

**LIFE INSURANCE CORPORATION OF INDIA**

Zone

Division

Branch **383**

Proposal No. **900111**

Agent/D.O. Code:

Full Name of Life to be assured: **Mrs. ANSHUL ASHOK SHUKLA**

Age/Sex : **32Y/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 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 **NO**
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N **NO**
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N **NO**

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

Dated at **Raipur** on the day of **26/11** 20**24**

Signature of L.A.

*A. Shukla*

Signature of the Cardiologist

Name & Address  
Qualification

**DR. RAJESH SHARMA**  
MD, DGDCC (Cardiologist)  
CGMC- 686/2007

Clinical findings  
(A)

Shri Sai Advance Imaging & Diagnostic Center  
Address- Near Tarun Market, Krishna Nagar,  
Radha Vihar Gali, Santoshi Nagar,  
Raipur (C.G.), 492001

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
168	77	104/71	87

(B) Cardiovascular System *N.A.O.*

Rest ECG Report:

Position	<i>Supine</i>	P Wave	<i>96ms</i>
Standardisation Imv	<i>10mV</i>	PR Interval	<i>148ms</i>
Mechanism	<i>Sinus</i>	QRS Complexes	<i>72ms</i>
Voltage	<i>1mV</i>	Q-T Duration	<i>250ms</i>
Electrical Axis	<i>Normal</i>	S-T Segment	<i>Normal</i>
Auricular Rate	<i>82 bpm</i>	T-wave	<i>Normal</i>
Ventricular Rate	<i>82 bpm</i>	Q-Wave	<i>Normal</i>
Rhythm	<i>Regular</i>		
Additional findings, if any.	<i>No</i>		

Conclusion: *W.N.L.*

Dated at *Raipur* on the day of *26/11* 2024

Signature of the Cardiologist

Name & Address

Qualification

Code No.

*Rajesh*  
**DR. RAJESH SHARMA**  
 MD, PGDCC (Cardiologist)  
 CGMC- 686/2007

*Rajesh*  
 Shri Sai Advance Imaging & Diagnostic Center  
 Address- Near Tarun Market, Krishna Nagar,  
 Radha Vihar Gali, Santoshi Nagar,  
 Raipur (C.G.), 492001



