

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch 382
Proposal No. 5882
Agent/D.O. Code: _____
Full Name of Life to be assured: MR. BHUPENDRA KUMAR SAHU
Age/Sex : 38Y/M

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

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 _____ given by me to LIC of India.

28/11/24

Witness

Signature or Thumb Impression of L.A.

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 NS
- 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 day of 28/11 20 24

Signature of L.A. [Signature]

Signature of the Cardiologist [Signature]

Name & Address
Qualification

Code No.

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

Clinical findings
(A)

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Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
168	59	120/70	76

(B) Cardiovascular System *N.A.D.*

Rest ECG Report:

Position	<i>SUPINE</i>	P Wave	<i>94ms</i>
Standardisation Imv	<i>10mv</i>	PR Interval	<i>152ms</i>
Mechanism	<i>SINUS</i>	QRS Complexes	<i>76ms</i>
Voltage	<i>1mv</i>	Q-T Duration	<i>354ms</i>
Electrical Axis	<i>Normal</i>	S-T Segment	<i>Normal</i>
Auricular Rate	<i>78.6PM</i>	T-wave	<i>Normal</i>
Ventricular Rate	<i>78.6PM</i>	Q-Wave	<i>Normal</i>
Rhythm	<i>Regular</i>		
Additional findings, if any.	<i>No</i>		

Conclusion: *W.N.C.*

Dated at *RAIPUR* on the day of *23/11* 20*24*

Signature of the Cardiologist

Name & Address

Qualification

Code No.

