



भारत सरकार  
Government of India



सरोज महलवाल  
Saroj Mahatwal  
जन्म तिथि/DOB: 10/05/1962  
लिंग/ GENDER: FEMALE



4738 4206 4042

VID: 9143 8100 0300 1074

मेरा आधार, मेरी पहचान



Date 21.10.2024.

Type of Case: Fresh/Requirement/Revival

Branch No./D.O – 11 N

## DATA SHEET

(To be submitted by agent along with proposal form if services of TPA are required)

NAME OF THE LIFE PROPOSED Saroj

..... Prop No. 126451820

AGE OF LIFE PROPOSED 61, DATE OF BIRTH..... SEX Female

Sum Under Consideration (SUC) Rs. 219048

TELEPHONE No / MOBILE No.....

E-MAIL ID .....

### SPECIAL REPORTS REQUIRED

- |  |                      |
|--|----------------------|
| <input checked="" type="checkbox"/> 1. FMR                       | 8. SBT-13            |
| <input checked="" type="checkbox"/> 2. ECG TRACING AND REPORT    | 9. RUA               |
| <input checked="" type="checkbox"/> 3. FBS (Fasting Blood Sugar) | 10. CTMT             |
| 4. HB%   | 11. HBAIC            |
| 5. LIPIDOGRAM  | 12. CHEST X-RAY      |
| 6. HAEMOGRAM   | 13. 2 D ECHO         |
| 7. ELISA FOR HIV   |                      |
| 14. ANY OTHER TEST(S)  | 15. URINE CONTENTINE |



Kindly arrange to get the above proponent medically examined under the TPA system.



Signature of the Agent

Satinder Singh

Ag. Cd.: 54889111 / Direct

MDRT 2020, 2021, 2022, 2023

Mob. 9810214549



Laxmi Kumari



*Kumari*  
**DR. KUSUM LATA**  
MBBS, M.D.(PATH)  
DMC No.: 7859  
Green Park Diagnostics

Date: 22/10/2024

To,  
LIC of India  
Branch Office

Proposal No. 126451820

Name of the Life to be assured SAROJ MAHALWAL

The Life to be assured was identified on the basis of Aadhaar - 4042

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  
Name: DR. KUSUM LATA  
MBBS, M.D. (PATH)  
PMC No.: 7859  
Green Park Diagnostics

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

Saroj Kumari  
(Signature of the Life to be assured)

Name of life to be assured:

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
<u>1</u>	FMR	9	Lipidogram
<u>2</u>	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	<u>12</u>	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: \_\_\_\_\_

17. Others (Please Specify) \_\_\_\_\_

Remarks of Health Assure PVT LTD

Authorized Signature, \_\_\_\_\_





भारतीय आसुरिमा महामंडळ  
भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA  
पुर्व विभाग-1/पुर्व विभाग-11/मुंबई DIVISION-1

पुस्तक संख्या  
Book No. A

998

फार्म संख्या  
Form No.

050

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

Branch Code:

Proposal/ Policy No: 126451820

MSP name/code :

Date & Time of Examination: 22/10/24

Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured : 9310039200

Identity Proof verified: Aadhaar ID P roof No. 4042

(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. KOSUN LATA (Name of the Medical Examiner) is for conducting my Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

Saroj Kumari

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

1	Full name of the life to be assured:	SARAJ MAHALWAL		
2	Date of Birth:	Age:	Gender:	
	10-05-1962	62 Yrs	F	
3	Height (In cms):	Weight ( in kgs) :		
	162	80		
4	Required only in case of Physical MER	Blood Pressure	Systolic	Diastolic
	Pulse : 66	(1 readings)	130	86
		(2 readings)	130	86

**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 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 ?	NO
	b. Undergone any surgery / hospitalized for any medical condition / disability / injury due to accident ?	NO
	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 -	NO
	i. Date of surgery/accident/injury/hospitalisation	NO
	ii. Nature and cause	NO
	iii. Name of Medicine	NO
	iv. Degree of impairment if any	NO
	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



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 ?	No
	b. Since when, any follow up and date and value of last checked blood pressure and sugar levels ?	No
	c. Whether on medication? please give name of the prescribed medicine and dosage	No
	d. Whether developed any complications due to diabetes ?	No
	e. Whether suffering from any other <b>endocrine disorders</b> such as thyroid disorder etc.?	No
	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?	No
	b. Whether suffering from <b>high cholesterol</b> ?	No
	c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.	No
	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, thalassemia 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/abnormality 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/ Psychosis or any other Mental / <b>psychiatric disorder</b> ?	No
	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/drug</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.	No
	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

**FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY**

No



998

**Declaration**

I, Mr/Ms Saraj Mahalwal declare that I have fully understood the questions asked to me during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. I 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.