RNSHUL ASHOK SHUKLA

HR 82/min

Axis: P 53°, QRS 52°, T 35°

SINUS RHYTHM  
NORMAL ECG

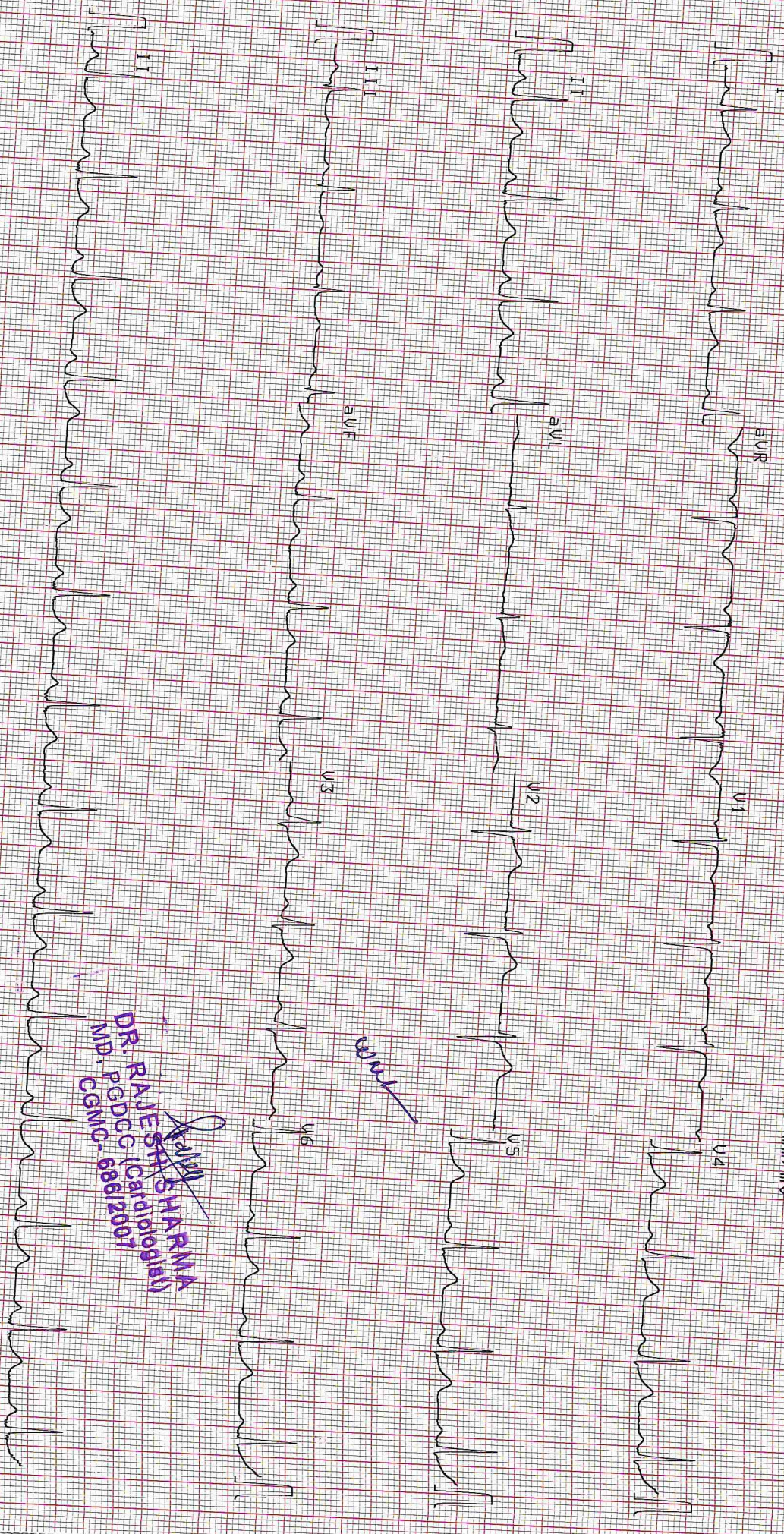
32 Year / F  
..... cm / ..... kg

Intervals:	
RR	731 ms
P	96 ms
PR	148 ms
QRS	72 ms
QT	350 ms
QTc	412 ms
P (II)	
S (V1)	-0.17 mV
R (V5)	1.13 mV
Sokol.	2.08 mV

10 mm/mV

10 mm/mV

UNCONFIRMED REPORT



25 mm/s

0.05-35Hz F50 SF5 SB5

Tu 26-NOV-2024 14:49:00

SCHILLER

Shri Sai Advance Imaging & Diagnostic Center  
 Address: Near Tarun Market, Krishna Nagar,  
 Vaidya Vihar, Gali Santoshi Nagar,  
 Rainier (C.S.), 499004 Zpilis 4.14

**DR. RAJESH SHARMA**  
 M.D. PGDCC (Cardiology)  
 M.D. CGMC-6882007

*[Signature]*





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

भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Branch Code: 283  
Proposal/ Policy No: 70011  
MSP name/code : MSP 000012  
Date & Time of Examination: 26/11/2024  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 8236454461  
Identity Proof verified: AADHAAR CARD ID Proof No. 4404  
( 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. HULESH MANDLE (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

- A. Shukla

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

1	Full name of the life to be assured: <u>Mrs. ANSHUL ASHOK SHUKLA</u>		
2	Date of Birth:	Age: <u>32 YRS.</u>	Gender: <u>F</u>
3	Height (In cms): <u>168</u>	Weight ( in kgs) : <u>77</u>	
4	Required only in case of Physical MER		
	Pulse : <u>87</u>	Blood Pressure (2 readings): 1. Systolic <u>104</u> Diastolic <u>71</u> 2. Systolic Diastolic	

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 <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> 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 <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom & findings.	<u>No</u>
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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>

8	<p>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?</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 <b>endocrine disorders</b> 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, <b>heartattack</b>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <b>high cholesterol</b> ?</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 <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, thalassaemia 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	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / <b>psychiatric disorder</b>?</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 <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, gonorrhoea, 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.	No



For Female Proponents only		
i.	Whether pregnant? If so duration.	No
ii	Suffering from any pregnancy related complications	No
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	No

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

Declaration

You Mr/Ms ANSHUL ASHOK SHUKLA 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.

*- A. Shukla*

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 26 day of 11 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.

Place: Raipur  
Date: 26/11/2024

Signature of Medical Examiner  
Name & Code No:  
Stamp: **DR. HULLESH MANDLE**  
**MBBS, MD**  
**CGMC-223/04**

*(Signature)*  
Shri Sai Advance Imaging & Diagnostic Center  
Address- Near Tarun Market, Krishna Nagar,  
Radha Vihar Gali, Santoshi Nagar,  
Raipur (C.G.), 492001

**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch **383**  
Proposal No. **300111**  
Agent/D.O. Code : \_\_\_\_\_  
Full Name of Life to be assured: **MRS. ANSHUL ASHOK SHUKLA**  
Age/Sex : **32Y/F**

