

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **383**
Proposal No. **300111**
Agent/D.O. Code: _____
Full Name of Life to be assured: **Mrs. ANSHUL ASHOK SHUKLA**
Age/Sex : **32Y/M**

ELECTROCARDIOGRAM

ANNEXURE- 1

LIC03-002

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 _____

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 **no**
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N **no**
- iii. Have you ever had Chest X-Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N **no**

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

Dated at **Raipur** on the day of **26/11** 20**24**

Signature of L.A. _____

Signature of the Cardiologist _____

Name & Address
Qualification

DR. RAJESH SHARMA
MBBS, DCC (Cardiologist)
CGMC- 686/2007

Clinical findings
(A)

BH Sai Advance Imaging & Diagnostic Center
Address- Near Tarun Market, Krishna Nagar,
Radha Vihar Gali, Saini Nagar,
Raipur (C.G.), 492001

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
168	77	104/71	87

(B) Cardiovascular System *N.A.D.*

Rest ECG Report:

Position	<i>Supine</i>	P Wave	<i>76ms</i>
Standardisation Imp	<i>10mV</i>	PR Interval	<i>148ms</i>
Mechanism	<i>Sinus</i>	QRS Complexes	<i>72ms</i>
Voltage	<i>1mV</i>	Q-T Duration	<i>350ms</i>
Electrical Axis	<i>Normal</i>	S-T Segment	<i>Normal</i>
Auricular Rate	<i>82 bpm</i>	T-wave	<i>Normal</i>
Ventricular Rate	<i>82 bpm</i>	Q-wave	<i>Normal</i>
Rhythm	<i>Regular</i>		
Additional findings, if any.	<i>No</i>		

