

Date: 09/11/2024

To,
LIC of India
Branch Office

Proposal No. 2934

Name of the Life to be assured MR ALOK KUMAR

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

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.



(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	YES	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)	YES	PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS	YES	Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	YES
ELISA FOR HIV	YES	Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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

Branch Code: _____
 Proposal/ Policy No: 2934
 MSP name/code : _____
 Date & Time of Examination: 9/11/2024
 Medical Diary No & Page No: _____

Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: UID ID Proof No. 6428
 (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 (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: MR. ALOK KUMAR Gender: MALE

2 Date of Birth: 15/06/1971 Age: 53 Yrs

3 Height (In cms): 180 Weight (in kgs) : 81.1

4 Required only in case of Physical MER

Pulse : 80/M Blood Pressure (2 readings):
 1. Systolic 120 Diastolic 80
 2. Systolic 118 Diastolic 78

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

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	<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>	
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>	
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>	
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, gonorrhea, 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.	<p>60 ml whiskey once/6 months</p> <p>Last . 25 yrs.</p> <p>— 1 Cigarette once in 9 months</p> <p>Last . 25 yrs</p>



ANNEXURE II - 1
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

Zone **ELECTROCARDIOGRAM**
Division **2934** Branch
Proposal No. -
Agent/D.O. Code: Introduced by: (name & signature)
Full Name of Life to be assured: **MR. ALOK KUMAR.**
Age/Sex : **53 / MALE**
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
- 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 DELHI on the day of 09/Nov/2024

Signature of L.A.

Signature of the Cardiologist
Name & Address
Qualification Code No.

Dr. BINDU
MBBS, MD
Reg. No.-33435



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

N.A.

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 Alok Kumar 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.

(Handwritten Signature)

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 09 day of Nov 20 24 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.

Dr. BINDU
MBBS, MD
Reg. No. 1435

Signature of Medical Examiner
Name & Code No:
Stamp:

Place: DELHI
Date: 09/11/24

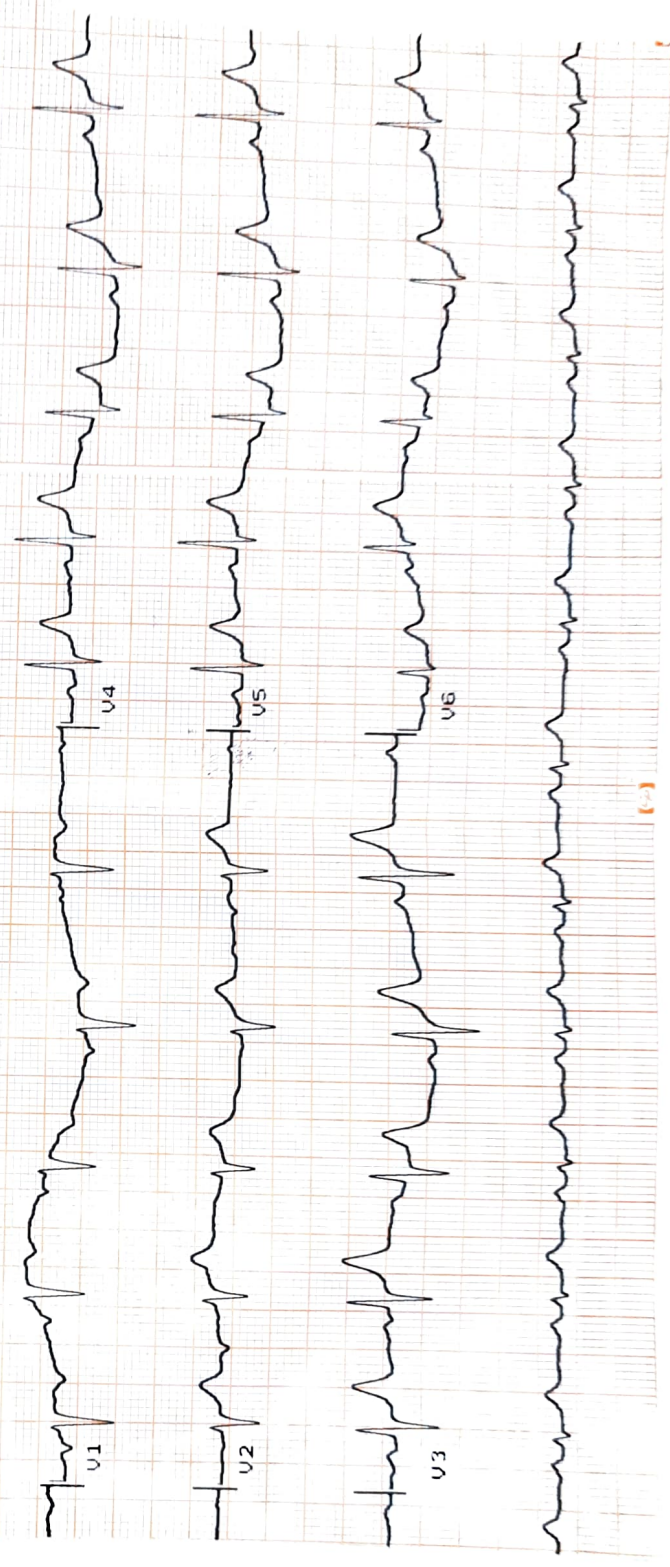
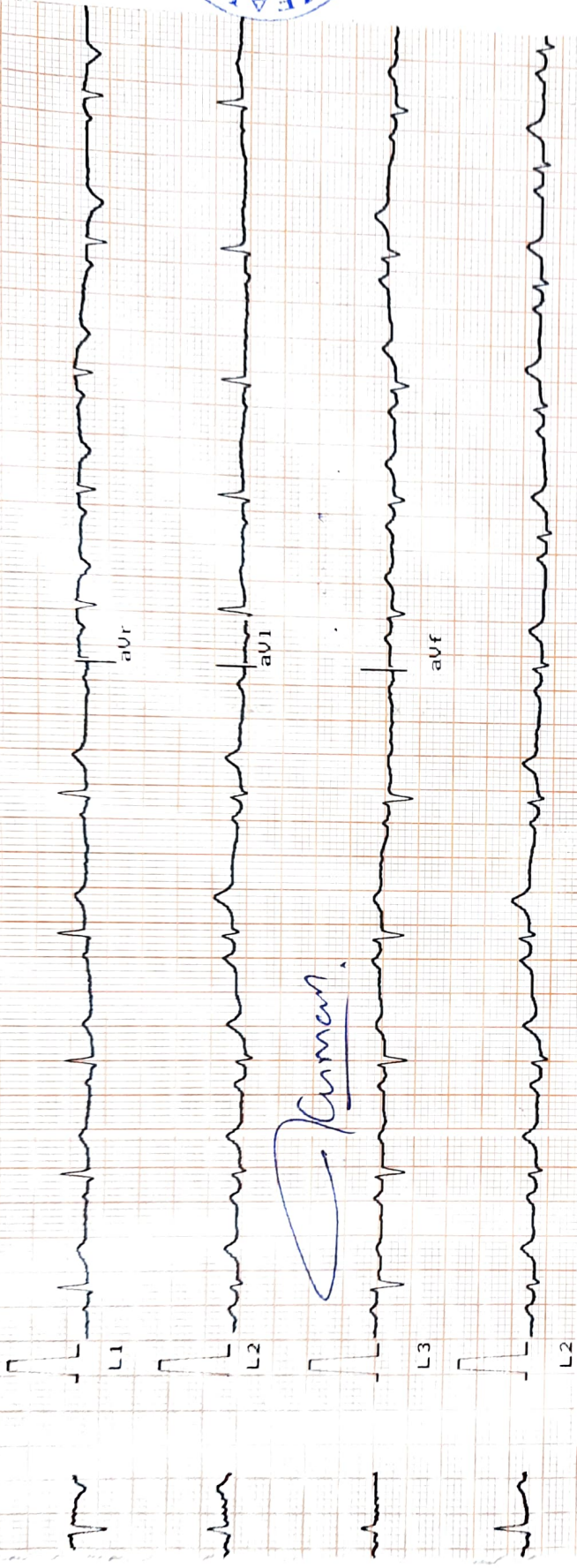




Dr. BINDI
REG. NO. 334

Name: _____
Yrs _____ cm _____ Kg _____ BP _____

Parman





ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 2934
S. NO. : 110280
NAME : **MR. ALOK KUMAR** AGE/SEX - 53/M
REF. BY : LIC
Date : NOVEMBER, 09, 2024

HAEMOGRAM

Test	Result	Units	Normal Range
Hemoglobin	13.95	gm/dl	12-18

BIOCHEMISTRY-(SBT-13)

