Date: 17/10/2024

To,
LIC of India
Branch Office

Proposal No. 1723

Name of the Life to be assured KESHAV GUPTA.

The Life to be assured was identified on the basis of

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. BINDU
MBBS, MD
Reg. No.-33435

Signature of the Pathologist/ Doctor

Name:

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

Garima
(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	JMER

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

LIFE INSURANCE CORPORATION OF INDIA

JUVENILE FMR

Zone : NORTHERN Division : Delhi D.O.-II Branch

Proposal No. 1723

Agent/D.O. Code: Introduced by: (name & signature)

Name of the child: (Master/ Miss) KESHAV GUPTA				
Mark of identification: Mole/Scar/any other (specify location) No				
Current ID provided	Student	Passport	Latest School Report Card	Others(specify) UID-6963
Age of the child: 04 Years/Months 04			SEX: M ☑ / F ☐	
Birth History: FTND / Forceps / Caesarean/ Other (Please tick the relevant) Normal				

A. Details of Physical Examination

For all children:

Height of the child: 109 cms Weight of the child: 19.6 kgs

Pulse and character 64/m Blood Pressure 108/74 mm of Hg

Presence of any congenital defects or abnormalities: Yes / No

(If yes, please provide details)

For Children Below 2 yrs:

Head Circumference 50 cms Chest Circumference 58 cms

B. Medical History:

Question	Answer
1) Is the proposed insured presently in good health?	Yes ☑ / No ☐
2) Does the proposed insured have any physical and mental handicap or deformity?	Yes ☐ / No ☑ If yes provide details:
3) Has the proposed insured been hospitalized and/or has been advised for any treatment/surgery and/or has undergone any general checkup in the last five years?	Yes ☐ / No ☑ If yes provide details of the tests conducted and treatment if any.
4) Has the proposed insured ever been treated or hospitalized for any Heart ailment/cancer/ kidney disorder/ epilepsy/ mental disorder/ diabetes/ musculoskeletal disorder/ blood disorder/ respiratory disorder like Bronchitis or Asthma/congenital or hereditary disorder	Yes ☐ / No ☑ If yes provide details:
5) Is the child's behavior / appearance / mental ability in line with his current age?	Yes ☑ / No ☐ If no provide details:
6) If school going, has proposed insured taken any sick leave from school in the last 2 years?	Yes ☐ / No ☑ If yes provide details:
7) Please give details of proposed insured's family history : Is any family member/s either suffering or have suffered or have died from heart disease, thallassaemia, cancer, kidney disease, any other hereditary / familial disorders	Father: Mother : Sibling 1 Sibling 2 — No

C. Immunization History: (Mandatory for ages < and equal to 5 yrs)

Vaccinated for			
1. OPV:	Yes ☑ / No ☐	2. DPT:	Yes ☑ / No ☐
3. BCG:	Yes ☑ / No ☐	4. Hepatitis B:	Yes ☐ / No ☑
5. Mumps, Measles, Rubella:	Yes ☐ / No ☑	6. Typhoid (above 1 Yr):	Yes ☐ / No ☑

7. Hepatitis A (Above 1 Yr) : Yes ☐ / No ☑			
D. Medical Examination			
Do you find any evidence of abnormality, disease or surgery of:			If yes please elaborate
1) the respiratory system?	☐ Yes	☑ No	
2) the central and peripheral nervous system?	☐ Yes	☑ No	
3) the genito urinary system?	☐ Yes	☑ No	
4) the abdominal organs?	☐ Yes	☑ No	
5) the head, face, mouth, throat, eyes, ears ,nose and neck?	☐ Yes	☑ No	
6) the skin, muscles, bones and joints?	☐ Yes	☑ No	
7) The Cardiovascular system:			
a) Are the peripheral pulses abnormal?	☐ Yes	☑ No	
b) Is there any evidence of heart enlargement?	☐ Yes	☑ No	
c) Are there murmurs or abnormal heart sounds?	☐ Yes	☑ No	
d) Do you suspect any abnormality of the cardiovascular system?	☐ Yes	☑ No	

Declaration by the parent accompanying the child:

I hereby confirm that all facts regarding the child as recorded by the doctor are true and complete.

Signature of the parent: Garima Name of the parent Garima Gupta

Doctor's Declaration

- I hereby confirm that I have, this day, examined the above individual personally, in private and recorded the above information in my own handwriting. I certify that I have personally recorded the history as informed by the examinee/parent accompanying the child.
- Place of Examination: Clinic ☐ Examinee's Residence ☑
- I declare that the examinee has signed/affixed his/her thumb impression in my presence.

Dated at Delhi on the 17 day of 10 2024 at 4.30 a.m./p.m.

Dr. BINDU
MBBS, MD
Reg. No.-33435

KESHAV

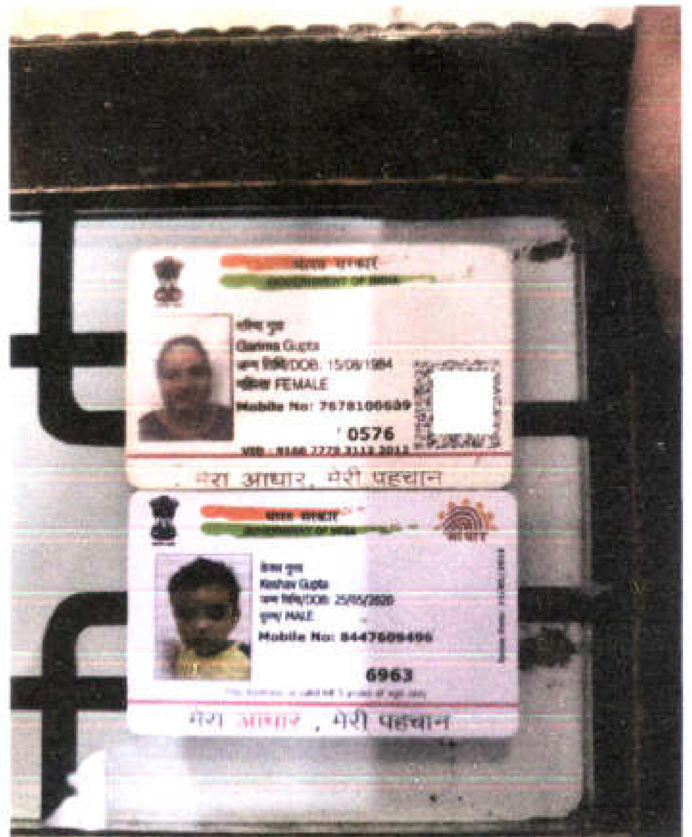
Signature / thumb impression of the examinee

Signature of the Medical Examiner
Name & Address
Qualification
Code:
Limit

Confidential Comments from Doctor

Are there any points on which you suggest further information be obtained? YES ☐ NO ☑

- For physical investigations no
- For mental level assessment no



Dr. BINDU
MD
Reg. No.-33435