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

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

BHUPENDRA KUMAR SRHU

P 52 °
QRS 73 °
T 64 °
5.62

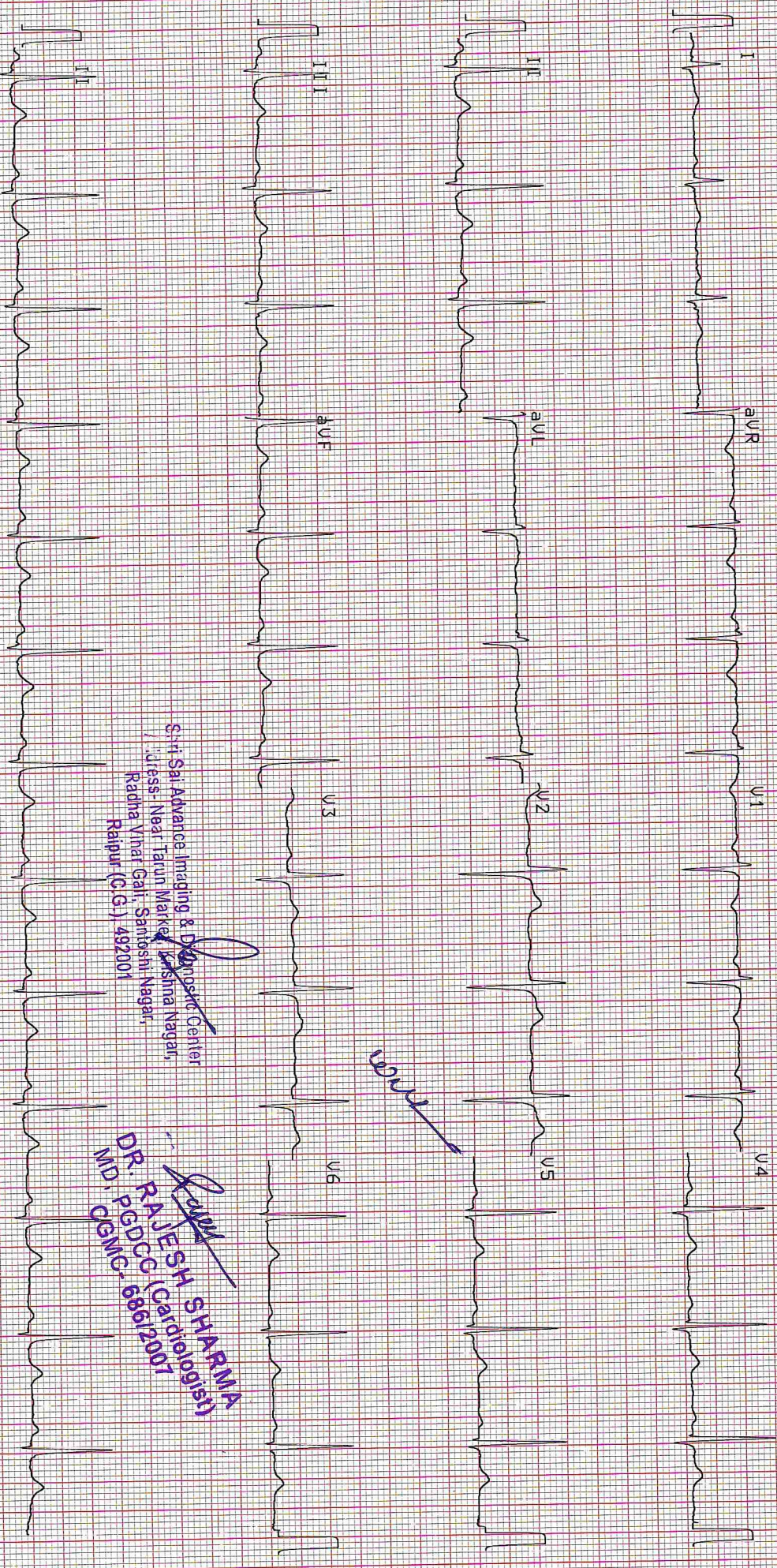
UNCONFIRMED REPORT

38 year / M
..... cm / kg

Interval s:		P (II)	QRS	R (V5)	Sokol.
RR	767 ms	0.12 mV	5 (V1)	1.59 mV	3.02 mV
P	94 ms				
PR	152 ms				
QRS	76 ms				
QT	354 ms				
QTc	407 ms				

10 mm/mV

10 mm/mV



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

SRHU

25 mm/s

0.05-35Hz

F50 SSF SBS

5a 23-NOV-24 04:24:24

RT-2plus 4.14

(C) SCHILLER AG

RT-2plus 4.14 CM

SCHILLER

Part No.2.157025M

CE 0123

P.80



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

Branch Code: 382
Proposal/ Policy No: 5988
MSP name/code : MSP0000 18
Date & Time of Examination: 23/11/2024
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: Mr. BHUPENDRA KUMAR SAHU
Identity Proof verified: Driving License ID Proof No. CS0620120017724
(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 MANDLI (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".


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

1	Full name of the life to be assured: <u>MR. BHUPENDRA KUMAR SAHU</u>
2	Date of Birth: <u>10/10/1984</u> Age: <u>38 YRS</u> Gender: <u>MALE</u>
3	Height (In cms): <u>168 cm</u> Weight (in kgs) : <u>53 kg</u>
4	Required only in case of Physical MER

Pulse : <u>76 bpm</u>	Blood Pressure (2 readings): 1. Systolic <u>120</u> Diastolic <u>70</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), 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?	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		
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

Declaration

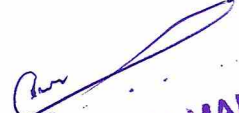
✓
 You Mr/Ms BIJUPENDRA K.V. SAHU declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The 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 23 day of 11 2024 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: 23/11/2024

Signature of Medical Examiner
 Name & Code No:
 Stamp:


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


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



BLUE STAR

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Radha Vihar/Gali, Santoshi Nagar,
Raipur (C.G.), 492001

DR. HULESH MANDLE
MBBS, M.D
CGMC-223/04

GPS Map Camera

रायपुर, छत्तीसगढ़, भारत

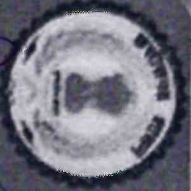
राधा स्वामी मार्ग, कृष्णा नगर, संतोषी नगर, रायपुर, मथुरेना, छत्तीसगढ़ 492001, भारत

Lat 21.211121°

Long 81.645532°

23/11/24 03:35 PM GMT +05:30

Google



INDIAN UNION DRIVING LICENCE

CHHATTISGARH STATE

DR. HULESH MANDLE
CGMC-223104

Dr. Hulesh Mandle
Diagnosic Center
Sri Sai Advance Imaging
Address- Near Tammalket, Krishna Nagar,
Radha Vihar Gali, Sector-11, Nagari,
Raipur (C.G.) 492001



