

Date 09/11/2024

To  
LIC of India,  
Branch Office  
206

Proposal No. 2733

Name of the Life to be assured Purnima Khadse

The Life to be assured was identified on the basis of Radhus 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.

Name, Signature & Seal of the/ Doctor/ Pathologist /Cardiac/Radiologist and Health provider  
DR. GIRISH KADPAL  
MBBS, PGCCP (Dip. Card.)  
Reg. No. : MP-12781

The examination / tests were done with my consent.

[Signature]  
(Signature of the Life to be assured)

Name: Purnima Khadse



**Reports enclosed:**

1. PMER
2. FBS
3. ECG
7. RUA

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
8. \_\_\_\_\_

**Rubber Stamp of TPA**



Bio Care Pathlab & Diagnostic Centre

Partner



# LIFE INSURANCE CORPORATION OF INDIA

## ADDENDUM TO FMR

Extract of Personal History to be filled in by ME along with FMR at the time of Medical Examinations:

Name of the Life to be Examined: ..... P. W. M. M. M. Khadse .....

Age: ... 50 ..... Sex: ... F ..... Identification Mark: .....

Sr. No	Personal History	Answer Yes/No	If Yes, please give full details
(a)	During the last 5 years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week?	No	
(b)	Have you ever been admitted to any hospital or nursing home for general check up/observation, treatment or operation?	No	
(c)	Have you remained absent from place of work on ground of health?	No	
(d)	Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous System?	No	
(e)	Are you suffering from or have you suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy, or any other disease?	No	
(f)	Did you ever have any bodily defect or deformity?	No	
(g)	Did you ever have any accident or injury?	No	
(h)	Did you use or have you ever used:	No	
	(i) Alcoholic drinks	No	
	(ii) Narcotics	No	
	(iii) Any other Drugs	No	
	(iv) Tobacco in any form	No	
(i)	What has been your usual state of health?	Good	
(j)	Have you ever required or at present availing/undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition.	No	

**Declaration by ME:** I hereby declare that I have, this day, examined the above life to be assured personally, in private and recorded in my own hand the true and correct findings as answered by the life to be assured.

Signature of Medical Examiner: .....  
Name: .....  
Address: .....  
Qualification: .....

**DR. GIRISH RAJPAL**  
MBBS, PGCCO (Dip. Card.)  
Reg. No. MP-12781

**Declaration by Life being examined:** I hereby declare that to the best of my knowledge and belief, (i) the answers contained in this form are true and complete and (ii) that all the material facts have been disclosed. I also agree that my right to benefit under any policy may be affected if, I have not disclosed any facts, which would be likely to influence assessment of risk and acceptance of the proposal

Signature of the life to be assured and being examined: ..... Dr. Girish Rajpal

Name: .....

Signature of the Proposer if other than Life to be Assured (Parents in case of Minors): .....

Name: .....



**DR. ARUN MAITY**  
MD (PATHOLOGIST)  
MCI Reg. No. 8836  
Rubber Stamp of TPA

Bio Care Path Lab & Diagnostic Centre

Partner

Partner





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

Branch Code: 266  
Proposal/ Policy No: 2733  
MSP name/code :  
Date & Time of Examination: 9/11/24  
Medical Diary No & Page No: 1361 07

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
Identity Proof verified: Aadhar card ID Proof No. 1421  
( 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 Gurish Rajpal..... (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>Purnima Khadse</u>	Gender: <u>F</u>
2	Date of Birth: <u>03/04/1970</u> Age: <u>54</u>	
3	Height (In cms): <u>153</u> Weight ( in kgs) : <u>69</u>	
4	Required only in case of Physical MER	
	Pulse : <u>71/min</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 <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), Rhinorrhoea (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	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? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?	<u>No</u>



	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 <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heart beat? b. Whether suffering from <b>high cholesterol</b> ? 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
10	Suffering or ever suffered from any disease <b>related to 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, thalassemia or any Circulatory disorder?	
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/ab normality 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	a. Suffering from Depression/Stress/ Anxiety/ <b>Psychosis</b> or any other Mental / <b>psychiatric disorder</b> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	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
<b>For Female Proponents only</b>		
i.	Whether pregnant? If so duration.	
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
<b>FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY</b>		Yes

You Mr/Ms \_\_\_\_\_ **Declaration** 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.

DR. ARUN MAITY  
MD (PATHOLOGIST)  
MCI Reg. No. 8836

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 04 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: Bhopal  
Date: 9/11/24



DR. ARUN MAITY  
MD (PATHOLOGIST)  
Signature of Medical Examiner/  
Name & Code No. Reg. No. 8836



# BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

## BLOOD SUGAR TOLERANCE REPORT

Full Name of life to be assured

Mrs.Purnima Khadse

Age

54

Sex

Female

Division

Bhopal

Branch

Proposal No.

