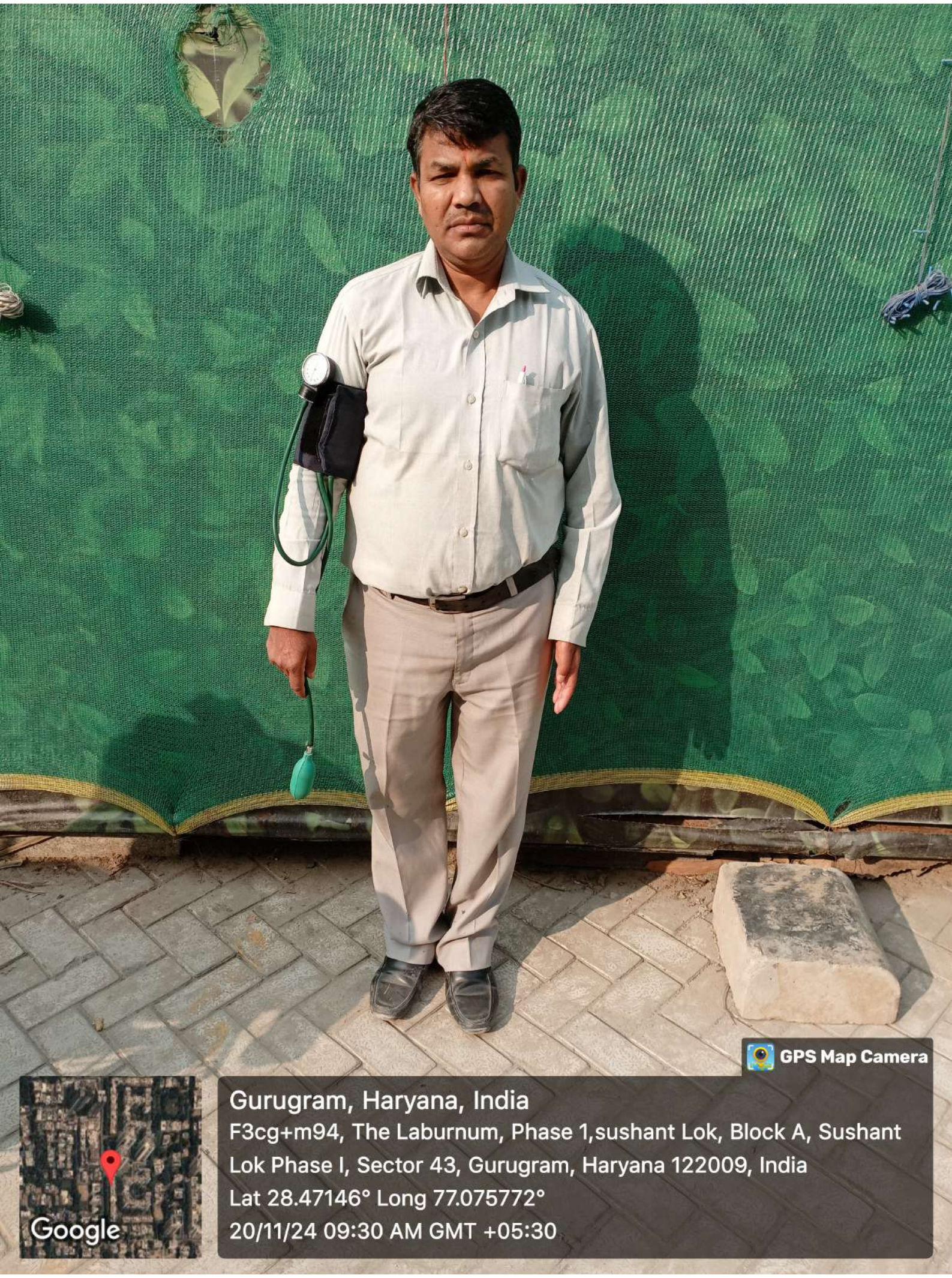
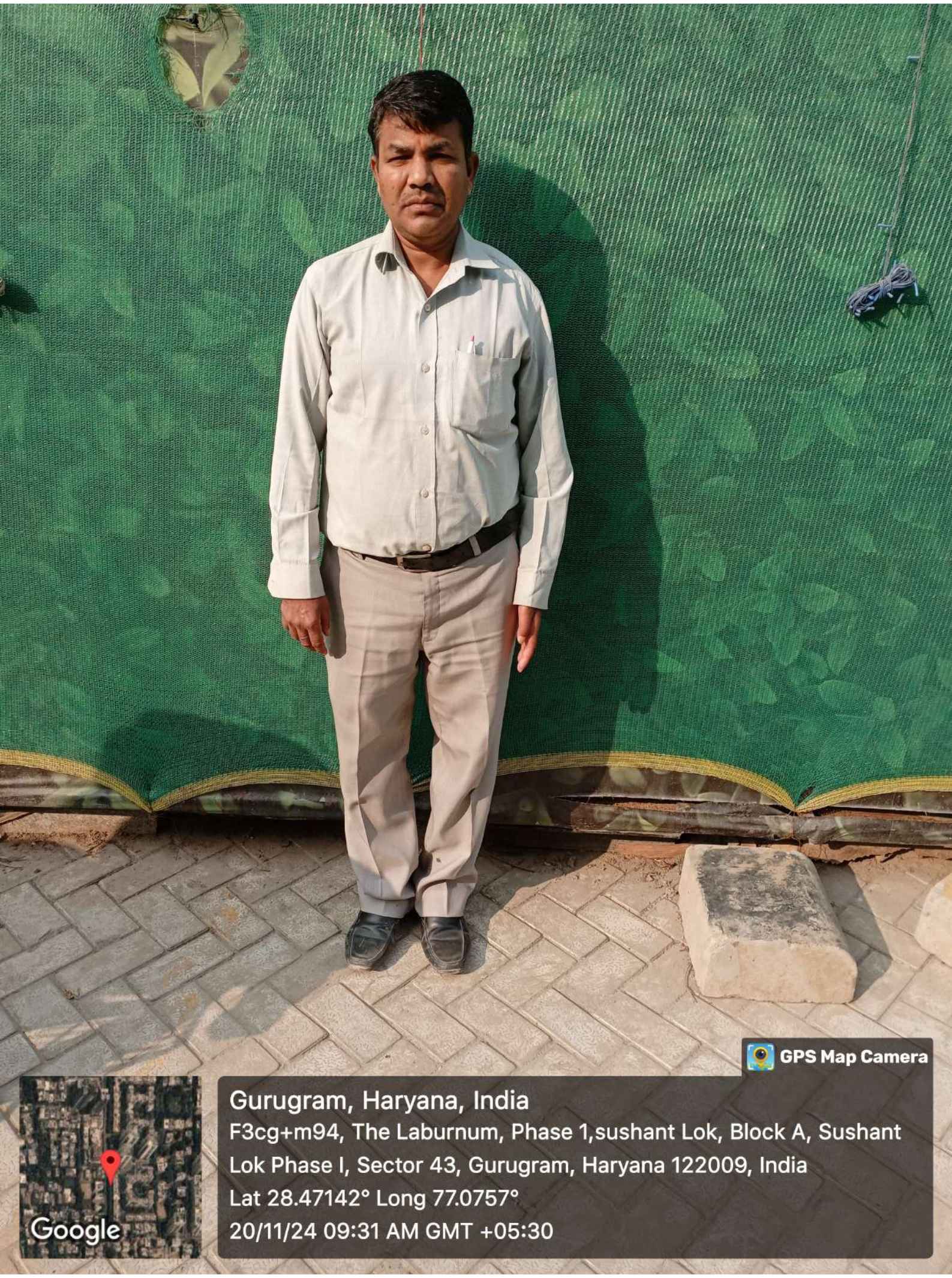

