAYABLE	: 34821

Saburi Pathi, Lab.  
10559, Street No-3  
Vastap Nagar Delhi-11

(Rounded)

The Above Ordinary Quotation is valid upto : 19-07-2025

Loss-cum-Revival Quotation (Rs.)		SB-cum-Revival Quotation	
Net Amount of Revival	N.A.	Net Amount of Revival	
Less - Net Loan Amount	N.A.	Less - Net SB Amount	
Amt. Required for Revival	N.A.	Amt. Required for Revival	

Instalment Revival Scheme Quotation - Not Applicable

Revival Requirements: KYC- Not Required  
As Per Medical  
FMR, SPL. REP. - Rest ECG, FBS

Notes for Policyholder:-

1. Please submit NEFT mandate under your policies, for crediting payment directly to your Bank A/C, if not submitted earlier.
2. Before making payment, kindly contact Policy servicing Department.
3. If policy is being revived under other special revival schemes, relevant requirements to office.

Notes for Office use:-

- 1) Please check the quotation for the accuracy of the data and suggest revival requirements.
- 2) Please confirm that all policy numbers which are being revived are included while printing the quotation.
- 3) Please check the validity of this quotation for CDA plans & his



Date: 08/03/2025

To,  
LIC of India  
Branch Office 11E

Proposal No. 124877321

Name of the Life to be assured Moti Jain

The Life to be assured was identified on the basis of Aadhaar card 222 7955

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.

*Uday*  
**Dr. UDAYNATH SHARMA**  
**M.B.B.S. MD. (Medicine)**  
**Reg. No. 17854**

Signature of the Pathologist/Doctor

Name: Dr. Uday Nath Shukla

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

*Moti Jain*

(Signature of the Life to be assured)

Name of life to be assured: Mr. Moti Jain

**Reports Enclosed:**

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	PHYSICIAN'S REPORT	NO
COMPUTERISED TREADMILL TEST	NO	IDENTIFICATION & DECLARATION FORMAT	NO
HAEMOGRAM	NO	MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM	NO	BST (Blood Sugar Test-Fasting & PP) Both	NO
BLOOD SUGAR TOLERANCE REPORT	NO	FBS (Fasting Blood Sugar)	YES
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	NO	PGBS (Post Glucose Blood Sugar)	NO
ROUTINE URINE ANALYSIS	NO	Proposal and other documents	NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	NO	Hb%	NO
ELISA FOR HIV	NO	Other Test	NO

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

**Saburi Path. Lab.**  
**10559, Street No-8**  
**Pratap Nagar Delhi-7**







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? 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 <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	NO NO NO NO NO NO
9	a. Any history of chest pain, <b>heartattack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? 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 NO NO NO
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	NO
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <b>physical impairment/</b> 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 <b>disorder of the Stomach</b> / 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 / <b>psychiatric disorder</b> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	NO NO
18	Is there any <b>abnormality</b> 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 <b>HIV /AIDS/Sexually transmitted diseases</b> (e.g. syphilis, gonorrhea, etc.)	NO
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	YES 650ML Beer in a year

**Saburi Path. Lab.**  
10559, Street No-3  
Pratap Nagar Delhi-9



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	NA

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

Declaration

You Mr/Ms Moti 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.

*Moti Jain*

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 08 day of 03 2025 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: SABURI Path Lab  
Date: 08/03/2025

**Dr. UDAYNATH SHAHI**  
**M.B.B.S. MD. (Medicine)**  
**Reg. No 17854**

Signature of Medical Examiner  
Name & Code No:  
Stamp:

**Saburi Path. Lab,**  
**10559, Street No-8**  
**Pratap Nagar Delhi-9**



# LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

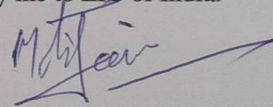
Zone: \_\_\_\_\_ Division: \_\_\_\_\_  
Proposal No.: 124877321 Branch: IIE  
Full Name of Life to be assured: Moti Jain  
Age/ Sex: 61y/M

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 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

Signature or Thumb Impression of L.A.

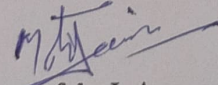
**Note :** Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- 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

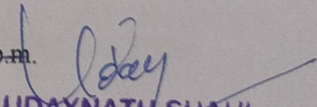
If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

SABURI Path Lab 08/03/2025  
Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of 20....

at 11:01 a.m./p.m.



Signature of the L.A.



