



# Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act, 1956)

\_\_\_\_\_ DIVISION

Form No. LIC03-012

## PHYSICIAN'S REPORT

### DECLARATION

I, hereby authorise Dr BINDU to intimate LIC of India all necessary information about my health obtained on history, examination including diagnosis and treatment.

I hereby declare that the statements and answers to Questions in Part One and Part Two of this report are true and complete and I do hereby declare that these will form part of the proposal dated 17/Nov/24 given by me to LIC of India.

Gurjit  
Signature of the L.A.

### Part - I

1. Full Name of Life to be assured (L.A.) GUNJAN JUNEJA

2. Has the L.A. suffered from - Hypertension

Heart Disease	Hypertension	Diabetes
Y/N	Y/N	Y/N

(If yes, state name, address of the Consultant and submit all relevant papers with this form)

3. Does L.A. Consume Tobacco, snuff, and other narcotic substances in any form?

No. of Years	Quantity used	Date of cessation, if any
<u>no</u>	<u>no</u>	<u>no</u>

4. Does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any
<u>no</u>	<u>no</u>	<u>no</u>

Date: 17/11/2024

Signature of Physician

Name :

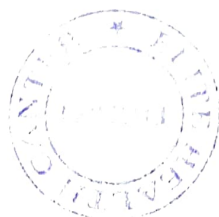
Address :

Qualification :

Reg. No.

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

Note : If Q.2 of Part - I is negative, no need of filling up Part - II



## Part - II

1. Is L.A. ever treated/hospitalised for any heart disease, hypertension, and diabetes  
Y/N\*

Investigations	Treatment	Hospitalisation	Present status	Prognosis
no	no	no	no	no

2. Blood Pressure Reading

Current	At the time of detection of HT	Duration of HT, if taking regular treatment
150/90	10 yrs	Last 10 yrs Taking medicine Regularly

3. Diabetes -

Date of Diagnosis	Type	Duration
no	no	no

4. Are there any symptoms / signs of

(a)	Renal Disease	no
(b)	Neurological involvement	
(c)	Eye Involvement	
(d)	Peripheral Vascular Disease	
(e)	Any other infectious diseases (esp. TB)	

5. Is L.A. taking regular treatment for above disease/s?

\* (Enclose all relevant papers with this form)

Signature of the L.A.

Date: 17/11/2024

Gurpreet

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

Signature of Physician

Name :

Address :

Dr. BINDU

MBBS, MD

Reg. No.-33435

Qualification :

Reg. No.:



आयकर विभाग

INCOME TAX DEPARTMENT



सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA

**GUNJAN JUNEJA**

**CHAMAN MADAN**

**17/03/1977**

Permanent Account Number


**AHNPJ9971D**

*Gunjan J*  
Signature







 **GPS Map Camera**

**New Delhi, Delhi, India**

**28/25, Block 28, West Patel Nagar, Patel Nagar, New Delhi, Delhi,  
110008, India**

**Lat 28.654581° Long 77.164048°**

**17/11/24 12:12 PM GMT +05:30**

