

**Format of separate sheet to be sent along with computer generated special reports**

Date 29/10/24

To  
LIC of India,  
Branch Office  
3SD

Proposal No. 5192  
Name of the Life to be assured Natasha Sehgal.

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. Deepika Agrawal

Signature of the Pathologist / Doctor

Name: Consultant Pathologist

The examination / tests were done with my consent

(Signature of the Life to be assured)

Name:

Natasha



**Reports enclosed:**

1. PMER
2. Lipid
3. RUA

4. HB
5. HIV
6. \_\_\_\_\_

Rubber Stamp of TPA

**LIFE INSURANCE CORPORATION OF INDIA**  
**ADDENDUM TO FMR**

Extract of personal history to be filled in by ME with FMR at the time of Medical Examination

Name of the Life to be examined: Natasha  
Age: 29H Sex: F Identification Mark: \_\_\_\_\_

Introducers name and Designation: \_\_\_\_\_

Sr. No	Personal History	Answer Yes/No	If Yes please give full details
(a)	During the last five years did you consult a Medical Practitioner for any ailments requiring treatment for more than a week?	NO	
(b)	Have you ever been admitted to any hospital or nursing home for general check up / observation, treatment or operation?	NO	
(c)	Have you remained absent from place of work on grounds of health?	NO	
(d)	Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain, or Nervous system?	NO	
(e)	Are you suffering from or have you suffered from Diabetes, Tuberculosis, High Blood Pressure, Low Blood pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy, or any other disease?	NO	
(f)	Did you ever have any bodily defect or deformity?	NO	
(g)	Did you ever had any accident or Injury?	NO	
(h)	Did you use or have you ever used:	NO	
	(i) Alcoholic drinks	NO	
	(ii) Narcotics	NO	
	(iii) Any other drugs	NO	
	(iv) Tobacco in any form	NO	
(i)	What has been your usual state of health?	Good	
(j)	Have you ever required or at present availing undergoing medical advice, treatment or tests in connection with Hepatitis B or AIDS related condition.	NO	

Declaration by ME: I hereby declare that I have, this day, examined the above life to be assured personally, in private, and recorded in my own hand the true and correct findings as answered by the life to be assured.

Signature of Medical Examiner: \_\_\_\_\_

Name: \_\_\_\_\_

*Dr. Deepika Aggarwal*  
MBBS, MD.

Address: \_\_\_\_\_

Consultant Pathologist

Qualification: \_\_\_\_\_

Code: \_\_\_\_\_

Limit: \_\_\_\_\_



Declaration by Life being examined: I hereby declare that to the best of my knowledge and belief, (i) the answers contained in this form are true and complete and (ii) that all the material facts have been disclosed. I also agree that my right to benefit under any policy may be affected if I have not disclosed any facts which would be likely to influence assessment of risk and acceptance of the proposal.

Signature of the life to be assured and being examined: \_\_\_\_\_

*Natasha*

Name: \_\_\_\_\_

Signature of the Proposer if other than Life to be Assured. (Parents in case of Minors): \_\_\_\_\_

Name: \_\_\_\_\_

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

Branch Code: 350  
 Proposal/ Policy No: ~~EXIPS 7350Q~~ 5192  
 MSP name/code :  
 Date & Time of Examination: 29/10/24  
 Medical Diary No & Page No: 1365 03