Number : CG04 2012001772A

Name : BHUPENDRA KUMAR SAHU

S/D/W of : LLESHWAR SAHU

Address : VILLEPO-SONPUR
BANSUDEH VIA-SANKRA
JONK, THA-BILAGARH,
TEH-KASDOL, DIST-BALODA

Issued on : 14-08-2012

DOB : 10-10-1986 BG D+ve

Is/licenced to drive the following vehicle class throughout India:

Vehicle Class	LMV	MCWG			
Date of Issue	14-08-2012	14-08-2012			

Valid till (Transport)
Valid till (Non-Transport) 12-08-2032 Badge No:



DR. HULESH MANDLE
CGMC-223104
1986
AUTOMATIC

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **382**

Proposal No. **5888**

Agent/D.O. Code:

Full Name of Life to be assured: **MR. BHUPENDRA KUMAR SAHU**

Age/Sex : **38Y/M**

SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)

ANNEXURE- 6

LIC03-013

	Type of Test	Actual Reading
1	Blood Sugar (Method God Pod Method)	
	Fasting	86.9
2	Total Cholesterol	149.8
	High Density Lipid (HDL)	45.6
	Low Density Lipid (LDL)	79.9
3	S. Triglycerides	120.5
4	S. Creatinine	0.86
5	Blood Urea Nitrogen (BUN)	9.5
6	S. Proteins	7.6
	(a) Albumin	4.5
	(b) Globulin	3.10
	(c) AG Ratio	1.45
7	S. Bilirubin	
	(a) Direct	0.10
	(b) Indirect	0.45
	(c) Total	0.55
8	SGOT (AST)	25.4
9	SGPT (ALT)	21.3
10	GGTP (GGT)	27.3
11	S. Alkaline Phosphatase	85.2
12	HbsAg (Australia Antigen)	Non-Reactive
13	Elisa for HIV (Method)	Negative

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

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LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch 382
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Agent/D.O. Code: _____
Full Name of Life to be assured: Bhupendra Kumar Sahu
Age/Sex : 38 years / male

ROUTINE URINE ANALYSIS

ANNEXURE-7

LIC03-009

- | | | | |
|----------------------------|----------------------|-----------------------|-----------------|
| 1. Physical Examination | | | |
| (i) Colour | - <u>Pale yellow</u> | (ii) Sediment | - <u>Absent</u> |
| (iii) Transparency | - <u>Clear</u> | (iv) Reaction | - <u>Acidic</u> |
| 2. Chemical Examination | | | |
| (i) Protein | - <u>Nil</u> | (ii) Sugar | - <u>Nil</u> |
| (iii) Bile salt | - <u>Absent</u> | (iv) Bile pigments | - <u>Absent</u> |
| 3. Microscopic Examination | | | |
| (i) Red Blood Cells | - <u>Absent</u> | (ii) Epithelial Cells | - <u>2-3</u> |
| (iii) Crystals | - <u>Absent</u> | (iv) Pus Cells | - <u>2-2</u> |
| (v) Casts | - <u>Absent</u> | (vi) Deposits | - <u>Absent</u> |
| (vii) Bacteria | - <u>Absent</u> | | |

Remarks

If pus cells are present GRAM STAIN is necessary
If haematuria is present ZIEHL NEELSEN METHOD is necessary

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Mikal Kujur
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MD (PATHOLOGY)
CGMC- 2996/2010

LIFE INSURANCE CORPORATION OF INDIA

Zone - *Raipur* Division - *Raipur* Branch - *382*
Proposal No. *5888*
Agent/D.O. Code :
Full Name of Life to be assured: *Bhupendra Kumar Sahu*
Age/Sex : *38 year/male*

HAEMOGRAM

ANNEXURE - 3

LIC03-004

1. Red Blood Cell Count :
2. Hb% : *15.3*
3. Hematocrit : *gm/dl - 12.5 - 16.5*
4. Indices :
 - (a) MCV (Mean Corpuscular Volume)
 - (b) MCH (Mean Corpuscular Hb)
 - (c) MCHC (Mean Corpuscular Hb Concentration)
5. Morphology
Macrocytes: Microcytes: Hypochromia:
Poikilocytosis: Anisocytosis:
6. Target Cells
Spherocytes: Elyptocytes:
7. White Blood Cells
Total Count:
Differential Count:
 - a) Neutrophils: c) Eosinophils:
 - b) Lymphocytes: d) Monocytes:
 - e) Basophils:
8. Platelets:
9. Erythrocytes Sedimentation rate:
(Westergren Method)

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