

To,
LIC of India
Branch Office

Date: 27/10/2024

Proposal No. 5750

Name of the Life to be assured RAJESH KUMAR

The Life to be assured was identified on the basis of AADHAR 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.

(u)

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

Signature of the Pathologist/ Doctor

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.

Rajesh Kumar

(Signature of the Life to be assured)

Name of life to be assured: RAJESH KUMAR

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1 ✓	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12 ✓	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7 ✓	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: NO

17. Others (Please Specify) NO

Remarks of Health Assure PVT LTD

Authorized Signature, _____





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

Branch Code: 114
Proposal/ Policy No: 5750
MSP name/code :
Date & Time of Examination: 27/10/2024
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 9868232390
Identity Proof verified: AADHAR CARD ID Proof No. xxxx xxxx 7586
(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 KAPOOR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Rajesh Kumar

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

1	Full name of the life to be assured: <u>RAJESH KUMAR</u>	
2	Date of Birth: <u>01-01-1969</u>	Age: <u>55</u> Gender: <u>M</u>
3	Height (In cms): <u>185</u>	Weight (in kgs) : <u>70</u>
4	Required only in case of Physical MER	
	Pulse : <u>76</u>	Blood Pressure (2 readings): 1. Systolic <u>125</u> Diastolic <u>91</u> 2. Systolic <u>127</u> Diastolic <u>83</u> ③ 128/84

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	<p>a. Whether receiving or ever received any treatment/medication including alternate medicine like ayurveda, homeopathy etc ?</p> <p>b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident?</p> <p>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 -</p> <p>i. Date of surgery/accident/injury/hospitalisation</p> <p>ii. Nature and cause</p> <p>iii. Name of Medicine</p> <p>iv. Degree of impairment if any</p> <p>v. Whether unconscious due to accident, if yes, give duration</p>	<p>LEFT HAND RING FINGER PLASTIC SURGERY (2022) (MEDANTA)</p>
6	<p>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>
7	<p>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.</p> <p>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>	<p>— NO —</p> <p>— NO —</p> <p>— NO —</p> <p>— NO —</p> <p>— NO —</p> <p>— NO —</p>
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>	<p>— NO —</p> <p>— NO —</p> <p>— NO —</p> <p>— NO —</p>
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>	<p>— NO —</p> <p>— NO —</p>
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. ← NA →
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)
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Declaration

You Mr/Ms RAJESH 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.

Rajesh Kumar

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 27/10/2024 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: NEW DELHI
Date: 27/10/2024
Stamp:



②
Signature of Medical Examiner
Name & Code No:

DR. HEMANT KAPOOR
MD, DPB

Dr. HEMANT KAPOOR
MD, DPB
Consultant Pathologist
DMC Regd. No. 36836



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NABL
ACCREDITED LAB

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Email : doctorsdiagnostic1996@gmail.com

DDC DOCTORS DIAGNOSTIC CENTRE

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

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)


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



GPS Map
Comete Lite

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

Longitude
76.9852012°

Altitude 220 meters
Sunday, 27.10.2024

Latitude
28.6138784°

Local 09:29:49 AM
GMT 03:58:49 AM



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Clinical Co-relation is essential. Please Contact us in Case of Unexpected results.

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

www.doctorsdiagnosticcentre.in





Excellence In Diagnostics & Healthcare Services

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

Consultant Radiologist
DR. BIPUL BISWAS
MD (Radiology)

Lab NO	072410270001	Sr.No	500
NAME	MR.RAJESH KUMAR	Ref. BY	LIC
Age / Sex	55 YRS/MALE	Sample Coll DATE	27/Oct/2024 10:35AM
S/O	CHATTAR SINGH	Approved ON	27/Oct/2024 02:20PM
DATE	27/Oct/2024 08:59AM	Printed ON	27/Oct/2024 02:20PM

RA 500

Test Name	Result	Status	Bio. Ref. interval	Unit
BIOCHEMISTRY				
BLOOD SUGAR FASTING (FBS), Sod.Fluoride				
Blood Sugar Fasting	103		70-110	mg/dL
Method : GOD/POD				
Urine for Glucose	NIL			

NOTE:

- 1) The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dl and /or a random/ 2hr postglucose value of ≥ 200 mg/dL on least 2 occasions.
- 2) Very high glucose levels (> 450 mg/dl in adults) may result in diabetic ketoacidosis & is considered critical.

Interpretation: (As per WHO guidelines)

Status	Fasting plasma glucose in mg/dl	PP plasma glucose in mg/dl
Normal	70 - 110	70 - 140
Impaired fasting glucose	110 - 125	70 - 140
Impaired glucose tolerance / PP	70 - 110	141 - 199
Pre-Diabetes	110 - 125	141 - 199
Diabetes mellitus	>126	>200

Note :- Each individual's target range should be agreed by their doctor or diabetic consultant.

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)



DR. JAI PRABHAN
MBBS, MD
Printed By: PUPATHOLOGIST

Signature
DR. HEMANT
MD, DPB
PATHOLOGIST

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CHECKED
TECHNICAL OFFICER Page 1 of 2



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Lab NO	072410270001	Sr.No	500
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R A 500			

Test Name	Result	Status	Bio. Ref. interval	Unit
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CLINICAL PATHOLOGY

URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine

Physical Examination

Quantity	20			ML
Colour	PALE YELLOW		Pale yellow	
Transparency	CLEAR		Clear	
Reaction	ACIDIC			
Specific Gravity, Urine	1.010		1.010 - 1.025	

Chemical Examination

Urine Protein	NIL		Nil	
Reducing Sugar (Urine)	NIL		Nil	
Urine Bilirubin	ABSENT		Absent	
Blood	ABSENT		Absent	
Urobilinogen	NOT INCREASED		Not Increased	
Nitrate	ABSENT		Absent	

Microscopic Examination:

Pus Cells.	1-2		0-4	/HPF
RBCs	NIL		NIL	
Casts	NIL		NIL	
Crystal	NIL		Nil	
Epithelial Cells	2-3		Occasional	

*** End Of Report ***



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-3237; Validity till 03/01/2025



DR. JAI PRABHAN
MBBS, MD
Printed By: PUPATHOLOGIST

Dr. Hemant Kapoor
DR. HEMANT
MD, DPB
PATHOLOGIST

Checked
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TECHNICAL OFFICER

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