Mobile No of the Proposer/Life to be assured: \_\_\_\_\_  
 Identity Proof verified: Pan Card ID Proof No. EXIPS 7350Q  
 ( 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 Deepika Aggarwal (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>Natasha SEHGAL</u>	
2	Date of Birth:	Age:	Gender:
	<u>31/05/1995</u>	<u>29 Y</u>	<u>F</u>
3	Height (In cms):	Weight ( in kgs):	
	<u>168</u>	<u>65</u>	
4	Required only in case of Physical MER		
	Pulse :	Blood Pressure (2 readings):	
	<u>71/min.</u>	1. Systolic <u>120</u>	Diastolic <u>74</u>
		2. Systolic <u>120</u>	Diastolic <u>74</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 <b>treatment/ medication</b> including alternate medicine like ayurveda, homeopathy etc ? b. Undergone any <b>surgery / hospitalized</b> 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 <b>diagnostic tests</b> ? Please specify date , reason ,advised by whom & findings.	<u>No</u>
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> 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 nau sea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell withi n last 14 days. If yes provide all investigation and treatment reports	<u>No</u>
8	a. Suffering from <b>Hypertension</b> (high blood pressure) or <b>diabetes</b> or blood sugar levels higher than normal or history of sugar /albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?	<u>No</u>

	c. Whether on medication? please give name of the prescribed medicine and dosage d. Whether developed any complications due to diabetes? e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.? f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heartbeat? b. Whether suffering from <b>high cholesterol</b> ? c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	No
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassaemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, <b>nervous disorder</b> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any <b>physical impairment/</b> disability /amputation or any congenital disease/ab normality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or <b>disorder of the Stomach</b> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	a. Suffering from Depression/Stress/ Anxiety/ <b>Psychosis</b> or any other Mental / <b>psychiatric disorder</b> ? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	No
18	Is there any <b>abnormality</b> 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 <b>HIV /AIDS/Sexually transmitted diseases</b> (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as <b>smoking/ tobacco chewing/ consumption of alcohol/drugs</b> etc) which is relevant in assessment of medical risk of examinee.	No
<b>For Female Proponents only</b>		
i.	Whether pregnant? If so duration.	
ii	Suffering from any pregnancy related complications	No
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	No
<b>FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY</b>		Yes

You Mr/Ms Natasha **Declaration** 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.

I hereby certify that I have assessed/ examined the above life to be assured on the 29 day of 10 2024 via 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: BHOPAL  
Date: 29/10/24



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

Natasha

Signature of Medical Examiner  
Name & Code No: MBBS, MD.

Dr. Deepika Agrawal

Stamp: Consultant Pathologist

# DIWAKAR DIAGNOSTIC CENTRE

E-7 / 636 apera colony near pnb bank new campion School chauraha

Divisional office bhopal  
LIPIDOGRAM

Full Name of life to be assured **NATASHA SEHGAL**

PROPOSAL NO- **5192** Age **29/Y** Sex **FEMALE**

Division **BHOPAL** Branch **35D**

## EXAMINATION OF BLOOD FOR HIV I & ii TEST

S. no	Type of Test	Actual Reading	Normal
1	Total Cholesterol	140.6	UP TO 200 MG/DL
2	High Density Lipid (HDL)	39.3	30-70 MG/DL
3	Low Density Lipid (LDL)	73.98	UP TO 130 MG/DL
4	S. Triglycerides	136.6	UP TO 160 MG/DL

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated **bhopal** on the **29** day of **10** **20** **24** at **9:26**  am/pm

Signature of the Pathologist:

Pathologist Name: **Dr. Deepika Agrawal**  
MBBS, MD.

Qualification : **Consultant Pathologist**

Name & Address of the Hospital/Clinic/Lab :



# DIWAKAR DIAGNOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

Divisional office bhopal

## ROUTINE URINE ANALYSIS

Full Name of life to be assured

NATASHA SEHGAL

PROPOSAL NO- 5192 Age 29/Y Sex FEMALE

Division Bhopal Branch 35D

### 1 PHYSICAL EXAMINATION

(i) Colour	PALE YELLOW	(ii) Sediment	Absent
(ii) Transparency	CLEAR	(iv) Reaction	Alkaline

### 2 CHEMICAL EXAMINATION

(i) Protein	Absent	(ii) Sugar	Absent
(iii) Bile Salt	Absent	(iv) Bile Pigments	Absent

### 3 MICROSCOPIC EXAMINATION

(i) Red Blood Cells	Absent	(ii) Epithelial Cell	1-3/HPF
(iii) Crystal	Absent	(iv) Pus Cells	1-2/HPF
(v) Casts	Absent	(vi) Deposits	Absent

(Bacterias --Absent)

#### REMARKS :

If Pus cells are present GRAM STA in is necessary.