**ELISA FOR HIV**

**ANNEXURE- 9**

LIC03-011

**EXAMINATION OF BLOOD FOR HIV I & II TEST**

HIV I & II RESULT : **Non Reactive**  
Method : **ELISA**

  
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Raipur (C.G.), 492001

  
**DR. MIKAL KIJUR**  
MD (PATHOLOGY)  
CGMC- 2996/2010

**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch 3B2  
Proposal No. 900111  
Agent/D.O. Code \_\_\_\_\_  
Full Name of Life to be assured: MRS. ANSHUL ASHOK SHUKLA  
Age/Sex : 32 Y/F

**HAEMOGRAM**

**ANNEXURE - 3**

LIC03-004

1. Red Blood Cell Count : \_\_\_\_\_
2. Hb% : 12.9 g/dl
3. Hematocrit : \_\_\_\_\_
  
4. Indices : \_\_\_\_\_
  - (a) MCV (Mean Corpuscular Volume)
  - (b) MCH (Mean Corpuscular Hb)
  - (c) MCHC (Mean Corpuscular Hb Concentration)
  
5. Morphology : \_\_\_\_\_

Macrocytes:	Microcytes:	Hypochromia:
Poikilocytosis:	Anisocytosis:	
  
6. Target Cells : \_\_\_\_\_  
Spherocytes: \_\_\_\_\_ Elyptocytes: \_\_\_\_\_
  
7. White Blood Cells : \_\_\_\_\_  
Total Count: \_\_\_\_\_  
Differential Count:

a) Neutrophils:	c) Eosinophils:
b) Lymphocytes:	d) Monocytes:
e) Basophils:	
  
8. Platelets: \_\_\_\_\_
  
9. Erythrocytes Sedimentation rate: \_\_\_\_\_  
(Westergren Method)

*(Signature)*  
Shri Sai Advance Imaging & Diagnostic Center  
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Raipur (C.G.), 492001

*(Signature)*  
DR. MIKAL KUSUR  
MD (PATHOLOGY)  
CGMC- 2996/2010



**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch **383**  
Proposal No. **900111**  
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Age/Sex : **32 Y/F**

**ROUTINE URINE ANALYSIS**


**ANNEXURE- 7**

LIC03-009

- |                                 |                       |                |
|---------------------------------|-----------------------|----------------|
| 1. Physical Examination         | (ii) Sediment         | <b>clear</b>   |
| (i) Colour <b>Pale yellow</b>   | (iv) Reaction         | <b>ACIDIC</b>  |
| (iii) Transparency <b>clear</b> |                       |                |
| 2. Chemical Examination         | (ii) Sugar            | <b>nil</b>     |
| (i) Protein <b>nil</b>          | (iv) Bile pigments    | <b>absent</b>  |
| (iii) Bile salt <b>absent</b>   |                       |                |
| 3. Microscopic Examination      | (ii) Epithelial Cells | <b>1-2/hpf</b> |
| (i) Red Blood Cells <b>nil</b>  | (iv) Pus Cells        | <b>2-3/hpf</b> |
| (iii) Crystals <b>absent</b>    | (vi) Deposits         | <b>absent</b>  |
| (v) Casts <b>absent</b>         |                       |                |
| (vii) Bacteria <b>absent</b>    |                       |                |

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

  
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DR. MIKAL ~~SHUKLA~~  
MD (PATHOLOGY)  
CGMC- 2996/2010

**LIFE INSURANCE CORPORATION OF INDIA**

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch **3B3**  
Proposal No. **905111**  
Agent/D.O. Code \_\_\_\_\_  
Full Name of Life to be assured: **Mrs. ANSHUL ASHOK SHUKLA**  
Age/Sex : **32Y1F**

