



एच जीवन बीमा निगम
INSURANCE CORPORATION OF INDIA
DELHI DIVISION

BRANCH OFFICE- 111, N-BLOCK, C. PLACE-DELHI-1

Date: 25/10/2024

Type of case: Fresh/Requirement

DATA SHEET

(To be submitted by along with the proposal for If service of TPA required)

NAME OF THE LIFE PROPOSED: MONIKA MARWAH

Proposal No./Inward No. 159313161

Age of the Life Proposed: 48 Yrs Date of Birth: 01/07/76 Sex: 48

Sum Under Consideration (SUC) Rs.....

Telephone No./Mobile No.....

Email id:.....

SPECIAL REPORTS REQUIRED

- 1. FMR
- 2. ECG TRACING AND REPORT
- 3. FBS(Fasting Blood Sugar)
- 4. Hb%
- 5. ~~Urea Creatinine~~
- 6. Haemogram
- 7. Elisa for HIV
- 8. SBT-13
- 9. RUA
- 10. CTMP
- 11. HbA1c
- 12. Chest X-Ray
- 13. 2 D ECHO
- 14. Any other Tests(s)/ Questionaire.....

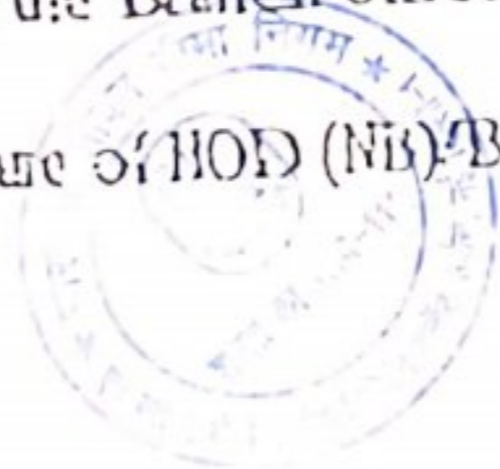


Kindly arrange to get the above proponant medically examined through TPA system.

[Handwritten signature]

Seal of the Branch Office

Signature of HOD (NB)/BM



Name: S.P. Tiwari
Agency Code No. 86569
DO Code: 1 Mobile No.



Date: 20/10/2024.

To,
LIC of India
Branch Office

Proposal No. 15931361

Name of the Life to be assured MONIKA MARWAH

The Life to be assured was identified on the basis of AADHARAN

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. RESHOO GUPTA

Signature of the Pathologist/ Doctor
MBBS.
REG.NO.- 11390

Name:

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

Monika
(Signature of the Life to be assured)

Name of life to be assured: MONIKA MARWAH



Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

NAVYA HOSPITAL
RZ-135, NAJAFGARH,
NEW DELHI-110043





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

Branch Code:
Proposal/ Policy No: 1593/3161
MSP name/code :
Date & Time of Examination:
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: Aadhaar ID Proof No. 1168
(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 Dr. RESHOO GUPTA (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Monica

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

1	Full name of the life to be assured: <u>MONIKA MARWAH</u>
2	Date of Birth: <u>01/07/1976</u> Age: <u>48</u> Gender: <u>F</u>
3	Height (In cms): <u>166</u> Weight (in kgs) : <u>72</u>
4	Required only in case of Physical MER
	Pulse : <u>67</u> Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>80/50</u> 2. Systolic <u>120</u> Diastolic <u>80/50</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 ? 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	<u>No</u>
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.	<u>No</u>
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	<u>No</u>

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NEW DELHI-110043



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

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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

/HD

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

You Mr/Ms Mohika Marwaha 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.

Mohika

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 28 day of 10 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.