#####

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at Bhopal on the 29 day of 10 20 24 at 9:26 am/pm

Signature of the Pathologist:
Pathologist Name:
Qualification :
Address <b>Dr. Deepika Agrawal</b> MBBS, MD. <b>Consultant Pathologist</b>



# DIWAKAR DIAGNOSTIC CENTRE

Divisional office bhopal  
ELISA FOR HIV

Full Name of life to be assured

NATASHA SEHGAL

PROPOSAL NO-

5192

Age

29/Y

Sex

FEMALE

Division

BHOPAL

Branch

35D

## EXAMINATION OF BLOOD FOR HIV I & II TEST

HIV I & II RESULT	NEGATIVE
Method	ELISA

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated

BHOPAL

on the

29

day of

10

20

24

9:26 AM

Signature of the Pathologist:

*Dr. Deepika Agrawal*  
MBBS, MD.

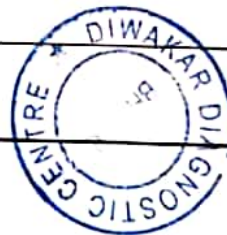
Pathologist Name:

Consultant Pathologist

Qualification :

M.E.'s Code No.:

Name & Address of the Hospital/Clinic/Lab :





# DIWAKAR DIAGNOSTIC CENTRE

E-7 / 636 arera colony near pnb bank new campion School chauraha

## LIFE INSURANCE CORPORATION OF INDIA SPECIAL MEDICAL REPORT HAEMOGRAM

Full Name of life to be assured

Age  Sex

PROPOSAL NO  Division  Branch

No.	Type of Test	Values	Normal Range
1	Red Blood Cell Count		4.5-6.5 million/cmm
2	Hb%	12.5	12-17 GMS%
3	Hematocrit		40-70%
4	Indices		
	(a) MCV ( Mean Corpuscular Volume)		70-100fl
	(b) MCH ( Mean Corpuscular Hb)		27.0-37.0 pg
	(c) MCHC ( Mean Corpuscular Hb Concentration)		32-37 g/dl
5	Morphology	Nil	
	Macrocytes	Nil	
	Microcytes	Nil	
	Hypochromia:	Nil	
	Poikilocytosis:	Nil	
	Anisocytosis:	Nil	
6	Target Cell -	Nil	
	Spherocytes:	Nil	
	Eliptocytes :	Nil	
7	White Blood Cells		
	Total Count :		4000-11000/ microliter
	Differential Counts		
	a) Neutrophils:		45-75%
	b) Lymphocytes		20-45%
	c) Eosinophils		1-6%
	d) Monocytes:		1-10%
	e) Basophils :		0.0-1.0%
8	Platelets:		1,50000-4.50000 lac.
9	Erythrocytes Sedimentation rate :		
	(WINTRIOBE )Method		0-10 MM/HR

I declare that the person examined/Investigated, signed/affixed thumb impression in the space earmarked below, in my presence and I am not related to him/her or the Agent or the development Officer.

Dated at  on the  day of  20  at  am/pm

Signature of the Pathologist: Dr. Deepika Agrawal  
 Pathologist Name: Dr. Deepika Agrawal  
 Qualification : M.B.B.S, M.D.  
 Address : Consultant Pathologist



आयकर विभाग  
INCOME TAX DEPARTMENT  
NATASHA SENGAL

भारत सरकार  
GOVT. OF INDIA

VINAY KUMAR SEHGAL

31/05/1995  
Permanent Account Number  
FXJPS7350Q

*Natasha*  
Signature



14012015

*Natasha*

*Dr. Deepika Agrawal*  
MBBS, MD.  
Consultant Pathologist





  
Dr. Deepika Agrawal  
MBBS, MD.  
Consultant Pathologist

