
 GPS Map Camera



Gurugram, Haryana, India  
F3cg+m94, The Laburnum, Phase 1,sushant Lok, Block A, Sushant  
Lok Phase I, Sector 43, Gurugram, Haryana 122009, India  
Lat 28.47146° Long 77.075772°  
20/11/24 09:30 AM GMT +05:30



 GPS Map Camera



Gurugram, Haryana, India  
F3cg+m94, The Laburnum, Phase 1, sushant Lok, Block A, Sushant  
Lok Phase I, Sector 43, Gurugram, Haryana 122009, India  
Lat 28.47142° Long 77.0757°  
20/11/24 09:31 AM GMT +05:30



भारत सरकार  
GOVERNMENT OF INDIA



छोटानान  
Chhotelal  
जन्म वर्ष / Year of Birth : 1979  
पुरुष / Male

~~XXXXXXXXXX~~ 4498



आधार - आम आदमी का अधिकार



Dear Advance Diagnostic & Research Centre

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

**You confirm this booking?**      Yes      No

Name : CHHOTELAL

Proposal No : 5711

Branch Code : 122

Contact Details : 9205358294

Location : Advance near Pratham ultrasound, pillar no 78 sec  
badshahpur sohna road, Gurgaon

Appointment Date : 21-11-2024

Member Information		
Booked Member Name	Age	Gender
CHHOTELAL	45 year	Male

**Included Test -**

- Deformity Questionnaire
- CNS



To,  
LIC of India  
Branch Office

Date: 20/11/2024

Proposal No. 5711

Name of the Life to be assured CHHOTE LAL

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.

Dr. Pravin  
MBBS, DNB  
Reg. No. 123344

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.

(Signature)  
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

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

Comment Medsave Health Insurance TPA Ltd.

Authorized Signature,

Deformity  
Questionnaire

## LIFE INSURANCE CORPORATION OF INDIA

Division : DELHI-II

Branch Office 122Proposal No. 5711

Agent's/D.O. Code No. \_\_\_\_\_

Introducer's Signature \_\_\_\_\_

## DEFORMITY QUESTIONNAIRE

Name of the proponent / Life Assured CHHOTELALAge: 45 Yrs

Questions to be answered by the proponent's / policyholder's Personal Medical Attendant / Medical Examiner regarding Deformity/ies and / or Impairment/s

1.	a. What is the cause of deformity? Whether it is i. Congenital ii. Due to an accident or injury iii. Due to any underlying disease?	-	Accidental Surgery of left hand in 2019. NO Yes, due to an accident. NO
	a. Since when the deformity is present?	-	Since 2019.
2.	If the deformity is due to any underlying disease, please state the following: i. What was the disease leading to deformity? ii. When did it occur? iii. Whether the disease is stationary or progressive? iv. If stationary, since when	i) ii) iii) iv)	left hand got completely paralysed after accident in 2019. Stationary. Since 2019.
3.	Does he/she have control on bowel movements and bladder?	-	Yes
4.	Exact parts of the body affected and extent	-	left hand got completely
5.	Are there any restrictions in movements and function of the limbs or affected parts? Please give degree of disability	-	Affected part do not able to work
6.	Has he/she a limp?	-	NO
7.	Whether he /she can walk and run fast without any aid (in case of deformity in the leg)?	-	Yes
8.	Can he/she squat, sit and get up properly?	-	Yes
9.	Whether the affected limb is shorter than the other, and if so, to what extent (in cms)	-	NO
10.	If the deformity is due to poliomyelitis, please state whether the wasting of muscles is i. mild ii. moderate iii. severe	-	NO
11.	How many limbs are affected?	-	Only left hand affected
12.	Are there any respiratory complications? If yes, give details	-	NO
13.	Is there any restriction in movement of any of the fingers? Are any of the fingers removed? If so, up to which phalanx. Whether thumb and forefinger have been affected /	-	NO

	removed?	
14	a. Whether he / she can lift articles without any difficulty and hold the articles without losing the grip (in case of Deformity in the hands)? b. Is the grip firm and strong?	Only with right hand Yes
15	Are there any residual complications?	No

My diagnosis as to the cause of the disability is Accidental Surgery of left hand in 2019 got completely paralyzed after accident due to nerve damage.

I do for the reasons explained below / do not have any reason to suspect on clinical grounds a recent deterioration causing more pronounced disability:

- a. He / she is able / not able to perform routine self-care activities.
- b. He / she is / is not required to use wheel chair / crutches.
- c. Any other factors which are likely to add to the risk on account of the deformity / ies. No

Please submit details of previous treatment, previous special reports, x-rays etc. for perusal and return.

Dated at CIGN on the 20 day of 11 2024

CIGN  
Signature of the proposer /  
Policyholder

Dr. AMT  
MBBS, DNB  
Signature of the Medical Examiner /  
Medical Attendant  
Code No. \_\_\_\_\_  
Qualifications \_\_\_\_\_  
Registration No. \_\_\_\_\_  
Address \_\_\_\_\_





Form No. 3334  
(Revised - 2006)

C. N. S. QUESTIONNAIRE

Division \_\_\_\_\_

Branch Office 122

Proposal No. 5711

Full Name of the life to assured CHHOTTE LAL

Age 45 yrs

Special Questions in relation to the examination of Central Nervous System  
To be completed by the Medical Examiner (By PG - Physician - MD or a Neurologist only)

The medical examiner should give his remarks against each item mentioned below:

1.	Headache	No
2.	Memory	Normal
3.	Temper	No
4.	Speech	Normal
5.	Sleep	Normal
6.	Delusions	Normal
7.	Fits, Fainting, Giddiness, Epilepsy	Normal
8.	Ataxia	No
9.	Nervousness	No
10.	Tremors	No
11.	Sight	Normal
12.	Strabismus	No
13.	Hearing / Tinnitus / Ear discharge	Hearing Normal
14.	Taste	Normal
15.	General weakness	No



16	Type of paralysis Upper Motor neuron type Lower motor neuron type	left hand completely paralysed due to an accident
17	Cramps	NO
18	Sphincters: Rectal Vesical	NO
19	Reflexes Elbow Wrist Knee Ankle Planter Reflex	Normal Normal Normal Normal
20	Sensory functions	Normal
21	Motor system: i. Involuntary movements ii. Atrophy or hypertrophy iii. Tone iv. Power v. Co-ordination	Normal Normal Normal Normal Normal
22	Trophic changes	Normal
23	Posture and Gait	Normal
24	Any mental retardation/disorder	NO
25	General remarks	NO

Dated at 99W on the 20 day of 11 2024

C. Jay

Signature of the proposer /  
Policyholder

Signature of the Introducer  
Name of Agent/Dev. officer  
Address

Code No.

Dr. ABIT  
MBBS, DNB  
23344

Signature of the Medical Examiner /  
Medical Attendant  
Code No.  
Qualifications  
Registration No.  
Address

