

E-22, Goswami Girdhari Lal Marg, Block E, Naraina Vihar, Naraina, New Delhi, Delhi 110028, India

New Delhi
Delhi
India



22°C
72°F

2025-03-13(Thu) 08:56(AM)

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Handwritten text at the top center, possibly a date or reference number.

Handwritten text at the top right, possibly a page number or location.

Handwritten text below the top left, possibly a title or subject.

Handwritten text at the top right, possibly a page number or location.

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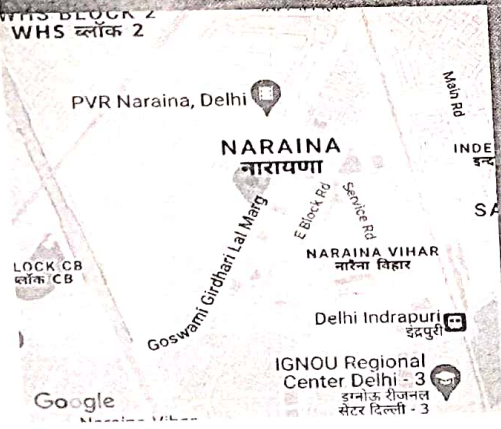
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Vertical handwritten text on the right side, possibly a list or notes.



Dr. Arvind Gupta
 MBBS, DTCO, MD (Medicine)
 Consultant Physician & Cardiologist
 DMC Reg. No. 32789



E-22, Goshwami Giridhari Lal Marg, Block E, Naraina Vihar, Naraina, New Delhi, Delhi 110028, India

New Delhi
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22°C
 72°F

2025-03-13(Thu) 08:56(AM)

Ramesh Kapoor (LIC)



भारत सरकार
GOVERNMENT OF INDIA


राजेश कपूर
Rajesh Kapoor
जन्म तिथि/DOB: 13/11/1967
पुरुष/ MALE

9260 5255 9634

मेरा आधार, मेरी पहचान





आधार
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 26/08/2017

पता:
S/O लक्ष्मण दास कपूर, टि सी-2/8 दूसरा फ्लोर, न्यू
मोती नगर, करमपुरा, पश्चिम दिल्ली,
दिल्ली - 110015

Address :
S/O Laxman Dass
Kapoor, Tc-2/8 2nd
Floor, New Moti Nagar,
Karam Pura, West Delhi,
Delhi - 110015

Generation Date: 18/08/2017



1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001



Dr. Arvind Gupta
MBBS, DTCD, MD (Medicine)
Consultant Physician & Carddiologist
DMC Reg. No. 32789

IDENTIFICATION & DECLARATION FORMAT

To,
LIC of India
Branch Office

Proposal No : 2459

Name of Life to be assured: Rajesh Kapoor

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

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.

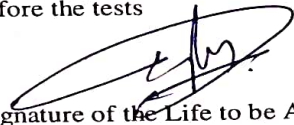
Dated at 13 on the 3 day of 25 at 8:56 a.m./p.m.

Signature of the Pathologist
(Name & Rubber stamp) Qualification
Dr. Anand Gupta
MD (Medicine)
Consultant Physician & Cardiologist
DMC Reg. No. 32789

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.....

- Reports enclosed.
- 1..... FB
 - 2..... ECG
 - 3..... PM
 - 4.....
 - 5.....



MEDICAL EXAMINER'S REPORT

Form No LIC03-001 (Revised 2020)

Branch Code:	12 E
Proposal/Policy No:	2459
MSP name/code :	
Date & Time of Examination:	13/3/25
Medical Diary No & Page No:	

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: Aadhaar Proof No. 9634
 (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 Arvind Kumar (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: <u>Rajesh Kapoor</u>		
2	Date of Birth: <u>13/11/1967</u>	Age: <u>58</u>	Gender: <u>male</u>
3	Height (In cms): <u>168</u>	Weight (in kgs) : <u>67</u>	
4	Required only in case of Physical MER		

Pulse :	<u>80</u>	Blood Pressure (2 readings):	
		1. Systolic <u>120</u>	Diastolic <u>80</u>
		2. Systolic <u>120</u>	Diastolic <u>80</u>

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 ?	<u>NO</u>
	b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?	<u>NO</u>
	c. Whether visited the doctor any time in the last 5 years ?	<u>NO</u>
	If answer to any of the questions 5(a) to (c)) is yes -	<u>NO</u>
	i. Date of surgery/accident/injury/hospitalisation	<u>NO</u>
	ii. Nature and cause	<u>NO</u>
	iii. Name of medicine	

	iii. Name of Medicine	No
	iv. Degree of impairment if any	No
	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? 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 No No No No 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 No No 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, musculo, 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 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/drug etc) which is relevant in assessment of medical risk of examinee.	No


For Female Proponents only		
i.	Whether pregnant? If so duration.	NA
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	

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- Ramesh Kapoor 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.