2733

### INSTRUCTIONS FOR THE PATHOLOGIST

- The observations should be made in the morning in the fasting state before and after
- The pathologist should indicate the method of blood estimation employed and the
- Each column should be filled in every case.
- Please insist on the proposer signing in your presence. A form on which the proposer has already put his signature should not be used.

Sasting	Clock	Blood suger	Urine Glucose	Acetions Bodies	Normal Value
Fasting	11:35 AM	81.6	NIL	NIL	70-110MG/DL
2 Hours after 75 gms. Of Glucose					

Interpretaion -----NORMAL

Method of blood sugar estimation employed -----GOPD

I declare that the person examined/Investingated, signed/affised thumb inpression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated

Bhopal

on the

9

day of

11

20

24

at

11:35

am/pm

Signature of the Pathologist:

Pathologist Name:

Qualification :

Name & Address of the Hospital/Clinic/Lab :

DR. ARUN MAITY

MB (PATHOLOGIST)

MCI Reg. No. : 8836

M.E.'s Code No.:



# BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal  
**ROUTINE URINE ANALYSIS**

Full Name of life to be assured Mrs.Purnima Khadse

PROPOSAL NO- 2733 Age 54 Sex Female

Division Bhopal Branch

**1 PHYSICAL EXAMINATION**

(i) Colour	PALE YELLOW	(ii)	Sediment	Absent
(ii) Transparency	CLEAR	(iv)	Reaction	Alkaline

**2 CHEMICAL EXAMINATION**

(i) Protein	Absent	(ii)	Sugar	Absent
(iii) Bile Salt	Absent	(iv)	Bile Pigments	Absent

**3 MICROSCOPIC EXAMINATION**

(i) Red Blood Cells	Absent	(ii)	Equithelial Cel	2-4/HPF
(iii) Crystal	Absent	(iv)	Pus Cells	2-3/HPF
(v) Casts	Absent	(vi)	Deposits	Absent

**(Bacterias --Absent)**

**REMARKS :**

If Pus cells are present GRAM STA in is necessary.

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/Investigated, signed/affixed 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 Bhopal on the 9 day of 11 20 24 at 11:35 am/pm

Signature of the Pathologist:	
Pathologist Name:	<b>DR. ARUN MAITY</b>
Qualification :	<b>MD (PATHOLOGIST)</b>
Address	<b>MGI Reg. No. : 8838</b>





# BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

## Divisional office bhopal ELECTROCARDIOGRAM

Full Name of life to be assured

Mrs.Purnima Khadse

Age

54

Sex

Female

Division

BHOPAL

Branch

Proposal No.

2733

Agent/ Code No.

Dev. Officer Code No.

### Instructions to the Cardiologist:

- i Please satisfy yourself about the identity of the examinee to guard against impersonation. The examinee and the person/s introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG traings.
- ii The base line must be steady **The tracing must be pasted on a folder.**
- iii 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 V, shows a tall R-wave, additional lead V<sub>R</sub> be recorded.
- iv

### DECLARATION

I declare that the Foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated -----given by me to LIC of India.

**Note:** Cardiofist is requested to explain following to L.A and to note the answers there of.

- i Have you ever had chest pain. Palpitaion. Breathlessness at rest or exertion ?
- ii Are you suffering from heart disease. Diabetes high or low Blood Pressure or kidney disease ?
- iii Have you ever had chest X-Ray, ECG. Blood sugar Cholesterl or any other lest done ?

NO
NO
NO

If the answer/s to any/ all of the above question is 'Yes' submit ail relevant papers with this from.

I hereby declare that the Foregoing answers are given by me after fuily understanding the questions. They are true and complete and no information has been with held. I do agree that these will from part of the proposal dated -----given by me to LIC of India.

Date at BHOPAL on the 9 day of 11 20 24 at 11,35 am/pm



Signature of the Pathologist	<i>Dr. G. R. Rappal</i>
Pathologist Name:	MBBS, PGDCC (Dip. Card.) Reg. No. : MP-12781
Qualification :	M.E.'s Code No.:
Name & Address of the Hospital/Clinic/Lab :	



# BIO CARE PATH LAB & DIAGNOSTIC CENTRE

HIG -23 SHIVAJI NAGAR NEAR DRASHTI CARE EYE HOSPITAL BHOPAL-462016

Divisional office bhopal

Full Name of life to be assured

Mrs.Purnima Khadse

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse
153	69	130/70	70

(B) Cardiovascular System-----NORMAL

Rest ECG Report:

Position	SUPINE	P Wave	NORMAL
Standardisation IMV	NORMAL	PR Interval	NORMAL
Mechanism	NORMAL	QRS Complexes	NORMAL
Voltage	NORMAL	Q-T Duration	NORMAL
Electrical Axis	NORMAL	S-T Segment	mild st dipression in I,II,III,V3-V6
Auricular Rate	68/MIN.	T-wave	NORMAL
Ventricular Rate	68/MIN.	Q-Wava	NORMAL
Rhythm	REGULAR		
Additional findings. If any	mild st dipression in I,II,III,V3-V6		

Conclusion :

mild st dipression in I,II,III,V3-V6

Date at

BHOPAL

on the

9

day of

11

20

24

11:35

am/pm



Signature of the Pathologist:

Pathologist Name:

*Dr. Girish Rajpal*

MBBS, PGDCC (Cardi)

Qualification :

Reg. No. : MP-12-12794's Code No.:

Name & Address of the Hospital/Clinic/Lab :



Patient Information :-

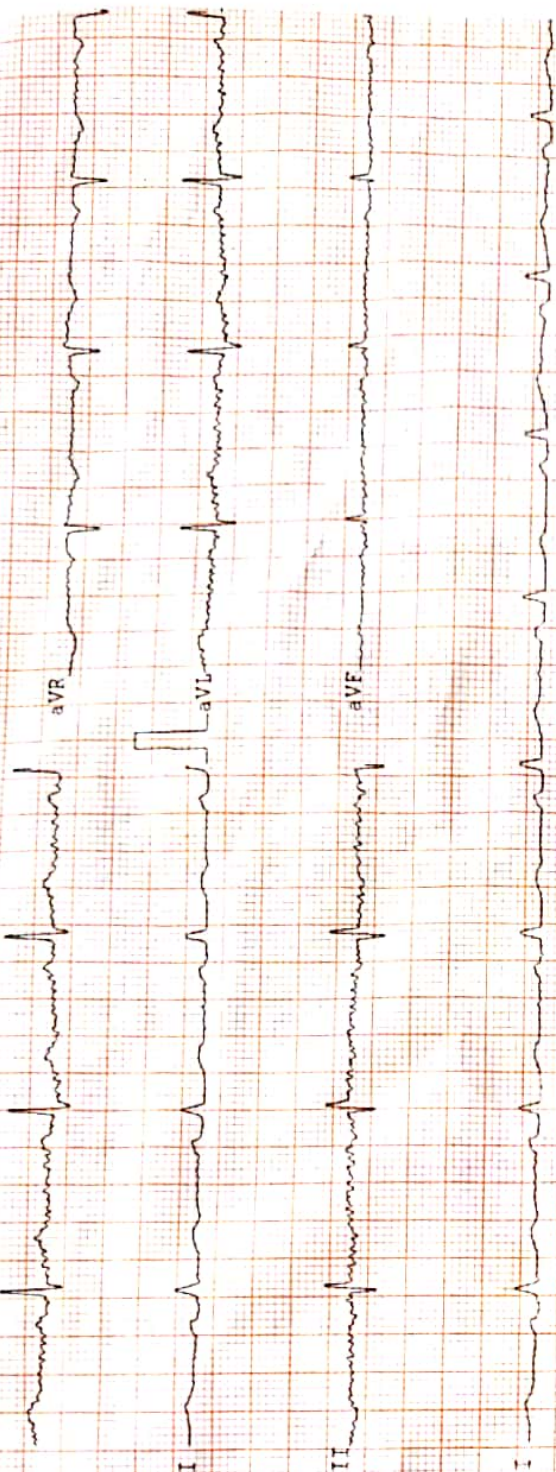
ID: ..  
 Name: .. **Purnima Khatse**  
 Age Y/M: **54** Gender: **Female**  
 Height: .. cns Weight: **K9**  
 BP: .. Smoker: ..  
 Time/Date: **03:06:30**  
**09/11/2024**

ECG Settings :-

Printing Mode: **AUTO**  
 Gain: **10** mm/mV  
 Speed: **25** mm/Sec  
 Filter: **35** Hz  
 Notes: **ON**  
 Rhythm Lead: **II**

