

Date: 06 MAR 2025

To,
LIC of India
Branch Office
327

Proposal No. 1843

Name of the Life to be assured RAJA RAM

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 Kapoor
Signature of the Pathologist/ Doctor

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36636

Name: DR. HEMANT KAPOOR

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

21/9/21/21
(Signature of the Life to be assured)

Name of life to be assured: RAJA RAM

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	<input checked="" type="checkbox"/>
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 <u>DEFORMITY</u> <u>Questionnaire</u>	<input checked="" type="checkbox"/>

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,



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

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Branch Code:
Proposal/ Policy No: 1843
MSP name/code :
Date & Time of Examination: 06 MAR 2025
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 7835805828
Identity Proof verified: PAN CARD ID Proof No. CNZPR7614A
(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 HEMANT KAPUR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured: <u>RAJA RAM</u>
2	Date of Birth: <u>01-01-1995</u> Age: <u>30</u> Gender: <u>M</u>
3	Height (In cms): <u>162</u> Weight (in kgs) : <u>48</u>
4	Required only in case of Physical MER
	Pulse : <u>76</u> Blood Pressure (2 readings): 1. Systolic <u>118</u> Diastolic <u>79</u> 2. Systolic <u>120</u> Diastolic <u>87</u>

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 ? <u>- NO -</u> 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>- YES - (SURGERY)</u> <u>Accident - (2014)</u> <u>Amputated right upper limb at mid of arm level.</u> <u>- 85% -</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), 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. 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?	- locomotor disability - -yes- Amputated right upper limb at mid of arm level.
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		NA
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	-

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	FIT (YES) with Amputated Right arm lower limb (85% disability)
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Declaration

You Mr/Ms RAJA RAM 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.

RAJA RAM

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 ___ day of 06/03/2025 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: NEW DELHI
Date: 06/03/2025
Stamp:

Dr. Hemant Kapoor
Signature of Medical Examiner
Name & Code No:
DR. HEMANT KAPOOR
MD, DPB

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36636



Division _____

Branch Office 327**DEFORMITY QUESTIONNAIRE**Name of the proponent / Life Assured RAJA RAM Age 30 Years

**Questions to be answered by the proponent's / policyholder's Personal Medical Attendant /
Medical Examiner regarding Deformity/ies and / or Impairment/s**

1.	a. What is the cause of deformity? Whether it is i. Congenital ii. Due to an accident or injury iii. Due to any underlying disease?	- Accidental -
	b. Since when the deformity is present?	- Since 2014 -
2.	If the deformity is due to any underlying disease, please state the following: i. What was the disease leading to deformity? ii. When did it occur? iii. Whether the disease is stationery or progressive? iv. If stationery, since when	- Accidental - - 2014 - - Stationary - - Since 2014 -
3.	Does he/she have control on bowel movements and bladder?	- YES -
4.	Exact parts of the body affected and extent	Right hand
5.	Are there any restrictions in movements and function of the limbs or affected parts? Please give degree of disability	85%
6.	Has he/she a limp?	- NO -
7.	Whether he /she can walk and run fast without any aid (in case of deformity in the leg)?	- YES -
8.	Can he/she squat, sit and get up properly?	- YES -
9.	Whether the affected limb is shorter than the other , and if so, to what extent (in cms)	- NO -
10.	If the deformity is due to poliomyelitis, please state whether the wasting of muscles is i. mild ii. moderate iii. severe	- NA -

11.	How many limbs are affected?	Right hand (01)
12.	Are there any respiratory complications? If yes, give details	- NO -
13.	Is there any restriction in movement of any of the fingers? Are any of the fingers removed? If so, upto which phalanx. Whether thumb and forefinger have been affected / removed?	- NA -
14.	a. Whether he / she can lift articles without any difficulty and hold the articles without losing the grip (in case of deformity in the hands)? b. Is the grip firm and strong?	- YES - - YES -
15.	Are there any residual complications?	- NO -

My diagnosis as to the cause of the disability is Amputated right upper limb at mid
of arm level

I do for the reasons explained below / do not have any reason to suspect on clinical grounds a recent deterioration causing more pronounced disability:

- He / she is able / not able to perform routine self-care activities. ✓
- He / she is / is not required to use wheel chair / crutches. ✓
- Any other factors which are likely to add to the risk on account of the deformity / ies. - NO -

Please submit details of previous treatment, previous special reports, x-rays etc. for perusal and return.

Dated at MARCH on the Thursday day of 06/03/2025 20 .

Signature of the proposer /
Policyholder

Signature of the Medical Examiner /
Medical Attendant DR. HEMANT KAPOOR
Code No.
Qualifications MD, DPB
Registration No. 36636
Address

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd No. 36636

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

नाम / Name
RAJA RAM

पिता का नाम / Father's Name
KANHIN LAL

जन्म की तारीख / Date of Birth
01/01/1995

हस्ताक्षर / Signature
राज राम

11032017



Chapoor
Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36636



1441-A, WARD NO.-I, (Opp. R.H.T.C),
 NAJAFGARH, NEW DELHI-110043
 Tel : 011-25014099
 Mob : +91-8588864117 / 136
 Email : doctorsdiagnostic1996@gmail.com

DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist
DR. HEMANT KAPOOR
 MD, DPB (Pathology)

Consultant Radiologist
DR. BIPUL BISWAS
 MD (Radiology)

NABL
 ACCREDITED LAB

@kapoor
Dr. HEMANT KAPOOR
 MD, DPB
 Consultant Pathologist
 DMC Regd. No. 36636



GPS Map
 Camera Lite

1445/1, Najafgarh Rd, Jataw Mohalla, Najafgarh, New Delhi, Delhi,
 110043, India

Latitude: 28.6138687°
 Longitude: 76.9851709°
 Altitude: 220 meters
 Local: 01:05:09 PM
 GMT: 07:35:09 AM
 Thursday, 06.03.2025



This Report is for the personal of doctors only, Not for Medico Legal Cases.
 Clinical Correlation is essential. Please Contact us in Case of Unexpected results.

KINDLY COLLECT YOUR ORIGINAL BILLS

TIMINGS: Daily - 8.00 am to 10.00 pm, Sunday - 8.00 am to 08.00 pm

www.doctorsdiagnosticcentre.in



Chapra
Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36636

 **UNIQUE DISABILITY ID**
Government of India 

Name
Raja Ram

UD ID
UP1810619950065933

Disability Type
Locomotor Disability

Year of Birth	% of Disability
1995	85% (Eighty Five Percent)
Date of Issue	Valid upto
10/12/2019	Permanent

 

Issuing Authority Sign



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Budaun, Uttar Pradesh



Certificate No.: UP1810619950065933

Date: 04/11/2019

This is to certify that I/We have carefully examined Shri Raja Ram Son of Shri Kanhi Lal Date of Birth 01/01/1995 Age 24 Year(s) Male, Registration No. 0918/00000/1912/0508331 resident of House No. Puthi Saray - 243634 Sub District Budaun District Budaun State / UTs Uttar Pradesh Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Locomotor Disability
(B) The diagnosis in his case is Amputated right upper limb at mid of arm level

(C) He has 85%(in figure) Eighty Five percent(in words) Permanent in relation to his - (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card



Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Budaun, Uttar Pradesh

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.