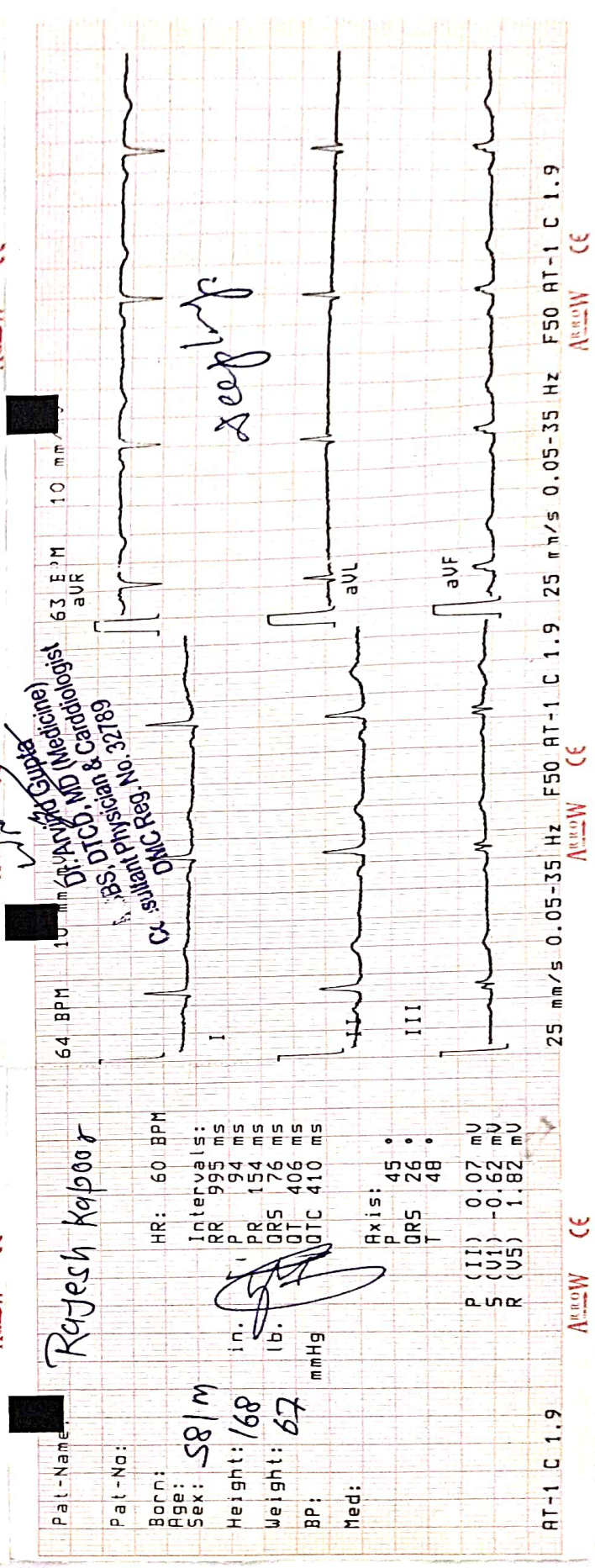
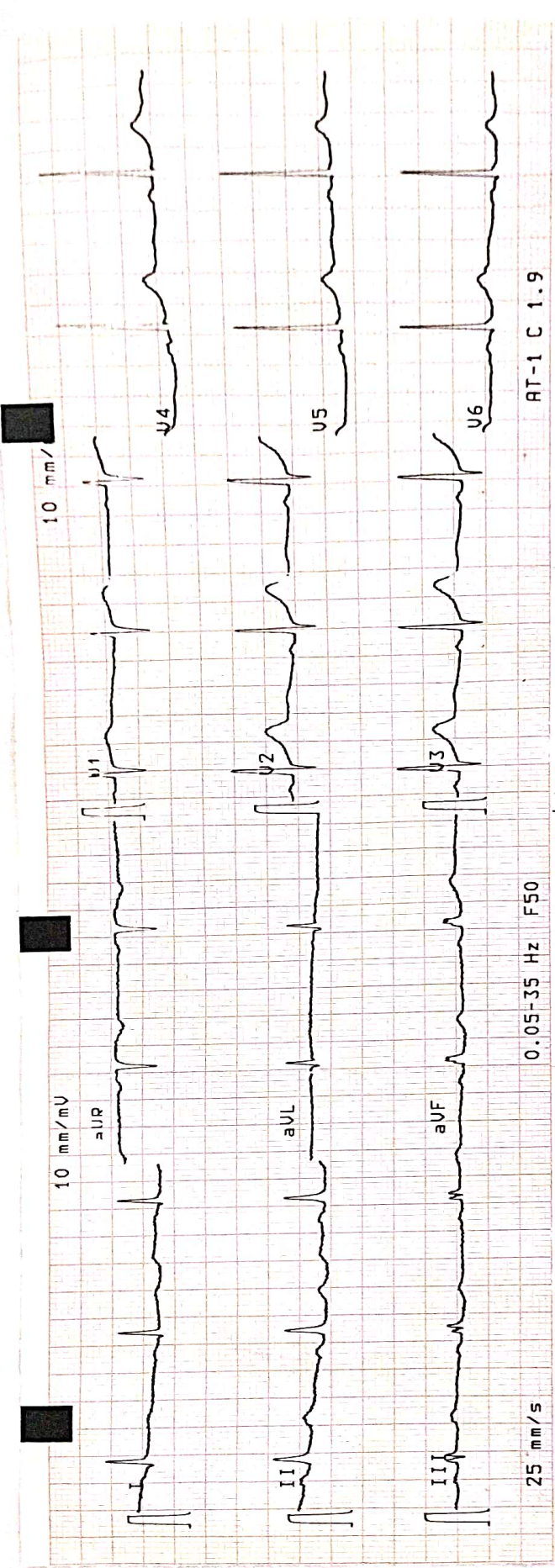