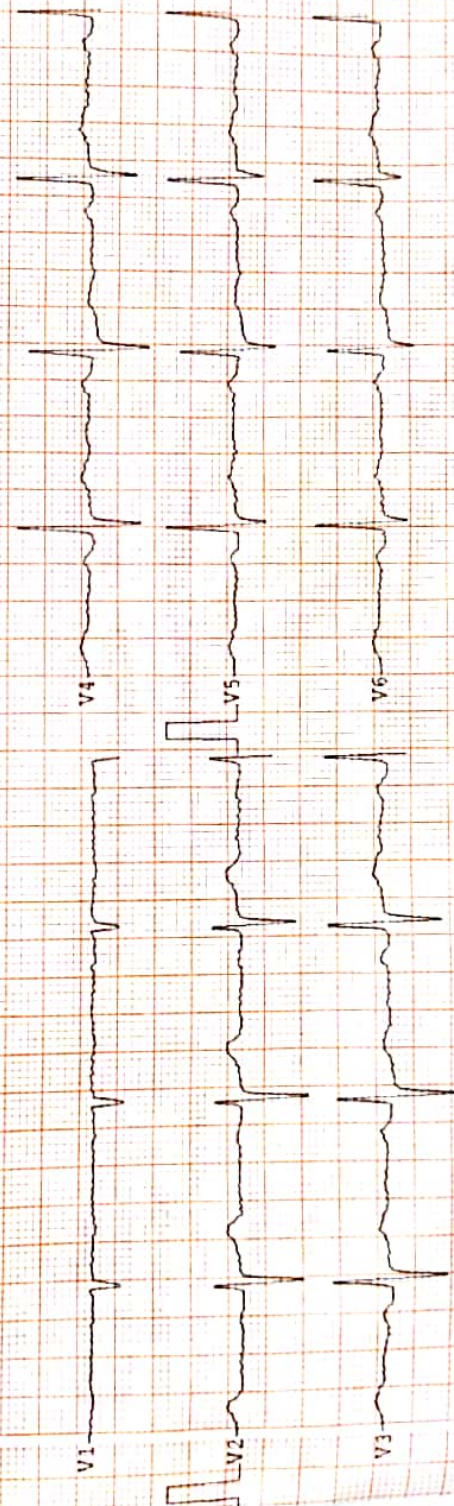
ALLEGERS PISCES-A-103 (Ver-2.4) DPRINT

09/11/2024



Observations :-



HR :- 58 bpm  
 P-R :- 178 ms  
 P-R :- 115 ms  
 QRS :- 98 ms  
 QT-QTC :- 376/401 ms  
 P Axis :- 08 °  
 R Axis :- 02 °  
 T Axis :- 35 °



**Dr. GIRISH RAJPAL**  
 MBBS, PGCC (D Card.)  
 Reg. No. : MP-12781

Remarks :-  
**खुशी राईसे**




**भारतीय विशिष्ट पहचान प्राधिकरण**  
**भारत सरकार**  
**Unique Identification Authority of India**  
**Government of India**

नामांकन क्रमांक/Enrolment No.: 1171/10020/01963

To: Purnima Khadse  
 (पुर्णिमा खाडसे)  
 W/O Sushar Khadse  
 KOTRA SULTANABAD  
 B-61 S-2 JIJONS APARTMENT, KAMLA NAGAR  
 BHOPAL  
 Madhya Pradesh - 462003

Date: 18/09/2011

Ref. No.: 50008124-00081585-0000771-





UB 04862381 8 IN


आपका आधार क्रमांक / Your Aadhaar No. :  
~~8842 3163~~ 1421


**आधार — आम आदमी का अधिकार**

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**भारत सरकार**  
**GOVERNMENT OF INDIA**


 पुर्णिमा खाडसे  
 Purnima Khadse  
 जन्म वर्ष / Year of Birth : 1970  
 महिला / Female

~~8842 3163~~ 1421 

**आधार — आम आदमी का अधिकार**





**निर्देश**


- आधार पहचान का इमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाईन वाईपटीकेसर द्वारा प्राप्त करें।

**INSTRUCTIONS**

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.







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**भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**

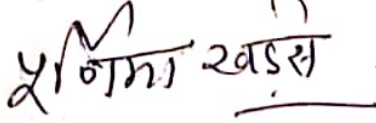
पता : W/O Sushar Khadse, KOTRA SULTANABAD, B-61 S-2 JIJONS  
 APARTMENT, KAMLA NAGAR, BHOPAL, Madhya Pradesh - 462003

Address: W/O Sushar Khadse, KOTRA SULTANABAD, B-61 S-2 JIJONS  
 APARTMENT, KAMLA NAGAR, BHOPAL, Madhya Pradesh, 462003



**Shivaji Pathlab & Diagnostic Centre**  
 Shivaji Nagar  
 Bhopal-462016

Partner



**DR. ARUN MAITY**  
**MBBS (D)**  
**MCI REG. No. : 8836**





# BIO CARE PATH LAB DIAGNOSTIC CENTER

2001 : 2015 Certified

HIG - 23, 1

ALKIES NEAR DRASHTI EYE CARE HOSPITAL



**DR. ARUN MAITY**  
MD (PATHOLOGIST)  
MGI Reg. No. : 8836



 **GPS Map Camera**

**Bhopal, Madhya Pradesh, India**

**Hig 23, Obedulla Ganj Rd, Near Pragathi Petrol Pump, No 6**

**Locality, Shivaji Nagar, Bhopal, Madhya Pradesh 462016, India**

**Lat 23.22814° Long 77.434471°**

**09/11/24 11:35 AM GMT +05:30**

Google