



696H+GFM, Nandini Rd, Janjgiri,
Bhilai, Chhattisgarh 490011,

Lat: 21.211461, Long: 81.379033

07 Mar, 25, 09:48 am, Friday



32.77° 6 N



No. 99
 Branch Code: 383
 Proposal/ Policy No: 18227
 MSP name/code: 5000018
 Date & Time of Examination: 7-3-26 / 10:00 AM
 Medical Diary No & Page No:

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

124

Mobile No of the Proposer/Life to be assured: 9691056963
 Identity Proof verified: PAN CARD ID Proof No. 6925D
 (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. SUMAN (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".
322132

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

1. Full name of the life to be assured: SURESH DUBEY
 2. Date of Birth: 15/08/1970 Age: 54 Gender: M
 3. Height (in cms): 162 Weight (in kgs): 41
 4. Required only in case of Physical MER
 Pulse: 90 Blood Pressure (2 readings):
 1. Systolic 130 Diastolic 80
 2. Systolic 130 Diastolic 80

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.

<p>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/hospitalization ii. Nature and cause iii. Name of Medicine iv. Degree of Impairment if any v. Whether unconscious due to accident, if yes, give duration</p>	<p> NO</p>
<p>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.</p>	<p>NO</p>
<p>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), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea, 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</p>	<p>NO</p>
<p>8. a. Suffering from Hypertension (high blood pressure) or diabetes 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? 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 endocrine disorders such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	<p>NO</p>

9.	a. Any history of chest pain, heart attack , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from high cholesterol ? 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 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 anemia, thalassemia or any Circulatory disorder?	NO
13.	Suffering or ever suffered from any form of cancer , leukemia, 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.	a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder ? 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 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

For Female Proponents only		
i	Whether pregnant? If so duration.	-
ii	Suffering from any pregnancy related complications	-
iii	Whether consulted a gynecologist or undergone any investigation, treatment for any gynae ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	-

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

Declaration

Suresh Dubey
 You Mr./Ms..... 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.

3221 301
 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 6 7 day of 30 05 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: Bhubairi
 Date: 7-3-2025
 Stamp:



Dr. Suman Rao
 MBBS, MD (MED)
 Fellowship in Haemodialysis
 CGS
 Consultant Medical Examiner
 Name & Code No.

Scanned with OKEN Scanner

DATA SHEET

To,

LIC of India,
Branch Office,

Proposal No/ Policy No/Agent code. 18227

Name of the life to be assured Suresh Zubey

The life to be assured was identified on the basis of Pan Card

I have satisfied myself with regard to the identity of the life to be assured before conducting tests/examinations for which reports are enclosed. The life to be assured has signed below in my presence.

MBBS, MD (PATHOLOGY)

CGMC-5767/2014

Consultant Pathologist

Signature of the pathologist/doctor

Name:

The examination tests were done with my consent and I am giving my blood sample after observing the fasting for 12 hours.

Suresh Zubey

Signature of the life to be assured

Name:

Reports enclosed:

✓ 1) FMR/Video FMR

✓ 2) Rest ECG with Tracing

3) Hemogram

4) Hb%

5) SBT-13

7) Elisa for HIV

8) RUA

16) Proposal & Other Documents
Questionnaire

9) Chest X-Ray with Plate (PA View)

✓ 10) Lipidogram

11) BST-(Blood Sugar Test Fasting & PP)-Both

12) HbA1C

✓ 13) FBS-(Fasting Blood Sugar)

14) PGBS-(Post Glucose Blood Sugar)

15) CTMT with Tracing

17) Urine Cotinine

Others (Please Specify)

Rubber stamp of TPA



आयकर विभाग

INCOME TAX DEPARTMENT

SURESH DUBEY

SADHU RAM DUBEY

15/08/1970

Permanent Account Number

AXLPD6925D

सुरेश दुबे

Signature



भारत सरकार

GOVT. OF INDIA



27082010





From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR
HAEMOGRAM

Full Name of the life to be Assured		MR. SURESH DUBEY	
Age	54	Sex	M
Division		Branch	383
Proposal No.	18227	Agent Code No.:	Dev. Officer code No.
Introducer	Name	Designation/Club Membership	Signature (In full)
Agent			
Second Introducer			

