



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

Branch Code: 383
Proposal/ Policy No: 5714
MSP name/code :
Date & Time of Examination: 13-11-24
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9977561067
Identity Proof verified: Aadhaar card ID Proof No. 9552
(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. Ashwini Khande (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: Ashwini Kumar Sahu
2 Date of Birth: _____ Age: 52 years Gender: Male
3 Height (In cms): 163cm Weight (In kgs): 67 kg
4 Required only in case of Physical MER
Pulse: 78 Blood Pressure (2 readings):
1. Systolic 122 Diastolic 120
2. Systolic 74 Diastolic 70

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

<p>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</p>	<p>NO</p>
<p>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.</p>	<p>NO</p>
<p>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</p>	<p>NO</p>

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, thalassaemia 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/Stroke/ 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,
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

NA

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Answer
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Declaration

You, Mr/Ms Ashwani Kumar 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.

Ashwani

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 13 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: 13-11-2024

Signature of Medical Examiner
Name & Code No: DR. HULESH MANDLE
Stamp: MBBS, MD
CGMC-223104

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



A Unit of Diagnostic Care with Trust

श्री साई एडवांस इमेजिंग एण्ड डायग्नोस्टिक सेंटर PVT. LTD.

हर जीवन  अमूल्य है

पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4028901

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / DPG / SPIR

VITAL CHART

Name -	ASIIWANI KUMAR SAHU
Age -	53/Y/M
Company -	LIC
Proposal No -	5714
Height -	163 CM
Weight	67 KG
Chest -	88-93
Abdomen -	90
BP -	122/74
Pulse -	78

Consultant Signature

Dr. Hitesh Mandle
MBBS, MD
CGMC-223/04

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

सही जाँच ही सही इलाज का आधार है...

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic.com

Patient's

ESHWINI KUTTAR SINGU

10:44:43 AM
 RR 138 bpm
 PR 38 ms
 QT 344 ms
 QTc 399 ms

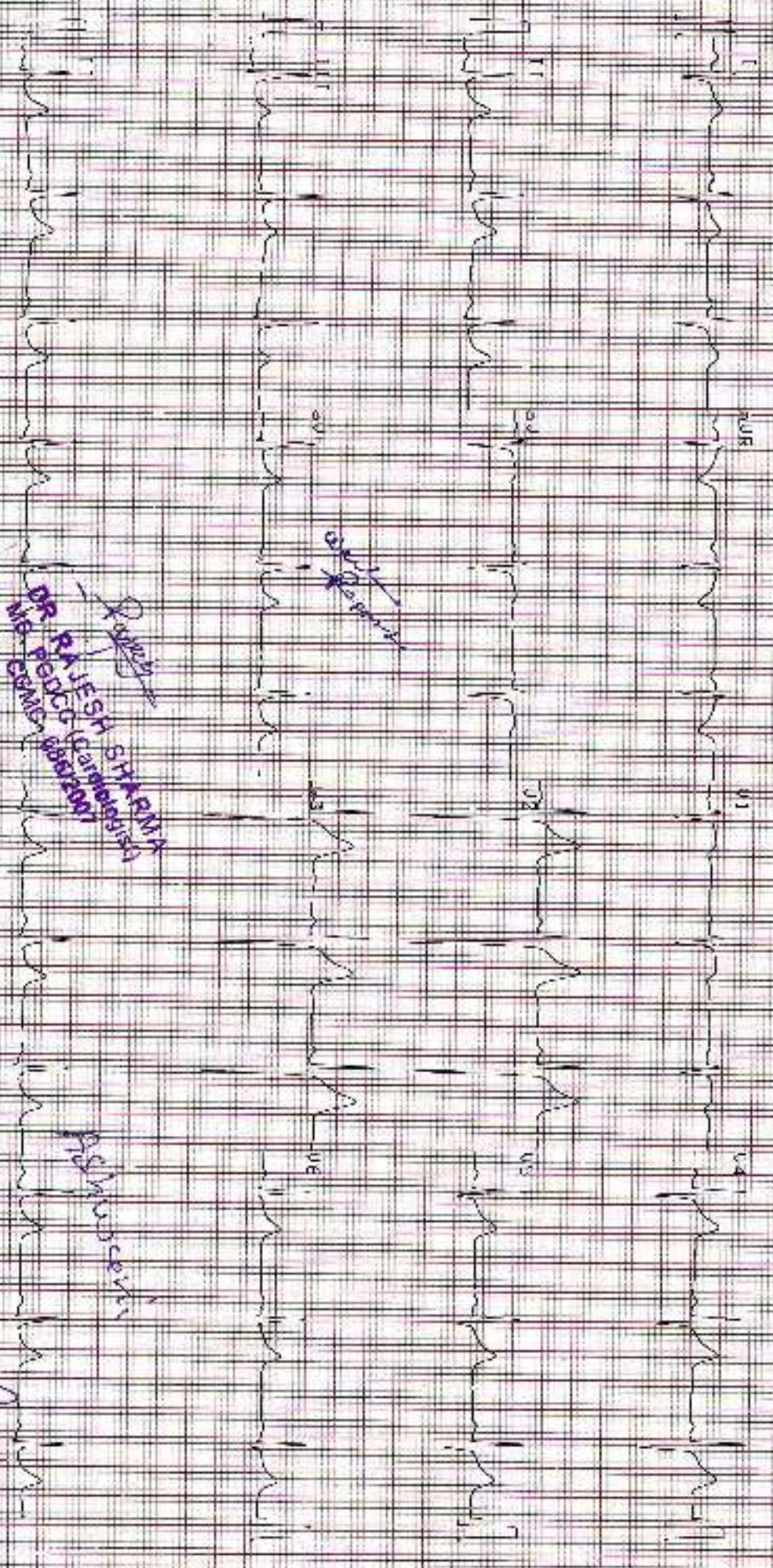
QRS 98
 T 32
 P 113
 R 113
 K 250
 Fechn 5.45