**LIPIDOGRAM**

**ANNEXURE - 4**

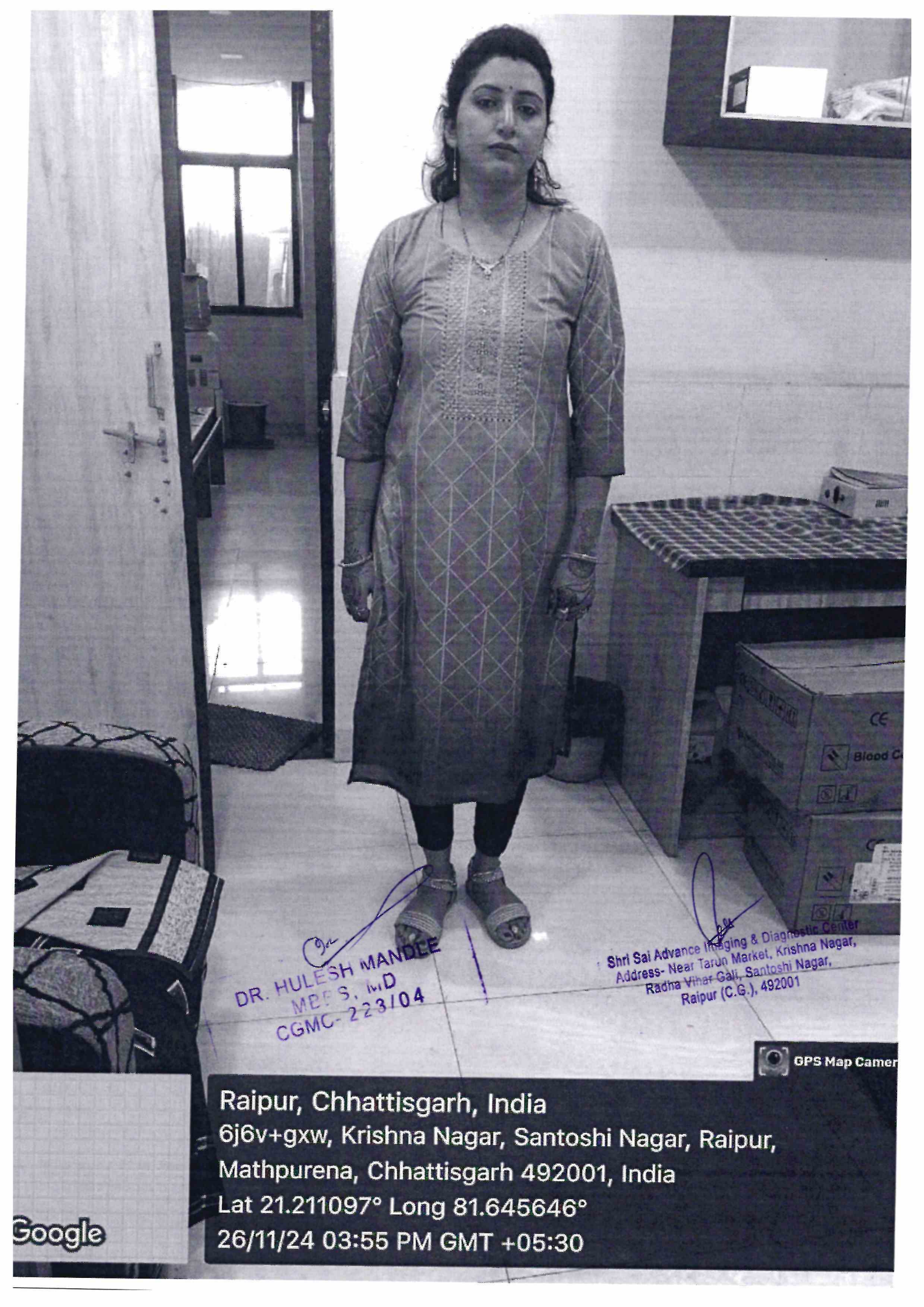
LIC03-005

	Type of Test	Actual Reading
1	Total Cholesterol	164.0
2	High Density Lipid (HDL)	46.8
	Low Density Lipid (LDL)	96.52
3	S. Triglycerides	103.4

  
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Raipur (C.G.), 492001

  
DR. MIKAL KUJUR  
MD (PATHOLOGY)  
CGMC - 2996/2010





*Dr*  
**DR. HULESH MANDLE**  
MBBS, M.D  
CGMC-223/04

*Dr*  
**Shri Sai Advance Imaging & Diagnostic Center**  
Address- Near Tarun Market, Krishna Nagar,  
Radna Vihar Gali, Santoshi Nagar,  
Raipur (C.G.), 492001

 **GPS Map Camera**

**Raipur, Chhattisgarh, India**  
**6j6v+gxw, Krishna Nagar, Santoshi Nagar, Raipur,**  
**Mathpurena, Chhattisgarh 492001, India**  
**Lat 21.211097° Long 81.645646°**  
**26/11/24 03:55 PM GMT +05:30**

**Google**





भारत सरकार



आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಠ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2017/78204/04816

To



Anshul Ashok Shukla  
W/O Sourabh Tiwari  
Ashraya Lalit Mishra Line  
Tikrapara New Kailshpuri  
Raipur  
Raipur  
Raipur Raipur  
Chhattisgarh 492001  
8296454461

27/06/2013

40815855



MD408158558FH



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

~~2 4464~~ 4464

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

*A. Shukla*

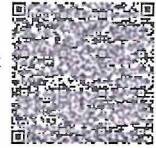


ಭಾರತ ಸರ್ಕಾರ

Government of India



Anshul Ashok Shukla  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 16/01/1992  
ಸ್ತ್ರೀ / Female



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ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

*DR. HULESH MANDLE*  
*MBBS, MD*  
*CGMC- 223/04*

*Shri Sai Advance Imaging & Diagnostic Center*  
*Address- Near Tarun Market, Krishna Nagar,*  
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