 GPS Map Camera



Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur,
Chhattisgarh 492001, India
Lat 21.211123° Long 81.645563°
10/03/2025 11:43 AM GMT +05:30

Date: 10/03/2025

To, Insurer: _____
Branch Office
383


Proposal No. 19619 Unique Transaction No: _____
Sum Insured: _____ Type: WALK IN / Scheduled / Home Visit

Name of the Life to be assured MRS. LAXMI BANCHHOR

The Life to be assured was identified on the basis of ADHAR CARD (7895)

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.

Signature of the Pathologist/ Doctor Name;


DR. HULESH MANDLE
MBBS, MD.
CGMC 223/04

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:


Shri Sai Advance Imaging & Diagnostic Center
Address: Near Tarun Market, Krishna Nagar,
Radha Vihar Gali, Santoshi Nagar
Raipur (C.G.) 492001

Reports Enclosed:

Sr. No.	Reports Name	Sr. No.	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of TPA

Authorized Signature,
Insurance TPA Ltd.



भारत सरकार
Government of India



Aadhaar no. issued: 15/10/2014



लक्ष्मी बन्धोर
Laxmi Banchhor
जन्म तिथि/DOB: 25/05/1968
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

~~1384~~ 7895

मेरा आधार, मेरी पहचान

लक्ष्मी बन्धोर

DR. HULESH MANDLE
MBBS, MD.
CGMC 223/04

Shri Sai Advance Imaging & Diagnostic Center
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Radha Vihar Gali, Santoshi Nagar
Raipur (C.G.) 492001



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

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Branch Code: 303
Proposal/ Policy No: 19619
MSP name/code: MsP000912
Date & Time of Examination: 10/03/2025
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9754674245
Identity Proof verified: AADHAR CARD ID Proof No. 7835
(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 HULESH MANDLE (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

(Handwritten Signature)

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

1	Full name of the life to be assured: <u>Mrs. LAXMI BANCHHOR</u>		
2	Date of Birth: <u>25/05/1968</u>	Age: <u>56 Yrs.</u>	Gender: <u>FEMALE</u>
3	Height (In cms): <u>151 cms</u>	Weight (in kgs) : <u>68 kg</u>	
4	Required only in case of Physical MER		
	Pulse : <u>73 bpm</u>	Blood Pressure (2 readings): 1. Systolic <u>130</u> Diastolic <u>80</u> 2. Systolic Diastolic	

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	<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 diagnostic tests ? Please specify date , reason ,advised by whom & findings.	<u>No</u>
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 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	<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>	No
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>	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 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>	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		NO
i.	Whether pregnant? If so duration.	NO
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

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 Laxmi BANEKHOR 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.



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 10 day of 03 20 25 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: Raipur
Date: 10/03/2025

Signature of Medical Examiner
Name & Code No:

Stamp: **DR. HULESH MANDLE**
MBBS, MD.
CGMC 223/04


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Raipur (C.G.) 492001



LIFE INSURANCE CORPORATION OF INDIA

ELECTROCARDIOGRAM

Zone: Division:
Proposal No.: 19619 Branch: 383
Full Name of Life to be assured: MRS. LAXMI BBANCHHOR
Age/ Sex: 56 Y/F
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 10-03-2025 given by me to LIC of India.

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 No
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N No
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N No

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at Raipur on the 10/03 day of 2025... At 11:49 a.m./p.m.

Shri Sai Advance Imaging & Diagnostic Center
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Radha Vihar Gali, Santoshi Nagar,
Raipur (C.G.) 492001

Signature of the Cardiologist
Rajesh
DR. RAJESH SHARMA
MD, PGDCC (Cardiologist).
CCMC 586/2007

Cardiologist's Name & Address



Clinical findings

(A)

Height (cms)	Weight (kgs)	Blood Pressure	Pulse Rate
151 Cms	68 Kg	130/80 mmHg	73 bpm

(B) Cardiovascular System

.....Normal.....

Rest ECG Report:

Position	Supine	P Wave	82 ms
Standardisation Imv	10 mv	PR Interval	138 ms
Mechanism	Sinus	QRS Complexes	74 ms
Voltage	1 mv	Q-T Duration	386 ms
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	67 bpm	T -wave	Normal
Ventricular Rate	67 bpm	Q-Wave	Normal
Rhythm	Regular		
Additional findings, if any.	No		

Conclusion: WNL

Dated at **Raipur** on the **10 / 03** day of **2025** At **11:49** a.m./p.m.