SINUS BRADYCARDIA
 NITROGLYCERINE
 NITROGLYCERINE

INTERMITTENT

10 mm/mV

10 mm/mV



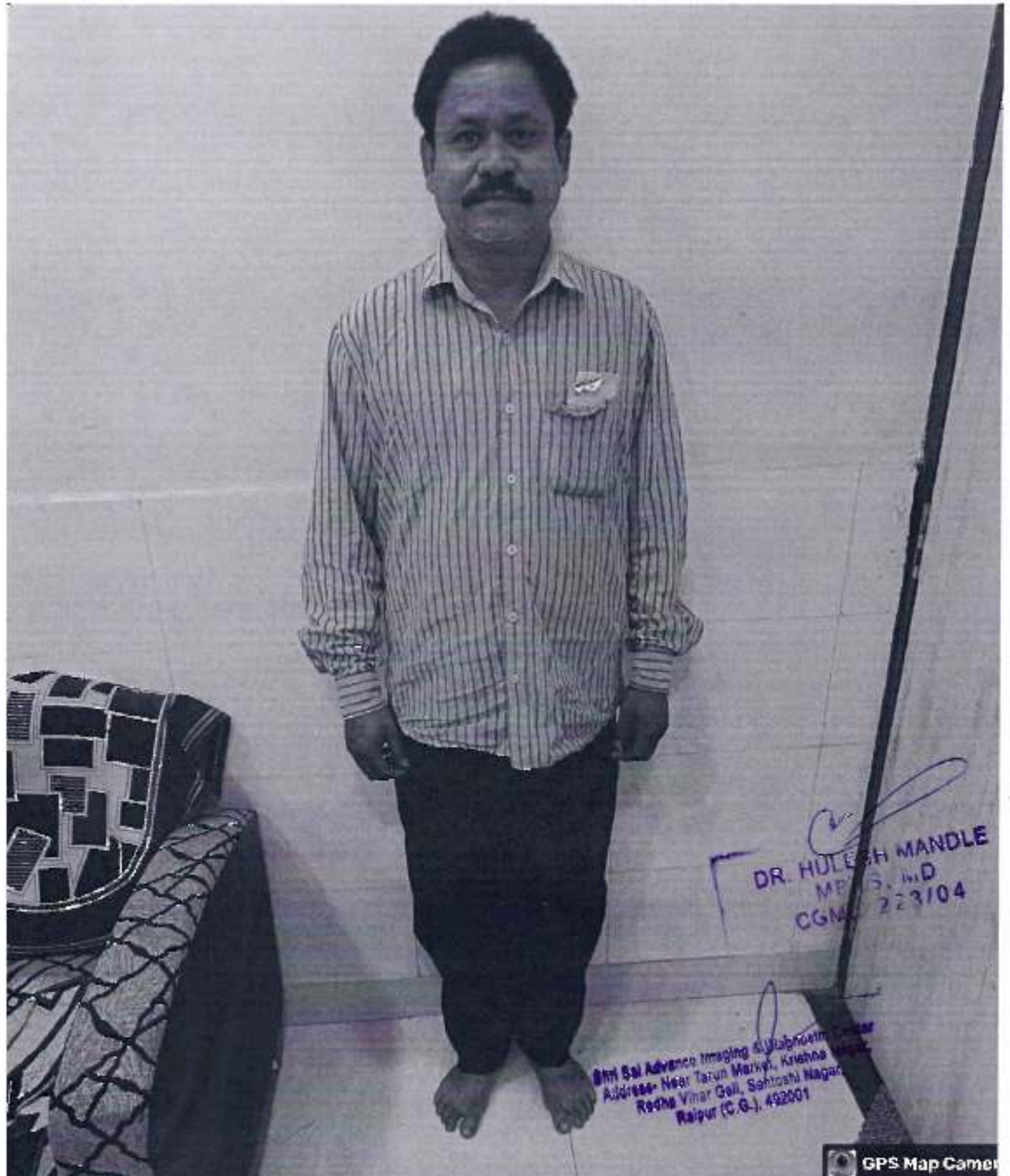
DR. RAJESH SIVARMA
 MD, DNB (CC),
 Director
 PSCMG Laboratory

PSCMG Laboratory

22/10/2024
 V.K.A.S.17
 P00-SBR-SUB
 2019-11-24 03:52:24
 P1-2p15-1177
 2024-10-22 15:21:11
 P1-2p15-1177

SCHEILER

SP3 Sai Advaita Mangal & Pathology Centre
 100 Feet Road, Bangalore
 Phone: 91 98456 11111
 Email: info@sp3.in



DR. HULESH MANDLE
M.D.
CGMC 223/04

Bhri Sai Advance Imaging & Ultrasound Center
Address: Near Tarun Market, Krishna Nagar,
Redha Vihar Gali, Santoshi Nagar,
Raipur (C.G.), 492001

GPS Map Camera

Raipur, Chhattisgarh, India
6j6w+c64, Krishna Nagar, Santoshi Nagar, Raipur, Mathpurena, Chhattisgarh 492001,
India
Lat 21.217125° Long 81.645635°
Plus Code : 7MH36J6W+F7
19/11/24 03:10 PM GMT +05:30

Google



भारत सरकार
GOVERNMENT OF INDIA



अश्वनी कुमार साहू
Ashvani Kumar Sahu

जन्म वर्ष / Year of Birth : 1972
पुरुष / Male

9406 8339 9552



आधार — आम आदमी का अधिकार

BH E&A Advance Imaging & Diagnostic Center
Raipur - Near Tansen Market, Krishna Nagar,
Rajmangal Sani, Santoshi Nagar,
Raipur (C.G.) 492001

DR. HULESH MANDLE
MBBS, M.D.
CGMC 12/1/04

GPS Map Camera

Raipur, Chhattisgarh, India

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

Lat 21.211137° Long 81.645607°

Plus Code : 7MH36J6W+F6

19/11/24 03:10 PM GMT +05:30

Google



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : S/O जेठू राम साहू, डॉ राजेंद्र
प्रसाद वार्ड न०-४६, न्यू क्रिष्णा नगर, न्यू
राजेंद्र नगर, अमलीडीह, राविग्राम,
रायपुर, छत्तिसगढ़, 492006

