

To,
LIC of India
Branch Office

Date: 06/03/2025

Proposal No. 1449

Name of the Life to be assured _____

The Life to be assured was identified on the basis of RAJESH KUMAR CHOUHAN

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

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25598

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		PHYSICIAN'S REPORT	
COMPUTERISED TREADMILL TEST		IDENTIFICATION & DECLARATION- FORMAT	
HAEMOGRAM		MEDICAL EXAMINER'S REPORT	
LIPIDOGRAM		BST (Blood Sugar Test-Fasting & PP) Both	
BLOOD SUGAR TOLERANCE REPORT		FBS (Fasting Blood Sugar)	
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT- 13)		PGBS (Post Glucose Blood Sugar)	
ROUTINE URINE ANALYSIS		Proposal and other documents	
REPORT ON X-RAY OF CHEST (P.A. VIEW)		Hb%	
ELISA FOR HIV		Other Test	

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





भारतीय जीवन बीमा निगम Life Insurance Corporation of India

DELHI DIVISIONAL OFFICE-II

PHYSICIAN'S REPORT

DECLARATION

I hereby authorize Dr. RAJYA KHAN 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:..... Given by me to LIC of India.

Signature of the Life to be Assured.

PART-I

1. Full Name of Life to be assured (L.A.): RAJESH KUMAR CHOUHAN

2. Has the L.A. suffered from:

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 substance in any form?

No. of Years	Quantity used	Date of cessation, if any
<u>Last 1 year</u>	<u>1 PKT / 4 to 5 days</u>	<u>Smoked Tobacco</u>

4. does L.A. consume alcoholic drinks?

No. of Years	Quantity used	Date of cessation, if any

Date: 06/03/2025

Dr. RAJYA KHAN
M.B.B.S., D.M.R.D.
Reg. No. 25508

Signature of Physician

Name: _____

Qualification: _____

Reg.No _____



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

PART-II.

1. Is L.A. ever treated/hospitalized for any heart disease, hypertension and diabetes? Y/N
(if 'Yes' then details of-

Investigations	Treatment	Hospitalization	Present Status	Prognosis
		M/S		

2. Blood Pressure Reading-

Current	At the time of detection of Hypertension	Duration of Hypertension, if taking regular treatment
	70	

3. Diabetes-

Date of Diagnosis	Type	Duration
	70	

4. Are there any symptoms/signs of-

(a)	Renal Disease	70
(b)	Neurological involvement	70
(c)	Eye involvement	70
(d)	Peripheral Vascular Disease	70
(e)	Any other infectious diseases(esp. TB)	70

5. Is L.A. taking regular treatment for above disease/s? 70

* (enclose all relevant papers with this form)

(*R.A.K.*)

Signature of the Life to be Assured)

Date: 7/10/25

Dr. RAINA KHAN

MDS, DMRD

Reg. No. 25508

Signature of Physician



Name: _____

Qualification: _____

Reg.No. _____



DR. RAJESH KHAN
 Reg. No. 2508