1. Red Blood Cell Count :		(4.4-6.1 mill/cumm)	
2. Hb% :	13.4 gm%	(11-15 F; 12-18 M)	
3. Hematocrit :		(45-55%)	
4. Indices :			
(a) MCV (Mean Corpuscular Volume) :		78-92 fl	
(b) MCH (Mean Corpuscular Hb) :		26.5 pg	
(c) MCHC (Mean Corpuscular Hb Concentration) :		32-36 g/dl	
5. Morphology			
Macrocytes	Microcytes :00	Hypochromia : 00	
Poikilocytosis :	Anisocytosis :00		
6. Target Cells			
Spherocytes :	Eliptocytes :00		
7. White Blood cells			
Total Count :	4000-11000 Cell/cumm		
Differential Count :			
A) Neutrophils	(40-75%)	C) Eosinophils : (01-06%)	E) Basophils : (00-01%)
B) Lymphocytes :	(25-45%)	D) Monocytes : (01-10%)	00
8. Platelets :	1.5-4.5 Lakh/cumm		
9. Erythrocytes Sedimentation rate :	mm	0 - 20mm/1hrs F; 0 - 15mm/1hrsM	
(Method			

I declare that the person examined/investigated, signed/affix 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	Bhilai	on the	07	day of	03	2025	at	10:00	AM
----------	--------	--------	----	--------	----	------	----	-------	----

Signature of Thumb Impression of L.A.



Signature of the Pathologist :	Dr. A. K. SINGH
Name of the Pathologist :	Dr. A. K. SINGH (PATHOLOGIST)
Qualification :	MBBS, DNB (PATHOLOGY), CDMO 5/6/2014 Consultant Pathologist
Name & Address of the Hospital/Clinic/Lab :	



From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR
BLOOD SUGAR TOLERANCE REPORT

Full Name of the life to be Assured		MR. SURESH DUBEY			
Age :	54	Sex:	M		
Division		Branch:	383		
Proposal No.	18227	Agent Code No.:		Dev. Officer code No.	
Introducer	Name	Designation/Club Membership	Signature (In full)		
Agent					
Second Introducer					

Instruction for the Pathologist

- I. The observation should be made in the morning in the fasting state before and after the ingestion of 75 grams of glucose.
- II. The pathologist should indicate the method of blood estimation employed and the normal values.
- III. Each column should be filled in every case.
- IV. Please insist on the proposer signing in your presence. A form on which the proposer has already put his signature should not be used.

Sample	O' Clock	Blood Sugar (%)	Urine Glucose (%)	Acetone Bodies	Normal Value
Fasting	10:00	92.41	---	---	65-110
2 hours after 75 gms of Glucose					

Instruction

Method of blood sugar estimation employedGOD...POD.....

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 **Bhilai** on the **07** day of **03** 2025 at **10:00**

D. A. K. Singh
MBBS, MD (PATHOLOGY)
CGI-5/677/2014

Signature of the Pathologist :	Consultant Pathologist
Name of the Pathologist :	
Qualification :	
Name & Address of the Hospital/Clinic/Lab :	

Signature of Thumb Impression of L.A.





From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR
LIPIDOGRAM

Full Name of the life to be Assured		MR. SURESH DUBEY			
Age	54	Sex	M		
Division		Branch	383		
Proposal No.	18227	Agent Code No.:		Dev. Officer code No.	
Introducer	Name	Designation/Club Membership	Signature (In full)		
Agent					
Second Introducer					

	Type of Test	Actual Reading		Normal
1	Total Cholesterol	180.9	mg/dl	130-250 mg/dl
2	High Density Lipid (HDL)	40.78	mg/dl	M:30-70/F:30-85 mg/dl
3	Low Density Lipid (LDL)	115.1	mg/dl	100-150 mg/dl
4	S. Triglycerides	133.0	mg/dl	Upto 190 mg/dl

I declare that the person examined/investigated, signed/affix 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	Bhilai	on the	07	day of	03	2025	at	10:00	AM
----------	--------	--------	----	--------	----	------	----	-------	----

Signature of Thumb Impression of L.A.



Signature of the Pathologist	<i>Dr. A. K. Singh</i>
Name of the Pathologist	Dr. A. K. Singh MD (PATHOLOGY)
Qualification	2014 Consultant Pathologist
Name & Address of the Hospital/Clinic/Lab	



From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR

LIPIDOGRAM

Full Name of the life to be Assured		MR. SURESH DUBEY			
Age	54	Sex	M		
Division		Branch	383		
Proposal No.	18227	Agent Code No.:		Dev. Officer code No.	
Introducer	Name	Designation/Club Membership	Signature (In full)		
Agent					
Second Introducer					

	Type of Test	Actual Reading		Normal
1	Total Cholesterol	180.9	mg/dl	130-250 mg/dl
2	High Density Lipid (HDL)	40.78	mg/dl	M:30-70/F:30-85 mg/dl
3	Low Density Lipid (LDL)	115.1	mg/dl	100-150 mg/dl
4	S. Triglycerides	133.0	mg/dl	Upto 190 mg/dl

I declare that the person examined/investigated, signed/affixe 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	Bhilai	on the	07	day of	03	2025	at	10:00	AM
----------	---------------	--------	-----------	--------	-----------	-------------	----	--------------	-----------

Signature of Thumb Impression of L.A.