GPS Map Camera
Gurugram, Haryana, India
F3cg+m94, The Laburnum, Phase 1,sushant Lok, Block A, Sushant Lok Phase I, Sector 43, Gurugram, Haryana 122009, India
Lat 28.47146° Long 77.075772°
20/11/24 09:30 AM GMT +05:30
Google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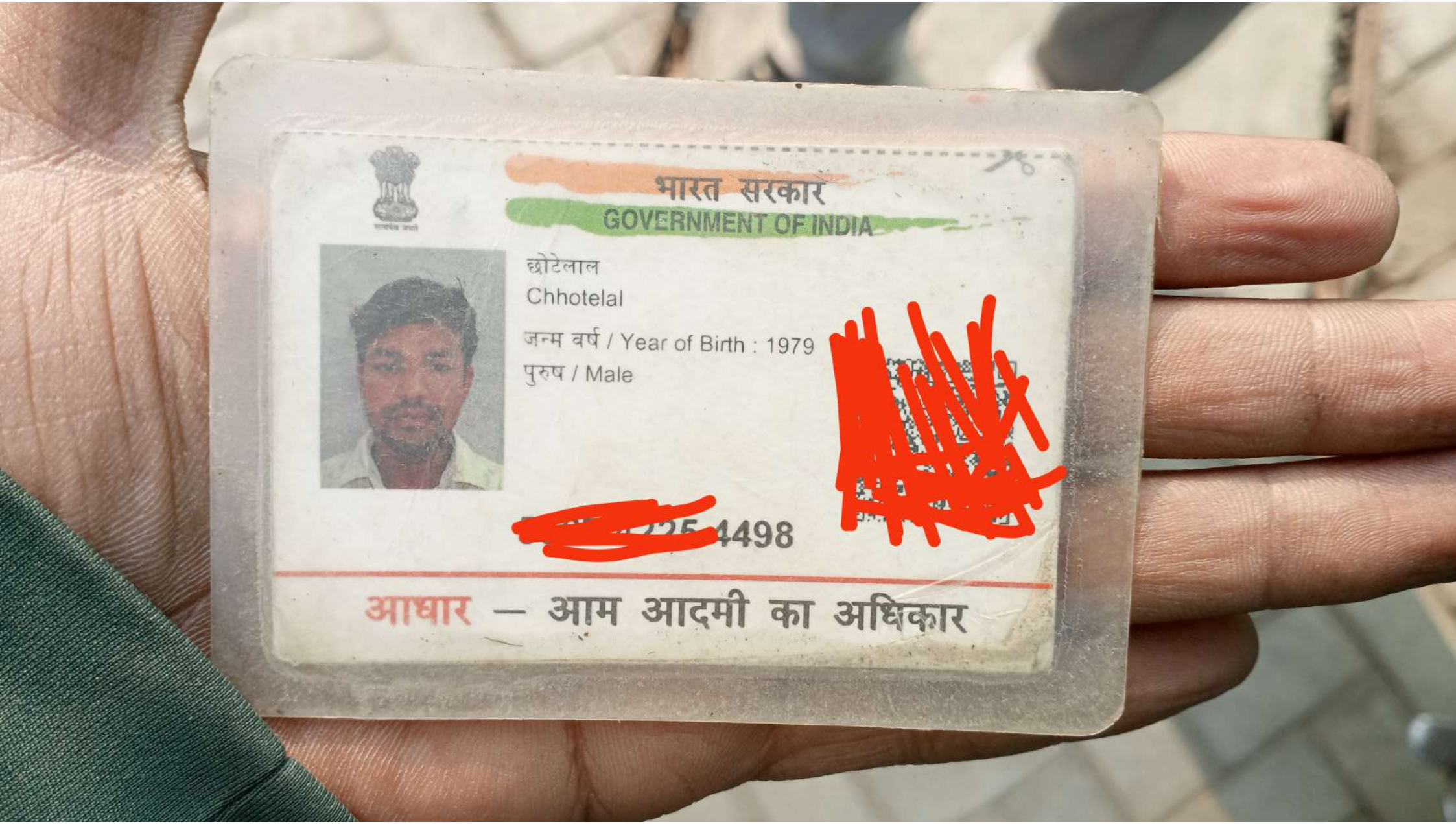
Lat 28.47142° Long 77.0757°
20/11/24 09:31 AM GMT +05:30
Google


