



Dear **Advance Diagnostic & Research Centre**

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR CHHOTELAL

Proposal No : 5711

Branch Code : 122

Contact Details : 9205358294

Location : Advance near Pratham ultrasound, pillar no 78 sec
badshahpur sohna road, Gurgaon

Appointment Date : 06-11-2024

Member Information		
Booked Member Name	Age	Gender
MR CHHOTELAL	45 year	Male

Included Test -

- Physical Medical Examination Report (PMER) Up To Rs. 15,00,000



To,
LIC of India
Branch Office

122

Date: 07/11/2021

Proposal No.

5711

Name of the Life to be assured

CHHOTELAL

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 / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

DR. AMIT
WBS-13
REG. NO. 5314

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.

C. L. PAUL

(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	NO	PHYSICIAN'S REPORT	NO
COMPUTERISED TREADMILL TEST	NO	IDENTIFICATION & DECLARATION FORMAT	NO
HAEMOGRAM	NO	MEDICAL EXAMINER'S REPORT	YES
LIPIDOGRAM	NO	BST (Blood Sugar Test-Fasting & PP) Both	NO
BLOOD SUGAR TOLERANCE REPORT	NO	FBS (Fasting Blood Sugar)	NO
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	NO	PGBS (Post Glucose Blood Sugar)	NO
ROUTINE URINE ANALYSIS	NO	Proposal and other documents	NO
REPORT ON X-RAY OF CHEST (P.A. VIEW)	NO	Hb%	NO
ELISA FOR HIV	NO	Other Test	NO

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



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

Branch Code: 122
 Proposal/ Policy No: 5711
 MSP name/code :
 Date & Time of Examination: 07/11/2024, 09:16 AM
 Medical Diary No & Page No:

Mobile No of the Proposer/ Life to be assured: 9205358294
 Identity Proof verified: PAN CARD ID Proof No. BKJPC9492E
 (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. AMIT (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: CHHOTELAL
 2 Date of Birth: 01/01/1979 Age: 45 Gender: Male
 3 Height (In cms): 156 Weight (in kgs) : 67

4 Required only in case of Physical MER
 Pulse : 86/min Regular
 Blood Pressure (2 readings):
 1. Systolic 134 Diastolic 82
 2. Systolic 134 Diastolic 82

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

Yes taking Amlong long for HTN since 2019
 Accidental surgery of left hand in 2019.
 got completely paralyzed after accident due to nerve blockage

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.

NO

If yes provide all investigation and treatment reports

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>	<p>YES HTN Since 2019</p> <p>NO</p> <p>YES, Taking Amlonglong 505</p> <p>NO</p> <p>NO</p>
9	<p>a. Any history of chest pain, heart attack, 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>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</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>	<p>NO</p> <p>NO</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, 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 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**

Healthy

Declaration

✓ You Mr/Ms CHHOTELAL 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.

C. URAI

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 07 day of 11 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. AMIT
MBBS, DNB
Reg. No. 23344

Place: CIGN
Date:
Stamp: 07/11/2024

Signature of Medical Examiner
Name & Code No:



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BKJPC9492E

नाम / Name
CHHOTELAL

पिता का नाम / Father's Name
JAGESAR

जन्म की तारीख / Date of Birth
01/01/1979

हस्ताक्षर / Signature

23082017



GPS Map Camera



Gurugram, Haryana, India

Sohna Road, Badshahpur Village, Gurugram,
122101, Haryana, India

Lat 28.393232, Long 77.047135

11/07/2024 09:16 AM GMT+05:30

Note : Captured by GPS Map Camera



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