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 3 day of 2 2021 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:

Delhi
13/7/21


Dr. Arvind Gupta
Specialist DTCO, MD (Medicine)
Consultant in Internal Medicine & Cardiology
DMC Reg. No. 32769



Rajesh Kapoor

Pat-Name: _____

Pat-No: _____

Born: _____

Age: _____

Sex: **S/M**

Height: **168**

Weight: **67**

BP: _____ mmHg

Med: _____

HR: 60 BPM

Intervals:

RR	995 ms
P	94 ms
PR	154 ms
QRS	176 ms
QT	406 ms
QTc	410 ms

Axis:

P	45°
QRS	26°
T	48°

P (II) 0.07 mV

S (VI) -0.62 mV

R (V5) 1.82 mV

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
168	67	120/80	80

(B) Cardiovascular System

NAD

Rest ECG Report:

Position	Supine	P Wave	(A)
Standardisation Imv	1cm	PR Interval	(A)
Mechanism	sinus	QRS Complexes	(A)
Voltage	(A)	Q-T Duration	(A)
Electrical Axis	(A)	S-T Segment	(A)
Auricular Rate	76/min	T-wave	(A)
Ventricular Rate		Q-Wave	(A)
Rhythm	regular		
Additional findings, if any.			

Conclusion:

WNL

Dated at 13 on the day of 3 20 25

Signature of the

Name & Address

Qualification

Code No.

Dr. Arvind Gupta
 MBBS, DCCD, MD (Medicine)
 Consultant Physician & Cardiologist
 DMC Reg. No. 32789

MEDICAL REPORT FORMATS

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **12E**

Proposal No. **2459**

Agent/D.O. Code: _____

Full Name of Life to be assured: **Rajesh Kapoor**

Age/Sex : **58/M**

ELECTROCARDIOGRAM

ANNEXURE-1
LIC03-002

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 of 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.

Dated at **13** on the day of **3** 20 **25**

Signature of L.A.

Signature of the **Dr. Arvind Gupta**
MBBS, DCC, MD (Medicine)
Name of Consultant Physician & Cardiologist
Qualification **DMC Reg. No. 32789**
Code No.

DR. USHA GUPTA
MBBS, MD (PATHOLOGY)
DIRECTOR

APEX HOSPITAL & DIAGNOSTICS

E-22, NARAINA VIHAR, NEW DELHI-110028

TEL : 011-45533430, 42371367

E-mail : apex.diag@gmail.com / apexhospitalnaraina@gmail.com

Website : www.apexhospital.net

Name Mr. RAJESH KAPOOR
Collection Date 13/03/2025
Srl No. 1
Ref. By LIC

Age 58 Yrs.
Sex M
Patient Id 2503131
Mobile No.

Test Name	Value	Unit	Reference Range
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BIOCHEMISTRY

BLOOD SUGAR FASTING
GOD-POD (Method)

93


mg/dl

70 - 110

**** End Of Report ****

APEX
HOSPITAL
Age to DISINTEGRATE

Page 1 of 1


Dr. USHA GUPTA
MD (PATH)
CONSULTANT PATHOLOGIST

• LAB • DIGITAL X-RAY • USG • ECG • LAPAROSCOPIC SURGERIES • GALLSTONES • KNEE REPLACEMENT • LASER SURGERY FOR PILES • DELIVERY • TMT • PFT • EEG • ENDOSCOPY

HOME COLLECTIONS OF BLOOD SAMPLES AND HEALTH PACKAGES AVAILABLE

All Reports to be correlated Clinically. If the Results are Alarming or Unexpected, Patient/Doctor is requested to contact the Laboratory for review.