Dr. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)  
Reg. No. 17854

Signature of the Cardiologist  
Cardiologist's Name & Address  
Qualification:

Saburi Path. Lab.  
10559, Street No-8  
Vastap Nagar Delhi-5



Mr. Moti Jain

B- 11E

P- 2 124877321

Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
164	75.0kg	122/80	68/min

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	(M)	P Wave	(M)
Standardisation Imv	± 10uV	PR Interval	160ms
Mechanism	(M)	QRS Complexes	(M)
Voltage	(M)	Q-T Duration	360ms
Electrical Axis	(M)	S-T Segment	(M)
Auricular Rate	68/min	T-wave	(M)
Ventricular Rate	68/min	Q-Wave	ply m bone
Rhythm	SINUS		
Additional findings, if any.	No		

Conclusion: W.N.C.

SABURI Path Lab 08/03/2025  
Dated at on the day of 20... at 11:01 a.m./p.m.

Dr. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)  
Reg. No. 17854

Signature of the Cardiologist

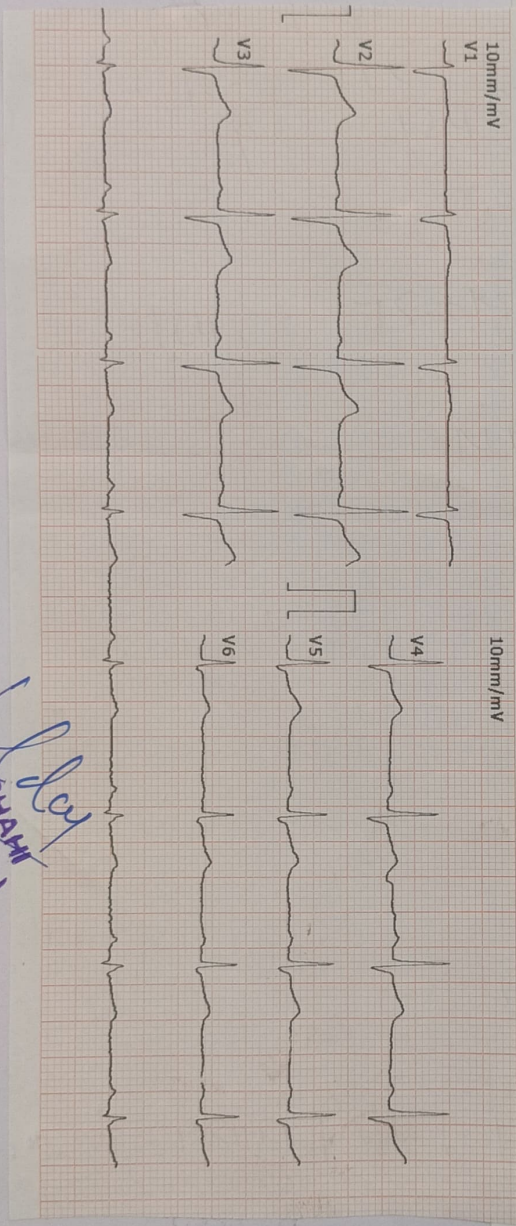
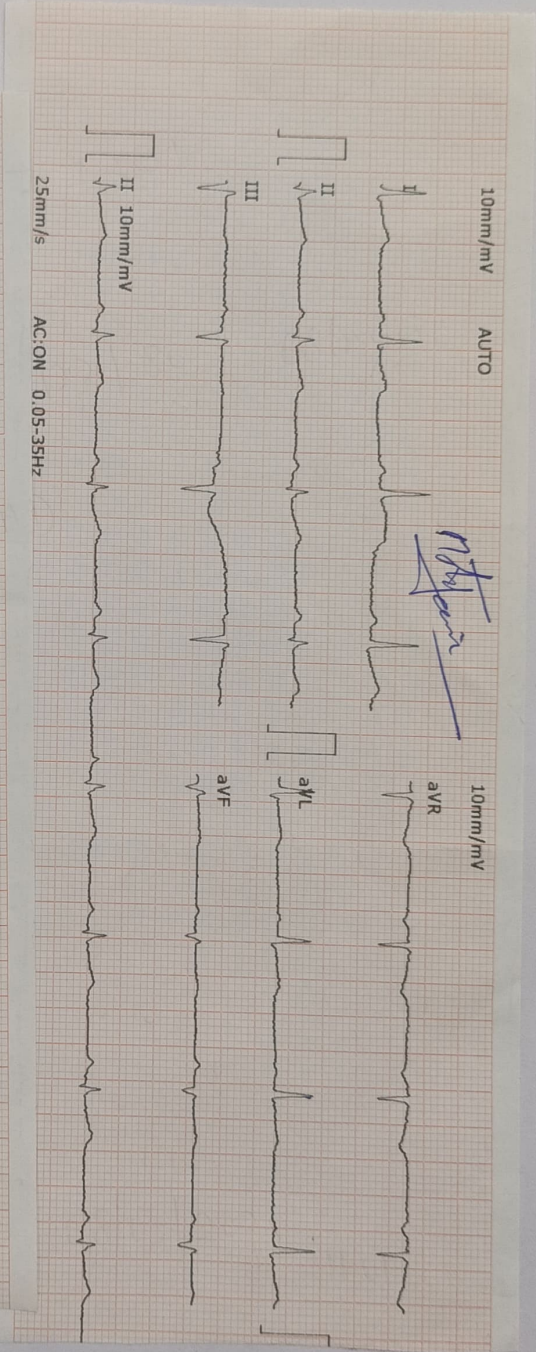
Name & Address:

Qualification:

Saburi Path. Lab,  
10559, Street No-8  
Pratap Nagar Delhi.



MR. Mohi Jain B-11E  
 BS 11E P.No. 124877321  
 Age - 61y



Dr. UDAYNATH SHAH  
 M.B.B.S. MD. (Medicine)  
 Reg. No. 17854  
 Uday

Saburi Path, Lal Bahadur  
 10559, Street No-8  
 Prasad Nagar Delhi





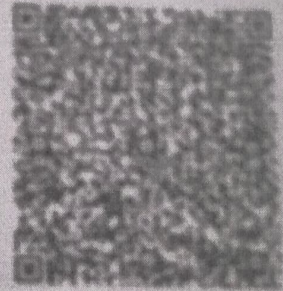
भारत सरकार  
GOVERNMENT OF INDIA



मोती जैन  
MOTI JAIN

पिता : मदन कुमार जैन  
Father : MADAN KUMAR JAIN

जन्म वर्ष / Year of Birth : 1964  
पुरुष / Male



8068 0102 7955

आधार – आम आदमी का अधिकार

*Moti Jain*

*Uday*  
Dr. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)  
Reg. No. 17854



भारतीय विधिपत्र पहचान प्राधिकरण  
भारत सरकार

पता:  
8 नई, कॉलोनी मॉडल, बस्ती  
फ़िल्म स्टार सिनेमा, दिल्ली  
जी पी ओ, दिल्ली जी पी ओ,  
उत्तरी, दिल्ली, 110006

Address:  
8 NEW, COLONY MODEL,  
BASTI NEAR FILMSTAN  
CINEMA, Delhi G.P.O., Delhi  
G.P.O., North Delhi, Delhi,  
110006



1947  
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in

Saburi Path, Lax,  
10559, Street No-3  
Pratap Nagar Delhi-5



PO. Box No. 1947  
Bangalore-560 287

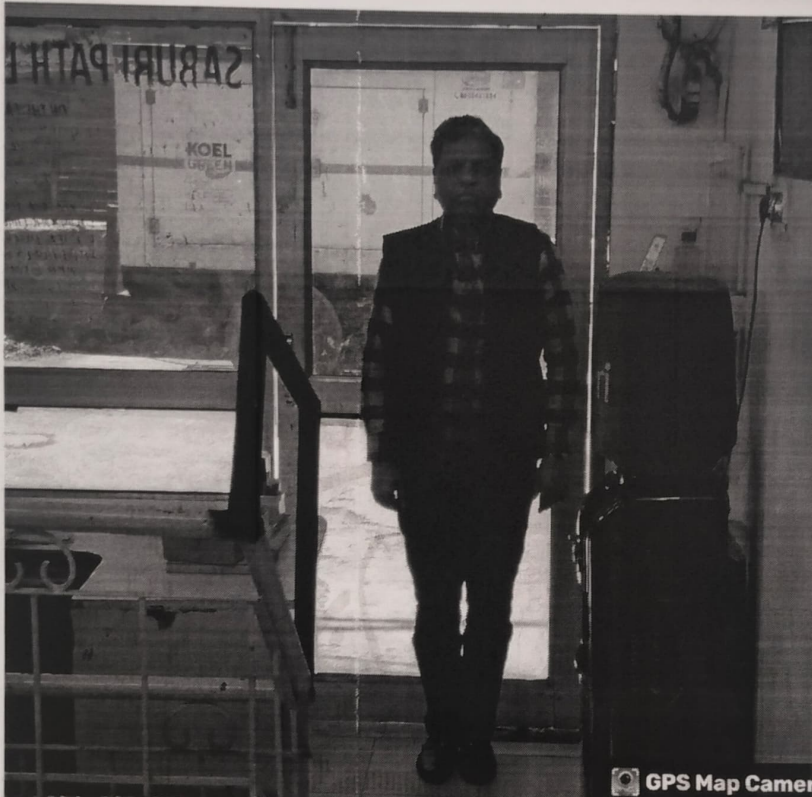




# Saburi Path. Lab.

We Care for Accuracy.....

