

Date: 27/11/2024

To,
LIC of India
Branch Office

Proposal No. 3050

Name of the Life to be assured SHOBHA

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.

Signature of the Pathologist/ Doctor

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508

Name: _____

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

शोभा

(Signature of the Life to be assured)

Name of life to be assured: _____

Reports Enclosed:

Reports Name	Yes/No	Reports Name	Yes/No
ELECTROCARDIOGRAM	<input checked="" type="checkbox"/>	PHYSICIAN'S REPORT	<input type="checkbox"/>
COMPUTERISED TREADMILL TEST	<input type="checkbox"/>	IDENTIFICATION & DECLARATION FORMAT	<input type="checkbox"/>
HAEMOGRAM	<input type="checkbox"/>	MEDICAL EXAMINER'S REPORT	<input checked="" type="checkbox"/>
LIPIDOGRAM	<input type="checkbox"/>	BST (Blood Sugar Test-Fasting & PP) Both	<input type="checkbox"/>
BLOOD SUGAR TOLERANCE REPORT	<input type="checkbox"/>	FBS (Fasting Blood Sugar)	<input type="checkbox"/>
SPECIAL BIO-CHEMICAL TESTS - 13 (SBT-13)	<input checked="" type="checkbox"/>	PGBS (Post Glucose Blood Sugar)	<input type="checkbox"/>
ROUTINE URINE ANALYSIS	<input checked="" type="checkbox"/>	Proposal and other documents	<input type="checkbox"/>
REPORT ON X-RAY OF CHEST (P.A. VIEW)	<input type="checkbox"/>	Hb% <input checked="" type="checkbox"/>	<input type="checkbox"/>
ELISA FOR HIV	<input type="checkbox"/>	Other Test	<input type="checkbox"/>

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,





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

Branch Code:
Proposal/ Policy No: 3050
MSP name/code :
Date & Time of Examination:
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: _____
Identity Proof verified: VID ID Proof No. 6150
(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 (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

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

1 Full name of the life to be assured: SHOBNA
2 Date of Birth: 15/07/1978 Age: 46 Gender: F
3 Height (In cms): 152 Weight (in kgs) : 56.6
4 Required only in case of Physical MER

Pulse : 76/2 Blood Pressure (2 readings):
1. Systolic 124 Diastolic 78
2. Systolic 124 Diastolic 78

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

No

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.

No

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

No



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.
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

Ho

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	- (C)
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Declaration

You Mr/Ms _____ 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.

27/11/24

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 27 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: DELHI
Date: 27/11/2024



Signature of Medical Examiner
Name & Code No:
Stamp:

Dr RAJESH KAN
M.D. (G.M.R.D)
Reg. No. 25508



भारत सरकार
Government of India

Aadhaar no. issued: 13/11/2013



शोभा
Shobha
जन्म तिथि/DOB: 15/07/1978
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मति
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण,
ऑफलाइन एक्सएमएल की तकनीक) के साथ किया
**Aadhaar is proof of identity, not of citize
or date of birth. It should be used with ve
authentication, or scanning of QR code /**



Dr. RAJNAXKHAN
MOS...
Reg. No. 25578

6150

मेरा आधार, मेरी पहचान



27 Nov-2024-10:22:27 am

Kalkaji
New Delhi
Dahli Division
Delhi

irine diagnostic

healthpartner

S. No. : 27/NOV/23
Name : MRS SHOBHA
Ref. by : LIFE INSURANCE CORPORATION
Date : 27-11-2024
AGE : 46Years
SEX : FEMALE

BIOCHEMISTRY

Test	Result	Units	Normal Range
FASTING BLOOD SUGAR	89	mg/dl.	(60-110)
TOTAL BILIRUBIN	0.74	mg/dl.	(0.1-1.2)
CONJUGATED (D.Bilirubin)	0.49	mg/dl.	(0.00-0.6)
UNCONJUGATED (I.D.Bilirubin)	0.25	mg/dl.	(0.1-1.0)
TOTAL PROTEIN	6.7	mg/dl.	(6.0-8.3)
ALBUMIN	4.4	mg/dl.	(3.5-5.0)
GLOBULIN*	2.3	mg/dl.	(2.3-3.5)
A/G RATIO	1.91		(1.0-3.0)
S.G.O.T. (AST)	27	IU/L	(5.0-34.0)
S.G.P.T. (ALT)	26	IU/L	(5.0-40.0)
GAMMA GT	22	U/L	(9-45)
ALKALINE PHOSPHATASE	128	U/L	(80-200)
URIC ACID	5.5	mg/dl.	(4.4-7.2)
SERUM CHOLESTEROL	178	mg/dl.	(150-200)
HDL CHOLESTEROL	44	mg/dl.	(30-63)
S. TRIGLYCERIDES	121	mg/dl.	(60-160)
LDL	123	mg/dl.	(UPTO-150)
VLDL	38	mg/dl.	(23-45)
SERUM CREATININE	0.73	mg%	(0.6-1.2)
BUN	13	mg/dl	(02-18)