भारत सरकार
GOVERNMENT OF INDIA
छोटेलाल
Chhotelal
जन्म वर्ष / Year of Birth : 1979
पुरुष / Male
4498
आधार — आम आदमी का अधिकार

MedSave INDIA

011-41195959

Dear **Advance Diagnostc & Research Centre**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : CHHOTELAL

Proposal No : 5711

Branch Code : 122

Contact Details : 9205358294

Location : Advance near Pratham ultrasound, pillar no 78 sec badshahpur sohna road, Gurgoan

Appointment Date : 21-11-2024

Member Information		
Booked Member Name	Age	Gender
CHHOTELAL	45 year	Male

Included Test -

- Deformity Questionnaire
- CNS

Advance Diagnostic & Research Centre

Date: 20/11/2024

To,
LIC of India 122
Branch Office

Proposal No. 5711

Name of the Life to be assured CHHOTE LAL

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. AMIT
MBBS, DNB
Reg. No. 123344

Signature of the Pathologist/ Doctor

Name:

Diagnostic & Research Centre

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:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	No	PHYSICIAN'S REPORT	No
COMPUTERISED TREADMILL TEST	No	IDENTIFICATION & DECLARATION FORMAT	No
HAEMOGRAM	No	MEDICAL EXAMINER'S REPORT	No
LIPIDOGRAM	No	BST (Blood Sugar Test-Fasting & PP) Both	No
BLOOD SUGAR TOLERANCE REPORT	No	FBS (Fasting Blood Sugar)	No
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	CNS, Deformity Questionnaire

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

Form No._____

LIFE INSURANCE CORPORATION OF INDIA

Division :DELHI-II Branch Office P22 Proposal No. 5711

Agent's/D.O. Code No._____ Introducer's Signature_____

DEFORMITY QUESTIONNAIRE

Name of the proponent / Life Assured CHHOTE LAL Age: 45 Yrs

Questions to be answered by the proponent's / policyholder's Personal Medical Attendant / Medical Examiner regarding Deformity/ies and / or Impairment/s