COMPUTERIZED LAB • ALL X-RAYS • E.C.G. • ULTRASOUND



GPS Map Camera

New Delhi, Delhi, India

10560, Street No. 4, Basant Nagar, Partap Nagar,  
Gulabi Bagh, New Delhi, Delhi 110007, India

Lat 28.667443° Long 77.196711°

08/03/2025 11:01 AM GMT +05:30

Google

*Uday*  
Dr. UDAYNATH SHAHI  
M.B.B.S. MD. (Medicine)  
Reg. No.17854

Saburi Path. Lab.  
10559, Street No-3  
Partap Nagar Delhi.

Checked by

Timing : Mon. to Sat. 8 a.m. to 8 p.m. (Sunday 8 a.m. to 2 p.m.)

कोरोना से बचने के लिए मुँह पर मास्क लगाएँ, उचित दूरी बनाएँ रखें और हाथ नियमित धोते रहें।

10559, Street No. 3, Opp. Metro Pole No. 112, Near Metro Station, Partap Nagar, New Delhi-110007

Phones : 011-46543015, Mobile : 9818068572, 9718068572

This is only professional opinion, not the diagnosis. • If test results are unexpected, immediately contact laboratory for review. • This report is not valid for medico legal aspects.





 **GPS Map Camera**

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**Google**





# Saburi Path. Lab.

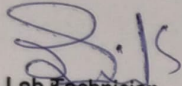
We Care for Accuracy.....

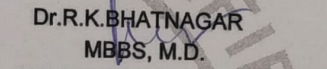
COMPUTERIZED LAB • ALL X-RAYS • E.C.G. • ULTRASOUND

LabNo:	: S 81521	Date	08/03/2025		
Name	: Mr. MOTI JAIN	Age	: 61 yrs.	Sex	: Male
Refer by	: LIC OF INDIA				

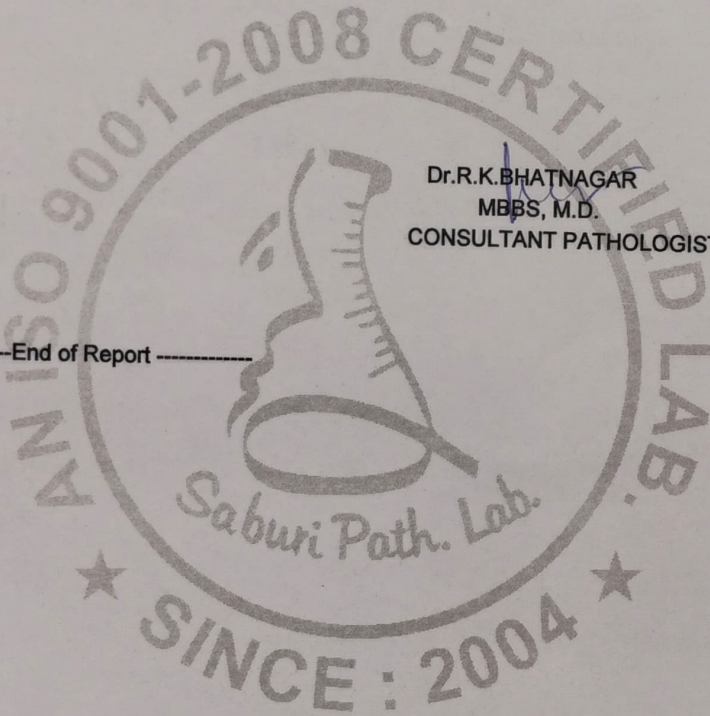
## BIOCHEMISTRY TEST

Test name	Result	Unit	Normal Range
BLOOD SUGAR (F)	86.0	mg%	(60-110)

  
Lab. Technician

  
Dr. R.K. BHATNAGAR  
MBBS, M.D.  
CONSULTANT PATHOLOGIST

-----End of Report-----



**Saburi Path. Lab,**  
10559, Street No-3  
Partap Nagar Delhi-110007

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