Address: S/O Jethu Ram Sahu,
Dr rajendra prasad ward n0-46
new krishna nagar, new
rajendra Nagar, Amliih,
Ravigram, Raipur, Chhattisgarh,
492006



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P.O. Box No. 1847,
Bangalore-560 060

*Dr. Sai Advani, Bangalore & Chhattisgarh Center
Address- Near Tarun Market, Krishna Nagar,
Raha Vihar Gali, Santoshi Nagar,
Raipur (C.G.), 492001*

*DR. HULFISH MANDLE
MBBS, MD
CGMC, 273/04*

GPS Map Camera

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India

Lat 21.211125° Long 81.645627°

Plus Code : 7MH36J6W+P7

19/11/24 03:11 PM GMT +05:30

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पुराना धमतरी रोड, सब्जी बाजार के सामने,
संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023800

MRI | C.T. Scan | 4-D Colour USG | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G. / OPG / SPIRO

PT. NAME :- MR. ASHWANI KUMAR SAHU	Sample Collected On :- 19/11/2024
PT. AGE/SEX :- 52 Y / M	Report Released On :- 22/11/2024
MOBILE NO :-	Accession On :- 10
Ref. By :- SELF	Patient Unique ID No. :- 10626
Company :- LIC (Life insurance Corporation)	TPA :- MEDSAVE

BIO CHEMISTRY


Description	Result	Unit	Biological Ref. Range
BLOOD SUGAR RANDOM			
BLOOD SUGAR RANDOM	136.2	mg/dl	80 - 140


Clinical Significance:

Elevated glucose levels (hyperglycemia) are most often encountered clinically in the setting of diabetes mellitus, but they may also occur with pancreatic neoplasia, hyperthyroidism, and adrenal cortical dysfunction. Decreased glucose levels (hypoglycemia) may result from endogenous or exogenous insulin excess, and under starvation, or liver disease.

--- End Of Report ---

CHECKED BY


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


 DR. MAIKAL KUJUR MBBS, MD
 PATHOLOGY (AIIMS, NEW DELHI)
 REG. NO. DPG-MC-2996/2010
 MD (PATHOLOGY)
 CGMC- 2996/2010

सही जांच ही सही इलाज का आधार है...

Email : shrisaiimaging@gmail.com, Website : www.shrisaidiagnostic.com



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संतोषी नगर, रायपुर (छ.ग.) ☎ 0771-4023900

NRI | G.T. Scan | 4-D Colour USC | Digital X-Ray | Advanced Pathology | 2D Echo / E.C.G. / TMT / E.E.G / DPG / SPIRAL

PT. NAME :- MR. ASHWANI KUMAR SAHU	Sample Collected On :- 19/11/2024
PT. AGE/SEX :- 52 Y / M	Report Released On :- 22/11/2024
MOBILE NO :-	Accession On :- 13
Ref. By. :- SELF	Patient Unique ID No. :- 10626
Company :- LIC (Life Insurance Corporation)	TPA :- MEDSAVE

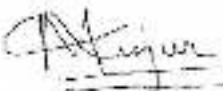
CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
URINE R/M			
Appearance	Clear		Clear
Specific Gravity	1.020		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<u>Microscopic Examination</u>			
Epithelial cells	3-4	HPT	0-5
PUS CELLS	2-3	H-PF	0-5
RBC (Urine)	Absent	HPT	0-3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<u>Chemical Examination</u>			
Others	Not detected		
<u>Physical Examination</u>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

--- End Of Report ---

CHECKED BY


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Raipur (C.G.), 492001


DR. MAIKAL KUJUR MBBS, MD
PATHOLOGY (AIIMS, NEW DELHI)
REG. NO. CGMC-2996/2010
CGMC-2996/2010

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