 GPS Map Camera

Raipur, Chhattisgarh, India

6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Chhattisgarh 492001, India

Lat 21.21112° Long 81.645577°

Plus Code : 7MH36J6W+C6

09/03/25 12:38 PM GMT +05:30



Date: 09/03/2025

To, Insurer: _____
Branch Office
3BM

Proposal No. 9971 Unique Transaction No: _____
Sum Insured: _____ Type: WALK IN / Scheduled / Home Visit

Name of the Life to be assured MR. HARCHARAN SINGH SALUJA

The Life to be assured was identified on the basis of ADKAR CARD (7352)

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)

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

Name of life to be assured:

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.

26/05/1988
Permanent/Account Number
BDQP/53427M
Signature



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No.: 2084/33004/28923

To
हरचरण सिंह सलूजा
Harcharan Singh Saluja
S/O: Inderjit Singh Saluja
26/1172 Saluja Mansion Govind Nagar
Near Gurdwara Pandri
Raipur
Raipur Raipur
Chhauhsagarh 492004
812077771
313064081
10/12/2015
MA130640813FT



[Signature]
DR. HULESH MANDLE
MBBS, MD.
CGMC 223/04

आपका आधार क्रमांक / Your Aadhaar No. :

~~XXXXXXXXXXXX~~ 7352

आधार - आम आदमी का अधिकार

भारत सरकार
Government of India
हरचरण सिंह सलूजा
Harcharan Singh Saluja
जन्म तिथि / DOB: 26/05/1988
पुरुष / Male
~~XXXXXXXXXXXX~~ 7352



आधार - आम आदमी का अधिकार

मैं आपका आधार कार्ड की जानकारी
आपके आधार पर ही प्राप्त कर रहा हूँ।
आपका आधार कार्ड सही है।

[Signature]
S. Jarcharan
S. J. Saluja

आवेदक/पॉलिसी धारक
[Signature]
S. Jarcharan
S. J. Saluja

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

आवेदक/पॉलिसी धारक



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

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Branch Code: 38M
Proposal/ Policy No: 9971
MSP name/code : MSP00012
Date & Time of Examination: 09/02/2025
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 8120777971
Identity Proof verified: ADHAR CARD ID Proof No. 7352
(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".

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

1 Full name of the life to be assured: Mr. HARCHARAN SINGH SALUJA
2 Date of Birth: 26/05/1986 Age: 38 Yrs. Gender: MALE
3 Height (In cms): 168cms. Weight (in kgs) : 70 kg
4 Required only in case of Physical MER

Pulse : 72bpm
Blood Pressure (2 readings):
1. Systolic 122 Diastolic 80
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	<p>a. Whether receiving or ever received any treatment/ medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<u>NO</u>
6	<p>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?</p> <p>Please specify date , reason ,advised by whom & findings.</p>	<u>NO</u>
7	<p>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.</p> <p>If yes provide all investigation and treatment reports</p>	<u>NO</u>

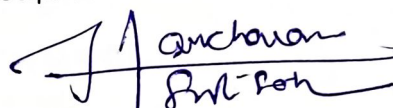
8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name 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		N.A.
i.	Whether pregnant? If so duration.	N.A.
ii	Suffering from any pregnancy related complications	N.A.
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	Yes
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Declaration

You Mr/Ms HARSHARAN SINGH SALUJA 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 09 day of 03 2025 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: 09/03/2025

Signature of Medical Examiner
Name & Code No: **DR. HULESH MANDLE**
Stamp: **MBBS, MD.
CGMC 223/04**


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