Blood Sugar Fasting	98.14	mg/dl	70-115
S. Cholesterol	181.45	mg/dl	130-250
H.D.L. Cholesterol	65.14	mg/dl	35-90
L.D.L. Cholesterol	130.18	mg/dl	0-160
S. Triglycerides	106.86	mg/dl	35-160
S. Creatinine	0.90	mg/dl	0.5-1.5
Blood Urea Nitrogen (BUN)	14.30	mg/dl	06-21
Albumin	4.2	gm%	3.2-5.50
Globulin	3.2	gm%	2.00-4.00
S. Protein Total	7.4	gm%	6.00-8.5
AG/Ratio	1.31		0.5-3.2
Direct Bilirubin	0.2	mg/dl	0.00-0.3
Indirect Bilirubin	0.6	mg/dl	0.1-1.00
Total Bilirubin	0.8	mg/dl	0.1-1.3
S.G.O.T.	32.01	IU/L	00-42
S.G.P.T.	33.52	IU/L	00-42
Gamma Glutamyl Transferase (GGT)	40.17	IU/L	00-60
S. Alk. Phosphatase	91.20	IU/L	28-111

(Children 151-471)

*****End of The Report*****

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE: Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico - legal cases.



ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 2934
S. NO. : 110280
NAME : **MR. ALOK KUMAR** **AGE/SEX - 53/M**
REF. BY : LIC
Date : NOVEMBER, 09, 2024

ROUTINE URINE ANALYSIS

PHYSICAL EXAMINATION

Quantity : 20. ml
Colour : P. YELLOW
Transparency : Clear
Sp Gravity : 1.012

CHEMICAL EXAMINATION

Reaction : ACIDIC
Albumin : Nil /HPF
Reducing Sugar : Nil. /HPF

MICROSCOPIC EXAMINATION

Pus Cells/WBCs : 1-2. /HPF
RBCs : Nil. /HPF
Epithelial Cells : 1-2. /HPF
Casts : Nil.
Crystals : Nil. /HPF
Bacteria : Nil.
Others : Nil.

*****End of The Report*****

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD. NO. 19702

Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

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ELITE DIAGNOSTIC

Email - elitediagnostic4@gmail.com

PROP. NO. : 2934
S. NO. : 110280
NAME : **MR. ALOK KUMAR** **AGE/SEX - 53/M**
REF. BY : LIC
Date : NOVEMBER, 09, 2024

SEROLOGY

Test Name : **Human Immunodeficiency Virus I&II {HIV} (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

Test Name : **Hepatitis B Surface Antigen {HbsAg} (Elisa method)**
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"


*****End of The Report*****

Please correlate with clinical conditions.

DR. T.K. MATHUR

M.B.B.S. MD (PATH)

REGD.NO. 19702

 Consultant Pathologist

7091, Gali no. 10, Mata Rameshwari Marg, Nehru Nagar Karol Bagh, Delhi- 110005 Contact: +91-9650089041, 9871144570

NOTE : Not to the final Diagnosis if highly abnormal or do not correlate clinically. Please refer to the lab without any hesitation. This report is not for medico-legal cases.



भारत सरकार

Government of India



Download Date: 25/10/2020



आलोक कुमार

Alok Kumar

जन्म तिथि/DOB: 15/06/1971

पुरुष/ MALE

Issue Date: 20/10/2020

4249 9665 6428

VID : 9148 4214 2109 8183

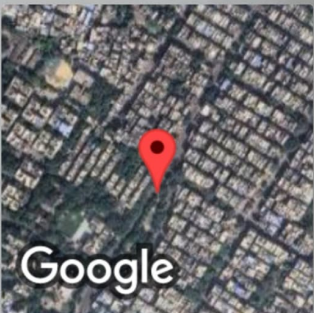
मेरा **आधार**, मेरी पहचान

E ELITE
DIAGNC



 GPS Map Camera

Delhi, Delhi, India
11886, Street 11, Nehru Nagar, Mata Rameshwari Nehru Nagar,
Karol Bagh, Delhi, 110005, India
Lat 28.64875° Long 77.182505°
09/11/24 10:21 AM GMT +05:30



Google

Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
180	81.1	120/80	80/m

(B) Cardiovascular System

..... (N)

.....

Rest ECG Report:

Position	Supine	P Wave	(N)
Standardisation Imv	(N)	PR Interval	(N)
Mechanism	(N)	QRS Complexes	(N)
Voltage	(N)	Q-T Duration	(N)
Electrical Axis	(N)	S-T Segment	(N)
Auricular Rate	80/m	T-wave	(N)
Ventricular Rate	80/m	Q-Wave	(N)
Rhythm	Regular		
Additional findings, if any	N/R		

Conclusion: Normal

Dated at DELHI on the day of 09/Nov/2004

Signature of the Cardiologist
Name & Address
Qualification
Code No.