Shilpi Gupta

DR. SHILPI GUPTA
M.B.B.S.MD(Path) 64715
Consultant Pathologist

8595347044

irinediagnostic@gmail.com

DD-28 KALKAJI DELHI :- 110019

irine diagnostic

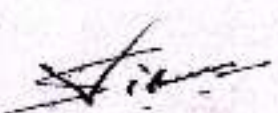
healthpartner

S. No. : 27/NOV/23
Name : MRS SHOBHA
Ref. by : LIFE INSURANCE CORPORATION
Date : 27-11-2024
AGE : 46Years
SEX : FEMALE

HAEMATOLOGY

Test	Result	Units	Normal Range
Hemoglobin	13.7	gm%	12-16




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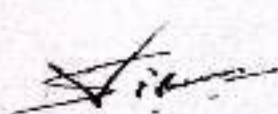
S. No. : 27/NOV/23
Name : MRS SHOBHA
Ref. by : LIFE INSURANCE CORPORATION
Date : 27-11-2024
AGE : 46Years
SEX : FEMALE

S E R O L O G Y

**Test Name : HIV I & II (ELISA METHOD) : Human Immunodeficiency
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"

**Test Name : Antigen (HbsAg) : Hepatitis B Surface
Result : "Non-Reactive"
Normal-Range : "Non-Reactive"




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DD-23 KALKAJI DELHI :- 110019

S. No. : 27/NOV/23
Name : MRS SHOBHA
Ref. by : LIFE INSURANCE CORPORATION
Date : 27-11-2024

AGE : 46Years
SEX : FEMALE

URINE EXAMINATION

PHYSICAL EXAMINATION

COLOUR	YELLOW
REACTION	ACIDIC
APPEARANCE	CLEAR
ALBUMIN	NIL
SUGAR	NIL
SPECIFIC GRAVITY	1.015

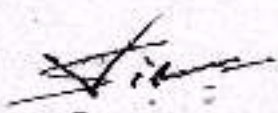
CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL
ACETONE	NIL
BLOOD	NIL
BILE SALT	NIL
BILE PIGMENT	NIL
UROBILINOGEN	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF
EPITHELIAL CELLS	2-3/HPF
RBC	NIL /HPF
BACTERIA	NIL
CASTS	NIL
CRYSTALS	NIL
OTHERS	NIL




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DD-28 KALKAJI DELHI :- 110019

ANNEXURE II - 1
LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. - 3050

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

Full Name of Life to be assured: SHOBHA

Age/Sex : 46-16F

Instructions to the Cardiologist:

- Please satisfy yourself about the identity of the examiners to guard against impersonation
- 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.
- The base line must be steady. The tracing must be pasted on a folder.
- 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.

Witness

Signature or Thumb Impression of L.A.

श्री ११२१

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- Are you suffering from heart disease, diabetes, high or low Blood Pressure, kidney disease? Y/N
- Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at 27/11/2024 on the day of 2023

Signature of L.A.

श्री ११२१

Signature of the Cardiologist
Name & Address
Qualification Code No.

Dr. RAINA KHAN
MBBS, DMRD
Reg. No. 25508



Clinical findings

(A)

Height (Cm)	Weight (kgs)	Blood Pressure	Pulse Rate
152	56.6	124/88	76/4

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	Supine	P Wave	Ⓟ
Standardisation Inv	Ⓟ	PR Interval	Ⓟ
Mechanism	Ⓟ	QRS Complexes	Ⓟ
Voltage	Ⓟ	Q-T Duration	Ⓟ
Electrical Axis	Ⓟ	S-T Segment	Ⓟ
Auricular Rate	76/4	T-wave	Ⓟ
Ventricular Rate	76/4	Q-Wave	Ⓟ
Rhythm	Regular		
Additional findings, if any	Ⓟ		