Sarajkumari

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 22 day of 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: NDLW  
Date: 22/10/24  
Stamp:

Signature of Medical Examiner  
Name & Code No.

Kumari  
DR. KUSUM LATA  
MBBS, M.D.(PATH)  
DMC No.: 7859  
Green Park Diagnostics



## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

## ELECTROCARDIOGRAM

Zone Division Branch

Proposal No.

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

Full Name of Life to be assured: SARAJ MAHALWAL

Age/Sex 62:f

Instructions to the Cardiologist:

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

Saraj Kumari  
Signature or Thumb Impression of L.A.

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

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. 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 N. Jaha on the day of 22/10 2004

Signature of L.A.

Saraj Kumari

Dr. RAJESH KUMAR  
MBBS, MDReg. No. 47324  
Signature of the Cardiologist  
Green Park Diagnostics  
Name & Address

Qualification Code No.



## Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
162	80	130/86	65

(B) Cardiovascular System

NAD

## Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10mm/mV	PR Interval	Normal
Mechanism	Sinus	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	65b	T-wave	Normal
Ventricular Rate	65b	Q-Wave	Normal
Rhythm	Regular		
Additional findings, if any.			

Conclusion: WNL

Dated at 22/10 on the day of 22/10/2024

Dr. RAJESH KUMAR  
 MBB, MD  
 Signature of the Cardiologist  
 Reg. No. 4102  
 Name & Address  
 Green Park Diagnostics  
 Qualification  
 Code No.



# GREEN PARK DIAGNOSTICS

G-43, GREEN PARK MAIN MARKET  
NEW DELHI - 110016

Ms. SAROJ MAHALWAL  
I.D. : 5541  
AGE/SEX : 62 Yr / F  
HT/WT : /

DATE : 22-10-2024 10:43:44 AM

REF BY : Dr

MACHINE INTERPRETATION : Normal ECG.

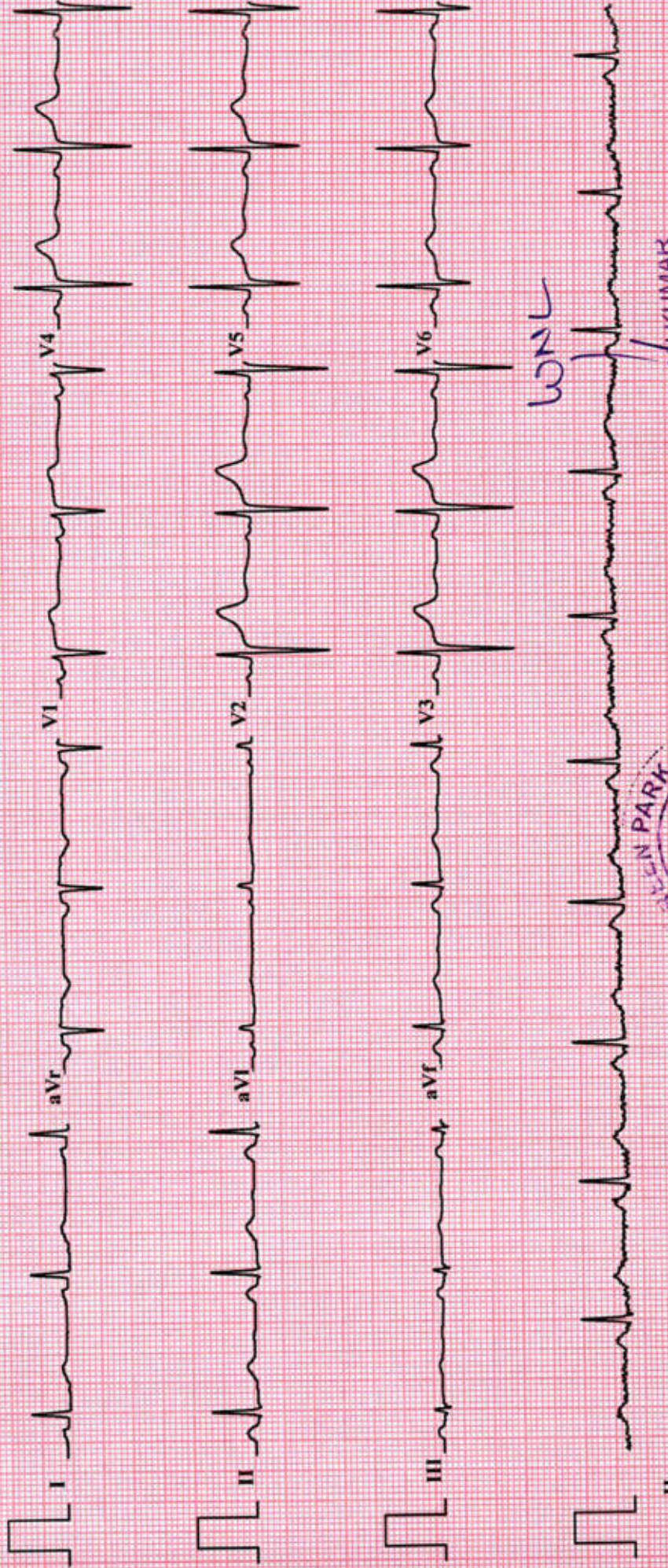
RATE : 65 bpm  
BP : N/A  
P Axis : 56 deg  
QRS Axis : 39 deg  
T Axis : 62 deg