Conclusion: *W.N.L.*

Dated at *Raipur* on the day of *26/11* 2024

Signature of the Cardiologist

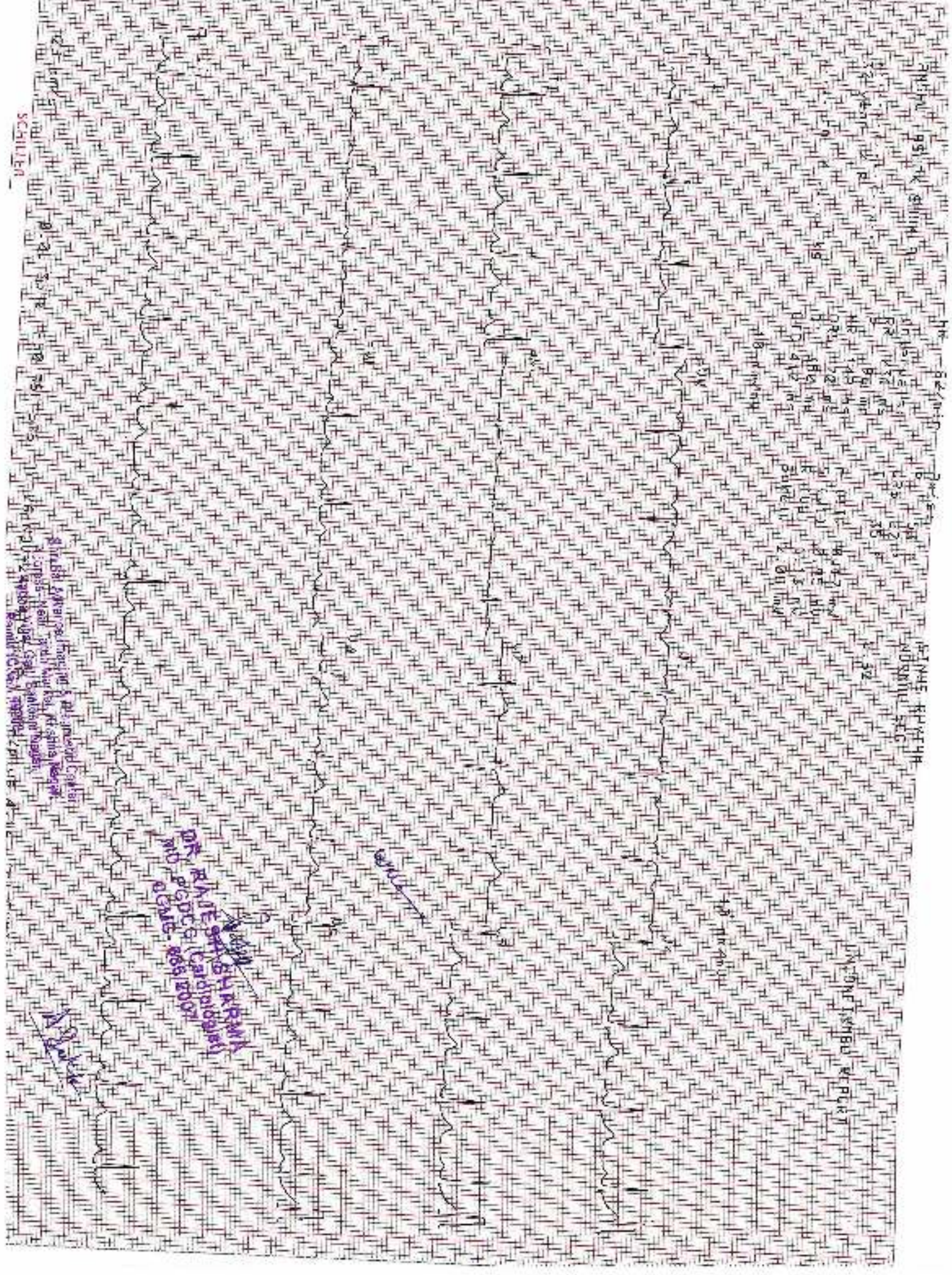
Name & Address

Qualification

Code No.

Rajesh
DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC- 686/2007

Rajesh
 Sri Sai Advance Imaging & Diagnostic Center
 Address- Near Tarun Market, Krishna Nagar,
 Radha Vihar Gali, Santoshi Nagar,
 Raipur (C.G.), 492001



SCHEITEN

Dr. 21. 5. 1961

Shahid, Ahmadi, Farid & Co. Medical Center
No. 10, West Side, Main Road, at Srinagar, Jammu
Kashmir, India

[Signature]

DR. RAJEE SHYAM
Cardiologist
Rtd. P.G.D.C. (1951-1961)
GATE. 808/12001

[Handwritten note]

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

Branch Code: 283
Proposal/ Policy No: 30011
MSP name/code: MSP 00012
Date & Time of Examination: 26/11/2024
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 8232454661
Identity Proof verified: Aadhaar CARD ID Proof No. 4444
(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. HULESH MANDLE (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".

- A. Shukla

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

1	Full name of the life to be assured: <u>Mrs. ANSHUL ASHOK SHUKLA</u>		
2	Date of Birth:	Age: <u>32 yrs.</u>	Gender: <u>F</u>
3	Height (In cms): <u>162</u>	Weight (in kgs) : <u>77</u>	
4	Required only in case of Physical MER		
	Pulse : <u>87</u>	Blood Pressure (2 readings): 1. Systolic <u>104</u> Diastolic <u>71</u> 2. Systolic Diastolic	

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED

If answers 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 ?</p> <p>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>	<u>No</u>
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?</p> <p>Please specify date , reason , advised by whom & findings.</p>	<u>No</u>
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), 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.</p> <p>If yes provide all investigation and treatment reports</p>	<u>No</u>

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 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.	No
ii	Suffering from any pregnancy related complications	No
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynae 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	Yes
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Declaration

You Mr/Ms ANSHUL ASHOK SHUKLA 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.

- A. Shukla

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 26 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: Raipur
Date: 26/11/2024

Signature of Medical Examiner
Name & Code No:
Stamp:

DR. HULISH MANDLE
MBBS, MD
CGMC-223/04

S-4 Sai Advice Imaging & Diagnostic Center
Address- Near Tann Market, Krishna Nagar,
Rajna Vinay Gali, Santoshi Nagar,
Raipur (C.G.), 492001

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **389**
Proposal No. **300111**
Agent/D.O. Code _____
Full Name of Life to be assured: **MRS. ANSHUL ASHOK SHUKLA**
Age/Sex : **32YIF**

ELISA FOR HIV


ANNEXURE-9

LIC03-011

EXAMINATION OF BLOOD FOR HIV I & II TEST

HIV I & II RESULT : **Non Reactive**
Method : **ELISA**


Sri Sai Advance Imaging & Diagnostic Center
Address- Near Tarun Market, Krishna Nagar,
Rashia Vihar Gali, Sanjivni Nagar,
Raipur (C.G.), 492001


DR. MIKAL WAJID
MD (PATHOLOGY)
CGMC- 2986/2010

LIFE INSURANCE CORPORATION OF INDIA

Zona _____ Division _____ Branch 303
Proposal No. 305111
Agent/D.O. Code _____
Full Name of Life to be assured: MRS. ANSHUL ASHOK SHUKLA
Age/Sex : 32 Y/F