Conclusion: ECG - WNL

DEVI 28/11/2024

Dated at _____ on the day of _____ 200

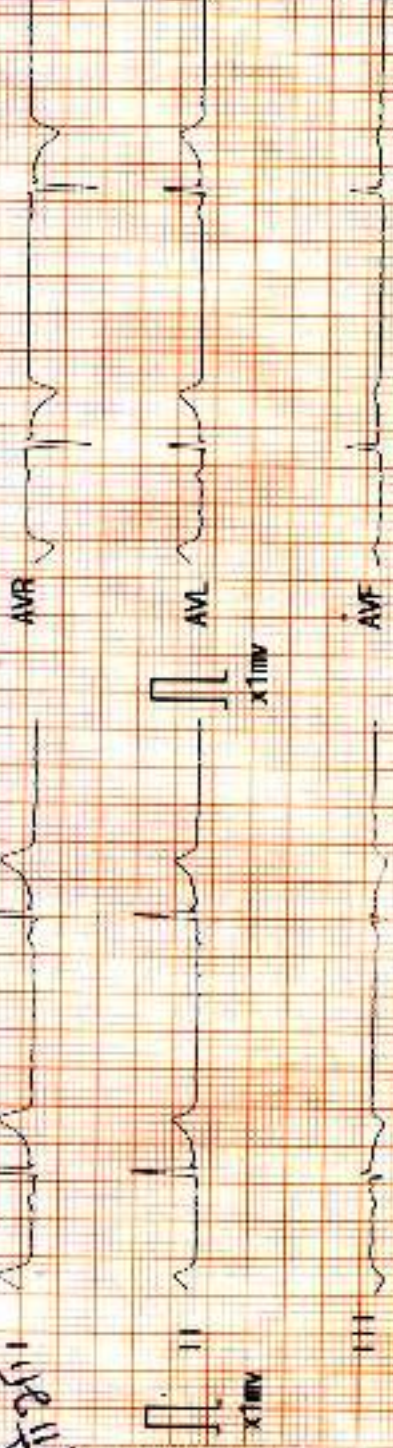


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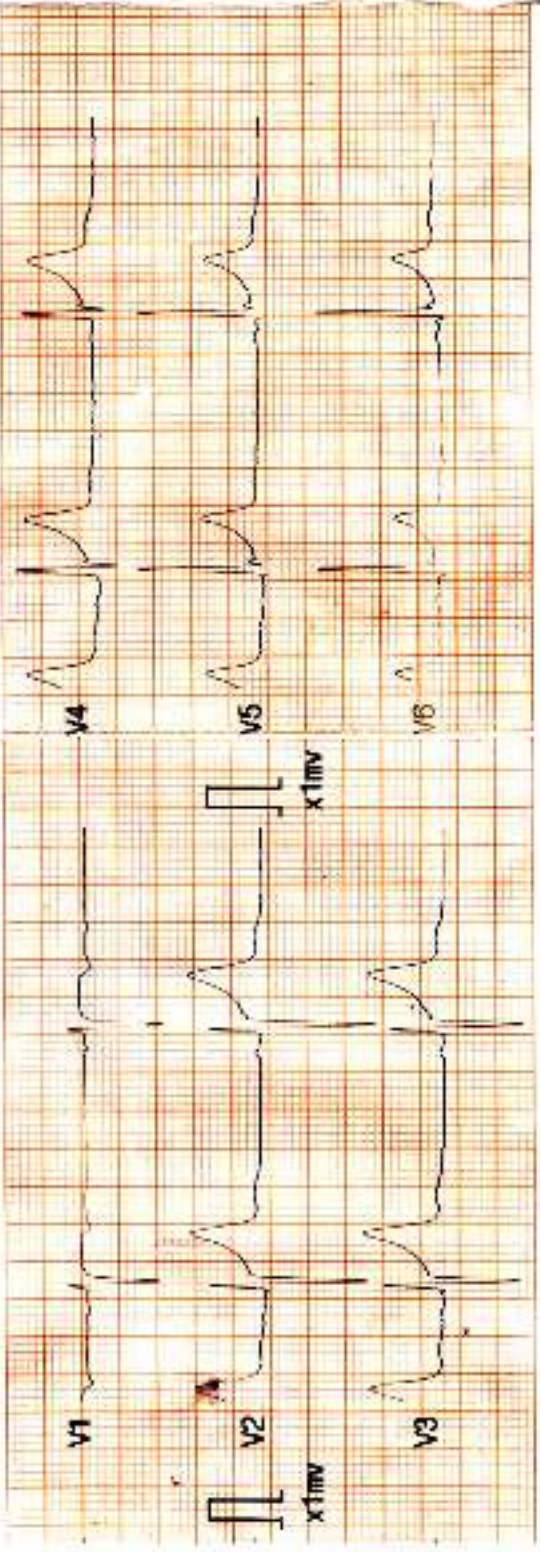
Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

ID: 20241124101656 Name: _____ 25mm/s 0.5-35Hz AC: 50Hz 10mm/mV

27/11/2024



Organization: _____ Doctor: _____



SKORSHA
 Age -> 46 Y/O/F
 DATE -> 27/11/2024
 ECG - VATH

Dr. RAINA NEHAN
 MBBS, DMARD
 Reg. No. 25508

