

BR-115

DT 19/11/2024
BO 115

DATA SHEET

NAME OF THE LIFE PROPOSED: Jasvinder Singh
 AGE OF LIFE PROPOSED: 62 DATE OF BIRTH: 27/02/1963 Sex: M
 Sum Under Consideration (SUCR): 54,000/-
 TELEPHONE NO./MOBILE NO.: Abhi HOK
 E-MAIL ID: _____

SPECIAL REPORTS REQUIRED

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> FMR | 2. <input type="checkbox"/> SHT - 11 |
| 2. <input checked="" type="checkbox"/> ECG TRACING AND REPORT | 9. <input type="checkbox"/> RUA |
| 3. <input checked="" type="checkbox"/> FBS (Fasting Blood Sugar) | 10. <input type="checkbox"/> CTMT |
| 4. <input checked="" type="checkbox"/> Hb% | 11. <input type="checkbox"/> HbA1c |
| 5. <input type="checkbox"/> LIPIDOGRAM | 12. <input type="checkbox"/> CHEST X-RAY |
| 6. <input type="checkbox"/> HAEMOGRAM | 13. <input type="checkbox"/> ECGO |
| 7. <input type="checkbox"/> ELISA FOR HIV | |

14. ANY OTHER TEST(S) _____

I hereby declare that the above information is true and correct to the best of my knowledge.

Signature of the Agent

P. BR. MANIJA

NAVYA HOSPITAL
 HZ-13B, NITP GARDH,
 NEW DELHI-110043

To
LIC of India
Branch Office
113

Date: 23/11/2024

Proposal No. 116720/4es

Name of the Life to be assured Jasvinder Singh

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. PANKAJ KUMAR
MBBS, MD (GEN.MED)
REG.NO.- 26552

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.

Jasvinder Singh
(Signature of the Life to be assured)

Name of life to be assured: Jasvinder Singh

Reports Enclosed:

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

16. Other tests done: _____

17. Others (Please Specify): _____

Remarks of Health Assure Pvt. Ltd.
Authorized Signature: _____

NAVYA HOSPITAL
RZ-13B, PAF SARH,
NEW DELHI-110043

**LIC**
MEDICAL EXAMINER'S REPORT
 Form No UC03-001 (Revised 2020)

 Branch Code: 115
 Proposal/ Policy No: 116720149
 MSP name code :
 Date & Time of Examination:
 Medical Diary No & Page No:

 Mobile No of the Proposer/Life to be assured: _____
 Identity Proof verified: Personal ID Proof No: 845R
 (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. PANKAJ KUMAR** (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".
 M.D.B.S. MD (GEN. MED) REG. NO. - 26552

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

 1 Full name of the life to be assured: JASVINDER SINGH
 2 Date of Birth: 07/02/1968 Age: 62 Gender: M
 3 Height (In cms): 166 Weight (in kgs) : 72

4 Required only in case of Physical MER

 Pulse : 79 Blood Pressure (2 readings):
 1. Systolic 120 Diastolic 80
 2. Systolic 120 Diastolic 80

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), 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	/ / / No

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 E2-13B, KANPUR, NEW DELHI-110043

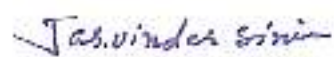
8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar (albumin) in urine?</p> <p>b. Since when, any follow up, and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give 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, heart attack, 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 ureters, 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, coughing 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 of stability, amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hemia 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 (discharge/ 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	/ N/A
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	Good
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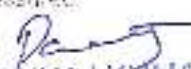
Declaration

You Mr/Ms Jasvinder Singh 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.


 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 23 day of 11 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as stipulated from the life to be assured.

Place: Delhi
 Date: 23/11/24
 Stamp:


Dr. PANKAJ KUMAR
 MBBS, MD (GEN.MED)
 Signature of Medical Examiner
 Name & Case No.


NAVYA HOSPITAL
 RZ-136, ~~INDIA~~
 NEW DELHI-110043

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AYQPS6845R

नाम / Name
JASVINDER SINGH

पिता का नाम / Father's Name
PARTAP SINGH

जन्म की तारीख / Date of Birth
07/02/1963



20122017

Jasvinder Singh

हस्ताक्षर / Signature

Dr. PANKAJ KUMAR
MBBS, MD (GEN. MED)
REG. NO. - 26852

Jasvinder Singh



NAVYA HOSPITAL
82-13E, MEERGAON,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch 115
 Proposal No. 1167 20149

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

Full Name of Life to be assured: JAS VINDER S DINA M

Age/Sex : 62/M

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 _____

Jasvinder Singh
 Signature or Thumb Impression of L.A.

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 or 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 22 on the day of 23/11 2004

Signature of L.A.

Jasvinder Singh

NAVYA HOSPITAL
 RZ-13E, JAFGARH,
 NEW DELHI-110043

Dr. PANKAJ KUMAR
 MBBS. MD (GEN.MED)
 REG.NO.-26552

Signature of the Cardiologist

Name & Address

Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
166	72	120/80	75

(B) Cardiovascular System

.....