Signature of the Pathologist	Dr. A. K. Singh
Name of the Pathologist	Dr. A. K. Singh, MD (PATHOLOGY)
Qualification	Consultant Pathologist
Name & Address of the Hospital/Clinic/Lab	



From No. LIC 03-

**DIVISIONAL OFFICE, RAIPUR
ROUTINE URINE ANALYSIS**

Full Name of the life to be Assured		MR. SURESH DUBEY			
Age	54	Sex	M		
Division		Branch	383		
Proposal No.	18227	Agent Code No.:		Dev. Officer code No.	
Introducer	Name	Designation/Club Membership	Signature (In full)		
Agent					
Second Introducer					

1. Physical Examination

(i)	Colour	P. YELLOW	(ii)	Sediment	CLEAR
(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	2-3
(iii)	Crystals	NIL	(iv)	Pus Cells	1-2
(v)	Casts	NIL	(vi)	Deposits	Clear

(Bacteria'sAbsent.....)

Remarks

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

I declare that the person examined/investigated, signed/affix 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 **Bhilai** on the **07** day of **03** **2025** at **10:00** **AM**



Signature of Thumb Impression of L.A.

Signature of the Pathologist	Dr. A. K. Singh
Name of the Pathologist	MBBS, MD (PATHOLOGY)
Qualification :	GMC-5767/2014
Name & Address of the Hospital/Clinic/Lab :	Consultant Pathologist

ID: 8227
SURESH DUBEY
Male 54 Years
kg

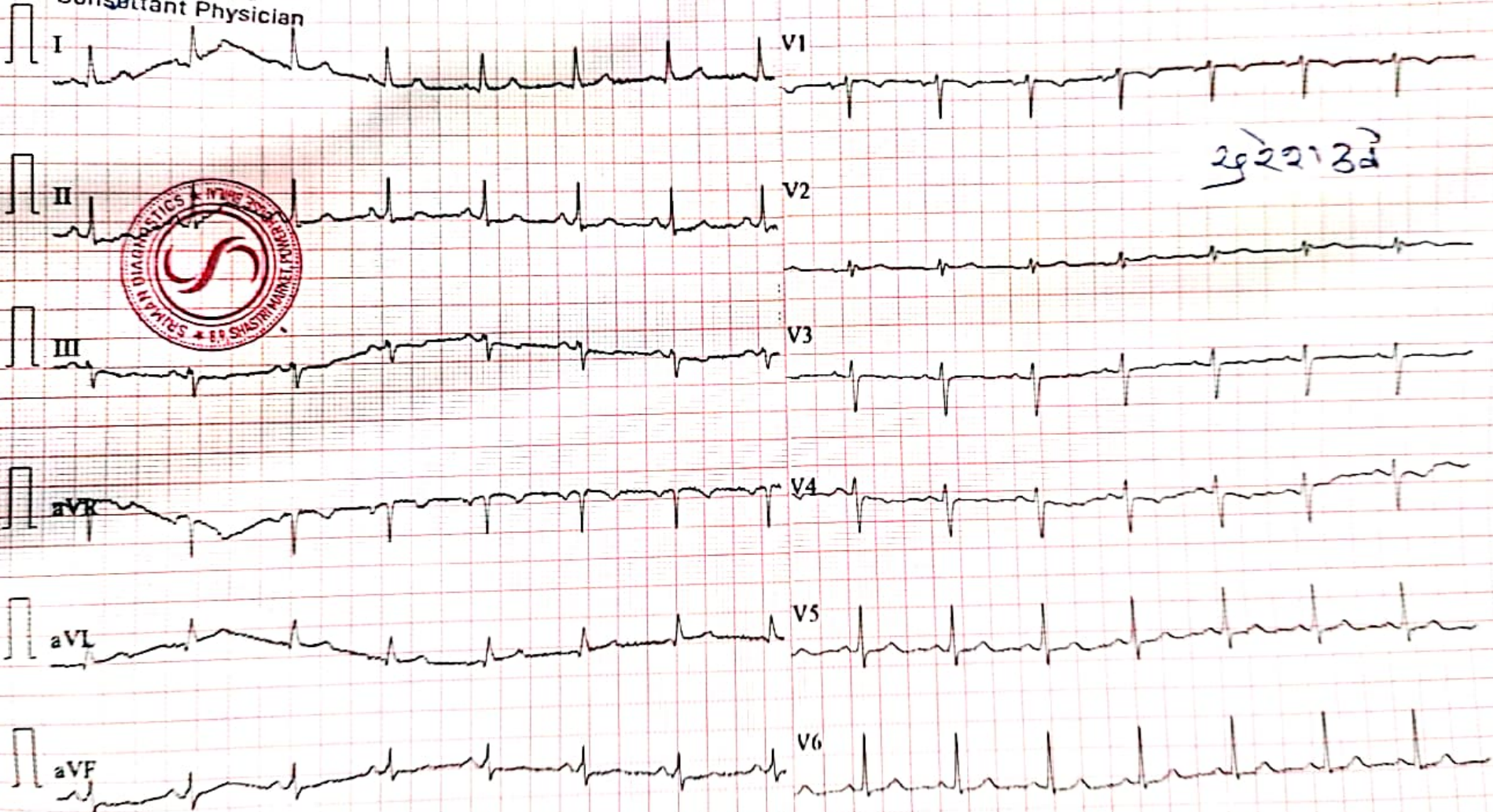
07-03-2025 20:25:57 COPY
HR : 91 bpm
P : 100 ms
PR : 134 ms
QRS : 86 ms
QT/QTc : 324/399 ms
PQRS/T : 65/199
RV5/SV1 : 0.793/0.615 mV