Shri Sai Advance Imaging & Diagnostic Center
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Radha Vihar Gali, Santoshi Nagar,
Raipur (C.G.) 492001

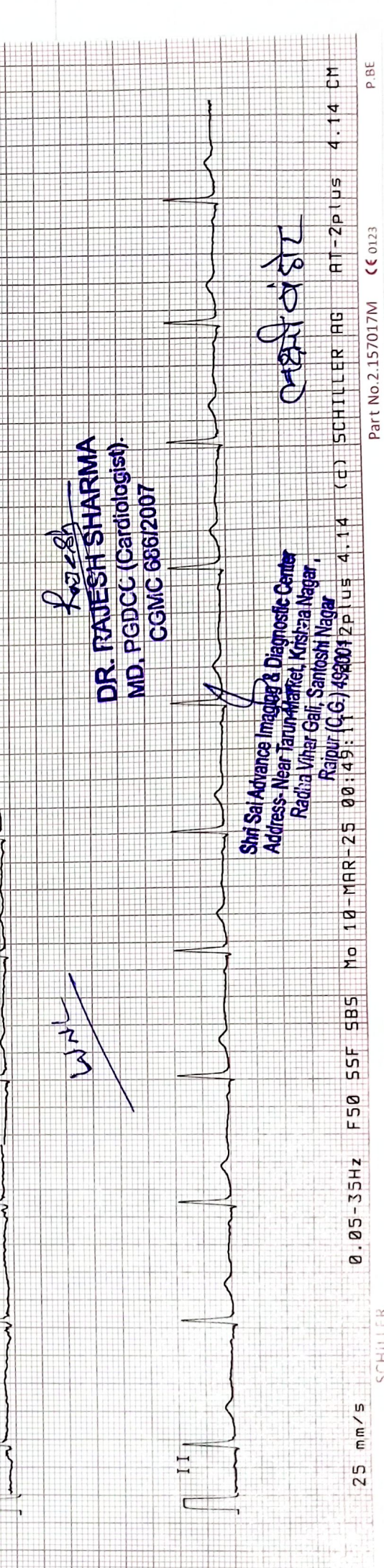
Signature *Rajesh*
DR. RAJESH SHARMA
Name & Address: **MD, PGDCC (Cardiologist).**
CGMC 686/2007
Qualification:

Patient: **Laxmi BANCHHOR**
 56 year / F
 cm / kg

HR 67/min
 Axis: P -34°
 QRS 47°
 T 26°

Intervals:
 RR 894 ms
 P 82 ms
 PR 138 ms
 QRS 74 ms
 QT 386 ms
 QTc 411 ms

10 mm/mV
 Sokol. 1.77 mV



Raresh
DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC 686/2007

WNL

Sri Sai Advance Imaging & Diagnostic Center
 Address- Near Tarun Market, Krishna Nagar,
 Radha Vihar Gali, Santoshi Nagar,
 Rajpur (G.G.) 492004 2P Plus 4.14

UNCONFIRMED REPORT



LIFE INSURANCE CORPORATION OF INDIA

BLOOD SUGAR TOLERANCE REPORT

Zone:

Division:

Proposal No.: 19619

Branch: 383

Full Name of Life to be assured: MRS. LAXMI BANCHHOR

Age/ Sex: 56 Y / F

INSTRUCTIONS FOR THE PATHOLOGIST

- The observations should be made in the morning in the fasting state before and after the ingestion of 75 grams of glucose
- The pathologist should indicate the method of blood estimation employed and the normal values
- 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.

Sample	Time O'Clock	Blood Sugar %	Normal Value
Fasting	11:43 AM	89.7 mg/dl	70-110 mg/dl

Interpretation - WNL

Method of blood sugar estimation employed - Godpod Method

I declare that the person examined signed (affixed his/her 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 **RAIPUR** on the **10/03** day of **2025** at **11:43** a.m./p.m.

Signature of the Pathologist

Pathologist's Name & Address:

Qualification:

DKUJLW
DR. MIKAL KUJUR
MD (PATHOLOGY)
CGMC- 2996/2010

J
Shri Sai Advance Imaging & Diagnostic Center
Address- Near Taran Market, Krishna Nagar,
Radha Vihar Gali, Santoshi Nagar
Raipur (C.G.) 492001