Date: 21/Nov/2024.

To,
LIC of India
Branch Office

Proposal No. 3080

Name of the Life to be assured ARYAVER GUPTA

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

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. BINDU
MBBS, MD
Reg No. 33435

Signature of the Pathologist/ Doctor

Name:

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

(FATHER)

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM		PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)		PGBS (Post Glucose Blood Sugar)	
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,

ELITE HEALTH CENTER DELHI

LIFE INSURANCE CORPORATION OF INDIA

JUVENILE FMR

Zone Division Branch

Proposal No. 3080

Agent/D.O. Code: Introduced by: (name & signature)

Name of the child: (Master/ Miss) ARYAVER GUPTA				
Mark of identification: Mole/Scar/any other (specify location) -No-				
Current ID provided	Student	Passport	Latest School Report Card	Others(specify) Birth Certificate.
Age of the child: 2 Years/Months —		SEX: M ☑ / F ☐		
Birth History: FTND / Forceps / Caesarean/ Other (Please tick the relevant)				

A. Details of Physical Examination

For all children:

Height of the child: 81 cms Weight of the child: 10.1 kgs

Pulse and character 92/M Blood Pressure 96/58 mm of Hg

Presence of any congenital defects or abnormalities: Yes / No

(If yes, please provide details)

For Children Below 2 yrs:

Head Circumference 45 cms Chest Circumference 46. cms

B. Medical History:

1) Is the proposed insured presently in good health?	Yes ☑ / No ☐
2) Does the proposed insured have any physical and mental handicap or deformity?	Yes ☐ / No ☑ If yes provide details:
3) Has the proposed insured been hospitalized and/or has been advised for any treatment/surgery and/or has undergone any general checkup in the last five years?	Yes ☐ / No ☑ If yes provide details of the tests conducted and treatment if any.
4) Has the proposed insured ever been treated or hospitalized for any Heart ailment/cancer/ kidney disorder/ epilepsy/ mental disorder/ diabetes/ musculoskeletal disorder/ blood disorder/ respiratory disorder like Bronchitis or Asthma/congenital or hereditary disorder	Yes ☐ / No ☑ If yes provide details:
5) Is the child's behavior / appearance / mental ability in line with his current age?	Yes ☐ / No ☑ If yes provide details:
6) If school going, has proposed insured taken any sick leave from school in the last 2 years?	Yes ☐ / No ☑ If yes provide details:
7) Please give details of proposed insured's family history : Is any family member/s either suffering or have suffered or have died from heart disease, thallassaemia, cancer, kidney disease, any other hereditary / familial disorders	Father: Mother : Sibling 1 Sibling 2

C. Immunization History: (Mandatory for ages < and equal to 5 yrs)

Vaccinated for

1. OPV:	Yes ☑ / No ☐	2. DPT:	Yes ☐ / No ☑
3. BCG:	Yes ☑ / No ☐	4. Hepatitis B:	Yes ☑ / No ☐
5. Mumps, Measles, Rubella:	Yes ☑ / No ☐	6. Typhoid (above 1 Yr):	Yes ☑ / No ☐
7. Hepatitis A (Above 1 Yr) :	Yes ☑ / No ☐		

HEALTH CENTER * ELDECO DELHI

D. Medical Examination			
Do you find any evidence of abnormality, disease or surgery of:			If yes please elaborate
1) the respiratory system?	☐ Yes	☑ No	
2) the central and peripheral nervous system?	☐ Yes	☑ No	
3) the genito urinary system?	☐ Yes	☑ No	
4) the abdominal organs?	☐ Yes	☑ No	
5) the head, face, mouth, throat, eyes, ears ,nose and neck?	☐ Yes	☑ No	
6) the skin, muscles, bones and joints?	☐ Yes	☑ No	
7) The Cardiovascular system:			
a) Are the peripheral pulses normal?	☑ Yes	☐ No	
b) Is there any evidence of heart enlargement?	☐ Yes	☑ No	
c) Are there murmurs or abnormal heart sounds?	☐ Yes	☑ No	
d) Do you suspect any abnormality of the cardiovascular system?	☐ Yes	☑ No	

Declaration by the parent accompanying the child:

I hereby confirm that all facts regarding the child as recorded by the doctor are true and complete.

Signature of the parent: Kartik (Father) Name of the parent KARTIK GUPTA

Doctor's Declaration

- I hereby confirm that I have, this day, examined the above individual personally, in private and recorded the above information in my own handwriting. I certify that I have personally recorded the history as informed by the examinee/parent accompanying the child.
- Place of Examination: Clinic ☑ Examinee's Residence ☐
- I declare that the examinee has signed/affixed his/her thumb impression in my presence.

Dated at DELHI on the 21 day of NOV 2024 at a.m./p.m.

Signature / thumb impression of the examinee

Dr. BINDU MBBS, MD Reg No -33435

Signature of the Medical Examiner
Name & Address
Qualification
Code:
Limit

Confidential Comments from Doctor

Are there any points on which you suggest further information be obtained? YES ☐ NO ☑

- For physical investigations No
- For mental level assessment No .