Diagnosis Information:
Sinus rhythm
Anterior T wave abnormality is nonspecific
Borderline ECG

Ref-Phys. : LIC
Report Confirmed by:

Dr. Suman Rao

MBBS/MD (MED)
Fellowship in Haemodialysis
CGMC-1552/2008
Consultant Physician





From No. LIC 03-

DIVISIONAL OFFICE, RAIPUR
ELECTROCARDIOGRAM

Full Name of the life to be Assured		MR. SURESH DUBEY	
Age :	54	Sex:	M
Division		Branch	383
Proposal No.	18227	Agent Code No.:	Dev. Officer code No.
Introducer	Name	Designation/Club Membership	Signature (In full)
Agent			
Second Introducer			

Instruction to the Cardiologist

- I. Please satisfy yourself about the identity of the examinee to guard against impersonation
- II. 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 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 Twave change. They should be recorded additionally in deep inspiration, if V Shows a tall R -Wave. Additional lead VR 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 proposal dated given by me to LIC of India

Signature of witness

Name of witness

Signature of Thumb Impression of L.A

Note - Cardiologist is requested to explain following questions to L.A and to note the answer there of

I. Have you ever had chest pain, palpitation, breathlessness at rest or exertion ?

II. Are you suffering from heart disease, diabetes, high or low Blood Pressure or Kidney diseases

III. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done ?

If the answer's to any all of the above questions is "yes" Submit all relevant papers with this form I declare that the person examined/investigated . signed/affix 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 **Bhilai** on the **07** day of **03** **2025** at **10:00** **AM**

Signature of Thumb Impression of L.A.



Signature of the Cardiologist :	Dr. Suman Rao
Name of the Cardiologist :	
Qualification :	MBBS MD (MED)
Specialty :	Fellowship in Haemodialysis
Address of the Hospital/Clinic/Lab :	OG 1B 455272500

Consultant Physician



Divisional Office, Raipur

Full Name of the life to be Assured	MR. SURESH DUBEY
-------------------------------------	-------------------------

(A) Measurements

Height (Cm)	Weight (Kg)	Blood Pressure	Pulse Rate
162	41	130/80	90

(B) Cardiovascular System

.....

Rest ECG Report

Position	SUPINE		P Wave	NORMAL	
Standard dictation 1 mv	10 um		PR Interval	134	ms
Mechanism	Sinus		QRS Complexes	86	ms
Voltage	1 um		Q-T Duration	324/399	ms
Electrical Axis	CLEAR		S-T Segment	NORMAL	
Auricular Rate	90	bpm	T-Wave	NORMAL	
Ventricular Rate	90	bpm	Q-Wave	NORMAL	
Rhythm	Sinus Rhythm				
Additional Findings, if Any	No				

Conclusion

.....**W.N.L.**.....

Dated at	Bhilai	on the	07	day of	03	2025	at	10:00	AM
----------	---------------	--------	-----------	--------	-----------	-------------	----	--------------	-----------

Signature of Thumb Impression of L.A.



Signature of the Cardiologist	<i>[Signature]</i>
Name of the Cardiologist	Dr. Sudhakar Rao
Qualification	MBBS, MD (MED)
Name & Address of the Hospital/Clinic/Lab	Falguni Hospital, Raipur CGMC-155212000
Specialty	Consultant Physician