Reshoo Gupta
Dr. RESHOO GUPTA

Signature of Medical Examiner
Name & Code No: MBBS
REG NO.- 11390

Place: Delhi
Date: 28/10/24
Stamp:



[Signature]
NAVYA HOSPITAL
RZ-13B NAJAFGARH,
NEW DELHI-110043





Reshoo Gupta
 Dr. RESHOO GUPTA
 MBBS.
 REG.NO.- 11390

NAVYA HOSPITAL
 RZ-125, NAJAFGARH,
 NEW DELHI-110043

भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India

आर.जे. 245, गली नं-10, विश्व गार्डन, तिलक नगर एस०
 डी०, पश्चिम दिल्ली,
 दिल्ली - 110018

Address:
 RZ-245, GALI NO-10, VISHNU GARDEN,
 Tilak Nagar S.O, DIST: West Delhi,
 Delhi - 110018

3573 9311 1168
 VID : 9170 4796 3283 6379

1947 | help@uidai.gov.in | www.uidai.gov.in

Monika

भारत सरकार
 Government of India

आधार

आधार नं. जारी: 02/07/2013



मोनिका मारवाह
 MONIKA MARWAH
 जन्म तिथि/DOB: 01/07/1976
 महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या स्कैनर कोड/
 ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
 Aadhaar is proof of identity, not of citizenship
 or date of birth. It should be used with verification (online
 authentication, or scanning of QR code / offline XML).

3573 9311 1168
 मेरा आधार, मेरी पहचान





Reshoo Gupta
Dr. RESHOO GUPTA
MBBS.
REG.NO.- 11390

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MONIKA MARWAH
SATPAL MARWAH

01/07/1976

Permanent Account Number
AYKPM1460G

Monika
Signature



25032009

Monika

NAVYA HOSPITAL
RZ-13B, CAJAJGARH,
NEW DELHI-110043



ROUTINE URINE ANALYSIS

Zone Division Branch DATE /TIME 28/10/2024 09:33 AM

Proposal No. 159313116

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MRS. MONIKA MARWAL

Age Sex : 48/F

1. Physical Examination

(i) Colour : YELLOW	(ii) Sediment: NIL
(iii) Transparency : CLEAR	(iv) Reaction :ACIDIC

2. Chemical Examination

(i) Protein : NIL	(ii) Sugar :NIL
(iii) Bile salt : NIL	(iv) Bile pigments :NIL

3. Microscopic Examination

(i) Red Blood Cells: NIL	(ii) Epithelial Cells :01-02 /HPF
(iii) Crystals : NIL	(iv) Pus Cells : 01-02 /HPF
(v) Casts : NIL	(vi) Deposits : NIL
(VII) Bacterias :NIL	

Remarks

If pus cells are present GRAM STAIN is necessary
If haematuria is present ZIEHL NEELSEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in the space earmarked below, in my presence and that I am not related to him/her or the Agent of the Development Officer.

NAVYA HOSPITAL
RZ-13B, NAJAFGARH,
NEW DELHI-110043

Signature of the Pathologist
Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG.NO.-8941
Pathologist's name & Address
Qualification :
LICI Code No. :



Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately for recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

☎ : 8700101771, 7903658279



ANNEXURE II - 8

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 009

Zone Division Branch DATE /TIME 28/10/2024 09:33 AM

Proposal No. 159313116

Agent/D.O. Code:

Introduced by: (name & signature)

Full Name of Life to be assured: MRS. MONIKA MARWAL

Age/Sex : 48/F

BIO- CHEMICAL TESTS

	TYPE OF TEST	ACTUAL READING	NORMAL VALUES
1	BLOOD SUGAR FASTING	88.4	60-110 MG/DL



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NEW DELHI-110043

Dr. SAKSHI VIRMANI
MBBS. MD PATH
REG.NO.- 8941

Signature of the Pathologist

Pathologist's name & Address

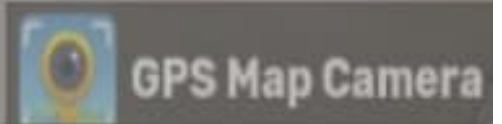
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CARE  **Plus**
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043

☎ : 8700101773. 7903658279





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