CENTER ELITE HEALTH

फॉर्म संख्या / Form No. 5

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार

Govt. of National Capital Territory of Delhi

दिल्ली नगर निगम

MUNICIPAL CORPORATION OF DELHI

जन्म प्रमाण पत्र / Birth Certificate

0123-1001188926

(Issued under section 17 of the Registration of Birth and Death Act, 1969 and 8/13 of Delhi Registration of Birth Rule,1999)

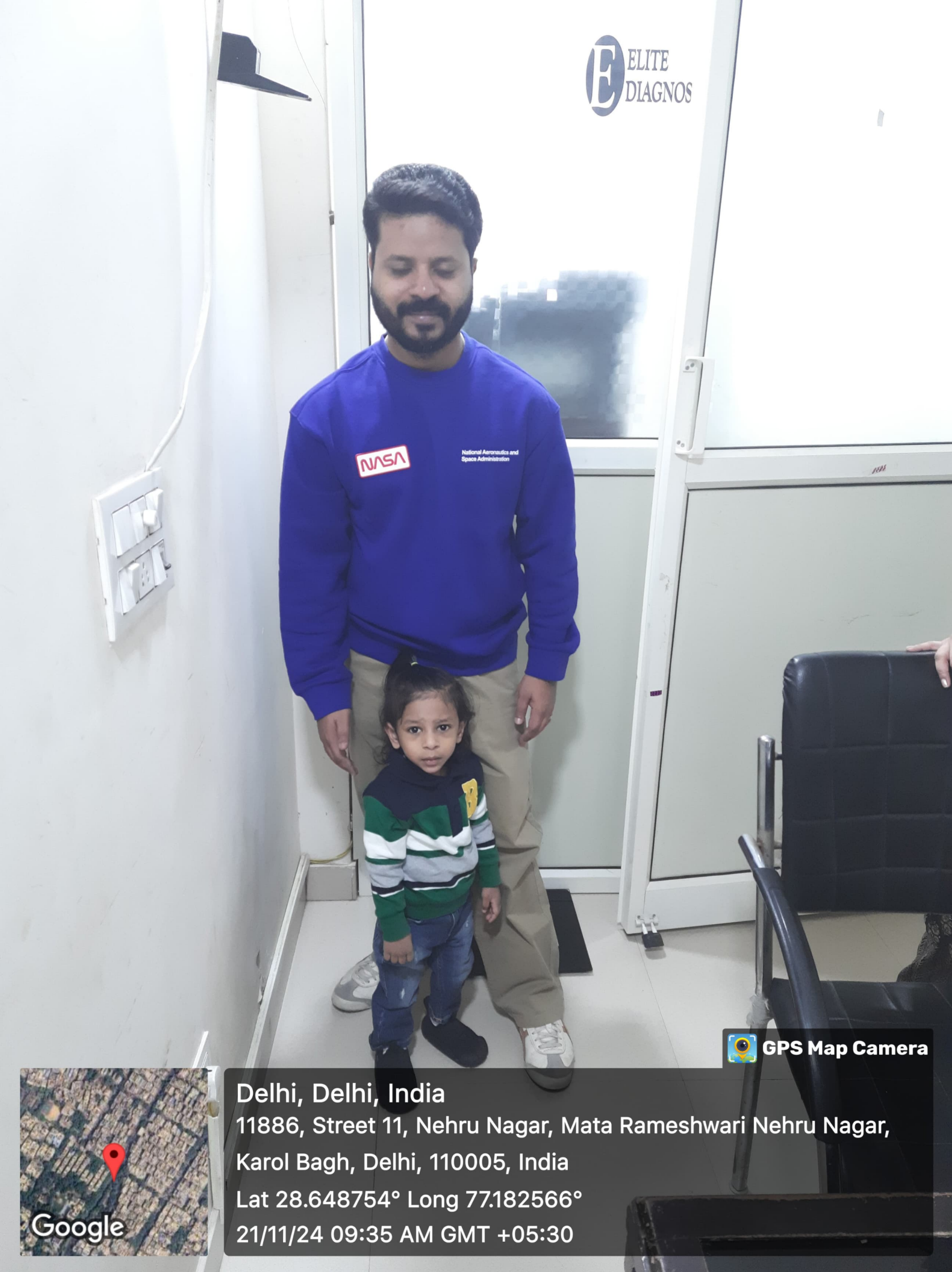
This is to certify that the following information has been taken from the original record of BIRTH which is the register for Municipal Corporation Of Delhi of KESHAVPURAM ZONE of N.C.T. Delhi

नाम / Name	ARYAVER GUPTA
लिंग / Gender	MALE
जन्म की तिथि / Date Of Birth	03-11-2022
जन्म का स्थान / Place Of Birth	FORTIS HOSPITAL A BLOCK,SHALIMAR BAGH,NEW DELHI SHALIMAR BAGH DELHI DELHI SHALIMAR BAGH NORTH WEST DELHI INDIA 110088
पंजीकरण की तिथि / Date Of Registration	10-11-2022
पंजीकरण संख्या / Registration No	MCDOLIR-0122-1011181434
माता का नाम / Name of Mother	ANSHIKA GUPTA
पिता का नाम / Name of Father	KARTIK GUPTA
वर्तमान / जन्म के समय पता Present / Address at the time of Birth)	H-255, ASHOK VIHAR, PHASE-1, NORTH WEST DELHI INDIA 110052
स्थाई पता / Permanent Address	H-255, ASHOK VIHAR, PHASE-1, NORTH WEST DELHI INDIA 110052
छपाई की तिथि / Print Date	18-01-2023

Note: This certificate is system generated and does not require any seal/signature in original . The authenticity of this certificate can be verified at mcdonline.nic.in

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे

ENSURE REGISTRATION OF EVERY BIRTH & DEATH


ELITE
DIAGNOS
NASA
National Aeronautics and
Space Administration
GPS Map Camera
Delhi, Delhi, India
11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar,
Karol Bagh, Delhi, 110005, India
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21/11/24 09:35 AM GMT +05:30
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