P Duration : 132 ms  
PR Duration : 165 ms  
QRS Duration : 86 ms  
QT Interval : 386 ms  
QTc Interval : 399 ms

Linked Median

Speed : 25 mm/s

Sensitivity : 10 mm/mV



WNL



Dr. RAJESH KUMAR  
MBBS, MD  
Reg. No. 247521  
Green Park Diagnostics

Saroj Kumari

Dr.



# Green Parkk Diagnostics

G-43, 1st Floor, Green Park Main Market, New Delhi - 110016  
Ph.: 011- 41759058, 9582859223 E-mail : greenpark43@yahoo.co.in  
Timings : 8.30 A.M. - 7.00 P.M. Sunday : 8.30 A.M. - 2.00 P.M.



Date	22/10/2024	Srl No.	1001	Age	62 Yrs.
Name	MS. SAROJ MAHALWAL			Sex	F
Ref. By	LIC OF INDIA				

## BIOCHEMISTRY

Test Name	Value	Unit	Normal Value
BLOOD GLUCOSE - FASTING	103	mg /dl	70 - 110

**\*\*End of Report\*\***



Page 1 of 1



DR. KUSUM LATA  
MBBS, M.D.(PATH)  
DMC No.: 7859  
Green Park Diagnostics

DR KKUSUM  
MD(PATH.&.BACT.)  
CONSULTANT PATHOLOGIST

**FACILITIES :** ALL LABORATORY TEST, DIGITAL X-RAY, ULTRASOUND, TMT, ECHO, ECG, ECHO, NCV, HOME VISIT, REPORT DELIVERY

**On Panel :** DG Shipping, RBI, Assure, LIC, Bajaj Allianz, Kotak Life Insurance, United Health Care, Health Care, Future Hygiea Care, Paramount ETC.  
Reports are not valid for Medicolegal Cases • If Reports are beyond expectation please Contact the lab. without hesitation.

**We will be happy to answer your Queries | Offers | Home Collection ..... Call 9582859223**

## Green Park Diagnostics

G-43, Green Park Main Market, New Delhi-110016

Ph.:011- 26537881

011-41759058


- यहां पर प्रसव पूर्व (लिंग पैदा होने से पहले लडका या लडकी) की पहचान नहीं की जाती। यह दण्डनीय अपराध है।
  - बच्चे की लिंग के लिए पुछना/मांग करना पीसी और पीएनडीटी अधिनियम के तहत एक दण्डनीय अपराध है।
  - Here Pre-Natal Sex Determination and Disclosure of Sex (Boy or Girl Before Birth) of Foetus is not done. It is prohibited and punishable under law.
  - SEEKING / ASKING FOR THE SEX OF CHILD IS ALSO A PUNISHABLE OFFENCE UNDER PC AND PNDT ACT.
- In case of any complaint / query PC & PNDT Act

Contact : District Appropriate (South Distt.)

Addr. : M. B. Road, Saket, New Delhi-110068

Tel. No. : 011-29535025, 2669



 GPS Map Camera

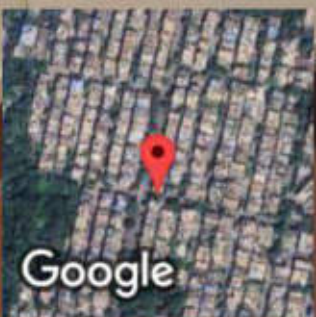
New Delhi, Delhi, India

G-43, Block G, Green Park Extension, Green Park, New Delhi, Delhi 110016, India

Lat 28.55752°

Long 77.20286°

22/10/24 11:01 AM GMT +05:30



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