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Inv	10 mV	PR Interval	Normal
Mechanism	Standard	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	75/min	T-wave	Normal
Ventricular Rate	79/min	Q-Wave	Normal
Rhythm	Sinus		—
Additional findings, if any.	None		—

Conclusion:

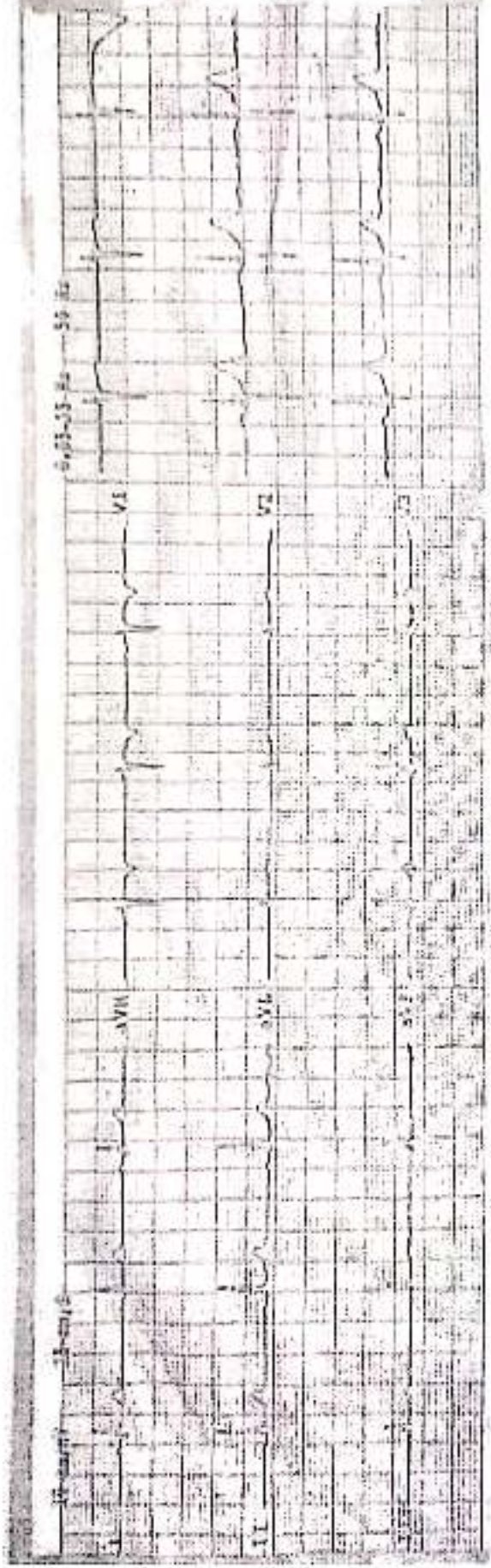
72 T/L

Dated at 7/11 on the day of 23/11/2004

Dr. PANKAJ KUMAR
 MBBS, MD (GEN.MED)
 REG.NO.- 26552

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.

NAVYA HOSPITAL
 RE-13B, JAFGARH,
 NEW DELHI-110043



NAVYA HOSPITAL
 12-130, HARIPURAM,
 BANGALORE-560093

Pankaj Kumar
 DR. PANKAJ KUMAR
 MBBS, MD (GEN.MED)
 REG NO - 26552

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone _____ Division _____ Branch 115 DATE /TIME 23/11/2024 09:20 AM

Proposal No. 116720149

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

Full Name of Life to be assured: MR. GJASVINDER SINGH

Age/Sex :62/M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	89.8	60-110 MG/DL
2	TOTAL CHOLESTEROL		100-250 MG/DL
	HIGH DENSITY LIPID (HDL)		30-60 MG/DL
	LOW DENSITY LIPID (LDL)		00-150 MG/DL
3	TRIGLYCERIDES		25-160 MG/DL
4	CREATININE		0.7-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEIN		6.5-8.5 MG/DL
	(A) ALBUMIN		3.5-6.0 MG/DL
	(B) GLOBULINE		1.8-2.5 MG/DL
	(C) AG RATIO		
7	S. BILIRUBIN		0.0-0.2 MG/DL
	(A) DIRECT		0.2-0.8 GM/DL
	(B) INDIRECT		0.2-1.0 MG/DL
	(C) TOTAL		04-45 IU/DL
8	SGOT (AST)		00-40IU/DL
9	SGPT (ALT)		11-50IU/DL
10	GGTP (GGT)		15-112IU/DL
11	S. ALKALINE PHOSPHATASE		
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		NEGATIVE

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12-138, NARAYAN
NEW DELHI-110043

NAVYA HOSPITAL
12-138, NARAYAN
NEW DELHI-110043

SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS, ALIFICATION
Dr. SAKSHI WIRMIANI
MBBS, D.P.A.T.R.
REG. NO. - 8941

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately and recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.