1.	a. What is the cause of deformity? Whether it is i. Congenital ii. Due to an accident or injury iii. Due to any underlying disease?	Accidental Surgery of left hand in 2019. No yes, due to an accident. No
	a. Since when the deformity is present?	since 2019.
2.	If the deformity is due to any underlying disease, please state the following: i. What was the disease leading to deformity? ii. When did it occur? iii. Whether the disease is stationery or progressive? iv. If stationery, since when	i) left hand got completely paralysed after accident ii) in 2019 iii) stationary. iv) since 2019.
3.	Does he/she have control on bowel movements and bladder?	Yes
4.	Exact parts of the body affected and extent	left hand got completely
5	Are there any restrictions in movements and function of the limbs or affected parts? Please give degree of disability	Affected part do not able to work
6.	Has he/she a limp?	No
7.	Whether he /she can walk and run fast without any aid (in case of deformity in the leg)?	Yes
8.	Can he/she squat, sit and get up properly?	yes
9.	Whether the affected limb is shorter than the other , and if so, to what extent (in cms)	No
10.	If the deformity is due to poliomyelitis, please state whether the wasting of muscles is i. mild ii. moderate iii. severe	No
11.	How many limbs are affected?	Only left hand affected
12	Are there any respiratory complications? If yes, give details	No
13	Is there any restriction in movement of any of the fingers? Are any of the fingers removed? If so, up to which phalanx. Whether thumb and forefinger have been affected /	No

	removed?	
14	a. Whether he / she can lift articles without any difficulty and hold the articles without losing the grip (in case of Deformity in the hands)?	Only with right hand
	b. Is the grip firm and strong?	Yes
15	Are there any residual complications?	No

My diagnosis as to the cause of the disability is Accidental Surgery of left hand in 2019 got completely paralysed after accident due to Nerve blockage

I do for the reasons explained below / do not have any reason to suspect on clinical grounds a recent deterioration causing more pronounced disability:

a. He / she is able / not able to perform routine self-care activities.
b. He / she is / is not required to use wheel chair / crutches.
c. Any other factors which are likely to add to the risk on account of the deformity / ies. No

Please submit details of previous treatment, previous special reports, x-rays etc. for perusal and return.

Dated at GGN on the 20 day of 11 2024

e-Sign

Signature of the proposer / Policyholder

Dr. AMIT
MBBS, DNB
Reg No. 23344

Signature of the Medical Examiner / Medical Attendant

Code No.
Qualifications
Registration No.
Address

Advance Diagnostic & Research Centre

LIC
LIFE INSURANCE CORPORATION OF INDIA

Form No. 3334
(Revised – 2006)

C. N. S. QUESTIONNAIRE

Division _____ Branch Office 122

Proposal No. 5711

Full Name of the life to assured CHHOTE LAL Age 45 yrs

Special Questions in relation to the examination of Central Nervous System
To be completed by the Medical Examiner (By PG – Physician – MD or a Neurologist only)

The medical examiner should give his remarks against each item mentioned below:

1.	Headache	No
2	Memory	Normal
3	Temper	No
4	Speech	Normal
5	Sleep	Normal
6	Delusions	Normal
7	Fits, Fainting, Giddiness, Epilepsy	No
8	Ataxia	NO
9	Nervousness	No
10	Tremors	No
11	Sight	Normal
12	Strabismus	No
13	Hearing / Tinnitus / Ear discharge	Hearing Normal
14	Taste	Normal
15	General weakness	No

16	Type of paralysis Upper Motor neuron type Lower motor neuron type	left hand completely paralysed due to an accident
17	Cramps	No
18	Sphincters: Rectal Vesical	No
19	Reflexes Elbow Wrist Knee Ankle Planter Reflex	Normal Normal Normal Normal
20	Sensory functions	Normal
21	Motor system: i. Involuntary movements ii. Atrophy or hypertrophy iii. Tone iv. Power v. Co-ordination	Normal Normal Normal Normal Normal
22	Trophic changes	Normal
23	Posture and Gait	Normal
24	Any mental retardation/disorder	No
25	General remarks	No

Dated at GGN on the 20 day of 11 20 24

C PAY

Signature of the proposer / Policyholder

Signature of the Introducer
Name of Agent/Dev.officer
Address

Code No.

DR. AMIT
MBBS, DNB
Reg No. 23344

Signature of the Medical Examiner / Medical Attendant
Code No.
Qualifications
Registration No.
Address

Advance Diagnostic & Research Centre