HAEMOGRAM

ANNEXURE - 3

LIC03-004

1. Red Blood Cell Count : 12.9 HLL
2. Hb% _____
3. Hematocrit _____

4. Indices
(a) MCV (Mean Corpuscular Volume)
(b) MCH (Mean Corpuscular Hb)
(c) MCHC (Mean Corpuscular Hb Concentration)

5. Morphology
Macrocytes: _____ Microcytes: _____ Hypochromia: _____
Polkilocytosis: _____ Anisocytosis: _____

6. Target Cells
Spherocytes: _____ Elyptocytes: _____

7. White Blood Cells
Total Count: _____
Differential Count
a) Neutrophils: _____ c) Eosinophils: _____
b) Lymphocytes: _____ d) Monocytes: _____
e) Basophils: _____

8. Platelets: _____

9. Erythrocytes Sedimentation rate:
(Wastergren Method)

Smt. Sai Advanced Imaging & Diagnostic Center
Address- Near Tarun Market, Krishna Nagar,
Radha Vihar Gali, Santoshi Nagar,
Raipur (C.G.), 492001

Dr. Mikal Kousur
DR. MIKAL KOUSUR
MD (PATHOLOGY)
CGMC- 2996/2010

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **2B3**
Proposal No. **50011**
Agent/D.O. Code: _____
Full Name of Life to be assured: **Mrs. ANSHU ASHOK SHUKLA**
Age/Sex : **32 YIF**

ROUTINE URINE ANALYSIS

ANNEXURE-7


LIC03-009

- | | |
|---------------------------------|--------------------------------------|
| 1. Physical Examination | (ii) Sediment clear |
| (i) Colour pale yellow | (iv) Reaction acidic |
| (iii) Transparency clear | |
| 2. Chemical Examination | (ii) Sugar nil |
| (i) Protein nil | (iv) Bile pigments absent |
| (iii) Bile salt absent | |
| 3. Microscopic Examination | (ii) Epithelial Cells 1-2/hpf |
| (i) Red Blood Cells nil | (iv) Pus Cells 2-3/hpf |
| (iii) Crystals absent | (vi) Deposits absent |
| (v) Casts absent | |
| (vii) Bacteria absent | |

Remarks

If pus cells are present GRAM STAIN is necessary
If haematuria is present ZIEHL NEELSEN METHOD is necessary


Sri Sai Advance Imaging & Diagnostic Center
Address- Near Tanu Market, Krishna Nagar,
Rachha Vihar Gali, Santoshi Nagar,
Raipur (C.G.), 492001


DR. NIKAM ~~SHUKLA~~
MD (PATHOLOGY)
CGMC- 2998/2010

LIFE INSURANCE CORPORATION OF INDIA

Zone _____ Division _____ Branch **303**
Proposal No. **305111**
Agent/D.O. Code _____
Full Name of Life to be assured: **Mrs. Anshul Ashok SHUKLA**
Age/Sex : **39-YIF**

LIPIDOGRAM

ANNEXURE - 4

LIC03-005

	Type of Test	Actual Reading
1	Total Cholesterol	164.0
2	High Density Lipid (HDL)	46.8
	Low Density Lipid (LDL)	96.52
3	S. Triglycerides	103.4


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Address- Near Tarun Market, Krishna Nagar,
Radha Vinay Gali, Santoshi Nagar,
Raipur (C.G.), 492001


DR. MIKAL KOJUR
MD (PATHOLOGY)
CGMC- 2996/2010



DR. HULESH MANDEE
MBBS, MD
CGMC-223/04

Shri Sai Advance Imaging & Diagnostic Centre
Address- Keshi Tapan Market, Krishna Nagar,
Rashtriya Vihar-Gali, Santoshi Nagar,
Raipur (C.G.), 492001

GPS Map Danner

Raipur, Chhattisgarh, India
6j6v+gxw, Krishna Nagar, Santoshi Nagar, Raipur,
Mathpurena, Chhattisgarh 492001, India
Lat 21.211097° Long 81.645646°
26/11/24 03:55 PM GMT +05:30

Google



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India
Government of India

ಸೇವಾಸಂಖ್ಯೆ / Enrolment No.: 201776204/54816

To
Anshul Ashok Shukla
W/O Sourabh Chavan
Ashwari J.P. Mishra Lane
Thompson New Kalyanpur
Raipur
Raipur
Raipur
Chhattisgarh 492001
8236454467
40815335
MD408156558FH



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~ **4464**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

A. Shukla

ಭಾರತ ಸರ್ಕಾರ
Government of India



Anshul Ashok Shukla
ಸಂಖ್ಯೆ / DOB : 16/01/1992
ಲಿಂಗ / Gender : Male

~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~ **4464**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Chavan
DR. HULESH MANDLE
MBBS, M.D
CGMC-223/04

Shri Sai
Shri Sai Advance Imaging & Diagnostic Center
Address- Near Tanu Market, Krishna Nagar,
Rachha Vihar Gali, Santoshi Nagar,
Raipur (C.G.), 492001